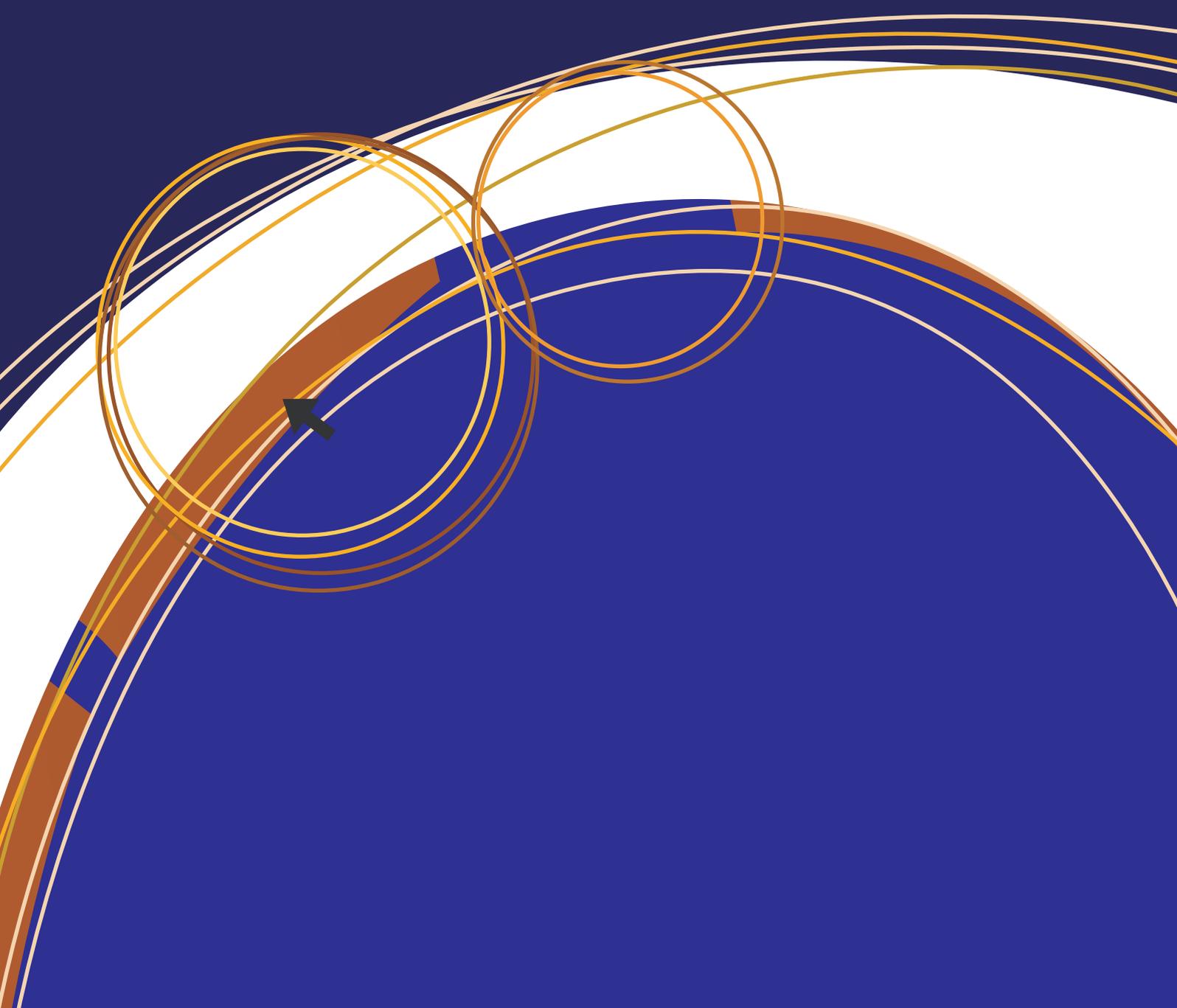


PrEP Training Materials



These materials were developed by LVCT Health as part of the Bill & Melinda Gates Foundation sponsored IPCP demonstration project and PEPFAR funded DREAMS project

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HIV Self perceptions of risk and Attitudes towards AGYW

The trainer asks all the participants to step either outside or at the back of a room and asks all the participants to form a long line standing next to each other facing forward. The participants are asked to make sure that they are not touching those next to them (if a spacious room for this activity is unavailable, the participants can still stand, close their eyes and raise their hand if the statement read is true);

- Close their eyes and remain shut for the entire activity
- Listen keenly to the sentence that the trainer is going to lead
- Take a moment (at least 2 seconds) to ponder on the sentence and if it's true, they either take a step forward or raise their hands without talking or consulting any of their neighbor.

The trainer assures confidentiality of the activity. The trainer then reads the following sentences

HIV self-perception of risk

1. I have not taken an HIV test in the last one year
2. I or my sexual partner is currently pregnant
3. I do not know my sexual partner(s) HIV status
4. I have had unprotected sex with someone of unknown HIV status
5. I have had sex when completely drunk or intoxicated and can't remember if I used condoms or not
6. I have had sex with more than one sexual partner in the last one year

Attitude towards PrEP as a HIV prevention tool

7. I would be comfortable with my sexual partner taking PrEP.
8. I would take PrEP to help me prevent myself from getting infected with HIV

Attitude towards providing SRH and PrEP to Adolescent Girls and Young Women

9. I am comfortable providing sexual reproductive health services like PrEP, condoms, contraceptives to a 15 year old girl who has many sexual partners
10. I would allow my teenage daughter to take PrEP to prevent HIV (this is whether I have one or not)

The trainer then asks the participants to open their eyes and share about their experiences during the activity (the position where someone is standing is not of importance but if the participants want to discuss it then its okay). Remember that the participants may or may not share which questions they stepped forward.

Ask the participants what is the take home message from the activity? Wrap up by mentioning the following while tying in with what the participants had mentioned;

- Disclosure is a huge challenge and therefore we need to be patient and understanding with our clients
- HIV perceptions of risk is a personal issue that we all need to reflect on before we provide services to others since this may help us to understand the clients and their hesitance to either disclose, or to acknowledge their own risk.
- The AGYW we provide services to, are like our own daughters, sisters, nieces, siblings, neighbors etc and we need to be empathetic to them like we are with our own relatives.

Stereotyping, Stigma & Discrimination Self-awareness exercise

Preparation

Facilitators should write the following on top of two flipcharts and pin them on the wall where the participants can write on them using felt pens:

1. Young woman who is a female Sex worker (FSWs)
2. Young woman

Flow of events

1. The facilitator pins two flipcharts on two diverse places on the wall each with the above names and then place felt pens on the floor near to each flipchart.
2. The trainer then asks the participants to walk from one flipchart to the next, and write down all the words, views associated to each individual either in English, Swahili or mother tongue.
3. Ask a volunteer to stand on each of the flipchart and then ask them to share how they feel being referred to with the names on the flipchart.
4. After the responses from the volunteers, trainer facilitates a group discussion about the nature of stereotyping (without saying the word stereotyping at first).
5. The trainer then points out the following to the rest of the class.

“Stereotyping is a natural process. It is way to structure the world and to position yourself in the world. Unfortunately, others are seen in a very negative way. Individuals also get classified into categories because of a fear of the “other” and a fear of the unknown.

1. Then you can focus on coping strategies to stereotyping. Some people change negative stereotypes into positive ones, others ignore the negative ones and only look at the positive stereotypes, etc.
2. End of by saying something in the lines of:

“Even though we stereotype people to make sense of the world around us, as of today, we will try to **never, ever assume anything about our clients**”.

Stereotype, Stigma and Discrimination

1. The facilitator asks the participants to think back to a time when you were treated in any way differently by other people. For example, it may have been a time when you moved into a new area and attended a new school. It may have been when you lived in an area where you were from a different group to other people around you. It could have been when you were taken care of by a distant family relative, who was not your mother or father. Try to remember such an experience and what happened. How were you treated differently?
2. If the participants are hesitant, the facilitator can give a personal example.
3. Give an opportunity to at least 2-3 volunteers to share their experiences.
4. Initiate a discussion by asking:
 - How were you treated differently by others around you?
 - How did this make you feel?
 - How do you think this experience affected you?
 - What did you learn from this experience?

5. Next, continue with a *Stigma: Causes, Examples / Actions and Effects* exercise by:

- Drawing an empty table on a flipchart with just the headings – ask participants to come up with Causes, Examples / Actions and Effects of Stigma – reflect back on the stigma self-reflection exercise, and use some of the examples given to fill in the table.

Causes	Examples / Actions	Effects
<ul style="list-style-type: none"> • lack of knowledge or understanding • lack of information • ignorance • religious beliefs • cultural beliefs • perceived difference • fear • society's norms and expectations • competition over resources 	<ul style="list-style-type: none"> • name calling • labelling • gossiping • making assumptions • morally judging • rejecting • excluding • denying service to • discriminating • prejudice • physical violence e.g. rape / murder 	<ul style="list-style-type: none"> • withdrawal • loneliness • low self worth • substance use • self hatred • isolation • sadness • anger • hopelessness • lack of access and or uptake to services • suicidal ideation • PTSD • Depression
	Facilitator note! Actions = EXTERNAL STIGMA	Facilitator note! Effects = INTERNAL STIGMA

6. Facilitate a discussion on stigma, relating back to the above exercise. Make sure that all of the following points have been covered:

- Stigma is common and has multiple impacts.
- Young women who are sexually active and willing to take PrEP may experience the burden of double stigma, because of both sexual behaviour and the perceptions by society on the place of women.
- External and internal stigma affects the health and wellbeing of everyone and needs to be addressed.
- Appropriate support and counselling can minimise the effects of stigma and assist clients in their wellbeing especially in adherence to PrEP.

Case study 1

Nelly, a 24 years old DREAMS girl has been on PrEP for 6 months, the reason why she decided to take PrEP was because the husband (who was the sole bread winner) was unfaithful to her and had many different sexual partners. A friend of hers who is on PrEP, told her about PrEP and where to get it and she decided to start taking it so that she can prevent herself from HIV infection and live long to see her 2 children's future. She did not experienced any severe side effects only that she would feel hungry quite often and had smelly urination. She is grateful because she has gained some weight now and she looks smarter than she was before. He reports being confident as earlier she feared she would get infected with HIV due to her husband's unfaithfulness. Although they have since separated with her husband, they still meet and have sex without protection.

She also reports having other multiple sexual partners to sustain herself. She also sometimes skips taking the drugs for fear that her partners may notice her taking. She forgets them at home when she is traveling etc.

Questions for discussions

- What are the key issues that you pick from this case study?
- How would you manage this client?

Case study 2

Jedida a 22 years old has been married for 2 years and reports that her husband brings other women to their house and makes her sleep on the floor and openly has sex with them. She lost her parents and sister to HIV and has a sister who is HIV positive; this makes her feel so bad. Her husband discovers that she is on PrEP, beats her up and throws her drugs into the toilet accusing her of being HIV infected and a prostitute. She comes back and she is given other drugs. The husband discovers that she has gotten other drugs and she gets a thorough beating. The community intervenes and the husband runs away. She discloses to having sex with a HIV positive person and she has been testing HIV negative, and happily reports to you that PrEP really works. When asked about the possibility of getting infected, her answer is "if I am positive, to hell"!

Questions for discussions

- What are the key issues that you pick from this case study?
- What would be your line of management?

Case study 3

Jane, 22 years old, comes and requests for PrEP but feels uncomfortable engaging in any conversation. Eventually, she discloses that her parents died of HIV and she was left taking care of her 8 siblings with the last born being HIV positive. She further discloses that she has several sexual partners and seldom uses condom. She reports that she occasionally takes alcohol.

Questions for discussions

- What are the key issues that you can identify in this case study?
- What would be the cause of her being uncomfortable?
- What skills would you use to make her comfortable?
- What package of services would you consider and why?
- What key issues would you consider to offer her PrEP?

You decide to initiate her on PrEP. She comes back after one month and she reports that she has been drinking alcohol a lot since life has been very difficult. Within this one month, she has missed 15 doses.

Questions for discussions

- What will be your line of management?

Pre and Post Course Assessment

Participant's name _____ Date _____

Please take 20 minutes to respond to this assessment in silence and without conferring with anyone

Answer all the Questions

Section A: Indicate by a Tick True or False for each of the statements below (1 mark will be awarded for each correct answer- 15 marks)

Statement	True	False
1. The Kenya National HIV Estimates of 2014 indicates that the average national HIV prevalence stood at about 6% by the year 2013.		
2. Girls and young women, female sex workers and men who have sex with men have been identified as contributing the same new infections as the general populations in Kenya.		
3. HIV Vaccines, microbicides, use of ARVs as pre and post exposure prophylaxis medication (PrEP and PEP) etc are all forms of Behavioural preventive tools		
4. The difference between PrEP and PEP in the HIV prevention is that PrEP is taken before HIV risk exposure while PEP is given after the HIV exposure.		
5. A health care provider can help a sexually active young woman with multiple partners to reduce their risk of getting HIV by informing them that they are engaging in dangerous behavior and that they should stop these behaviors immediately.		
6. PrEP is not for everyone and should only be considered for people who are HIV-negative at risk of HIV infection.		
7. Truvada is the pill approved in Kenya for daily use as PrEP for people at high risk of HIV infection.		
8. PrEP is contraindicated in the following situations:		
a. Age below 15 years		
b. Pregnancy		
c. Breastfeeding mothers		
d. HIV discordancy		
e. General population		
f. Creatinine clearance of 70 mL/min		
9. Adherence measurement options for PrEP to be employed include: client self-reports, pills count and ADT		
10. HTC providers are the only service providers who should be sensitive and friendly to PrEP participants since they are the ones providing the bulk of the services including counselling		

Section B: Answer the following questions in the spaces provided. Each answer contains one mark (5 marks).

1. One of the following is NOT a core dimension of quality data that health providers must adhere to:

- A) Accuracy
- B) Completeness
- C) Integrity
- D) Availability

2. Which of the following statement is TRUE about PrEP adherence

- A) PrEP should be taken using the dosage and time advised by health provider
- B) If you miss a dose of PrEP you can take 2 pills the following day
- C) You can take PrEP only when you anticipate a high risk exposure
- D) You should not share your medicine

3. In which of the following situations SHOULD one take PrEP?

- A) If HIV positive
- B) If own HIV status is not known
- C) If HIV negative and in a discordant relationship
- D) If unable/unwilling to adhere to a daily pill

4. Which one of the following is NOT a common side effect of PrEP?

- A) Insomnia
- B) Fatigue
- C) Diarrhoea
- D) Headache

5. Which of the following laboratory tests ARE recommended before PrEP initiation (TICK ALL THAT APPLY)

- A) HIV Test
- B) Hepatitis B
- C) Pregnancy Test
- D) Creatinine test

Pre and Post Course Assessment

Participant's name _____ Date _____

Please take 20 minutes to respond to this assessment in silence and without conferring with anyone

Answer all the Questions

Section A: Indicate by a Tick True or False for each of the statements below (1 mark will be awarded for each correct answer- 15 marks)

Statement	True	False
1. The Kenya National HIV Estimates of 2014 indicates that the average national HIV prevalence stood at about 6% by the year 2013.	X	
2. Girls and young women, female sex workers and men who have sex with men have been identified as contributing the same new infections as the general populations in Kenya.		X
3. HIV Vaccines, microbicides, use of ARVs as pre and post exposure prophylaxis medication (PREP and PEP) etc are all forms of Behavioural preventive tools		X
4. The difference between PrEP and PEP in the HIV prevention is that PrEP is taken before HIV risk exposure while PEP is given after the HIV exposure.	X	
5. A health care provider can help a sexually active young woman with multiple partners to reduce their risk of getting HIV by informing them that they are engaging in dangerous behavior and that they should stop these behaviors immediately.		X
6. PrEP is not for everyone and should only be considered for people who are HIV-negative at risk of HIV infection.	X	
7. Truvada is the pill approved in Kenya for daily use as PrEP for people at high risk of HIV infection.	X	
8. PrEP is contraindicated in the following situations:	X	
a. Age below 15 years		
b. Pregnancy		X
c. Breastfeeding mothers		X
d. HIV discordancy		X
e. General population	X	
f. Creatinine clearance of 70 mL/min		X
9. Adherence measurement options for PrEP to be employed include: client self-reports, pills count and ADT	X	
10. HTC providers are the only service providers who should be sensitive and friendly to PrEP participants since they are the ones providing the bulk of the services including counselling		X

Section B: Answer the following questions in the spaces provided. Each answer contains one mark (5 marks).

1. One of the following is NOT a core dimension of quality data that health providers must adhere to:

- A) Accuracy
- B) Completeness
- C) Integrity
- D) Availability**

2. Which of the following statement is TRUE about PrEP adherence

- A) PrEP should be taken using the dosage and time advised by health provider
- B) If you miss a dose of PrEP you can take 2 pills the following day
- C) You can take PrEP only when you anticipate a high risk exposure
- D) You should not share your medicine**

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- A) If HIV positive
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5. Which of the following laboratory tests ARE recommended before PrEP initiation (TICK ALL THAT APPLY)

- A) HIV Test**
- B) Hepatitis B**
- C) Pregnancy Test
- D) Creatinine test**

Appendix 5: End of Course Evaluation Form

INSTRUCTIONS:

You have been provided with this form to help us get your feedback as to whether this course was worth undertaking or not. The form examines the various sections of the overall training course and we request that you circle the appropriate response based on the item presented. After filling in the form, give it to the facilitator.

Course Name _____		
Course Dates: Start ___/___/___/___	End ___/___/___/___	Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>

Please rate the **following list of statements** on a scale of 1 to 3 by circling/ticking the appropriate number accordingly.

1. Have the course objectives met your training needs?

1	2	3
Fully met	Fairly met	Not met

2. This course has provided new knowledge and practical skills for improving your professional work?

1	2	3
Agree	Neutral	Disagree

3. The information and concepts covered met the stated course objectives?

1	2	3
Agree	Neutral	Disagree

4. The course duration was :

1	2	3
Just right	Too long	Too short

5. The training methodologies used were appropriate for your learning.

1	2	3
Very appropriate	Fairly Appropriate	Not appropriate at all

6. The training materials were easy to comprehend.

1	2	3
Agree	Neutral	Disagree

7. Delivery of the overall course content was effective.

1	2	3
Agree	Neutral	Disagree

8. The sequencing of the various topics within the module/block was appropriate.

1	2	3
Very appropriate	Fairly Appropriate	Not appropriate at all

9. Overall the training venue/facility was very conducive for learning?

1	2	3
Agree	Neutral	Disagree

10. What do you consider as the **three key strengths** of this course?

A.	
B.	
C.	

11. What do you consider as the **three key weaknesses** of this course?

A.	
B.	
C.	

12. What else would you have liked included in the course?

13. Indicate any other comments you would like to make?

HIV



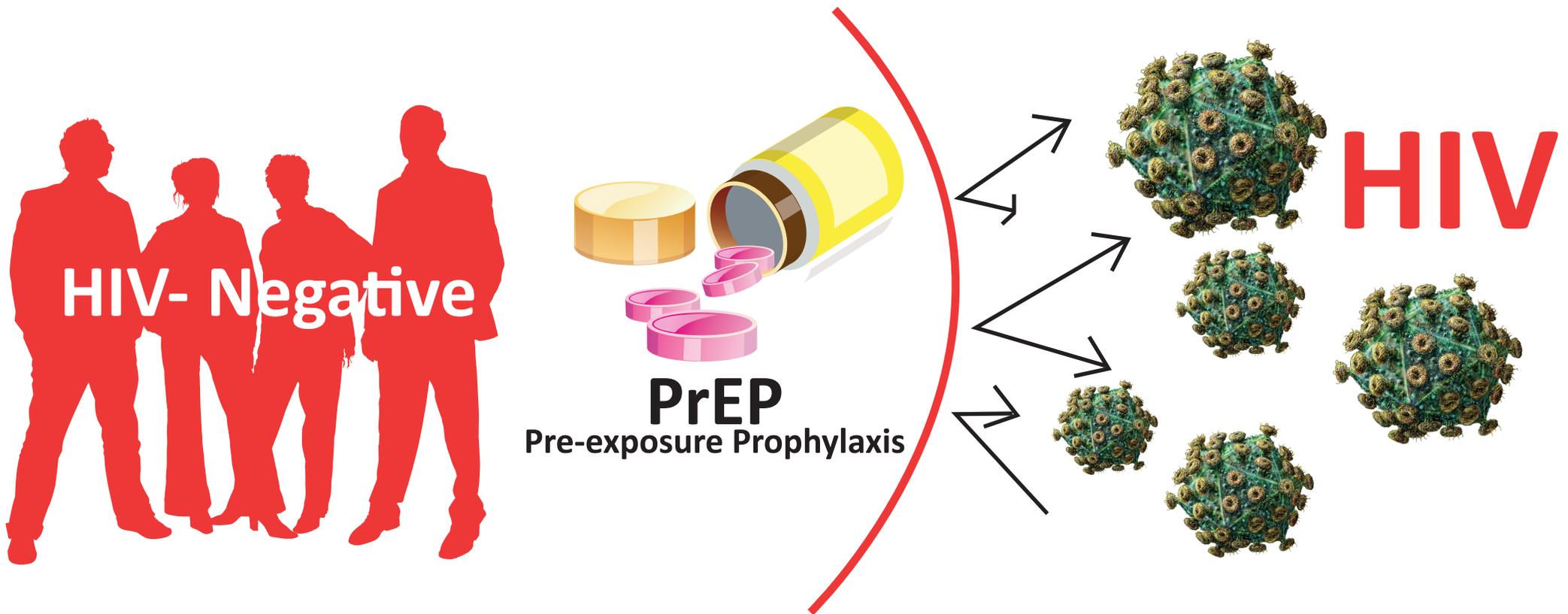
HIV RISK

- Unprotected sex with a known HIV positive person (in serodiscordant couple) not been on ARV for 6 months or suspected of poor adherence or not virally suppressed.
- Unprotected sex with a person unknown HIV status puts you at risk of HIV infection.
- Needle/ syringe sharing while injecting drugs exposes one to HIV infection .
- Drug and alcohol abuse / use impairs judgement increasing one risk of getting infected with HIV.
- Anal sex without condom and lubricant carries the highest risk of HIV transmission.

HIV prevention strategies that work

1. Condom use
2. Couple HTC
3. Prevention of vertical transmission (PMTCT)
4. ART for prevention
5. Voluntary Medical Male Circumcision

Pre- Exposure Prophylaxis (PrEP)





Pre- Exposure Prophylaxis (PrEP)

- “PrEP” stands for Pre-Exposure Prophylaxis.
- This is one way for a HIV-negative person who is at risk of HIV infection to reduce their risk of becoming infected with HIV.
- It involves taking anti-HIV drugs on a regular basis.
- The pill is taken on a daily basis.

Potential Barriers to Adherence



A pill-taking calendar with a blue header and a grid of days. The header includes the days of the week (Monday to Sunday) and a small illustration of a yellow pill bottle with pink pills spilling out. The grid shows the days of the month from 1 to 31, with pink pill icons placed in the corresponding cells to indicate when to take a pill. The calendar is tilted slightly to the right.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



Potential Barriers to Adherence

- Understanding the regimen and its possible side effect
- Mental health/Psychological factors-stress , active psychiatric illness
- Perception of risk
- Cultural/religious beliefs
- Disclosure issues

Strategies for Adherence



Strategies for Adherence

- **Reminder Cues:** medication diaries, pill charts, Telephone reminders, electronic devices with alarms
- **Buddy system:** Family or friend reminding client to take medicine, offering encouragement to keep going, helping to keep site appointments, providing support etc
- **Support group:** A collection of people with a common need and interest who come together to receive/give support through experience sharing, education and counselling.
- **Counselling**

When to Discontinue PrEP





When to Discontinue PrEP

- If participants risk of getting HIV becomes low because of changes in your lifestyle.
- If participant often forgets to take pills.
- If participant is no longer interested to take PrEP.
- If a participant has suspected acute infection of HIV or is clinically diagnosed with any medical condition that makes it unsafe.
- If the participant experiences any serious side effects.

Questions & Concerns



Questions & Concerns



Appointment





Appointment