

# OPTIONS

*Optimizing Prevention Technology  
Introduction On Schedule*

## **PrEP Learning Network Regional Workshop: Building Awareness and Acceptance**

**Blantyre, Malawi**

**11 July 2019**





# Session Overview

- What's the difference between PrEP awareness and acceptance?
- How do we move closer to PrEP acceptance?
- What more could be done?

A stylized, colorful map of a city street grid is shown from a slightly elevated perspective. A red pushpin is stuck into the map, pointing to a specific intersection. A white speech bubble with a red border is attached to the top of the pin, containing the text "START HERE!". The map features various shades of brown for streets, green for parks, and blue for a body of water. The background is a solid blue sky.

**START HERE!**



The usual question...

How do we improve  
access to ... ?



A better question...

How do we get people  
to use (accept) ... ?



# Awareness vs. Acceptance



**£30m/year**













Awareness  $\neq$  Acceptance



# What does it take to get to acceptance?

- Literature published since 2012 → Over 100 located
- Abstracts from IAS and CROI 2019
- “Grey” literature posted to PrEP Watch and generated by PrEP projects

## Results

- 55 “helpful” articles, posters, presentations, or other publications
- FSW, MSM, SDC, providers, women, AGYW, PWID, TGW

A word cloud of factors related to HIV risk perception and stigma. The words are arranged in a vertical hierarchy, with 'perceived effectiveness' at the top and 'risk perception' at the bottom. The words are color-coded: green for 'perceived effectiveness', blue for 'self-efficacy', 'side effects', 'benefits', 'stigma', and 'risk perception', purple for 'social support', 'access', 'attitudes', 'safety', 'norms', 'service quality', and 'cost', and green for 'awareness'. The words 'social support' and 'stigma' are highlighted with red rectangular boxes. The word 'awareness' is highlighted with a yellow rectangular box. The word 'side effects' is also highlighted with a yellow rectangular box.

perceived effectiveness  
self-efficacy  
social support  
side effects  
access  
norms attitudes safety  
benefits  
service quality  
cost awareness  
stigma  
risk perception





## Coming up!

- Kabo Ng'ombe  
Botswana – National approaches to building PrEP awareness
- Samuel Engulu  
Uganda – Building acceptance through community and facility interventions
- Diantha Pillay  
South Africa – Engaging peers to build broader acceptance

# Botswana Approaches To Building PrEP Awareness

Presented by Kabo Ng'ombe  
BCIC Officer MOHW





# BACKGROUND

- ▶ Botswana has a generalized HIV epidemic
- ▶ HIV prevalence rates among adults 15 – 49; 22.8% (women 27.4%, men 18.4%)
- ▶ FSW prevalence 42.8% (BBSS 2, 2017)
- ▶ MSM prev 14.8% (BBSS 2, 2017)
- ▶ New HIV infections;



## New HIV Infections (15 years and above)

**2010** 13 000

**2017** 13 800

 **4%** increase in new HIV infections since **2010**

## New HIV Infections



**6 000**  
new HIV infections



**7 200**  
new HIV infections



**1 500**

Adolescents (10-19 years)



**400**



**1 400**

Young People (15-24 years)



**3 200**

**33.5%** of new HIV infections occur among young people aged **15-24** years.

# Botswana commitment: National Strategic Framework 2019 - 2023



**NSF III**

Mission: Ending AIDS as a public health threat in Botswana by 2030

Vision: To accelerate implementation and enhance efficiencies towards HIV epidemic control by 2020 and beyond 2023

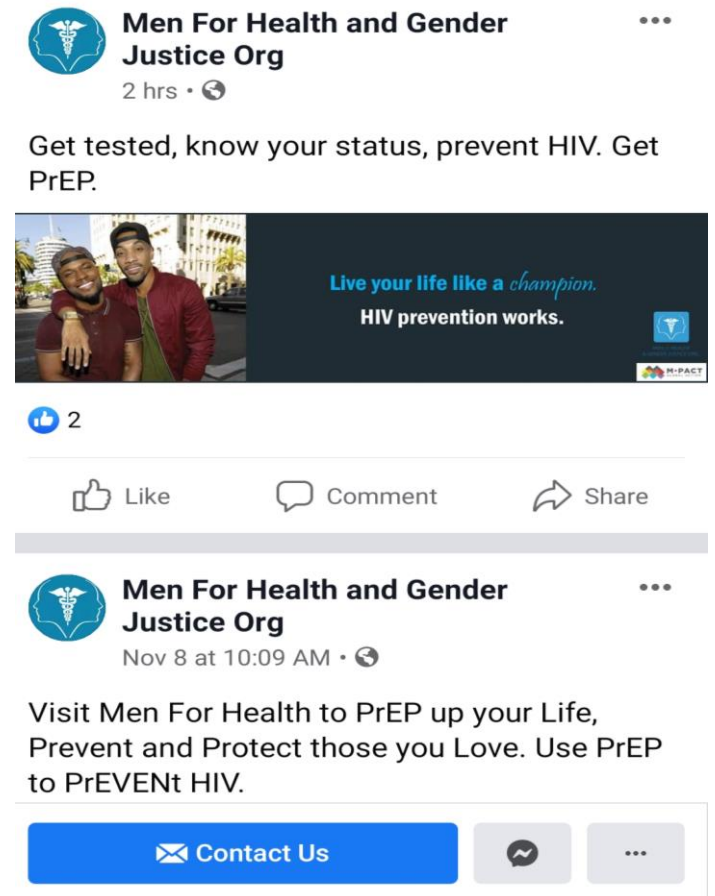
Goals: a) Zero new HIV infections b) Zero AIDS related deaths and c) Zero discrimination by 2030

# COMMUNICATING PREP, Where did we start

- ▶ With support from PEPFAR, USAID
- ▶ The Ministry of Health and Wellness (MOHW) has produced some information, education, and communication (IEC) materials for the PrEP program. a poster, booklet, leaflet, and radio spot announcement.
- ▶ The materials were not linked to any service provision but were meant to create general public awareness.

# COMMUNICATING PrEP, Where did we start

- ▶ FHI 360 (LINKAGES Project) also ran a small media campaign to drive demand for PrEP in their six implementation districts.
- ▶ Campaign was mainly conducted through social media (including Facebook and WhatsApp); they also produced a poster and supported a netball tournament to drive demand for PrEP.
- ▶ Botswana PrEP implementation strategy finalised in 2019, SBCC strategy by AIDS Free (Socio ecological model as theoretical framework)



# Strategic Linkages

- ▶ This National PrEP SBCC Strategy is developed in-line with the following;
  - ▶ National Vision 2036
  - ▶ National Development Plan (NDP 11)
  - ▶ National HIV/ AIDS Strategic Framework (NSF III)
  - ▶ National Treat All Communication Strategy-2017
  - ▶ National Adolescents Reproductive Health and Rights Services Strategy
  - ▶ Health Sector Strategic Plan

# Who should use this Strategy?

- ▶ This strategy has been developed as the formal national PrEP SBCC strategy in Botswana.
- ▶ It is intended to be used by Ministry of Health, NGO program managers and all implementing agencies and partners providing PrEP interventions to guide and inform their work.
- ▶ **VISION:** Every person who is at risk of HIV infection in Botswana will have knowledge of and access to PrEP so that he/she can realise a healthy future

# Communicating PrEP, SBCC Strategy



## ► Positioning PrEP; statement

*“A PrEP user who is knowledgeable about his/her HIV risk factors and is proactive in seeking protection to continue enjoying good health”*

## ► Emotional benefits of PrEP

- **Self esteem and Confidence** – PrEP should makes you feel like you have control over your life and you are ready to share your knowledge with your peers and family members.
- **Respect** – it makes you respected within your circle of peers, family and community that you are living in- No stigma and discrimination.
- **Hope** - gives you reason via actionable solutions to believe that tomorrow will be a better day.
- **Cool and fun-** easy to identify with....not the usual boring stuff made for adults.



# SBCC STRATEGY



- ▶ Strategy implemented through three distinct but complimentary SBCC strategic approaches that have profound influence on human knowledge, attitudes, behaviour and practices. These three (3) key strategies are;
- ▶ **Advocacy**: to generate and reinforce political and social leadership commitment and raise resources in direct support to development actions and goals.
- ▶ **Social Mobilization**: for wider participation, coalition building, and ownership, including community mobilization; and
- ▶ **Behaviour Change Communication (BCC)**: for changes in knowledge, attitudes, and practices among specific “audiences”.



# Behaviour Analysis Matrix

## PRIMARY AUDIENCES

### Adolescent Girls and Young Women (AGYW); aged 10- 24 years

CURRENT BEHAVIORS	BARRIERS TO UPTAKE	DESIRED BEHAVIORS	FACILITATORS/OPPORTUNITIES FOR UPTAKE
<ul style="list-style-type: none"><li>• Having sex with older partners.</li><li>• Concerned about getting pregnant than contracting HIV.</li><li>• Want social acceptance from peers and partners</li></ul>	<ul style="list-style-type: none"><li>• Fear of violence by partners if disclosing use of PrEP.</li><li>• Providers' discriminatory attitudes.</li><li>• Low HIV risk perception</li></ul>	<ul style="list-style-type: none"><li>• Better informed about PrEP</li><li>• Feel comfortable accessing PrEP</li><li>• Feel free to talk about PrEP with health care providers</li></ul>	<ul style="list-style-type: none"><li>• A lifestyle choice to achieve their personal goals</li><li>• An extra layer of protection from HIV infection</li><li>• Feeling of self-control</li><li>• Availability and accessibility of Youth Friendly Services</li><li>• Support from parents, peers and partners can facilitate PrEP up take</li></ul>

# Strategic Interventions

PRIORITY AUDIENCE	STRATEGIES	COMMUNICATION CHANNELS, TOOLS	PRIORITY SUPPORT MATERIALS
<ul style="list-style-type: none"><li>• <b>Adolescents Girls and Young Women (15-25 years)</b></li></ul>	<ul style="list-style-type: none"><li>• Peer Education</li><li>• Interpersonal Communication</li><li>• Information, Education and Communication</li></ul>	<ul style="list-style-type: none"><li>• Broadcast Media: TV and Radio</li><li>• Social &amp; digital Media: Facebook, You-tube, WhatsApp, Instagram, mobile phone messaging.</li></ul>	<ul style="list-style-type: none"><li>• Frequently Asked Questions leaflet</li><li>• Poster 1- on PrEP Basic</li><li>• Poster 2 - on PrEP effectiveness</li><li>• Leaflet 1 on PrEP</li><li>• Leaflet 2 on effectiveness</li></ul>

# SBCC Strategy; Overarching Approaches



- ▶ **Phase 1:** Above the Line Communication Phase: to drive more general acceptance of PrEP.
- ▶ **Phase 2:** Below the Line Communication Phase; which will be more targeted at each priority subgroup.
- ▶ **Phase 3:** Full Campaign Phase: This phase will focus communication on targeting the current and potential users (demand creation and client retention).

# Status of Implementation

		Yearly share from National targets						
	Baseline	Cumm Targets	2018	2019	2020	2021	2022	2023
	0	District level targets	1000	1000	2144	5288	7932	10,576
				1277				
		No of districts	2 target	2 target	27	27	27	27
			2 actual	7 actual				

# CONCLUSION

- ▶ Plans to roll out to all eligible populations; KPs (MSM, FSW and PWID), AGYW, discordant couples and people who perceive themselves to be at risk in 2020.
- ▶ Currently implementation is donor driven
- ▶ How to deliver PrEP on a larger scale (challenges so far; adherence, stigma etc).



Thank you



# REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES (RHITES) IN NORTH LANGO- UGANDA

Building Community Awareness and Acceptance Learning session

Samuel Engulu

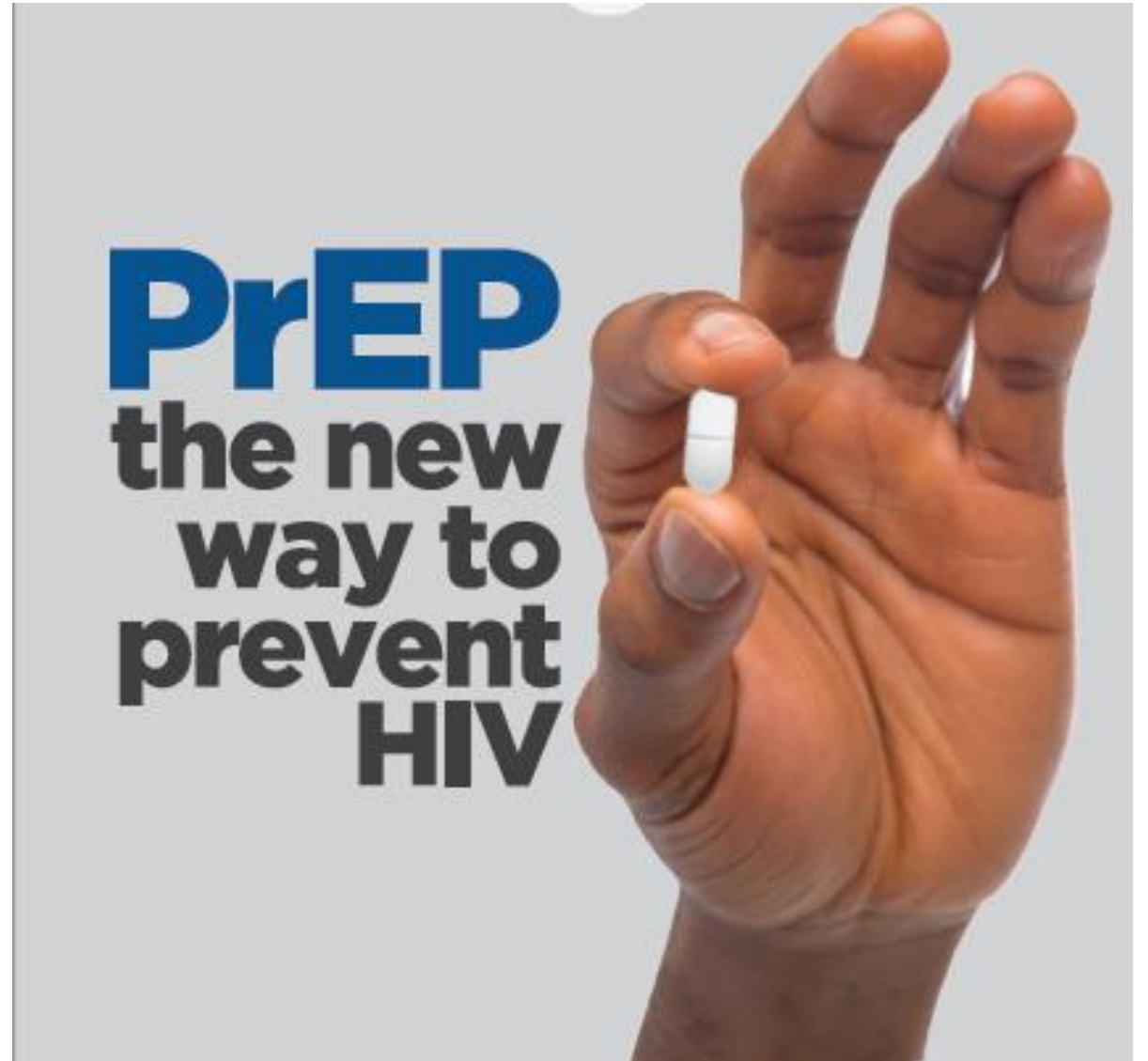
JSI/Uganda

HIV Testing & Prevention Services Program Officer

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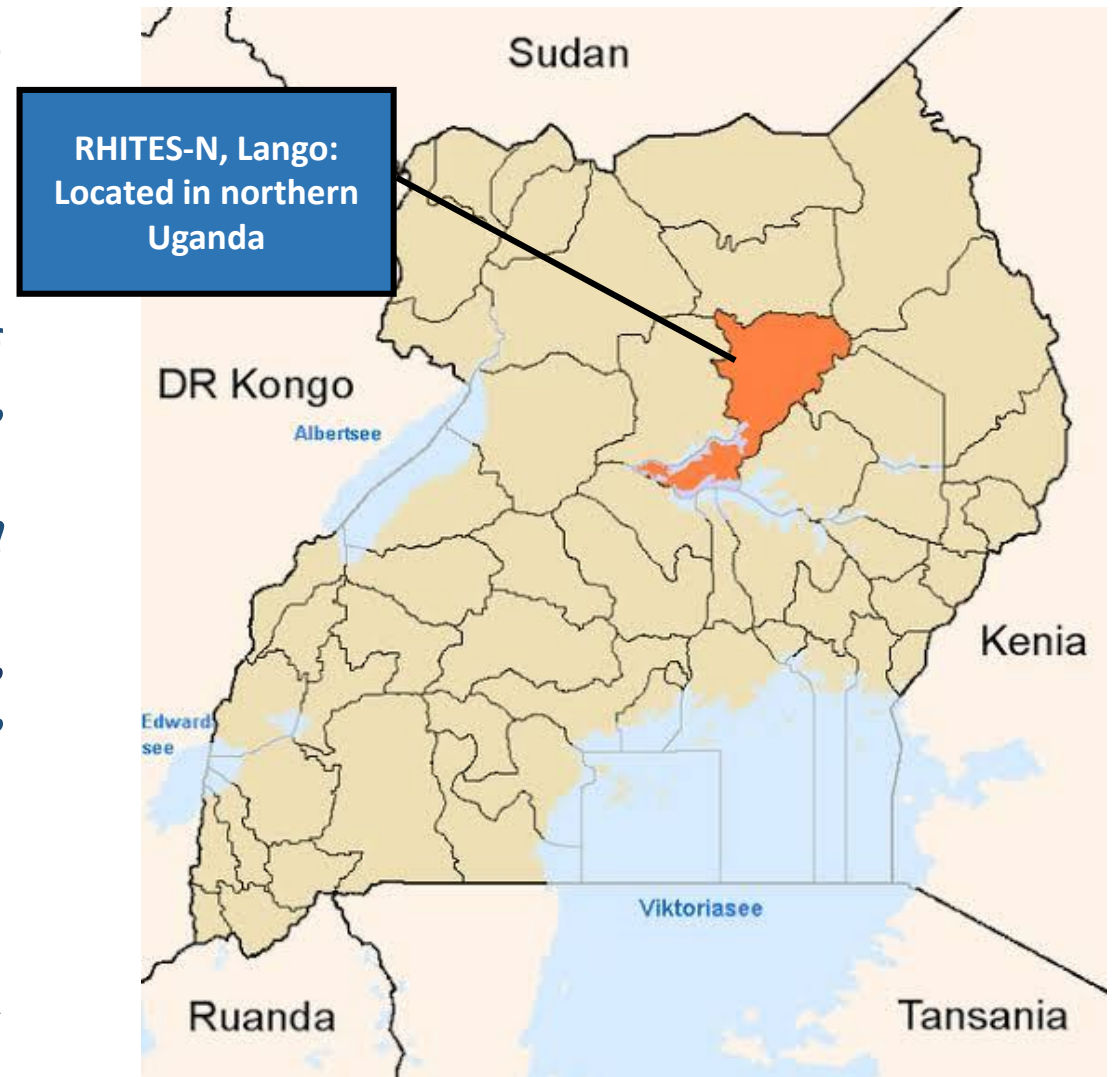
# Presentation Guide

- Introduction-Who are we
- What has been done
- Choice of influence and channel
- Learning
- Challenges
- Next steps



# Who are we

- ❖ JSI USAID RHITES-N, Lango: Five-year project (February 2018-February 2023).
- ❖ Sub-partners: African Medical and Research Foundation, Doctors with Africa, The Medical Concierge Group, and Another Option.
- ❖ Support nine districts in the Lango sub-region of northern Uganda (Alebtong, Amolatar, Apac, **Dokolo, Lira**, Kole, Kwanja, Otuke, and Oyam)
- ❖ Goal: Increase access to services, reducing delays in seeking care, and lowering barriers to service usage.
- ❖ Program areas: comprehensive HIV/TB prevention, care and treatment, MNCH, Family Planning, Nutrition, Malaria, Water and sanitation hygiene (WASH).
- ❖ COP 18: PrEP at two facilities in Dokolo & Lira districts.
- ❖ COP 19: Regional targets based on clinic need for KPs at 11 facilities in two districts: Dokolo and Lira.



# What has been done: Pre - PrEP roll out

- MOH led regional dissemination of PrEP guidelines and roll out plan for district stake holders.
- Regional TOT and facility-based orientations for selected health workers.
- Training of peers and KP hotspot gate keepers who track PrEP appointments and support users.
- Support design and review of demand creation materials for MOH.
- Focused group discussions and interviews with KP groups to understand need, desires and barriers.
- Distribution of data capture and reporting tools.



Health workers training on PrEP services in Dokolo



# What has been done for Awareness & Acceptance: Community

- Peer/gate keepers and social network education at KP/PP hotspots.
- Distribute IEC materials (brochures and posters at recreational facilities)
- Advocacy- Radio messaging & talk shows using government talk time (Health provider, beneficiaries, community leaders)
- Male, female champions and peer lead dialogues targeting men, religious, political/ cultural leaders, women and KP groups.



**PrEP**  
the new  
way to  
prevent  
HIV

**What is PrEP?**  
PrEP stands for Pre-Exposure prophylaxis. Pre-means before, Exposure-means activity that can lead to HIV infection. Prophylaxis-is medicine that can prevent you from HIV infection.

PrEP is an HIV prevention medicine taken to reduce the chances of infection among HIV negative people.

- It has been proven to reduce the risk of HIV infection by 90% among people with high risk of HIV.
- If taken daily, presence of the medicine in the blood has been shown by research to block HIV from taking hold and spreading in the body.
- If PrEP is not taken as prescribed every day, there may not be enough medicine in your blood to block the virus.

**Who Should Take PrEP?**

- HIV negative People who have multiple sexual partners of unknown statuses.
- HIV negative people who have had a history of STIs in the last six months
- HIV negative people in an ongoing sexual relationship with an HIV positive partner
- HIV negative people who unable to consistently use condoms with partners of unknown HIV statuses
- HIV negative people who have sex while on alcohol or recreational drugs.
- People in transactional Sex.

**Why should I take PrEP?**  
PrEP is an additional option that reduces your chances of getting HIV infection. If taken consistently and combined with other

# What has been done for Awareness & Acceptance: Facility

- Health education talks at all service points (OPD, IPD, ANC, TB & PMTCT).
- Discordant couple meetings for HIV prevention services and PrEP refill.
- Digital health- message reminders and toll free line **(0800 107010)**.
- Peer lead PrEP refill pick ups.
- Continuous medical education and mentorships of staff and peers.
- Distribute IEC materials-brochures.

## FREE TWO WAY SMS

- Language options
- To know more about PREP
- Eligibility for PREP
- To Know Your HIV Risk
- How To Use PREP.
- Quarterly follow Up voice call to beneficiaries



**CALL A DOCTOR**



**0800 107 070**

**IT'S FREE!**

# SMS PLATFORM- How to send messages



**USAID**  
FROM THE AMERICAN PEOPLE



**Need more information on health topics?**

**Go to your phone messages, type the key word and send to 8884. It's all FREE!**

Health Topic	Key Word	How Users will get the messages
Family Planning	FP	Send FP to 8884
Maternal Nutrition and Child Health	MCH	Send MCH to 8884
Tuberculosis	TB	Send TB to 8884
HIV/AIDS	HIV	Send HIV to 8884
Gender Based Violence	GBV	Send GBV to 8884
Adolescent Health	ADH	Send ADH to 8884
Voluntary Medical Male Circumcision	MC	Send MC to 8884
HIV Self Testing	ST	Send ST to 8884
PrEP	PREP	Send PREP to 8884



# Implementation results

## ■ Enrollment:

➤ Dokolo HC IV: 152 clients

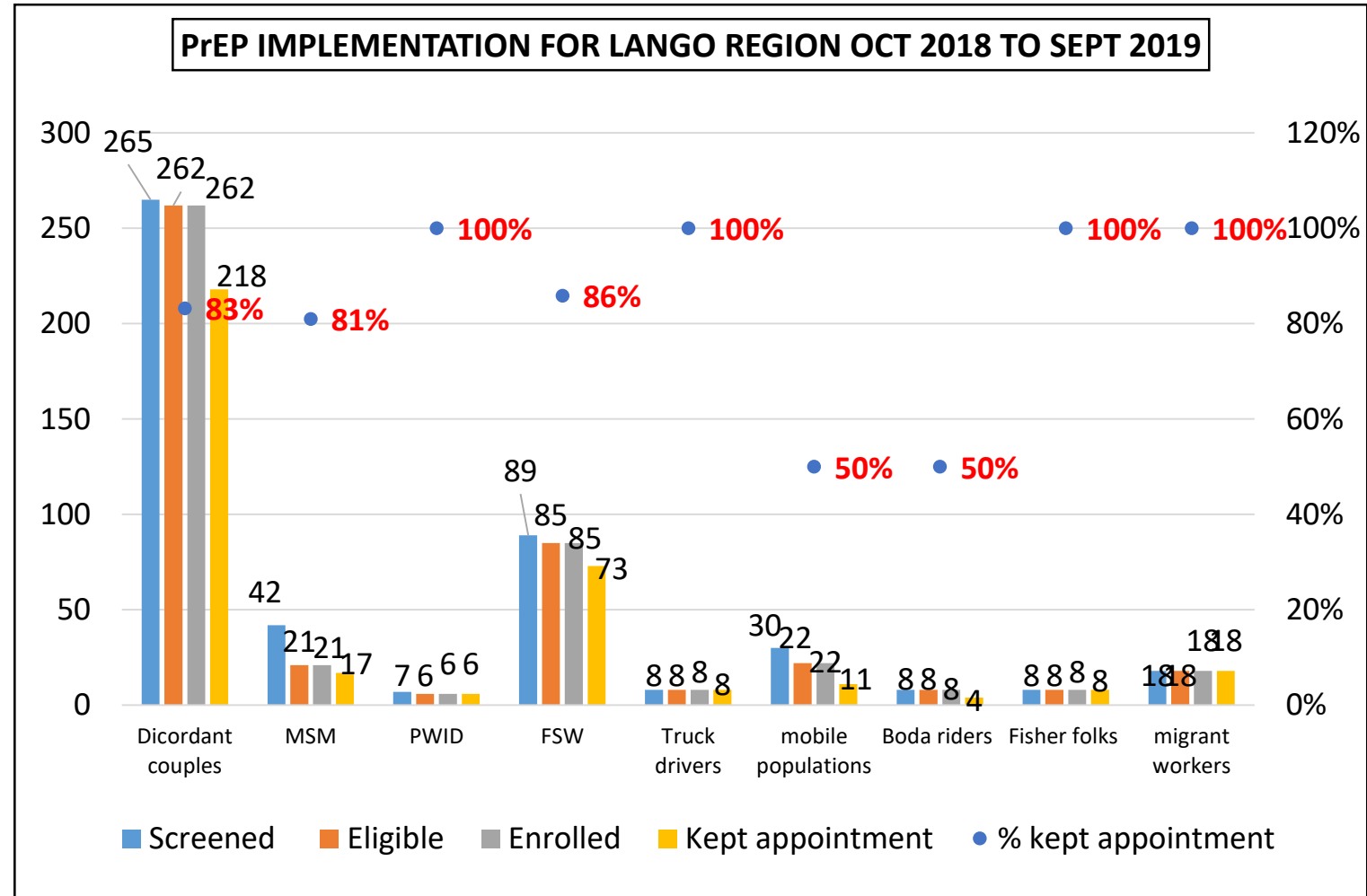
➤ Lira district: 299 clients

## ■ Appointment keeping Oct 2018 to Sept 2019:

➤ Dokolo: 100%

➤ Lira: 83%.

■ PWID, FSW, truck drivers, fisher folks and migrant workers above 85%



High uptake among discordant couples and female sex workers due to discordant couples facility groups and active use of 'true peers' for FSW, MSM to track refills. High appointment keeping among PWID, truck drivers, Fish folks and migrant workers and low in Mobile populations and boda boda due to their mobility.

# Choice of influencing audience and channels

## Influencing audience

**KP Peer:** -Selected and trusted by peers to represent them.

KP groups are elusive and often listen/ accept information within their network given the environment.

Words used to describe PrEP appeals to themselves e.g. “Live like grandmaster”

**Champions** – Satisfied users and Speak from experience effective for new users.

They do affiliate with authority and are listened to by all groups in the community.

Groups targeted influence decisions in society, have the ability to mobilize for and demobilize programs.

## Channels

**Radio:** - PrEP is new concept and needed to create general awareness.

Platform with wider listenership with discussions from beneficiary, health workers and community leader to share views.

Provides opportunity for feedback, questions from public and gives a picture on what to focus most.

**Dialogues:-** Deeper understanding of PrEP while in small groups.

Questions addressed for informed decision making.

Address myths, barriers that affect acceptance.

Experience sharing from users.

Myths addressed among themselves.

# Evaluation of effectiveness

- Increasing demand for PrEP services from population group.
- Use toll free line for guidance to the PrEP sites.
- Sustained drug pick ups with low drop rates among specific groups.
- Increased advocacy among community leaders discussing PrEP as HIV preventive method.
- Numbers of clients voluntarily seeking information and PrEP services.

# Learnings

- High PrEP demand for discordant couples who are in groups attached to health facility.
- Use of trained peers improving appointment keeping among FSW because of their un planned mobility.
- Fear among FSW of losing customers if discovered to be taking ARVs.
- Increasing number of key populations adopting PrEP (FSW, MSM).
- Use of enrolments to forecast demand has prevented stock outs of drugs.
- Limited knowledge of staff on cycling on and off has affected support and tracking clients.
- Community engagement and use of peers has improved awareness for PrEP triggering demand

# Challenges and Next Steps

## Challenges

- Community myth for PrEP uptake to mean HIV positive status.
- Limited sites providing with increasing demand.
- Limited approved IEC materials by MOH especially to target Key Populations.
- Limited frequency of radio talk time due to competing priorities.
- Few trained community peers and champions.
- Delayed approval of communication strategy by MOH.
- Increased myths around preventive therapies (TPT, PrEP, fluconazole)

## Next Steps

- Continue target advocacy among affected key population groups.
- Scaling up PrEP to eleven health facilities with community focus to KPs based on profiling data done by RHITES-N, Lango.
- Engage with different PrEP users to design population specific IEC materials that address myths and barriers.
- Leverage other program talk time to include PrEP discussions and messaging..
- Include provision of PrEP in the DIC services for easy access.
- Strengthen counseling to involve partners in PrEP support services
- Scale up use of e-health and social media platforms to create awareness among target groups like KPs.

# THANK YOU

This project is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this presentation are the responsibility of John Snow Inc. (JSI) and do not necessarily reflect the views of USAID or the United States Government.



President's Malaria Initiative





# South Africa: U-Report Advocacy & HIV Ambassador Training

Diantha Pillay  
Wits RHI







# Community Involvement



Community involvement is seen as a **vital precursor** for creating “health-enabling” social environments and social contexts that enable and support people in optimising their opportunities for health and well-being<sup>1</sup>

- It is said to play a vital role in :
  - reducing HIV transmission<sup>2</sup>
  - stigma reduction<sup>3</sup>
  - facilitating timely and appropriate access of health and welfare services<sup>4</sup>
  - supporting optimal treatment adherence<sup>5</sup>

(1). Tawil, Verster, & O'Reilly, 1995, p. 1299; (2) van Wyk, Strebel, Peltzer, & Skinner, 2006; (3) Poku & Sandkjaer, 2007; (4) Hadley & Maher, 2001; Segall, 2003, and (5) Coetzee et al., 2004







# Community Mobilizations

- Community mobilisation is regarded as a **core dimension of effective HIV/AIDS prevention, care and treatment programmes**:
  - it increases the “reach” and sustainability of programmes
  - most importantly it facilitates those social psychological processes that are vital
- However, community mobilization is unlikely to succeed in the absence of **supportive material, symbolic and relational contexts**.





# The POWER of communities: Project PrEP





# The HIV Prevention Ambassador Toolkit

In discussion with OPTIONS partners, it became clear that:

- Existing tools and programs to educate & engage AGYW on HIV prevention had inadequate information about oral PrEP
- AGYW need skills building to apply what they learn
- Successful AGYW champion/peer navigator/ ambassador programs already exist, and that a supplemental tool was needed
- It would be insufficient to provide oral PrEP information outside of a broader sexual and reproductive health and rights framework

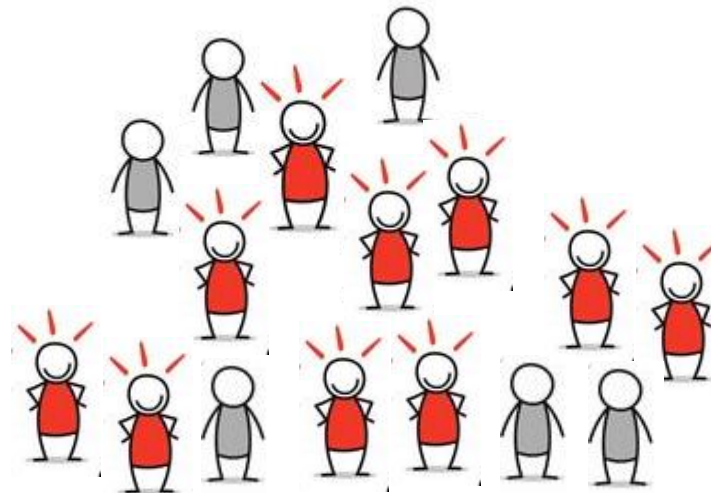
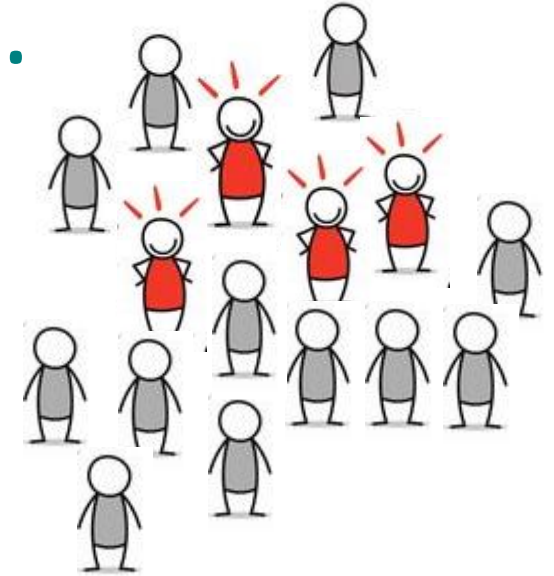
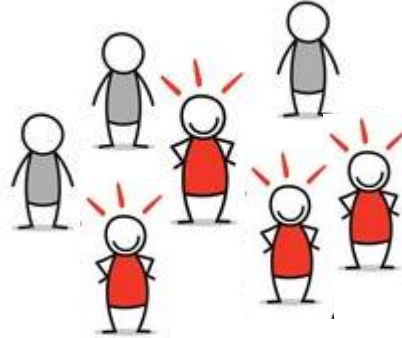
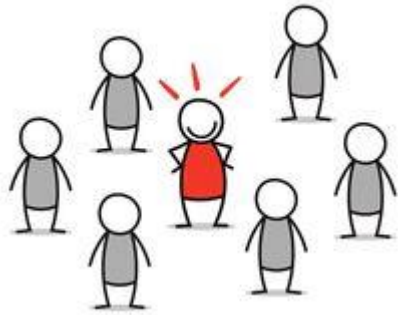
## VISION

A supplemental package for existing AGYW programming in support of AGYW as AGENTS OF CHANGE with regards to oral PrEP rollout and implementation in their communities





# The POWER of training young people to be ambassadors for HIV Prevention...



With the right tools,  
resources and support, HIV  
prevention ambassadors  
have the power to  
influence community  
knowledge and perceptions



**USAID**  
FROM THE AMERICAN PEOPLE



**OPTIONS**  
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

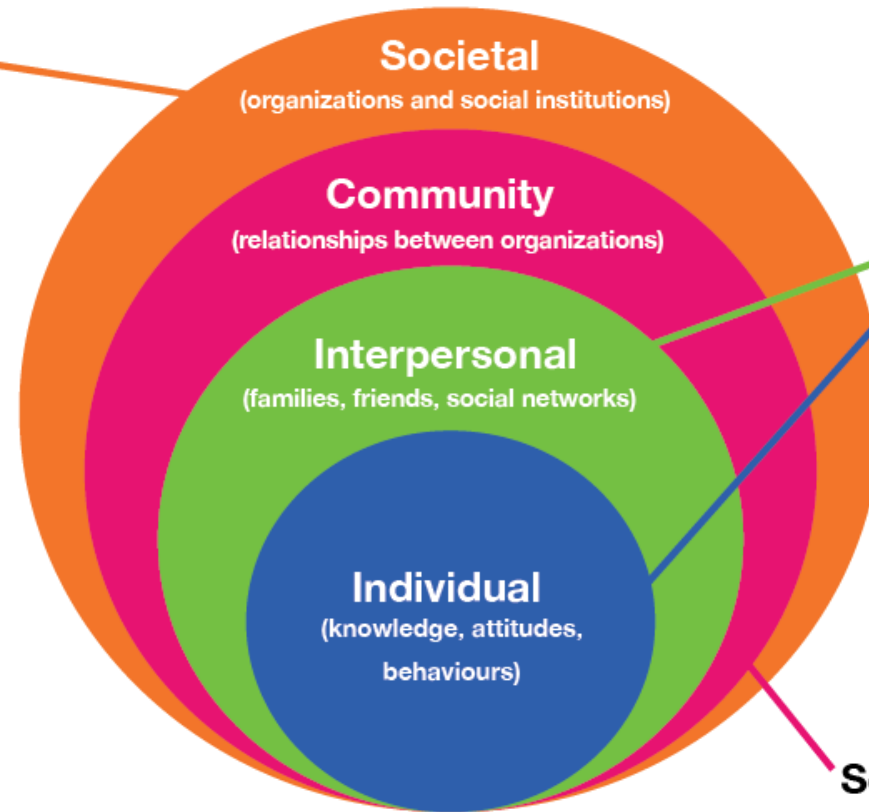


# How can young HIV prevention ambassadors be AGENTS for CHANGE

Young HIV prevention ambassadors have the potential to activate each layer of the Socio-ecological Model (SEM) in the form of:

- Behaviour Change Communication
- Social Mobilization, and
- Advocacy

**Advocacy**



**Behaviour Change Communication**

**Social Mobilization**

Support for ambassadors is paramount to ensure that they are able to carry out their activities safely



# Using this training manual

This manual is divided into three parts:

## **PART 1 Facilitator Preparation**

Information for facilitators to read before implementing the training. It includes suggestions for identifying HIV Prevention Ambassadors, facilitation tips and guidance about preparing information and materials for the training.



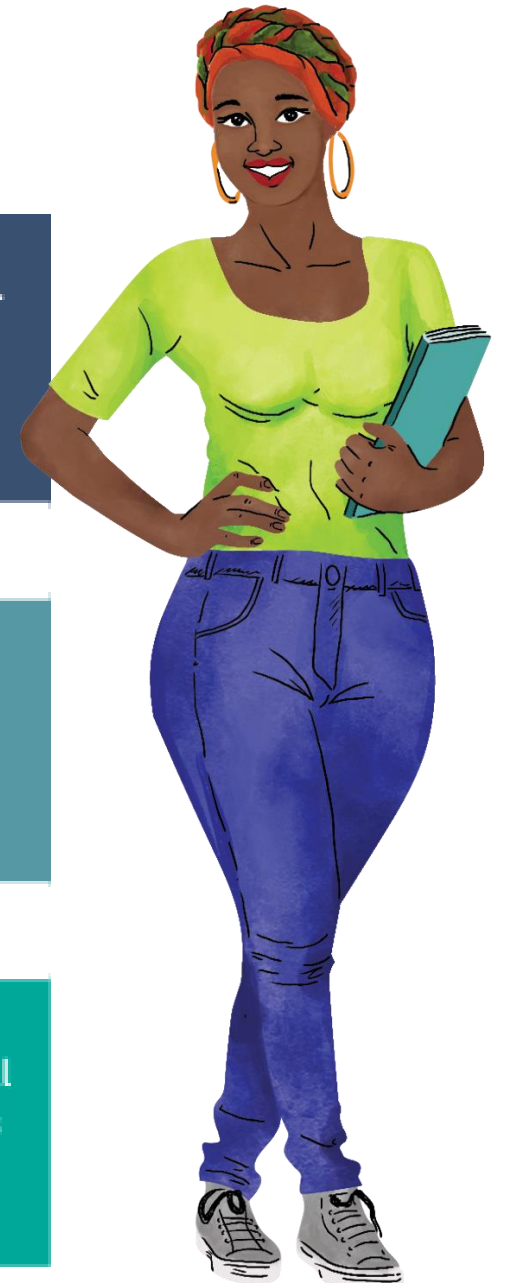
## **PART 2 Training Manual**

A comprehensive manual for facilitators to train AGYW to become HIV Prevention Ambassadors. The manual includes information about each topic, detailed session plans and training materials.



## **PART 3 Ambassador Toolkit**

A separate book for participants that includes the materials they will use during the training, as well as tools they can use in their roles as Ambassadors.

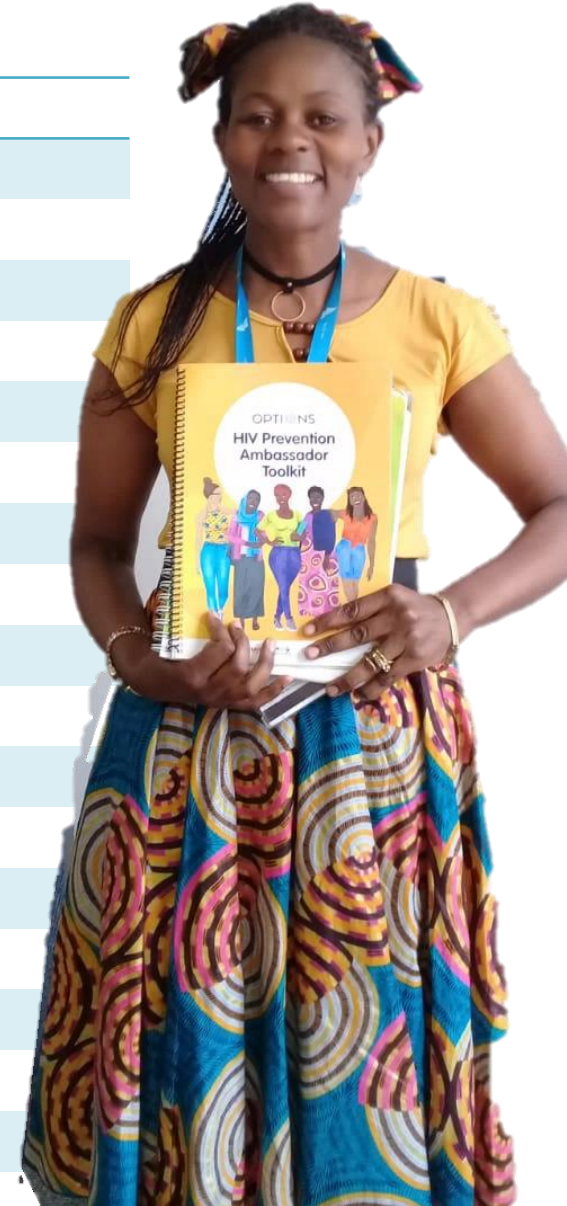






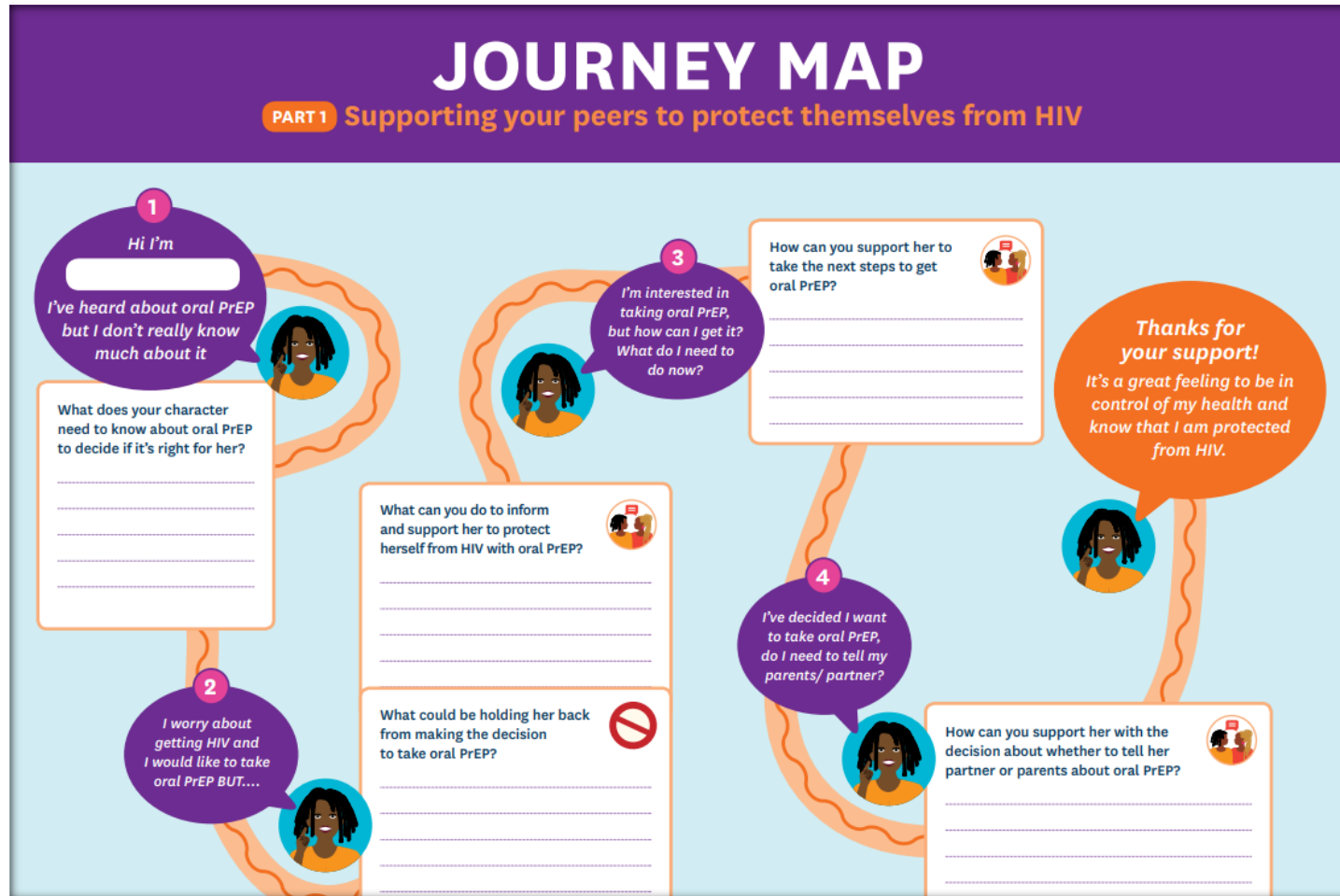
# Training Manual Outline

Session Category	Session Titles
Introduction	Introduction
Foundational Knowledge	Human Rights
	HIV & AIDS: The Basics
	Biological Vulnerability to HIV
	Gender Inequality & Violence
	Responding to Disclosures of Violence
Oral PrEP Information	Combination Prevention & Oral PrEP
	Finding Out About Oral PrEP
	Deciding to Use Oral PrEP
Peer support	Getting Oral PrEP
	Taking & Staying on Oral PrEP
	Telling Others About Oral PrEP
	Awareness Raising
Community Action	Advocacy
	Action Planning
Ambassador Skills	Peer Support
	Boundary Setting & Self Care
Closing	Ambassador Graduation





# Ambassador Toolkit



- **Interactive handouts:**
  - Myths & Facts About HIV
  - HIV Transmission & Prevention
- **Conversation guides:**
  - “Is oral PrEP right for me?”
  - Supporting peers to decide about oral PrEP disclosure
  - Helping parents & partners support AGYW to use oral PrEP
- **Worksheets:**
  - AGYW journey map
  - Circle of Influence activity
  - Weekly reflection prompts
- **... And more!**



# Ambassador Toolkit

WORKSHEET 2

## Oral PrEP Journey Map

20

1 Hi! I'm \_\_\_\_\_  
I've heard about oral PrEP but I don't really know much about it.

What does your character need to know about oral PrEP to decide if it's right for her?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 I'm interested in using oral PrEP but I worry about \_\_\_\_\_

How can you support her to feel more comfortable using oral PrEP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 I want to use oral PrEP. How how do I get it?

How can you help her get oral PrEP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Draw your character here

4 I am using oral PrEP, but sometimes I forget to take it. I'm not sure I will continue using it.

How can you support her to take oral PrEP every day and continue to use it while she's vulnerable to HIV?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Do I need to tell my partner or parents?

How can you support her with the decision about whether to tell her partner or parents about taking oral PrEP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It's a great feeling to be in control of my health and know that I'm protected from HIV!

- **Tools:**
  - Oral PrEP, PEP and ART
  - Oral PrEP Answering Your Questions
  - 10 Tips for Using Oral PrEP
  - Supporting peers to decide about oral PrEP disclosure
- **Worksheets:**
  - Oral PrEP Journey Map
  - My Circles of Influence
  - My Personal Action Plan
- ... And more!



# How can the package be used



Since the package is divided into 4 distinct sections – each with a number of modules, **KEY PORTIONS** can be used or the **FULL PACKAGE** can be used



This will be dependent on the **AUDIENCE** knowledge, experience and key areas of focus. This is also dependent on the amount **TIME** you have to deliver the training



You can adapt the activities in the toolkit to what is suitable for your audience and also add other forms of activities, e.g: Bridges of Hope Methodology (participatory training)



# Demonstrating Gender Based Violence

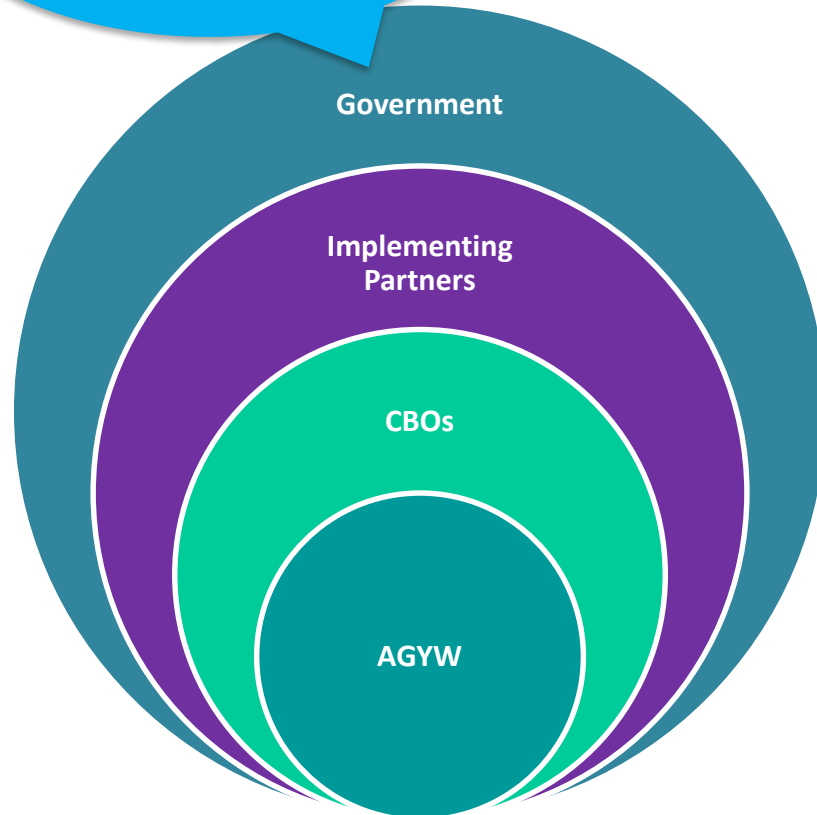
Economic Violence





# Where has the package been delivered

A mix of direct training and collaborative sharing of the package with AGYW, CBO's, implementing partners



## Trainings Provided

### **Wits RHI – South Africa (Conducted)**

- Trained CBOs training AGYW
- Trained Implementing Partners (counsellors)

### **PZAT & FHI 360 – Zimbabwe (Conducted)**

- Integrated into SHAZ! Hub Life Skills training
- Mazowe District – trained DREAMS and NON-DREAMS champions

### **LVCT Health – Kenya (Planned)**

- Train mentors/peer champions in DREAMS
- Build skills of AGYW advisory boards
- Share with CBOs training AGYW
- Share with County Health Depts





# Accessing these resources

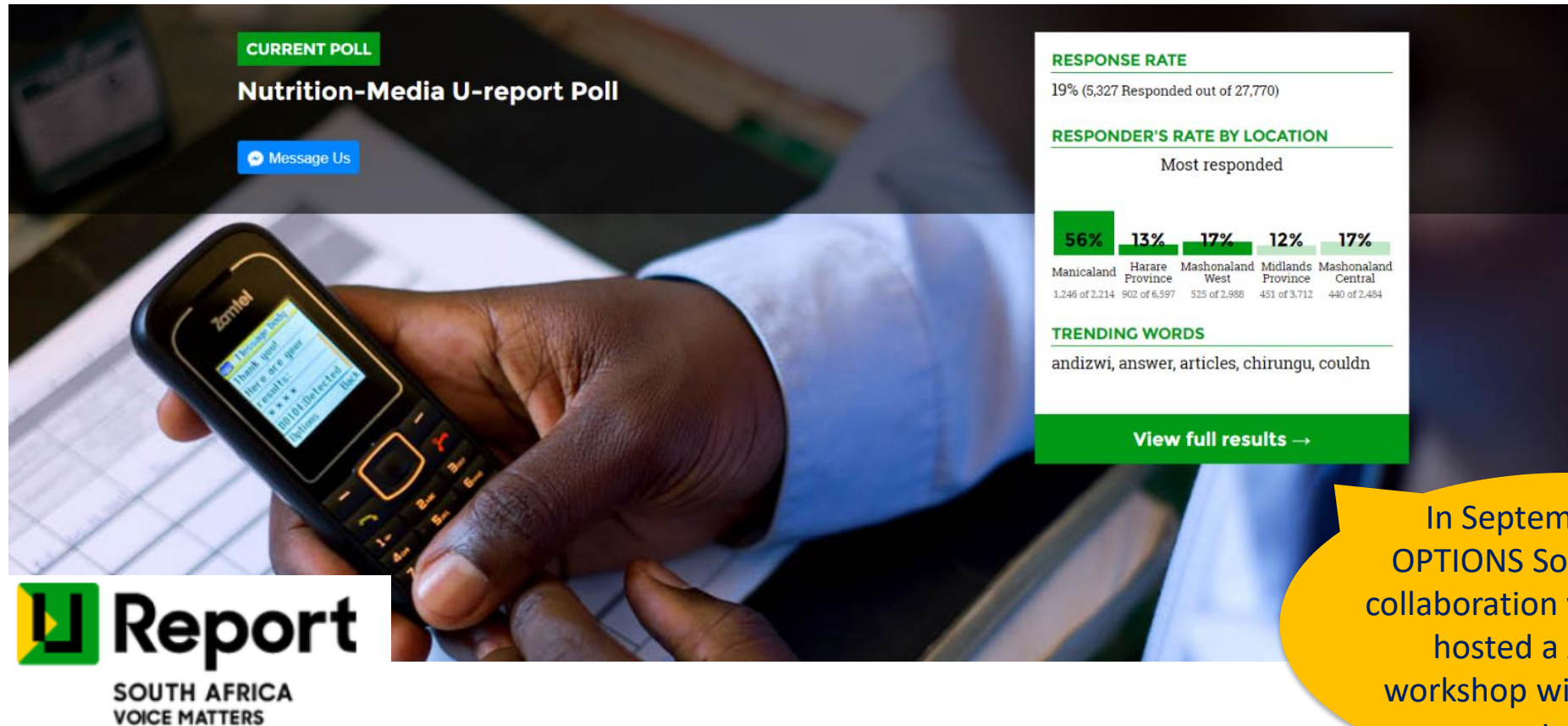
- Training Manual ([link](#))
- Toolkit ([link](#)) – available soon in Kiswahili and Shona
  - If you have resources to translate the toolkit, we can layout the translated text
- If you're interested in using the training package, we would be happy to schedule a one-on-one call to discuss
- Contact us at [AmbassadorTraining@optionsconsortium.org](mailto:AmbassadorTraining@optionsconsortium.org)







# Speak Up! Using Data to Advocate for Change



In September 2019, OPTIONS South Africa in collaboration with U-Report hosted a Advocacy workshop with nationally representative youth.





# What exactly is ...



VOICE MATTERS

- U-Report is a social messaging tool and data collection system developed by the United Nations (UNICEF) to improve citizen engagement, inform leaders, and foster positive change
- To date, 7,6 million young people are registered members and this number is fast growing, currently in 35 countries
- The technology was developed with the support of UNICEF and is **open source**, meaning that it can be used by everyone for free
- U-Report works with **SMS, Facebook, Twitter** or other web-based channels (**WhatsApp coming soon**)
- Incoming messages are analysed, sorted and displayed on a public website, in **real-time**





# Our approach

**WHAT?** Use social media (U-Report Platform) as a tool for data collection amongst young people to elicit perceptions around PrEP, PrEP access and GBV

**WHY?** Given the SA National Department of Health's current expansion plan for PrEP with a focus on young people, the U-Report System in South Africa has over 30 000 registered young people, which will allow for us to engage with a wider breath of young people compared to traditional methods

## HOW?

- **Development:** a series of 3 polls were developed: (1) Poll 1: Perceptions of HIV Risk, (2) Poll 2: Perceptions of PrEP use and access, (3) Poll 3: Knowledge of and access to GBV care services
- **Launch:** Polls were loaded onto the U-Report System and send to U-Reporters via Facebook Messenger. Polls ran from 31 July to 02 Sep 2019 and were posted sequentially. Each poll was live for approximately 2 weeks
- **Results:** Between 6000 – 9500 young people participated in the polls
- **Workshop:** Polls results were analysed and presented to a group of young people, who were trained on how to use bites of data such as those in U-Report to build advocacy plans for PrEP, as well as GBV services



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OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE



# Building skills and taking names!

- Video – Nakita to provide final version.





# Questions?





## Group discussion

1. What are you doing beyond *awareness*?
2. How are you doing it?
3. What more could you do?



# Thank you!

