



# Safe Male Circumcision Community Mobilization Training

A Guide for Facilitators in Uganda





# Introduction

Evidence from studies conducted in South Africa, Kenya and Uganda reveals that SMC reduces a man's chances of contracting HIV by close to 60%. Currently only 25% of Ugandan males are circumcised though the MOH wants to increase the proportion to 50% in five years.

Uganda's Ministry of Health (MOH) launched the national policy and campaign strategy on Safe Male Circumcision (SMC) for HIV prevention in September 2010. The policy and campaign seek to contribute to the reduction of HIV and other sexually transmitted infections through SMC.

Johns Hopkins University Center for Communication programme, Health Communication Partnership (JHU-HCP) has worked closely with the MOH to develop Uganda's national SMC communication strategy. JHU-HCP continues to provide technical assistance to the MOH to create awareness about SMC and help people make informed decisions about SMC and HIV prevention. HCP has supported MOH and other partners to develop several communication tools based on the SMC communication strategy.

JHU-HCP has supported MOH to develop the national SMC Community Mobilization Training. This training will help MOH ensure that the information provided during community mobilization activities for SMC is correct and consistent across the country. It provides Community Mobilizers, including Peer Educators, VHTs, School Teachers, and others, with the necessary information, skills and tools to effectively plan and carry out mobilization activities in their own communities.

# Acknowledgments

The development of this written Guide has been made possible through the work and support of many individuals and organizations.

## **Special thanks to:**

USAID for providing the funding to develop this Guide.

Karen Rowe, Independent Consultant, for writing the Guide.

Paul Bishop Drileba, HCP, for leading the process of developing, pre-testing and finalizing the Guide.

Lilian Nakato, HIPS, and her team of Peer Educators for helping to pre-test the Training.

Ruth Musekura, and Cheryl Lettenmair of HCP for providing technical assistance and revisions to the Guide.

Dr. Christopher Oleke (MoH) and Mr. Sam Enginyu (MoH) for providing guidance on the development of the Guide.

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# Overall Training Goal

The overall goal of the training is to provide participants with the necessary information, tools, and skills to effectively mobilize their community members to seek Safe Male Circumcision (SMC) services.

## Training Objectives

By the end of this training participants will be able to:

1. Understand SMC, including the benefits of SMC, basic medical facts about the circumcision procedure, and treatment and healing after SMC.
2. Identify the key elements needed to plan for successful community mobilization.
3. Recognize the need to improve linkages between community mobilizers and service providers to increase the actual uptake of SMC services.
4. Demonstrate effective use of the SMC Tool Kit materials.
5. Deliver and accept constructive feedback to peers on all aspects of their practice community mobilization sessions.

## Training Participants

The Ministry of Health has recognized the need to develop a national SMC Community Mobilization Training to ensure that information provided for SMC is correct and consistent across the country. This training is designed for individuals who provide mobilization/awareness services in their communities.

## Detailed Facilitator's Guide

This document is a Guide for Facilitators to use to conduct the national SMC Community Mobilization Training. The Guide includes a suggested time schedule to carry out a 3-day training. It also includes a detailed description of each session including: the title, suggested time, session objectives, materials required, facilitator preparation needed, and step-by-step instructions to facilitate specific activities for each session.

# Training Schedule

## DAY ONE

TIME	TOPIC
8:30 – 9:00	Arrival and Registration
9:00 – 9:30	<b>Session 1</b> Introductions, Objectives & Expectations
<b>PART ONE: Understanding SMC</b>	
9:30 – 10:30	<b>Session 2</b> Activity 1: SMC Facts Using the Grain Sack
10:30 – 10:50	<b>Tea Break</b>
10:50 – 12:00	Activity 2: SMC Experiences SMC in Zambia
12:00 – 1:00	Activity 3: SMC Review Team Competition
1:00 – 2:00	<b>LUNCH</b>
<b>PART TWO: Improving Community Mobilization Skills</b>	
2:00 – 2:15	<b>Session 3</b> Activity 1: Defining Community Mobilization
2:15 – 2:45	Activity 2: Why Communities Need to be Mobilized
2:45 – 3:15	<b>Session 4</b> Activity 1: Opportunities, Actors, Resources, and Challenges
3:15– 4:15	Activity 2: Planning Activities & Overcoming Challenges
4:15 – 4:30	Summary of Day 1
4:30 – 4:45	<b>Tea Break</b>

## DAY TWO

TIME	TOPIC
8:30 - 8:45	Re-cap of Previous Day
8:45 - 9:30	<b>Session 4 (cont'd)</b> Activity 3: Sharing Community Mobilization Experiences
<b>PART THREE: Using SMC Tools for Mobilization</b>	
9:30 - 10:30	<b>Session 5</b> Activity 1: Introducing the SMC Tools
10:30 - 10:50	<b>Tea Break</b>
10:50 - 1:00	Activity 2: Examining the Tools
1:00 - 2:00	<b>LUNCH</b>
2:00 - 2:15	<b>Session 6</b> Activity 1: Giving and Receiving Feedback
2:15 - 4:30	Activity 2: Team Assignments Activity 3: Practice Sessions Preparation
4:30 - 4:45	<b>Tea Break</b>

## DAY THREE

TIME	TOPIC
8:30 - 8:45	Re-cap of Previous Day
8:45 - 9:45	<b>Session 7</b> Practice Session #1 with Feedback
9:45 - 10:45	Practice Session #2 with Feedback
10:45 - 11:00	<b>Tea Break</b>
11:00 - 12:00	Practice Session #3 with Feedback
12:00 - 1:00	Practice Session #4 with Feedback
1:00 - 2:00	<b>LUNCH</b>
2:00 - 3:00	Practice Session #5 with Feedback
3:00 - 3:30	Ending the Training Using the Tools in Communities Reflection
3:30 - 3:45	Evaluation & Good-Byes



# PART I: UNDERSTANDING SAFE MALE CIRCUMCISION

## Session 1: Getting Started

Time: 30 minutes

Objectives:

- To get to know one another in an enjoyable and non-threatening way.
- To review the training objectives and schedule.
- To recognize and agree on the basic ground rules to help the workshop go more smoothly.

### Materials Needed:

- Flip Chart paper, Markers, Masking Tape

### Facilitator Preparation:

Before the Session, prepare the following Flip Charts:

1. A flip chart with the 'Training Objectives' written.  
(See Activity 2 for a list of the Training Objectives.)
2. A flip chart with the time 'Schedule' for the day written  
(See the suggested time schedule in this Guide or prepare a schedule based on what you have decided on for start and end times, etc.).
3. One or more flip charts with 'Expectations' written.  
Be sure to leave space on the bottom of each 'Expectations' chart for participants to add their contributions.  
(See Activity 3 for a list of the 'Expectations' to include.)

### Facilitator Instructions for Activities in Session 1:

#### Activity 1: Introductions

(15 - 20 minutes)

1. Select one of the two options below, or use one of your own fun activities to allow participants a chance to introduce themselves. (The introduction activity should take no longer than 20 minutes.)

##### Option 1: *Three Words*

Give participants a minute or two to choose three words they would use to describe themselves. Go around the room, ask participants to introduce themselves and share the three words that best describe them. Allow questions for fun.

For example: My name is \_\_\_\_\_. I am curious, kind, and annoying!

##### Option 2: *Two-Minute Mixers*

Ask people to get up, pair up with someone they do not know, and chat for 2 minutes with each other about whatever interests them. You'll be the timer. When 2 minutes are up, you'll make some sound loud enough for everyone to hear. When they hear your signal, everyone is to find a new partner (again, someone they have not met or do not know well) and chat for the next 2 minutes. (At most trainings, some of the participants will already know each other so you probably will not have to do more than 5 rounds of two-minute mixers.) After

the mixer, stand in a large circle and ask each person to give his or her name, and share something interesting they learned from someone else during the mixer!

## **Activity 2: Training Objectives and Schedule**

(5 minutes)

1. Post the (pre-written) Training Objectives on a Flip Chart for all participants to see.
2. Briefly review the Objectives with Participants.

### **SMC Community Mobilization Training Objectives**

1. Understand SMC including the benefits of SMC, basic medical facts about the actual circumcision procedure, and treatment and healing after SMC.
2. Identify the key elements needed for successful community mobilization.
3. Recognize the need to improve linkages between community mobilizers and service providers to increase the actual uptake of SMC services.
4. Demonstrate effective use of the SMC Tool Kit materials.
5. Deliver and accept constructive feedback on all aspects of their practice community mobilization sessions.

3. Post and briefly review today's (pre-written) schedule.
4. Inform participants that the detailed schedule for that particular day will be posted each morning.

## **Activity 3: Expectations**

(5 - 10 minutes)

1. Post the following (pre-written) information on three flip charts and review with participants.
2. Ask them if they agree with these expectations and allow them to add their expectations.
3. Record their additions on the flip charts.

### **Suggestions**

*We expect facilitators to:*

Start and end on the training on time each day. Engage participants in a variety of different participatory activities. Provide time to interact with colleagues and reflect on ways to improve their community mobilization skills. (Space for their additions....)

*We expect participants to:*

Come on time  
Participate actively  
Ask questions  
(Space for their additions....)

## **We all hope to:**

Interact and learn from one another.  
Have some fun!  
(Space for their additions....)

## **Session 2: SMC**

Time: 3 hours and 10 minutes

Objectives:

- To gain a thorough understanding of SMC
- To become familiar with two of the SMC Tools.

### **Materials Needed:**

- SMC Discussion Set (Grain Sack and Discussion Guide)
- DVD: SMC in Zambia (documentary video)
- 30 small squares of paper (for recording true or false answers)
- Markers
- Two sets of Understanding SMCT/F Statements cards
- Hand-Out: Understanding SMCT/F Answers for each participant
- Hand-Out: Key SMC Messages for Community Mobilizers
- Video projector, Computer (with CD drive), and Speakers

Note to Facilitator: The documentary “SMC in Zambia” should be used until the “SMC in Uganda” is finalized. It is expected that the Ugandan documentary will be available in March 2012.

Facilitator Preparation:

Before the Session prepare the following:

1. Set up the video equipment and test the SMC in Zambia DVD to make sure it is working properly.
2. Prepare the two sets of Understanding SMC T/F Statements. (These may be typed or hand-written.) Use the Understanding SMC – T/F Statements below to develop the cards.
3. Cut out 30 small squares of paper for participants to record the True/False responses.

### **Understanding SMC True / False Statements**

1. In most cases, full healing after circumcision takes 6 weeks.
2. SMC is a substitute for the ABC strategy.
3. Not being able to urinate for one day after the procedure is a normal side effect that a man need not worry about it.
4. In some cases, the foreskin of the penis grows back and so a man may need to get re-circumcised.
5. Female Genital Cutting is the equivalent of male circumcision.
6. Circumcised men and boys who are HIV+ can still transmit the virus to their female sexual partners.

7. SMC is a simple procedure that can be done in less than one hour.
8. Research in three African countries has shown that SMC reduces a man's chances of getting HIV.
9. SMC does not directly protect women against HIV infection.
10. A circumcised man reduces the chances of causing cancer for both men and women.
11. Only adults should be circumcised. Infants and adolescents should not get circumcised.

**Note to Facilitator:** You may want to add one or two more T/F statements of widespread myths in your area.

### *Facilitator Instructions for Activities in Session 2:*

#### **Activity 1: SMC Facts: Using the Grain Sack**

1. Start out by reminding participants that in this training we are talking about Safe Male Circumcision. Point out that it is common knowledge that male circumcision is a very deep part of some religions and cultures. Nonetheless, it also has a strong scientific/medical explanation that affects the lives of all men and women despite their religion or culture.
2. Ask participants to define Safe Male Circumcision, and record the definition on a flip chart (and leave it up for all to see during the entire training).

**Note to Facilitator:** It is important that all participants agree on and fully understand the definition of SMC and that this definition can be translated accurately into their local languages. When translated, it should not include any religious words or other cultural interpretations (e.g. should not be described as 'Islamization').

Participants should therefore understand that the major aim in this training is to explore the scientific/medical side of male circumcision and not the religious or cultural side. Any scientific/medical issues raised are therefore neither meant to promote or attack any religion or culture, but merely to provide all participants with adequate information for them to make an informed decision on male circumcision.

3. Tell participants we will now review some basic facts about Safe Male Circumcision and that we will use one of the SMC Tools that they will also be able to use in their communities.
4. Briefly introduce the SMC Discussion Set including the Grain Sack and the Discussion Guide.

*The SMC Grain Sack and Discussion Guide provide basic health education messages and information on SMC. The Tool uses simple illustrations that can be used in the community with large groups to communicate clear messages about HIV prevention methods, the benefits of safe male circumcision and how SMC can help prevent HIV, as well as information about the circumcision procedure, and practices after circumcision. The Discussion Guide and pictures (Grain Sack) help facilitators teach people about SMC in an interactive way.*

5. Explain to the group that you will follow the discussion guide and use this Tool to review

SMC information with them.

6. Use the Tool to lead an interactive health education session with participants.

**Note to Facilitator:** Remember you are basically modeling the use of this SMC Tool, so it is important that you follow the Tool's guide so that participants can see how to effectively use this Tool. Be sure to ask questions and allow participants to ask you related questions, just as they will need to do when using this Tool in their communities.

## Activity 2: SMC Experiences: SMC in Zambia

(1 hour and 10 minutes)

1. Tell participants as a further review of SMC, you would like them to watch a short documentary about SMC produced in Zambia. This documentary shows real Zambian men sharing their experiences with SMC.
2. Point out that while the first Tool you used (the Grain Sack) focused on providing them with basic health education messages about SMC, this Tool emphasizes the personal or emotional side of SMC.
3. Ask participants to listen and watch for any new information they learn about SMC.
4. Play the DVD.
5. After the video, lead a discussion about SMC and be sure to emphasize the 'personal side' of SMC (e.g. fears, communication with partners, support needed to make the decision to get circumcised, etc.)
6. Use the following questions to guide your discussion and/or you may add your own questions depending on the knowledge level and interest of the participants.

**Note to facilitator:** Be sure the key messages about before circumcision, the procedure itself, and after circumcision, are brought out in the discussion. You should clearly state the key messages after participants have answered the guiding questions below.

## Suggestions

### Guiding Questions for SMC: The Experience Discussion

Before Circumcision:

1. Ray and Wishes both spoke about their thoughts and fears before getting circumcised? What were some of their fears?  
*Answers: the rumors and myths they heard about circumcision (e.g. someone would take the skin for rituals or drink the blood, may die from surgery), health workers not competent, may not heal, etc.*
2. What are fears of men or couples about SMC here in Uganda? Are there also similar 'rumors' or myths out there?  
*Give examples of myths and discuss. Make sure participants understand which are myths and which are facts.*
3. Both men communicated to their partners (e.g. wife and girlfriend) about their desire to get circumcised. Why is this communication about SMC with your partner so important? How can it help a man and/or the couple?

4. What other kinds of support do you think would or could help a man to make the decision to get circumcised? What support did both men get from their health providers (counseling)?

*Answer: support from friends, etc. Both men got information about the benefits of SMC, the procedure itself, and answers to their individual questions about it from their health providers.*

**Before circumcision key messages (to be read out by the Facilitator):**

- It is important to understand the facts about the procedure, and it is helpful to communicate with your partner about circumcision, and to get support from family, friends, and health workers.
- The support and encouragement can help a man make his final decision!
- It is also important to have confidence in the health facility and staff. In Uganda, wherever you see the SMC Logo, you can access SMC services by trained health providers in a clean environment.

*The Procedure itself:*

5. What did you learn about the procedure itself from watching Ray's actual surgery and from listening to Wishes description of his surgery?

*Answers: simple, not so painful, able to walk out on their own, just a local anesthesia so you are awake during the procedure, etc.*

6. Do you think if men in your communities who were uncertain about SMC watched this video they would be more motivated or less scared to get circumcised? Why or why not?

***Discuss their answers.***

7. Were you surprised by anything you saw or heard about the SMC procedure in this video?

*Discuss their answers.*

**The procedure key messages (to be read out by the Facilitator):**

- Two men in this video both had positive experiences and were happy to report that SMC was a simple procedure with minimal pain.
- As one of them said "experience is the best teacher." It helps to talk with friends who have actually done it, instead of listening to 'rumors' from those who have not had the experience.

*After Circumcision:*

8. How did Ray and Wishes describe their healing period?

*Answers: Both talked about returning to the health facility after 2-3 days to get their bandages removed. Ray noted that he had a bit of pain but that it was "normal like any sore you may experience" while Wishes said the skin on his penis was "sensitive" but other than that it was not painful. Also they both talked about the importance of not engaging in sexual behavior for 6 weeks to allow the wound to fully heal.*

**Note to Facilitator:** Depending on the number of questions and level of interest among the participants, you may spend more or less time talking specifically about caring for the wound immediately following the procedure, and/or the 6-week healing period.

Participants may be interested in sharing ideas on 'possible realistic strategies' to help men to abstain from having sex for 6 weeks!

**After circumcision key messages (to be read out by the Facilitator):**

- It is very important to care for the wound properly right after the procedure, and it is critical to abstain from sex or masturbation for 6 weeks to allow the penis to fully heal.
- Abstaining for sex for 6 weeks is challenging for many couples, hence the need to communicate with your partner before circumcision and to develop realistic strategies (to abstain) that will work for you and your partner!
- Finally, since circumcision only offers partial protection against HIV, it is critical that circumcised men still use condoms and practice safer sex to prevent HIV infection.

7. After discussing the men's experiences before, during and after circumcision, engage participants in a short discussion about with whom (target audience) and in what settings they feel they could use this SMC tool (the Documentary) to inform and mobilize people in their communities.

**Note to Facilitator:** You may choose to record their responses on two flip charts (1: Target Audiences, 2: Settings) or call upon two volunteer participants to record the answers.

8. End the Session by giving participants the Key SMC Messages for Community Mobilizers hand-out and briefly reviewing the key points. Remind participants that when they conduct SMC mobilization activities in their communities it is essential they be prepared to answer questions about SMC, and that they should always emphasize these Key Messages about SMC.

**Activity 3: SMC Review: Team Competition**

(1 hour)

1. Tell participants that now after having used two of the SMC Tools to learn more about SMC, you would like to review some of this information by having them participate in a little 'competition.'
2. Explain that you will read a series of True/False statements and they, in teams, need to decide whether each statement is True or False.

**Note to Facilitator:** Be sure to explain the entire game/competition rules and demonstrate what the participants will have to do in this activity, before you start the activity. You will need your co-facilitator to assist you with this activity. If it is convenient for you to move outside the training room, this is an excellent activity to do in an outdoor space.

3. Divide the group into two teams (each team should have 12 to 13 people).
4. Tell them that each team will race to correctly answer a T/F question about SMC. To make sure all participants are active, tell them that every team member must deliver at least one answer.



5. There will be 11 T/F statements (or more if you choose to add others), and each team can only receive the next statement after answering a question correctly.
6. The first team to get all the correct answers is the winner.

**Note to Facilitator:** To make the 'race' a bit more challenging and fun, you may want to have the teams perform a task to get the next question. For example, if they write the correct answer (true or false) on a small card, they must then deliver it to the facilitator in a pair and the pair must be connected in some way – a balloon between them, touching both of their bodies –but not their hands, or carrying a water bottle or ball of newsprint, or some other available resource between them without using their hands.

7. Once you have decided on the manner in which the answers should be delivered (e.g. pairs with balloons between their hips, or the pair must be male/female team, or some other criteria for the pair), each team should stand on one end of the room (or at some agreed upon distance away from the facilitators who will have the question cards). The teams will have a marker and small cards for writing their T/F answers. Two Facilitators will stand on the opposite end of the room with the questions.
8. When everyone is ready, each facilitator hands a team question #1 and announces "GO."
9. The teams each decide quickly on the correct answer, write T (for True) or F (for False) on the card, and race to the Facilitator (adhering to whatever silly criteria they were asked to follow). If the answer is correct, the facilitator will give the team the next question and they race back to their group to answer it. IF their answer was wrong, they do not receive the next question, instead they have to go back to their group (still adhering to the criteria, i.e. balloon between their hips), and write the correct answer and go back again.
10. Announce the winning team, and award a prize if you have it.
11. Once the groups have returned to their seats, hand out the answer sheets. Review the correct answers, clarify any questions the teams got wrong, and spend the next 20 to 30 minutes reviewing the supporting evidence (the bulleted statements under each answer) with participants.
12. Be sure to allow participants a chance to ask related questions as you review the answers and the supporting evidence. (This is an opportunity for participants to ask any questions about SMC that they are still unsure about.)
13. Before you conclude this activity, be sure to discuss and clarify the following three statements.

**Note to Facilitator:** Allow participants to share their thoughts and debate these issues a bit, and then, be sure to provide them with the correct answers.

T/F Statement: SMC improves a man's sexual performance.

Answer: False... There is no scientific evidence to show that male circumcision affect sexual performance in any way.

**BUT...**

- Men and/or women may say that 'sex' is different, or better or more satisfying, and



this may be due to a man's confidence, or many other feelings he may have after being circumcised.

- Sexual satisfaction depends on very many things including the feelings you have for your partner, the timing, reasons for sex, mood, etc.
- Since the removal of the foreskin exposes the glands (the head of the penis) to air and continuous contact with the underwear, the skin on the head of the penis becomes thicker and loses a slight degree of sensation. This could mean that a circumcised man could take longer to ejaculate since his penis may require longer contact to reach maximum arousal. Some people consider this an advantage.

T/F Statement: If a man has an STI, he should never get circumcised.

Answer: False... If a man has an STI he should get treatment for it before circumcision.

***BUT...***

- It is true that some men are unfit for circumcision if they have the following conditions:
  - malformed penis (the urethra open in an abnormal position)
  - sickle cell anemia
  - penile cancer
- Before SMC, the doctor must examine the client fully, including an HIV test and a check for other STIs.

T/F Statement: SMC reduces the risk of HIV in anal sex.

Answer: False... again, there is no strong evidence that MC reduces the risk of HIV transmission related to anal sex. Research is still needed on this topic. The studies that have concluded "men who are circumcised are less likely to get HIV" were all specific to vaginal sex.

***BUT...***

- In the case of men who have sex with men (MSM), the benefits of circumcision are not clear and the issue deserves more study.
- However since we do know that circumcision is not 100% effective, it is important for ALL men to wear condoms when engaging in any kind of sexual intercourse.

# PART II: IMPROVING OUR COMMUNITY MOBILIZATION SKILLS

## Session 3: Introduction to Community Mobilization

Time: 1 hour and 30 minutes

### Objectives

- To define and create a common understanding of community mobilization.
- To gain an understanding of the need for community mobilization.

### Materials needed:

- Flip Chart paper, markers, masking tape

*Facilitator Preparation:* None

*Facilitator Instructions for Activities in Session 3:*

### Activity 1: Defining Community Mobilization

(15 minutes)

1. Explain the objective of the session to the participants.
2. Write the following words on a flip chart
  - o Community
  - o Mobilization
3. Explain that looking at the words individually will help them understand and explore the true meaning of community mobilization.
4. Ask for volunteers to share their thoughts on, or define the word “community.”
5. Do the same for the word “mobilization.”

### Suggestions:

*Community* - Describes the people living together in one small area, for example everyone living in a village. OR Describes a group of people who have common beliefs or some factor that binds them together.

*Mobilization* - Getting people interested in things that affect them and helping them to make important decisions for themselves

**Note to Facilitator:** It is important to decide as a group on your understanding of a ‘community.’ (The above definition is merely a suggestion. You do not need to use this definition.) Remind participants that there can be many interpretations of either word. Let them know that the purpose of this session is to establish a common understanding of the term community mobilization based on these.

6. Then write a summarized and accurate definition of ‘community mobilization’ on the flip chart.

**Suggestion:** *“Community mobilization is the bringing together of members of the community to become aware of an issue of importance to them to enable them to plan and take action.”*

7. Ensure that all participants understand and are comfortable with the definition. And ensure that participants recognize that individual or one-to-one mobilization is also part of community mobilization. It is not always necessary to mobilize a community all together!
8. Your summarized definition you create together will be used for the rest of the training.
9. Stick the definition on a wall that can easily be seen by all participants.

### **Activity 2: Why Communities Need to be Mobilized**

(30 minutes)

1. Now explain to participants that having defined community mobilization, you are going to brainstorm on why communities need to be mobilized.
2. Divide participants into 5 groups of 5. (If the training has more or less than 25 participants, adjust the group sizes accordingly.)
3. Give each group a flip chart and markers.
4. Ask them to think about what the benefits of community mobilization are, and why communities need to be mobilized based on the definition you have all just agreed upon.
5. Tell the groups they should discuss their answers before writing the key points on the flip chart. Remind them that they are limited to one Flip Chart paper only per group. Each group should summarize their key points on “Why Community Mobilization?” on the flip chart (i.e. use bulleted statements to list their main points).
6. Allow 10 to 15 minutes for their group work.
7. Ask each group to post their flip charts on the wall.
8. Once all groups have posted their flip charts, ask participants to do the “The Gallery Walk.” (This means they should just walk around and silently read what other groups have written.) As they examine the other groups’ responses tell them to think about: Are other groups’ responses similar or different from your group’s? Are there any points your group did not think about? Do you agree or disagree with any of the key points suggested by other groups?

**Note to Facilitator:** During the gallery walk, participants just examine the flip charts (quietly without discussing). Then, after folks have examined all the flip charts, and returned to their seats, you should lead a large group discussion. You do not need to review all the flip charts and all the answers in detail. You should have examined the flip charts during the gallery walk, and so only highlight any problems or confusions in their responses

9. After participants have had a chance to review the flip charts (~5 minutes), ask them to return to their seats.
10. Engage participants in a brief discussion by asking them to state some of the similar responses they found (common reasons for community mobilizing), and to share

their thoughts on any specific responses they were surprised by or have questions and comments about.

11. Summarize by reinforcing the key points raised by the group and ensuring that the following are included:

### **Why Community Mobilization?**

- *Giving information to the community (or individuals) and gathering information from a community (or different individuals) helps avoid ignorance.*
- *Working together as a community to solve problems means more can be achieved.*
- *Involving the community means individuals receive more support; no one gets left alone with a problem.*
- *The community learns how a problem such as HIV/AIDS affects everyone directly. They begin to take responsibility for it.*
- *Mobilization helps people learn to help themselves and think for themselves, so they can do things without waiting for charity or outside help.*

### **Session 4: Improving and Reflecting on Mobilization Efforts**

Time: 2 hour and 15 minutes

#### **Objectives:**

- To gain an understanding of the key elements to consider in planning mobilization activities.
- To reflect on participants' past mobilization efforts and lesson learned.

#### **Materials Needed:**

- Flip Chart paper, Markers, Masking Tape
- Hand-Out: *Community Mobilization Planning Scenarios* for each participant

#### **Facilitator Preparation:**

Before the Session, prepare the following:

1. 4 Key Element flip charts for Activity 1. Each flip chart should have one title: Flip Chart 1: Key Actors, Flip Chart 2: Opportunities, Flip Chart 3: Resources, and Flip Chart 4: Challenges
2. Prepare a flip chart with the questions for Activity 3: Sharing our Mobilization Experiences. (See Activity 3 below for the questions.)

#### **Facilitator Instructions for Activities in Session 4:**

### **Activity 1: Key Actors, Opportunities, Resources, and Challenges**

(30 minutes)

1. Tell participants that during this session we will discuss the key elements needed to plan for successful mobilization activities.
2. Remind participants that community mobilization is a process. It is not simply a matter of conducting one activity, instead it involves a great deal of planning, teamwork, and follow-up actions.
3. Ask participants, based on their past mobilization efforts, what they think are some of the key elements to consider when planning a community mobilization activity.

4. Solicit responses from participants.

**Note to Facilitator:** As participants give responses, note if their answers fit into one of the four elements. For example if participants say they need to think about where they will conduct the activity, explain that this is an example of considering the “opportunities” for mobilization activities. If participants say they should decide with whom or what other mobilizers they will work with to carry out the activity, tell them that yes they need to consider the “key actors,” etc.

5. Hang the four (pre-labeled) Key Elements flip charts and tell participants that while communities differ from one another, there are still many overlapping Key Actors, Opportunities, Resources, and Challenges.
6. Start with Flip Chart 1: Key Actors. Tell participants that community mobilization demands participation from all of the community, so working together with other key actors who influence your community, is essential.

**Note to Facilitator:** You or your co-facilitator may record their responses, or you may ask for a volunteer participant to come up and write the answers on the flip chart. Remember to generate this list quickly. Each Key Elements list should not take more than 5-7 minutes to create. If participants want to share their ‘specific’ details of a mobilization activity they have done, remind them that they will have time later in this training to share their experiences. This exercise is meant to be a quick brainstorm to generate the four lists.

7. Emphasize that one of the Key Elements for a successful mobilization effort is ensuring that you are working together with different members of your community. Your aim is to get members of your community to move from intention to action, which for SMC means - moving from understanding SMC to actually getting circumcised or convincing a partner or friend to do so.
8. Ask participants to brainstorm the Key Actors in their communities who could and should be part of their community mobilization team. Be sure your list includes the following:

**Suggestion**

**Key Actors**

Local government authorities / leaders

Religious leaders Traditional leaders

Sector specific group leaders (e.g. Fisherman’s group, Microfinance group)

Health Workers (e.g. Health Assistants, Nurses, etc.)

Traditional healers / medicine men

CBOs / NGOs (including Peer Educators from these organizations)

School head masters and teachers

**Note to Facilitator:** In this training, we want to stress the importance and value of working with various key actors (who have influence in communities) to ensure maximum community participation and to make sure the mobilizers are linking directly with service providers. You may want to provide specific examples to illustrate this point. Also, remind participants they should always work with other key actors from the very beginning of their planning for mobilization activities (i.e. decide together on the possible opportunities, resources and potentials challenges).

## **Suggestion**

### **Example of the value of working with different key actors**

If you are a peer educator and you want to mobilize a group of young men to get circumcised, you may provide the young men with useful information, but you may not be able to link them directly to the health facility. Your VHT or your Health Assistant can offer a direct link to the service provision.

If you are a VHT and you would like to hold a community wide SMC mobilization activity, you will need the support of local leaders. And, again, your Health Assistant or another Health staff person, can help link your mobilization efforts directly to service provision.

**Key Message:** REMEMBER, to help people move from intention to action, there needs to be a smooth linkage between mobilizers and service providers.

9. Now move to Flip Chart 2: Opportunities. Ask the group to brainstorm the various potential opportunities for community mobilization in their communities.
10. Before moving on to the next element, be sure the following have been included in your Opportunities list:

## **Suggestions**

### **Opportunities for community mobilization**

Market Days Religious Services

Social Gatherings

Health service delivery (e.g. antenatal clinic)

Political gatherings

Use of existing institutions (e.g. schools, Community Based Organizations)

Established community groups (e.g. fisherman's group, microfinance group, etc.)

Local government meetings

House to house sensitization or one-to-one counseling

11. Tell participants: Once you have figured out who you will work with, and what opportunities you have, your team must then consider what resources are available to you and what resources you will need to secure. As community mobilizers, you also become resource mobilizers.
12. Ask participants to state the various types of resources. Include this list on your Resources flip chart. Your list should include 4 types of resources: Human, Financial, Materials, Time.

13. Next ask participants what it means to mobilize resources (i.e. resource mobilization).
14. Solicit responses from participants and develop a working definition to post on a flip chart. Include your definition on your Resources flip chart. Your definition should look something like this:

**Suggestion** (*this is the definition used in Uganda's VHT Training Manual, so it may be familiar to some participants*)

**Resource Mobilization** is the process of harmonizing or pulling together of human, financial, material resources for a common purpose or goal to a common pool for the benefit of a particular cause or activity.

15. Finally, tell participants that another important part of planning a mobilization activity is to consider any potential challenges, and together with their mobilization team, identify particular challenges and more importantly develop solutions to overcome them.
16. Ask participants to give examples of challenges they have faced when planning or engaging in community mobilization activities.
17. On the *Challenges* flip chart make two columns. On the left side of the chart write the challenges participants describe. (Do not spend too much time generating a lengthy list, but try to come up with 4-5 different challenges.)
18. Then ask participants for possible solutions tot the challenges you have listed (either that have worked for them or that they think may be realistic suggestions for overcoming the challenge listed). Record these solutions on the right side of the chart. Your chart will look something like this:

### Overcoming Mobilization Challenges

<i>Mobilization Challenges</i>	<i>Possible Solutions</i>
Traditional beliefs in my community against SMC.	Involve traditional leaders in all the planning activities. Help traditional leaders to see the value of this type of circumcision.
Lack of adequate health infrastructure to meet the demand for SMC services.	Communicate directly with local service providers and plan your activities with them to ensure your mobilization effort is based on what service providers can actually offer. Advocate for improved health services in your area.



## Activity 2: Planning Activities & Overcoming Challenges

(1 hour)

1. Tell participants that they are to now work together in groups to plan for successful SMC community mobilization activities.
2. Tell participants that you will provide each group with a Scenario about mobilizing a group of people for SMC. Their task, as a group, is to use the four key elements we have just discussed (Key Actors, Opportunities, Resources, and Challenges / Solutions) to plan their mobilization activity.
3. Provide specific instructions for their Group Work as follows:  
Instructions for Group work:
  - i. You will have 20 minutes to discuss the Scenario in your groups. *(Note: Be sure to tell participants that this is a short exercise to review the key elements, however, that in real life of course, their planning would take much longer than 20 minutes!)*
  - ii. Each group should record the *Key Actors, Opportunities, Resources* (available and needed) and *Possible Challenges* and *Solutions* for your particular Scenario.
  - iii. Each group will receive only ONE flip chart to record your summarized responses.
  - iv. Each group should select one or two team members to present your work to the larger group.
4. Show the groups a 'template' flip chart so that they all use the same, easy to read, format.

### ***Mobilization Planning (Flip chart template)***

Key Actors:

Opportunities:

Resources:

Challenges and Solutions:

5. Divide participants into 4 groups. (Each group will have 5-7 people in it.)

**Note to Facilitator:** You may use any method to divide participants into 4 groups. If in need of a quick energizer, you may want to use the "Mingle-Mingle" game to divide them into groups.

6. Give participants the Community Mobilization Planning Scenarios Hand-Out and assign each group a Scenario.

Community Mobilization Planning Scenarios Scenario 1: Your Health Center IV has newly trained surgeons ready to perform SMC but your community traditionally does not circumcise. The Health Center IV usage is low in general because there is a private health clinic in the area that also offers free health services and has a very good reputation. The private clinic does not yet offer SMC services. The Health Center IV Director has asked the Health Assistant to GET more clients to come for SMC!



Scenario 2: You are a Peer Educator working for a Community Based Organization. Your organization has just sent you to an SMC training where you learned about the benefits of SMC. You feel you are knowledgeable about SMC and you understand the need to mobilize your community to seek SMC services. You have seen the SMC logo at the Hospital that is in your district, and so you know that the service is available to your community, but you don't really know the health workers at the Hospital and so you are not sure what you should do next.

Scenario 3: You are a school teacher at the local Secondary school. You have heard rumors going around the school about a teenage boy who went for SMC at the local health facility and suffered great pain and then was absent from school for several days. You are afraid that students do not understand the facts about SMC. Although you recognize the benefits of SMC yourself, you are not confident that you can teach students about it.

Scenario 4: You are a local leader. An International NGO has approached you and said that they would like you to mobilize men in your community to sign up for SMC as the NGO will come to your Parish next month to carry out a one-week mobile SMC Camp. You do not know if men in your community are open to SMC and you recognize that you do not have time to organize such mobilization activities.

7. Give the groups up to 20 minutes to discuss their planning and to prepare their summary flip chart.
8. Then randomly select one group to present their findings. Their presenter(s) should come to the front of the room, read their Scenario aloud to the rest of the group, hang their one flip chart, and then spend no more than 5 minutes presenting their Key Elements.
9. After the presenter has shared his/her groups' Key Elements, allow participants to ask questions and make comments.

**Note to Facilitator:** You should also add comments and suggestions for the group. Be sure to highlight if the groups have involved key actors from various sectors (to ensure a smooth linkage between mobilizers and service providers), and note whether they have identified potential challenges and offered realistic solutions to these challenges.

10. Repeat Steps 7-8 for the other 3 teams.
11. Assign Homework (related to Key Elements). See Activity 3 below for instructions.

### **Activity 3: Sharing Mobilization Planning Experiences**

(45 minutes)

**Note to Facilitator:** If you are following the suggested Training Schedule, then this next activity will come in on Day 2 of the training, however, it is best if you can provide participants with the instructions for the assignment at the end of Day 1 and assign it for homework, so they can come to the training on Day 2 prepared to present / share their experiences.

1. Ask participants to think about 'real life' community mobilization efforts in their communities that they have participated in.
2. Tell them you would like them to share their experience with the group and classify it as either a "successful mobilization effort" or a "lesson learned."
3. Post the pre-written Flip Chart with the Sharing our Mobilization Planning Experiences questions for all participants to see.

### **Sharing our Mobilization Planning Efforts**

*What Opportunities did you identify and use? Who were the Key Actors?*

*What Resources were available to you (and your co-mobilizers)?*

*What Resources did you need to secure?*

*What were some of the Challenges you faced?*

*Were you able to overcome the Challenges, if so how?*

*Was the mobilization effort successful? If yes, why or how do you know? If it was not successful, what lessons did you learn? (What would you do differently next time?)*

4. Tell each participant to use these questions to guide their reflection and to prepare a brief (5 minute) presentation. (They can record these questions in their notebooks.)
5. Inform participants that you will select 2-3 participants to share their 'successful mobilization planning effort' stories and 2-3 participants to share their 'lessons learned' stories. (Remind participants that while all of them will not be asked to share their mobilization planning stories with the larger group, this reflection will help them to think about their practices, and identify areas to improve on.)
6. After giving them time to prepare their short presentations (if assigned for homework they will have until the next morning to prepare), ask for a volunteer to share his/her past community mobilization planning efforts. The person should start by telling the group whether he is sharing a 'successful mobilization planning effort' or a 'lesson learned' story.
7. Remind participants that each presenter should spend no more than 5 minutes sharing his/her mobilization planning effort story, and that he/she should be answering the Sharing our Mobilization Planning Efforts questions.
8. After the first person has shared his/her mobilization planning efforts, allow participants to ask questions and make comments and engage in discussion regarding the presented mobilization effort.
9. Give as many volunteers a chance to present as you have time for. During the 45-minute activity, at least 4 participants should be able to share their experiences. (Be sure to ask for volunteers with differing experiences to share (i.e. different target groups, different settings, etc.).)

10. Summarize the Activity by reinforcing the key points and reminding participants that to ensure a smooth linkage between mobilizers and service providers, it is important to work together with various key actors right from the beginning of your planning.
11. Tell participants that we have discussed the key elements for planning a successful mobilization activity, and now we will spend the remainder of the training examining and using Tools to help them conduct more interactive SMC mobilization activities.

# PART III: USING SMC TOOLS FOR COMMUNITY MOBILIZATION

## Session 5: Examining the SMC Tools

**Time:** 3 hours

### *Objectives:*

- To examine and become familiar with the 5 SMC Tools.

### *Materials Needed:*

- Set of the 5 SMC Tools for each participant
- Hand-Out: Examining our SMC Tools Questionnaire for each participant
- Flip Chart paper and Markers

### *Facilitator Preparation:*

Before the Session, be sure you have reviewed and know all the answers to the *Examining our SMC Tools Questionnaire*.

### *Facilitator Instructions for Activities in Session 5:*

#### **Activity 1: Introducing the Tools**

(1 hour)

1. Tell participants that they will spend the remaining time in this training becoming familiar with and using the available SMC Tools.

**Note to Facilitator:** As you introduce the five tools, be sure you have a copy of each tool to hold up and show participants. It is better to hold up examples of each tool as you describe them, rather than handing out the tools to participants. Participants can then focus on listening to your brief introduction of the tools, instead of trying to look through each Tool themselves while you are talking. You can provide participants with a copy of each Tool AFTER this activity.

2. Remind participants that they have already seen two of the five tools on Day 1 of the training. Ask them to recall when you (or your co-facilitator) reviewed the key health education messages about SMC using the Grain Sack, and to tell you what key messages they learned from that interactive presentation? (e.g. benefits of SMC, how circumcision helps to prevent HIV, good and bad practices after the procedure, etc.)
3. Then remind participants that after the Grain Sack session, they watched the SMC in Zambia video documentary, another SMC Tool, and that it showed two men sharing their experiences with SMC. Ask them what different kinds of information (from the Grain Sack session) they gained by watching the video? (e.g. more emphasis on understanding men's fears about circumcision, and the kinds of support they need from their partners, etc.)
4. Explain to participants how these two Tools are quite different – the first (Grain Sack) focuses much more on delivering straight health education messages and helps

- participants to understand the basic facts about SMC, while SMC in Zambia video allows participants to understand 'beyond the medical facts' and focuses much more on depicting the emotional side of SMC (including one's fears, support needed, etc.).
5. Ask participants to articulate with whom and in what situations they think they might use these two Tools in their communities. Solicit a few responses from participants.
  6. Then introduce the remaining three Tools. Be sure to explain the purpose of each tool, and the main or intended audience(s).

**Note to Facilitator:** Remember to tell participants that four out of five of the SMC Tools are for use in small or large groups, and that only the Flipchart for Health Workers is a Tool that is best used in one-to-one situations, and by a trained health worker or counselor.

### 5 SMC Tools:

#### 1. SMC Grain Sack and Discussion Guide

The SMC Grain Sack and Discussion Guide provide basic health education messages and information on SMC. The Tool uses simple illustrations that can be used in the community with large groups to communicate clear messages about HIV prevention methods, the benefits of safe male circumcision and how SMC can help prevent HIV, as well as information about the circumcision procedure, and practices after circumcision. The Discussion Guide and pictures (Grain Sack) help facilitators teach people about SMC in an interactive way.

#### 2. SMC for HIV Prevention: A Counseling Flipchart for Health Workers

The Flipchart is to help health workers conduct systematic counseling sessions for clients about SMC. It provides the health workers a full information package to deliver when guiding clients about SMC for HIV prevention, and allows them to answer questions from their clients about SMC and HIV.

#### 3. SMC in Zambia Video (Documentary)

The purpose of the SMC in Zambia Documentary is to inform community members about the importance of SMC and to provide them with the opportunity to see and listen to men share their real life experiences with SMC. The documentary follows two men from before their circumcision, highlighting their fears as well as the kind of support they received; to the procedure itself, emphasizing how it is a simple operation with no pain; to their lives after circumcision, clarifying important information about the healing process and desired sexual behaviors.

#### 4. SMC Community Drama

The purpose of the drama skit is to inform people about SMC so they can decide if it is right for them. The drama skit serves as an entertaining way of communicating key SMC messages to community members, and it allows them to participate actively in the drama and follow-up discussions.

#### 5. The Hostel Drama Discussion Guide and Video

This Guide and video (drama episode clips) is for Facilitators, Teachers, and Peer

Educators to lead discussion groups with young men and women, ages 14 – 24, about Safe Male Circumcision. It may also be used to generate discussion among adults over the age of 24 years. The Discussion Guide is meant to serve as a catalyst for promoting discussion about young people’s actual concerns, issues and challenges in their lives. The clips offer glimpses into different concerns, realities and pressures that young people face around circumcision, protection against HIV, and safe sex.

7. After briefly introducing all 5 Tools, tell participants that you would like them to watch The Hostel drama video.

**Note to Facilitator:** Be sure to tell participants that The Hostel video has two versions. The one they are going to watch is a continuous video (about 25 minutes long), however, the version that they will use in most of their mobilizing activities is one that is designed to help them to facilitate two 90 minute Sessions in which participants watch short clips and in between each clip, facilitators, following instructions found in the Discussion Guide, engage participants in discussions and activities.

8. Play The Hostel video.
9. After participants watch the whole video, switch to the video with the clips just to show them the format of that video. (You do not need to play the whole video again.) Simply show participants how each clip starts with a title (show them this on the video), and ends with the SMC logo (again fast forward to the end of a clip to show them the logo screen). Remind participants that the SMC Logo is the indication for the facilitator to pause the video, LEAVE the SMC Logo on the screen and engage participants in discussion, following the instructions found in the Discussion Guide (for Facilitators).
10. End this activity by informing participants that they have seen ‘demonstrations’ of some of the Tools, but now you would like them to explore the parts of the Tools (mainly the Guides) that will help them to facilitate interesting, relevant and interactive community mobilization activities in their communities.
11. End the activity by passing out copies of the Tools to all participants.

## **Activity 2: Examining the Tools**

(2 hours and 15 minutes)

1. Tell participants you would like them to work in pairs for the next two hours to learn about the SMC Tools available to them for using in their communities.
2. Explain to participants that it is important for them as Facilitators or Mobilizers to know the Tools very well and that you will provide the pairs with a set of questions designed to get them to read the Guides/Tools and to better understand them.
3. Give each participant the Examining our SMC Tools Questionnaire and ask them to work together with their partner to review the tools and answer all the questions. Also, tell them that you (and your co-facilitators) will be available to answer any specific questions they may have about any of the Tools they are reviewing.

**Note to Facilitator:** As you walk around to each pair, be sure they are actually reading the Guides/Tools to find the answers, and not just guessing the answers. The aim of this activity is to allow participants a chance to read through all the Tools.

It is not necessary to review all the answers together as a large group. Instead after about 1.5 hours or pair work, then ask them to form small groups (combining with 2 or 3 other pairs) to review, discuss and correct their answers together.

4. After the pairs have reviewed the Tools and answered as many questions as they could for ~1.5 hours, ask each pair to join up with 2 or 3 other pairs to form groups of 6 to 8 people.
5. Ask each group to share their responses with one another and to discuss their responses. You should note down any questions the groups had difficulty with or if any groups had different answers to the same question.
6. Give the small groups about 20-25 minutes to discuss their answers.
7. Spend the last 15 minutes of the activity, reviewing together as a large group any remaining questions about the SMC Tools. Be sure to clarify any questions that the pairs or groups answered incorrectly, and together locate the correct answers in the Guides.

**Note to Facilitator:** Remember, it should not be necessary to review the answers to all the questions on the Examining Our SMC Tools Questionnaire together in the plenary. Focus only on some of the more difficult ones. In most cases, the groups will have self-corrected any answers a particular pair may have gotten wrong.

8. Conclude by telling participants that this activity was designed to help them to better understand the SMC Tools, including the main purpose and key messages found in each Tool, the main target audiences, and the various kinds of settings the Tools can be used in. Remind participants how important it is to have a clear understanding of all the Tools and to know which tool is best to use in which situation.

## **Session 6: Using the SMC Tools**

Time: 8 hours

### **Objectives:**

- To gain an understanding of how to effectively offer feedback, and how to receive and use feedback from colleagues.
- To work in a Team to plan for and deliver an SMC mobilization practice session.
- To practice using the SMC Tools.

### **Materials Needed:**

- Set of the 5 SMC Tools for each participant
- Hand-Out (1 page): Giving and Receiving Feedback for each participant.
- Hand-Out (1 page): Practice Session: Instructions for each participant.
- Hand-Out (1 page per team): Practice Session: Team Assignments for each of the 5 teams. Five copies of each Team Assignment.



### **Facilitator Preparation:**

Before the Session, be sure you have read through each of the five different Practice Session Team Assignments, so that you can provide each team with specific guidance as needed.

### **Facilitator Instructions for Activities in Session 6:**

#### **Activity 1: Giving and Receiving Feedback**

(15 minutes)

1. Ask participants what it means to give and receive feedback.  
(How should one give feedback? How should one receive feedback?)
2. After soliciting a few responses, give participants the Giving & Receiving Feedback Hand-out and discuss it together and highlight any key points they missed in their responses.
3. With participants input, review, agree and make any changes or additions to the ground rules. Be sure participants understand these are the ground rules we shall use for the Practice Sessions.
4. Next, review the process for giving and receiving feedback to be used following each team's Practice Session.

#### **Suggestion:**

FIRST: Oral feedback from the Facilitating Team—their Self Assessment. SECOND: Observers offer oral feedback to the Facilitation Team.

#### **Activity 2: Team Assignments**

(15 minutes)

1. Give each participant the Practice Session: Instructions hand-out.
2. Review the task, the decisions that each team should make together, and the roles for each team member. Answer any questions about the assignment.
3. Inform all participants that each team will have up to ONE hour to complete their entire assigned task.

**Note to Facilitator:** Make sure participants understand that all five team members will not be 'facilitators', but instead three team members will be 'presenters' and two team members will be 'facilitators'.

#### **Explain clearly that each team will follow the same format:**

**FIRST:** Start with *two presenters* to introduce the session. At this point the presenters talk to the observers / trainees as colleagues in a training.

**NEXT:** The *two facilitators* conduct the assigned part of the practice session, following the instructions of the Guide of their assigned Tool. Now the observers / trainees actually play the role of 'target audience' of the mobilization activity the team is practicing.



**END:** The final team *presenter* summarizes and states the next steps (or the follow-up actions his/her team plan to take after their mobilization activity). During this last part, the presenter talks to the observers / trainees once again as colleagues in the training.

### **Activity 3: Practice Session Preparation**

(2 hours)

1. Form five teams of five participants each.

**Note to Facilitator:** Depending on your group dynamics, you and your co-facilitators may want to discuss the composition of the teams ahead of time and ‘purposely’ select teams, considering the various experience levels and/or personalities of your participants (i.e. you may want to get a balanced team of more out-going and experienced mobilizers with less experienced and/or more shy participants). Or you may simply decide to randomly select teams.

2. Give each team their assignment.
3. Inform each team that they will have 2 hours during the training to prepare together.  
**Remind them to use the Practice Session: Instructions hand-out to guide their planning.**

**Note to Facilitator:** Facilitators should move around and spend time with each group to make sure they understand their assignments. Be sure they are clear about the start and end point of their ‘practice facilitation’ part of the session. Also be sure they understand all the information they need to include in the introduction of their session. Remind participants that they are to use the Tools they are assigned. If they are using a Guide (from a Tool) that tells them to use a particular teaching methodology (e.g. pair work), they are to carry out the activity as stated in the Guide.

### **Session 7: Practice Sessions with Feedback**

(5.5 hours)

#### **Facilitator Instructions for Session 7:**

1. Remind participants that the final day of the training is dedicated to Practice using the SMC Tools. These practice sessions will allow participants to put into practice what they have learned during the training and receive constructive criticism and guidance on their efforts.
2. Randomly select (e.g. draw a number from a hat) one team to go first to carry out their Practice Session.
3. Again, remind all participants that each team will follow the same model:

**FIRST:** Start with *two presenters* to introduce the session. At this point the *presenters talk to the observers / trainees as colleagues in a training.*

**NEXT:** The *two facilitators* conduct the assigned part of the practice session, following the instructions in the Guide of their assigned Tool. Now the observers / *trainees*

*actually play the role of 'target audience'* of the mobilization activity the team is practicing.

END: The final team *presenter* summarizes and states the next steps (or the follow-up actions his/her team plan to take after their mobilization activity). During this last part, the *presenter talks to the observers / trainees once again as colleagues* in the training.

4. After the 1<sup>st</sup> Team has finished their Practice Session, ask them to step outside the training room for 5 minutes to meet as a Team and assess themselves and decide what they would like to report to the larger group about their performance. While they are outside, the rest of the participants should be thinking and possibly jotting down their feedback they would like to share with the Team.
5. After just a couple of minutes, ask the Team to come back in the room and stand in front of the group to share their own Self-Assessment of how they did as a Team.
6. After the Team has shared their Self-Assessment, ask other participants to share their feedback (remembering our feedback ground rules) with the Team.

**Note to Facilitator:** Remember to insert a quick energizer in between Practice Sessions, as needed.

7. Conduct a quick energizer, if needed, and move on to the 2<sup>nd</sup> team's Practice Session.
8. After all five teams have done their practice session, as well as given and received feedback, end the Session by summarizing any key points that emerged during the practice sessions.

### **Suggestion**

*Highlight these take home messages and relate them directly to the practice teams' efforts:*

*The importance of teamwork in facilitation* (i.e. did some teams sessions go smoother than others, which may have been due to their planning efforts and their ability to work together as a team?)

*The relevance of following the instructions in the Guide* to ensure that you emphasize the right points, ask the best questions, and use interactive methods to deliver your messages (i.e. did some teams 'improvise' a bit too much and thus not emphasize the most important messages? If this happen, it is a good opportunity to remind participants that while it is fine not to follow the Guides word for word, it is useful to follow the instructions for carrying out an activity as these Guides were tested with target audiences and proven to be effective in keeping people's attention and delivering relevant messages!)

*The recognition that the different Tools can be used with different audiences*, in different settings and can even compliment one another (i.e. did any team suggest one of their follow-up actions would be to use a different SMC Tool with the group they were mobilizing? If not, you may want highlight to the group, for example, they may use the Grain Sack to build awareness about SMC with a group and then later show the SMC in

Zambia video to the same group to help them to focus more on men's fears. Or you may first show the community drama to get people's attention in a fun way about the topic of SMC, and then later follow up with one-to-one counseling or by using the Grain Sacks to provide more details about SMC, etc.)

*The importance of including various key actors, especially individuals who can help link those you are mobilizing directly to SMC services* (i.e. did the teams introduce their key actors and explain how they included the various key actors in their planning and how or why they made a difference? etc.)

**The recognition that as mobilizers our work does not end after conducting a mobilization activity** – there are plenty of follow-up actions to be taken (i.e. did the teams articulate different follow-up actions to help illustrate this point?).

9. Remind participants of the importance of considering the setting for their mobilization activity as well as their target audience when selecting which SMC Tool to use. Also stress the importance of reviewing the SMC Tools in detail before conducting any activity to enable them to facilitate effective SMC Mobilization Activities.
10. Congratulate and praise all participants for their efforts in preparing and carrying out their practice sessions.

## Ending the Training

(45 minutes)

1. Allow participants time to reflect on how they may use these Tools in their own communities.
2. Ask participants to share their ideas. Which tools do they anticipate using, in which situation, with whom, etc.? (This information sharing will stimulate ideas and allow participants to learn about various potential mobilization activities.)
3. Finally, ask participants to share the following:
  - One new thing they learned in this training (it may be about SMC in general, or community mobilizing, or about the specific SMC Tools)
  - One SPECIFIC action they think they will take as a result of this training.

**Note to Facilitator:** Be sure to let participants know that their “action” does not have to be something BIG like carrying out a mobilization activity.

4. End the training by **Thanking participants** for their time and their willingness to participate in this training, and asking them to spend just a few minutes completing a simple Evaluation form.
5. Encourage participants to use the SMC Tools to plan for and carry out mobilization activities in their communities!
6. Pass out the Evaluation Form to all participants and remind participants that their responses are anonymous.

**Note to Facilitator:** Be sure to allow participants to put their completed evaluation forms in a large envelope so that their responses are not viewed by others.

For more information about Safe Male Circumcision, visit the nearest Health facility where you see the SMC sign or call the National Health Hotline numbers on **031 2 500 600 or 0800 200 600**

**OR Type SMC (leave a space) your question and send to 8198**

# ANNEX 1: SAFE MALE CIRCUMCISION: KNOW YOUR FACTS!

<i>T or F Statement (and supporting evidence)</i>	<i>Answer</i>
<p><b>1. In most cases, full healing after circumcision takes 6 weeks.</b></p> <ul style="list-style-type: none"> <li>• Full healing takes about 6 weeks. During this time, you should not engage in any type of sex so that the wound can completely heal.</li> <li>• After 6 weeks, before you resume sex, visit the health facility to be sure you are fully healed.</li> <li>• Any sexual activity during the 6 weeks can lead to injury or infection.</li> </ul> <p><b>Key Message:</b> If you have unprotected sex before your wound has fully healed, you increase your risk of getting HIV.</p>	<b>TRUE</b>
<p><b>2. SMC is a substitute for the ABC strategy.</b></p> <ul style="list-style-type: none"> <li>• SMC is <u>NOT</u> a substitute for the ABC; it is just an added advantage.</li> <li>• To fully protect against HIV, a circumcised man must stick to one partner and use a condom or abstain. He should also test for HIV with his partner.</li> <li>• Even though the skin of a circumcised man hardens and gains some resistance to HIV/STIs, it does not give 100% PROTECTION. It is still a living tissue that can still get bruised, opening a door for infection.</li> </ul> <p><b>Key Message:</b> Circumcision minimizes, but does not eliminate, the risk of HIV infection. Safer sex practices still must be followed with circumcised men and their partners.</p>	<b>FALSE</b>
<p><b>3. Not being able to urinate for one day after the circumcision procedure is a normal side effect that a man need not worry about.</b></p> <ul style="list-style-type: none"> <li>• You should urinate normally, without pain, after SMC.</li> <li>• You need to return to the clinic or call your MC provider if you have any of the following problems: <ul style="list-style-type: none"> <li>- Bleeding that does not stop or gets worse</li> <li>- Severe pain when urinating</li> <li>- Inability to urinate</li> <li>- Pus coming out of wound</li> <li>- A fever within one week of your procedure</li> <li>- Severe lower abdominal pain</li> </ul> </li> </ul> <p><b>Key Message:</b> Complications or side effects after SMC are rare and generally not serious. Go to the health center immediately if you experience these complications.</p>	<b>FALSE</b>

<b>4. In some cases, the foreskin grows back and so a man may need to get re-circumcised.</b>	<b>FALSE</b>
<ul style="list-style-type: none"> <li>• Circumcision, the removal of the foreskin, is permanent. The skin will not grow back.</li> <li>• The belief that the foreskin may grow back is a myth!</li> </ul> <p><b>Key Message:</b> Circumcision is permanent.</p>	
<b>5. Female Genital Cutting is the equivalent of male circumcision.</b>	<b>FALSE</b>
<ul style="list-style-type: none"> <li>• FGC is NOT at all equivalent of male circumcision. The World Health Organisation (WHO) notes that FGC <u>injures</u> “female genital organs for non-medical reasons” and is “a violation of the human rights of girls and women.”</li> </ul> <p><b>Key Message:</b> Female Genital Cutting is a violation against women and girls. It does NOT protect against HIV or offer any other benefit to girls.</p>	
<b>6. Circumcised men and boys who are HIV+ can still transmit the virus to their female sexual partners.</b>	<b>TRUE</b>
<ul style="list-style-type: none"> <li>• SMC is not a natural condom!</li> </ul> <p><b>Key message:</b> Circumcised men who are HIV positive can still spread HIV to their partners. Safer sex practices and condoms are still needed!</p>	
<b>7. SMC is a simple procedure that takes less than one hour.</b>	<b>TRUE</b>
<ul style="list-style-type: none"> <li>• The whole process of removing the foreskin and stitching and dressing the wound take only about 30 minutes.</li> <li>• Once the client has undergone pre-circumcision counseling, the following will occur: <ul style="list-style-type: none"> <li>- The doctor cleans around the foreskin.</li> <li>- The man/boy is given a shot to ensure that he does not feel pain during the procedure.</li> <li>- The foreskin is removed using a clean tool.</li> <li>- After the foreskin is removed, the wound is stitched for quick healing.</li> <li>- The wound is dressed or covered to prevent it from getting in contact with any dirt or germs.</li> </ul> </li> </ul> <p><b>Key Message:</b> SMC is a minor, safe, and simple surgical procedure.</p>	
<b>8. Research in three African countries has shown that SMC reduces men’s chances of getting HIV.</b>	<b>TRUE</b>
<ul style="list-style-type: none"> <li>• Three research studies conducted in South Africa, Uganda, and Kenya between 2002 and 2006, demonstrated that medically-performed MC is safe and can reduce a man’s risk of HIV infection during <u>vaginal sex</u> by as much as <u>60 percent</u>.</li> <li>• However, SMC is NOT a natural condom. It does NOT provide complete protection against HIV and other diseases. To fully protect against HIV, use the ABC strategy after SMC.</li> </ul> <p><b>Key Message:</b> SMC reduces a man’s risk of getting HIV. IT does NOT provide complete protection.</p>	

<b>9. SMC does not directly protect women against HIV infection.</b>	<b>TRUE</b>
<ul style="list-style-type: none"> <li>Although SMC protects men’s risk of HIV infection, it does not protect wives and sexual partners of infected men from the virus.</li> </ul> <p><b>Key Message:</b> SMC does not directly protect women against HIV infection.</p>	
<b>10. A circumcised man reduces the chances of causing cancer for both men and women.</b>	<b>TRUE</b>
<ul style="list-style-type: none"> <li>A circumcised penis is generally cleaner, reducing risk of urinary tract infection, prostate cancer, and penile cancer in men.</li> <li>The circumcised penis also does not harbour herpes simplex virus that is known to cause cervical cancer among women.</li> </ul> <p><b>Key message:</b> SMC reduces men’s chances of getting HIV and other STIs, and can provide protection from cancers in both men and women.</p>	
<b>11. Only adults should be circumcised. Infants and adolescents should not be circumcised.</b>	<b>FALSE</b>
<ul style="list-style-type: none"> <li>One can be circumcised as an infant, an adolescent or an adult.</li> <li>In Uganda, if a boy under 18 years of age want to undergo SMC, he needs the written permission from his parent or legal guardian.</li> </ul> <p><b>Key message:</b> Circumcision can be done at ALL ages.</p>	

# KEY SMC MESSAGES FOR COMMUNITY MOBILIZERS

*Safe Male Circumcision (SMC) is the removal of the foreskin of the penis by a trained health provider in a clean environment.*

## **Safe Male Circumcision has been scientifically proved to work:**

Evidence from studies involving thousands of men shows that male circumcision reduces the risk of HIV infection – providing partial protection against HIV for men. Studies show that male circumcision reduces men’s chances of getting HIV from women by about 60%.

## **Safe Male Circumcision does not replace other HIV prevention methods:**

Whether circumcised or not, men are at risk of HIV infection during sexual intercourse. It is important that they limit their number of sexual partners, use condoms consistently and correctly, and seek prompt treatment for sexually transmitted infections to further reduce their risk of HIV infection. Therefore male circumcision compliments and does not replace other prevention methods.

## **Circumcised men can be infected with HIV and can infect others:**

Not all men who are circumcised are HIV-negative. Circumcised men who are HIV-positive can still transmit HIV to their sexual partners. Using a condom consistently and correctly can reduce this risk.

## **The healing period is important:**

Newly circumcised males must abstain from sex and masturbation for about six weeks to ensure the penis is fully healed, as they could be at increased risk of getting infected with HIV, or infecting others, during this time.

## **Safety is vital:**

Circumcision can be done in health facilities by appropriately trained providers, and with proper, sterile equipment.

## **Circumcision is a matter of informed choice:**

Comprehensive information on male circumcision should be made available so that boys, adult men or parents can make an informed decision on whether or not to go ahead with the procedure.



# COMMUNITY MOBILIZATION PLANNING SCENARIOS

**Scenario 1:** Your Health Center IV has newly trained surgeons ready to perform SMC but your community traditionally does not circumcise. The Health Center IV usage is low in general because there is a private health clinic in the area that also offers free health services and has a very good reputation. The private clinic does not yet offer SMC services. The Health Center IV Director has asked the Health Assistant to GET more clients to come for SMC!

**Scenario 2:** You are a Peer Educator working for a Community Based Organization. Your organization has just sent you to an SMC training where you learned about the benefits of SMC. You feel you are knowledgeable about SMC and you understand the need to mobilize your community to seek SMC services. You have seen the SMC logo at the Hospital that is in your district, and so you know that the service is available to your community, but you don't really know the health workers at the Hospital and so you are not sure what you should do next.

**Scenario 3:** You are a school teacher at the local Secondary school. You have heard rumors going around the school about a teenage boy who went for SMC at the local health facility and suffered great pain and then was absent from school for several days. You are afraid that students do not understand the facts about SMC. Although you recognize the benefits of SMC yourself, you are not confident that you can teach students about it.

**Scenario 4:** You are a local leader. An International NGO has approached you and said that they would like you to mobilize men in your community to sign up for SMC as the NGO will come to your Parish next month to carry out a one-week mobile SMC Camp. You do not know if men in your community are open to SMC and you recognize that you do not have time to organize such mobilization activities.

## Examining the SMC Tools Questionnaire

- Before you attempt to use an SMC Tool with your community, please be sure to review the Tool in detail to make sure you understand what is expected of you as the Facilitator / Mobilizer.
- Remember, these Tools are meant to help make your mobilization activities more interesting and interactive, however, if you are not well prepared, your activities will fail.

Assignment: Work in Pairs

1. Please work with a partner to review three SMC Tools.
2. Read through each Tool together, note down any confusion or questions you may have.
3. Write the answers to the questions below for each Tool.

*Do not guess at the answers. All the correct answers can be found in the Tools!*

## The Hostel Drama

### Tool includes: A Discussion Guide (for Facilitators) and a DVD

1. Who is the main target audience for this Tool?
2. Besides 'large group discussion', what other teaching/learning methods are you expected to use when conducting the two Sessions? List three other methods, and write in which Session and Step you are expected to use the particular method?

<u>Teaching Method</u>	<u>Session</u>	<u>Step</u>
------------------------	----------------	-------------

1.

2.

3.

3. What are the five main things you need to use the Guide effectively?

1.

2.

3.

4.

5.

4. What three kinds of information can be found in the Note to Facilitator boxes?

1.

2.

3.

5. What is the maximum amount of time for each Session?

6. What if the power fails and you cannot show the DVDs, what should you use?

7. What is Odoch's confession?

8. What is Kitty's confession?

9. Dr. Patrick tells Odoch three main benefits for getting circumcised? What are the three main benefits that Dr. Patrick shares with Odoch for getting circumcised? (*Note: you do not have to watch the DVD to get the answer to this question.*)

1.

2.

3.

10. In which clip and scene does Twine suggest that Odoch returns to his village for a few weeks?

11. In which Session and Step are you supposed to generate a List of 'should' and 'should

not do' with the participants in your mobilization activity?

12. In Session 2, Step 3: Ready for Action! Who is ready and for what action?
13. What three things must you as the facilitator remember to do when ending the second session?
  - 1.
  - 2.
  - 3.

### **SMC Community Drama**

Tool includes: A Guide with instructions for mobilizers and the script for actors.

1. Who should you get for actors in the SMC community drama skit?
2. How many actors do you need for the skit?
3. When should you ask the viewers the 'discussion questions'?
4. After the community drama activity, what are two follow-up actions the Guide suggests for mobilizers? (Follow-up actions mean things you do later at another time.)
  - 1.
  - 2.
5. In which act does SMC get introduced to viewers?
6. In Act 2, Kato asks Mirembe and Okello how removing the skin (from his penis) can protect him from HIV. What answers do they give him?
7. What is the final advice given to Kato about protecting himself from HIV after circumcision?

### **SMC Discussion Set**

Tool includes: A Grain Sack with SMC pictures, and a Discussion Guide.

1. What five things does the Facilitator need to do before he/she starts the session? (To prepare for the session.)
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
2. How many charts are included in the Grain Sacks?

3. Approximately how much time should you spend reviewing the information on all the charts?
4. In which chart do you review "Treatment after SMC"?
5. What does the guide say you should tell men whose wound bleeds or have pain when urinating after SMC?
6. What should you tell participants is the difference between SMC and other types of circumcision? On which chart do you find these answers?
7. What should you tell participants are the benefits of SMC for women? On which chart do you find these answers?
8. What answers should you give to a participant who asks "Does SMC fully protect against HIV?" On which chart do you find these answers?
9. What are four things a man should not do immediately after he gets circumcised (i.e. bad practices)? On which chart do you find these answers?
  - 1.
  - 2.
  - 3.
  - 4.
10. What are you supposed to do with the group of participants after you have reviewed the charts together?

# Giving and Receiving Feedback

The process of giving and receiving feedback involves giving the person playing the role of facilitator or trainer information about his/her performance, and as the person playing the facilitator/trainer role, listening receptively to suggestions for improvement.

Giving feedback includes providing people with information about what they do well, in addition to identifying aspects of their performance that need improvement and offering realistic suggestions for helping them improve their performance.

## Ground Rules for GIVING Feedback

- Offer praise before sharing constructive criticism.
  - Offer constructive criticism by offering ideas for improvement.
- Focus feedback on description rather than judgment.
  - Offer feedback using the first person - for example, "I think," "I saw," "I feel."
- Focus feedback on behavior rather than on the person.
  - Direct comments towards behaviors that the person has control and can change.
  - Criticize the performance not the performer.
- Focus feedback on observations rather than interpretations.
  - Describe what you saw and heard, but avoid making judgments.
  - Describe the impact of the observable behaviour.
- Focus feedback on the sharing of ideas and information rather than on giving advice.
  - Leave the person free to decide for himself whether he wants to change or not.

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*Note: If possible ask people for their assessment of themselves before providing yours. People usually appreciate the opportunity to assess themselves first.*

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## Ground Rules for RECEIVING Feedback

- Ask for specific and descriptive feedback.
- Ask clarifying questions to understand the feedback.
- Accept feedback. Do not defend or justify behavior.
- Listen to the feedback and thank fellow trainers for sharing their perspectives.
- Reflect on the feedback and use relevant feedback to improve performance.

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*Note: Remember that you may not always agree with all the feedback you receive, but if two or three people provide similar feedback, they may be highlighting an aspect of your behavior or style that could be improved.*

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## Practice Session: Instructions for Teams

### Team Task:

Each team will receive an assignment that tells you who you are as mobilizers, which tool to use, and the start and end point for your practice facilitation session.

### Decisions:

1. Who is your target audience for this mobilization activity? (e.g. young men only? mixed men and women of all ages from the community? Only fisherman in your community, etc.)
2. Why did you select this target audience and how is your assigned Tool appropriate for them?
3. Who in your team will fulfill which roles (see role below)?
4. What is your team's plan for follow-up to ensure that the people you mobilized move from intention (to get circumcised) to real actions (uptake of the service)?

### Roles:

Roles 1 & 2: Two team members will introduce the practice session.

The introduction should be no more than 10 minutes and include:

- A description of your target audience (who are you mobilizing?)
- Who you are as mobilizers (as listed in your assignment) and how you have worked together (i.e. what strategies or approaches you have used) to bring your target group together for this information and education session.
- The setting for your mobilization activity (e.g. youth center, school, etc.)
- An introduction of your Tool and a brief explanation of why the tool is appropriate for the group you will mobilize.
- A description of the starting point in the Tool for your practice session. (Note: There is not enough time in our training for each team to conduct an entire mobilization session. Instead, each team will practice facilitating only 'part' of a session, using one of the SMC Tools.)

Roles 3 & 4: These two team members will facilitate up to 30 minutes of a mini practice session, using the tool assigned to your group. Remember you will only facilitate the portion your team is assigned.

Role 5: This team member will summarize what you have done, and briefly describe how you plan to follow-up with the group you have mobilized. Your aim is to answer: *What do you as mobilizers plan to do to help the people you have just educated/mobilized move from intentions to real actions?*

This summary should take no more than 5 minutes.

## **Practice Session: Team Assignment**

### **TEAM 1: Using the SMC Discussion Set (Grain Sack)**

#### Mobilizers:

A VHT

A Health Assistant

A Peer Educator working for an International NGO.

#### Task:

Bring a group of people in your community together to increase their awareness and knowledge about Safe Male Circumcision.

#### Tool:

You will use the SMC Discussion Set (Grain Sack) as your Tool.

#### Practice Session Start & End Point:

See the SMC Discussion Set Facilitator's Guide.

Your team will review the charts but you will skip the first two charts and start with the chart "What is Safe Male Circumcision?"

*Remember before starting your mini practice session, be sure to tell the observers what you have already done in the session and where you are starting in the Tool you are using.*

## **Practice Sessions: Team Assignment**

### **TEAM 2: Using the SMC Community Drama Guide**

#### Mobilizers:

A Peer Educator

A VHT

A Local Leader

#### Task:

You have heard that an SMC Camp will be coming to your community next month. You decide to work together to mobilize people in your community to increase their awareness and knowledge about Safe Male Circumcision and to get men to sign up to get circumcised at the Camp.

#### Tool:

You will use the SMC Community Drama Tool.

#### Practice Session Start & End Point:

See the SMC Community Drama Guide for Community Mobilizers.

Start with Step 5 of the Community Drama Steps (i.e. introducing the drama group) and complete through Step 7 (i.e. Do Act 1, Q/A, Act 2, and Q/A.)

*Remember, before starting your mini practice session, be sure to tell the observers what you have already done in the session and where you are starting in the Tool you are using.*

### **Practice Session: Team Assignment**

#### **TEAM 3: Using The Hostel Discussion Guide & DVD**

Mobilizers:

A Community Based Organization (staff member)  
A Nurse from a private clinic (part of the CBO)  
A Youth Center Director

Task:

A Community Based Organization wants to expand its outreach services to get more young men to take advantage of the SMC services offered at their private clinic. They reach out to a local Youth Center and offer to conduct an SMC Mobilization session at the Youth Center.

Tool:

You will use The Hostel Discussion Guide & DVD.

Practice Session Start & End Point:

See The Hostel Discussion Guide.

In Session 1: Before Circumcision, do Step 4: Odoch's Confession and Step 5: Ending the Session.

*Remember, before starting your mini practice session, be sure to tell the observers what you have already done in the session and where you are starting in the Tool you are using.*

### **Practice Session: Team Assignment**

#### **TEAM 4: Using The Hostel Discussion Guide & DVD**

Mobilizers:

A Secondary School Head Master  
A Student Peer Educator  
A Health Assistant (from your local Health Center IV that offers SMC services)

Task:

The Head Master has approached the Student Peer Educator and noted that students are hearing a lot about the SMC services offered in the community, but he is not sure that students fully understand the importance of circumcision and students seem very shy to talk about SMC. He asks the Student Peer Educator if he/she has any materials to lead a Session on SMC that will allow students to talk about the topic openly and to ask questions.

Tool:

You will use The Hostel Discussion Guide & DVD.



### Practice Session Start & End Point:

See The Hostel Discussion Guide.

In Session 2: After Circumcision, start with the “Summarize” part of Step 2, and then facilitate all of Step 3.

*Remember before starting your mini practice session, be sure to tell the observers what you have already done in the session and where you are starting in the Tool you are using.*

## **Practice Session: Team Assignment**

### **TEAM 5: Using ‘SMC in Zambia’ Video Documentary**

#### Mobilizers:

A Peer Educator (from a private company)

A Counselor (who also works at the company)

A Company Man who has recently been circumcised

#### Task:

The Peer Educator from a private company has distributed brochures about SMC to the men who work at the company and has also led a ‘health education’ session to explain the basic medical facts about SMC. After these efforts by the Peer Educator, the Counselor expected to see many company men come to him for pre-circumcision counseling, but this did not happen. They are puzzled as to why these men who now understand the facts about SMC are not getting circumcised. The Counselor and one company man who has recently been circumcised agreed that perhaps they need to learn more from the men about what is actually preventing them from taking action to get circumcised.

#### Tool:

You will use the ‘SMC in Zambia’ video documentary. (Note: This video does not have a Discussion Guide. You are responsible to develop your own guiding questions to lead a fruitful discussion based on your target audience’s needs.)

### Practice Session Start & End Point:

You will not have time to show the entire documentary, however participants in this training watched the video on Day 1 of this training. So for this practice session, your team should select 10 minutes of the video to play and then lead a discussion that addresses the needs of your target audience. (For the purposes of this exercise, you will tell observers that you would show the entire documentary and that the discussion you are engaging them in assumes they have just watched the entire video.) Your aim is to practice leading a discussion (with relevant questions) based on key messages brought out in the video.

*Remember before starting your mini practice session, be sure to tell the observers what you have already done in the session and where you are starting in the Tool you are using.*

# SMC Community Mobilization Training Evaluation

By the end of this training participants will be able to:

1. Understand SMC, including the benefits of SMC, basic medical facts about the circumcision procedure, and treatment and healing after SMC.
2. Identify the key elements needed to plan for successful community mobilization.
3. Recognize the need to improve linkages between community mobilizers and service providers to increase the actual uptake of SMC services.
4. Demonstrate effective use of the SMC Tool Kit materials.
5. Deliver and accept constructive feedback to peers on all aspects of their practice community mobilization sessions.

## I. HOW WELL DO YOU THINK THE TRAINING OBJECTIVES WERE MET?

\_\_\_ Very well \_\_\_ Well \_\_\_ Not so well \_\_\_ Not at all

Why? \_\_\_\_\_

\_\_\_\_\_

## II. WHAT WERE THE MOST USEFUL PARTS OF THE TRAINING FOR YOU?

\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

## III. HOW CAN WE IMPROVE THIS TRAINING?

**(Please feel free to comment on: Content included? Facilitation? Methods used? Etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. DO YOU HAVE ANY OTHER THOUGHTS, COMMENTS, OR SUGGESTIONS THAT YOU WOULD LIKE TO SHARE WITH US ABOUT THIS TRAINING?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANKS VERY MUCH FOR YOUR ACTIVE PARTICIPATION  
IN THIS TRAINING!**

# SMC Community Drama

## A Guide for Community Mobilizers

*Help reduce HIV by encouraging Safe Male Circumcision (SMC) today!*

### Community Drama

The purpose of this drama skit is to inform people about SMC so they can decide if it is right for them. When selecting people who are going to act the parts, you may want to look for individuals who are comfortable on stage. You, or your co-mobilizers, may also choose to 'act' in the skit. Other community members can help with setting up the stage and props.

### Community Drama Steps:

1. Go to the community chief or local leader and inform them of your plans.  
*Also be sure to reach out to other 'key actors' including SMC service providers in your community, so that they too are aware of the activity.*
2. Find an open space where you can set up the performance. This can be outdoors or in a hall or classroom. Make sure that there is enough space for the audience to sit comfortably and see the action.
3. Find three people to act out the parts. You can work with other mobilizers and/or people from the community.
4. Once you have chosen your actors, take some time to rehearse the performance with them in advance. Remember to practice speaking loudly and dramatically. You want people to hear you. You can improvise and try to make people laugh. Do not worry if you make a mistake or forget your lines. Just remember to say the important facts - the rest is up to you.
5. When you are ready, introduce your drama group and tell the crowd you want to perform for them. Talk to them in a language they are comfortable with and make sure they understand you. Be sure to tell the crowd that this short skit will have two Acts, and that you will pause for a bit of discussion in between the first and second act.
6. Begin your performance.
7. After each section in the play, ask the "Discussion Questions" included below to encourage community members to discuss SMC.
8. At the end, let people from the audience come on stage to act out scenes and/or create their own endings. Create a discussion about the new topics that get raised.
9. Make sure to ask for questions at the end and take time to answer them all.
10. Hand out health education materials on SMC and let people know where they can go for SMC services in your community. Remember to remind people to look for the SMC logo!

### Follow-up with one-to-one Mobilization:

If available, pass out any brochures or factsheets you have on SMC. Give them to men and women of all ages. Make sure to pass them out to all different kinds of people. The information can help people learn more about what you have just told them.

After a few weeks, visit the areas again and speak to the same people and others you did not talk to before. Ask them if they have any questions. See if they liked the materials. Find out if there is any other information they want to know. Link them to SMC services!

**When You Talk to People, Remember to Tell Them These Key Messages:**

- SMC reduces the risk of HIV by up to 60%.
- SMC does not give 100% protection from HIV. People still need to wear condoms and reduce their number of sexual partners.
- Just because a man is circumcised does not mean he does not have HIV. Circumcised men can be infected with HIV, and some circumcised men are already HIV positive.
- SMC benefits sexual partners of men, decreasing their risk of cervical cancer.
- Male circumcision is safe when performed at a health facility.
- SMC is good for the whole community because it reduces the chances of getting HIV.

# SMC Community Drama Script

**Location:** A fishing beach

**Props needed:** A fishing net

**Characters:**

- Okello, a fisherman
- Mirembe, his wife, who is preparing fish
- Kato, a man who is a friend of theirs

## ACT 1

*Setting: Okello and Mirembe are sitting on the two stools repairing a fishing net. They are facing the audience*

*Action: Kato walks past Okello and Mirembe. Kato is day-dreaming and he doesn't really see them.*

**Okello:** Kato!

*Action: Kato jumps in surprise. He drops his bag in shock.*

**Okello:** (Laughing) Kato! You didn't see us? Were you dreaming of Fiona again?

**Kato:** No I was... um... I was... doing mathematics in my head!

*Action: Okello and Mirembe laugh.*

**Mirembe:** Kato. What is in that bag you dropped?

**Kato:** Um. Some tablets I was given by Kaggwa. He says that if I take them every day I won't catch HIV.

**Mirembe:** Ha! Tablets that can protect you from HIV! What else has he given you? A drink that can make you fly?

**Okello:** (gesturing to Kato) Let me see...

*Action: Kato hands over the bag to Okello. Okello looks at the tablets and shakes his head before placing the bag at his feet.*

**Kato:** What is wrong? Are they the wrong color?

**Okello:** What! Kato my friend, how can you believe that man? Do you think such things can really protect you from HIV?

**Kato:** But Kaggwa studied in Kampala .....

**Mirembe:** Kaggwa didn't study in Kampala! He didn't even finish primary! He went to Kampala once to see his uncle but got lost and ended up in Katanga..... or..... Kishenyi!

**Okello:** Kato, are you serious about protecting yourself from HIV?

**Kato:** Of course... HIV is not a joke...

**Mirembe:** Then why are you joking with such tablets?

**Kato:** What should I do?

**Okello:** You know, they say the best thing is not to have sex...

**Kato:** But I am a man!

**Mirembe:** I knew you would say that...

**Okello:** Yes, you are a man, but that does not mean that you cannot control yourself...

**Kato:** You know I have a girlfriend...

**Mirembe:** And have you both been tested for HIV?

**Kato:** No! But I don't have it...

**Okello:** How do you know? Are you a doctor? You have to know your status, and hers, and you must behave, both of you!

**Kato:** I do behave!

**Mirembe:** Very few men behave... that's why a condom is a must...

**Okello:** Do you use condoms?

**Kato:** Sometimes...

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## **END OF ACT 1**

The action breaks. Okello (or one of your co-mobilizers) now asks the following Discussion Questions to the audience. Call upon different audience members to answer each of the questions, and the facilitator/mobilizer correct any wrong answers.

### ***Discussion Questions (following Act 1)***

1. What is the best way to protect yourself from HIV?
2. If you are in a relationship, what is the best way for you and your partner to protect yourselves from HIV?
3. If you are having sex, what must you do to ensure that you are protected against HIV?
4. Why is it important to know your HIV status?
5. Does anybody have any questions?

Inform participants that they will now watch Act 2. Ask them to listen carefully!

## Act 2

**Mirembe:** Also, I think that you should get circumcised!

**Kato:** (Very angry) What! A man like me?

**Okello:** This is about your health, not about culture!

**Kato:** But why should I get circumcised?

**Mirembe:** For the same reason that Okello had it done... It reduces the chances of you getting HIV by up to 60%...

**Kato:** That's a lot.....

**Okello:** Yes! You should do it!

**Kato:** Woi! But it sounds painful!

**Okello:** No! You get an injection so that you feel little pain. It is over within a short time...

**Kato:** But really, how can removing skin protect me from HIV?

**Mirembe:** Let me ask you a question, under your foreskin, is the skin not soft...?

**Kato:** I don't know. Let me check. (Starts looking in his trousers.)

**Mirembe:** Don't be stupid, just answer...

**Kato:** OK... yes it is...

**Mirembe:** Kale. Because that skin is soft, sometimes when you are having sex it tears, doesn't it...?

**Kato:** Woi... now such questions...

**Mirembe:** Well that is one way that HIV enters your body...

**Okello:** Also that soft skin has special types of cells on it, called target cells, through which the virus can pass easily into your body...

**Kato:** Ahh! So after circumcision the skin becomes tougher, so it is harder for the virus to enter my body.

**Mirembe:** Exactly! Also, because you have a fold of skin there, infections are more likely to occur – and infections help HIV enter the body.

**Kato:** But I have a question....

**Okello:** Ask...

**Kato:** Afterwards... how is the sex... is it still good?

**Action:** Mirembe and Okello laugh.

**Mirembe:** Do you see me complaining?

**Okello:** And do you see me complaining...?

**Kato:** So now, if I want to do this, where should I go, how does it work...?

**Okello:** Just go to a clinic or a hospital where you see the SMC sign with the red ribbon.....

**Mirembe:** But a proper government registered place!

**Okello:** Yes. You must have it done by a qualified professional, or it can go wrong...

**Kato:** What is the procedure?

**Okello:** After the cut, you are given some pain killers...

**Mirembe:** Proper medicine, not Kaggwa's nonsense...

**Okello:** After three days you carefully remove the bandage. Then you go for another check up after seven days...

**Kato:** That is it?

**Mirembe:** Not quite. After the cut, you must not have sex for six weeks.

**Kato:** WHAT?

**Mirembe:** Is it so long really?

**Kato:** Aieeee...

**Okello:** My friend... six weeks, then you are healed properly, and you can 'proceed'...

**Kato:** Safe from HIV!

**Mirembe:** NO! Your chances of getting it are less, but you must still...

**Kato:** I know, reduce your sexual partners and...

**All:** Always wear a condom!

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## **END OF ACT 2**

At this point there is a second question and answer session. The format is the same as the first.

### ***Discussion Questions (following Act 2)***

1. Why should men get circumcised?
2. How does circumcision help reduce a man's chances of getting HIV?
3. How much does it reduce the chance of getting HIV?
4. Where is the best place to go for male circumcision?
5. After circumcision, do you still need to protect yourself from HIV? How?

### **Making your own SMC Skits**

After this discussion, ask if anyone from the audience wants to do their own short skit about the topic. Give them some time to prepare. You may want to ask people from the



audience to call out 'stop' and trade places with an actor when they feel like they can act out scenes with the new information they learned. Let them act out new endings and encourage discussion on the new topics that are raised.

### **Ending the Community Drama Activity**

At the end, ask for more questions from the audience and take the time to answer them all. It is important that people know all the facts so they can make the correct decision for themselves.

Thank the audience for watching your performance and take the opportunity to hand out any health education materials you have, and be sure to let them know where to go for SMC in your community. Remind people to continue to prevent HIV infection by:

- Reducing number of sexual partners
- Staying faithful to one partner of known HIV status
- Using condoms consistently and correctly every time
- Seeking rapid treatment of STIs





