

HIV Prevention Ambassador Training Package

for Adolescent Girls and Young Women

2ND EDITION



This edition of the HIV Prevention Ambassador Training Package and Toolkit for Adolescent Girls and Young Women (AGYW) (2nd edition, 2021) was updated by the Preparing for Ring Opportunities through Market Introduction Support and Knowledge Exchange (PROMISE) activity and the Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE) activity funded by U.S. Agency for International Development (USAID) in partnership with U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PROMISE is funded through the Envision FP project at FHI 360; and CHOICE is funded through the Meeting Targets and Maintaining Epidemic Control (EpiC) project and the Reaching Impact, Saturation, and Epidemic Control (RISE) project. The following PROMISE partners supported the development of this edition: FHI 360, AVAC, LVCT Health, and Wits Reproductive Health and HIV Institute. Additionally, CHOICE partner, Pangaea Zimbabwe AIDS Trust, contributed to this edition.

This edition updates the original HIV Prevention Ambassador Training Package and Toolkit for Adolescent Girls and Young Women (AGYW) (2019) developed by the Optimizing Prevention Technology Introduction On Schedule (OPTIONS) Consortium and Collective Action.

PROMISE seeks to support early product introduction for the monthly dapivirine vaginal ring in sub-Saharan Africa. PROMISE partners are conducting a range of activities to shape the market and establish a service delivery platform to increase choice among female-initiated HIV prevention and family planning tools, including future multipurpose and longeracting vaginal rings. The goal of CHOICE is to address technical gaps and support national scale-up of antiretroviral-based HIV prevention products in PEPFAR countries through catalytic evidence generation, translation and research utilization. A critical component of the PROMISE and CHOICE work is supporting AGYW to make informed decisions about HIV prevention options, and access and effectively use their chosen method. Empowering AGYW with the knowledge, skills and agency to discuss sexual and reproductive health (SRH) with their peers, partners, families and communities is key to normalizing HIV prevention methods so that AGYW can protect themselves from HIV.

Recommended citation:

PROMISE Collaboration, CHOICE Collaboration. HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women (2nd edition). Durham (NC): FHI 360; 2021

We would love to hear how you've used this training package.

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November 2021

This document is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Envision FP project (Cooperative Agreement Number: AID-OAA-A-15-00045), EpiC project (Cooperative Agreement Number: 7200AA19CA00002), and RISE project (Cooperative Agreement Number: 7200AA19CA00003).

The contents are the responsibility of the Envision FP, EpiC, and RISE projects, and do not necessarily reflect the views of PEPFAR, USAID or the U.S. Government.

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Acknowledgements

The developer of this package would like to acknowledge the leadership, determination and resilience of adolescent girls and young women who are working towards the prevention of HIV in their communities throughout Africa and globally. It is through their leadership that HIV will be eliminated in Africa. We would particularly like to acknowledge the adolescent girls and young women from Kenya, South Africa, Uganda, Zambia and Zimbabwe who shared their knowledge and experiences to inform the development of this training package.

This package is also informed by the collective knowledge and expertise of organisations that work tirelessly for the prevention of HIV throughout Africa. We hope this package supports them in their work.

This training package builds on the strong foundation of existing resources in the areas of youth engagement, HIV prevention, gender equality and violence, sexual and reproductive health and human rights including the YouthPower Action AGYW Mentoring Program Toolkit, the Wits RHI Oral PrEP Adherence Counseling Triangle, The CHARISMA Toolkit: Empowerment Counseling to Improve Women's Ability to Use PrEP Safely and Effectively, the International Treatment Preparedness Coalition PrEP Key Population Activist Toolkit and many more. It also draws on World Health Organization guidance on oral PrEP and the dapivirine ring, and other resources.

Acronyms and Abbreviations

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LIVES	Listen, Inquire, Validate, Enhance safety and Support
MPT	Multipurpose Technology
OPTIONS	Optimizing Prevention Technology Introduction On Schedule
PEP	Post-exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure Prophylaxis
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
Trans	Transgender
U=U	Undetectable Equals Untransmissible
USAID	U.S. Agency for International Development
UVL	Undetectable Viral Load
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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About this Training Package

Multiple HIV prevention methods, including methods using medications called antiretrovirals (ARVs), are in various stages of development and market rollout. These methods are known collectively as pre-exposure prophylaxis (PrEP) and are referred to as PrEP or PrEP methods in this training package. This training package has been developed to support the meaningful engagement of adolescent girls and young women (AGYW) who are vulnerable to HIV in the use of all available PrEP methods for HIV prevention, which currently include oral PrEP and the dapivirine vaginal ring (aka the ring or PrEP ring).

This training package is intended for community-based organisations and other organisations and groups to train AGYW to become HIV Prevention Ambassadors. In this training package, the term *adolescent girls and young women* refers to girls and women between the ages of 15 and 24 years. However, this training is still appropriate for girls and women who are slightly younger or older. While we use the term AGYW in this training package, when speaking with participants or Ambassadors, it is important to use the full term (adolescent girls and young women) and not the acronym.

This training will support participants to develop the knowledge and skills to:

- Understand and feel comfortable talking about the female reproductive system
- Educate their peers about human rights, and advocate for their rights – including their right to access PrEP
- Give peers detailed, accurate information about PrEP methods as part of a combination HIV prevention approach and address peers' questions and concerns
- Support their peers to make informed decisions, get access to PrEP, use their chosen method correctly, continue using it while they are vulnerable to HIV and tell others about their PrEP use
- Raise awareness and build community support for PrEP
- Identify barriers to PrEP use, and develop and implement advocacy strategies to reduce these barriers
- Educate their peers about HIV and AIDS, including how HIV is transmitted and prevented and why AGYW are vulnerable to HIV
- Identify how gender norms and inequalities contribute to AGYW's vulnerability to HIV and violence against women and girls
- Support their peers who are experiencing violence by using active listening and by empowering them to access services
- Ensure the confidentiality of their peers
- Set boundaries and practice self-care

Why is this training package needed?

AGYW in sub-Saharan Africa between the ages of 15 and 24 years are two to three times more likely to be living with HIV than their male peers. AGYW face many barriers to HIV prevention, including harmful social and gender norms, unequal access to education and information, limited agency, and systemic rights violations. For these reasons, AGYW are a priority population for the provision of PrEP in many countries. Increasing the use of PrEP among AGYW is key to ending the HIV epidemic. There are many successful programs that engage and mobilise AGYW for the prevention of HIV.

However, PrEP methods are in various stages of development and rollout and few training materials address these methods as part of the package of HIV prevention options available to AGYW. This training package has been developed to fill that gap. It will also ensure AGYW have the knowledge and skills to meaningfully inform the development of PrEP programs in their communities. It can be incorporated into existing HIV prevention programs or used as a complete training package for a new program.

AGYW who complete this training will be called “HIV Prevention Ambassadors” because PrEP is only one part of a combination HIV prevention approach. The role of HIV Prevention Ambassadors will vary among organisations and countries, but in general, Ambassadors will promote HIV prevention and informed decision-making among their peers and within their communities. Organisations already engaging AGYW in HIV prevention programming should feel free to use their existing terminology for program participants.

Who should use this training?

This training can be used by groups that are already working with young people, including organisations, government health departments, nongovernmental organisations and others. It can also be used by HIV Prevention Ambassadors who have completed this training and want to use it as part of their work with peers and the community.

This training was developed for in-person delivery, but components of it have been adapted to be completed online. The oral PrEP sessions of the training package are available for Ambassadors to complete at <https://www.prepwatch.org/resource/ambassador-training-package>. An interactive, virtual training of trainers (TOT) and expanded mentorship network are also offered as of 2020. More information on this TOT is also available at the link above.

Using this training package

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.



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.



Ambassador Toolkit

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

Facilitator Preparation

Identifying HIV Prevention Ambassadors

Before starting this training, you will need to identify AGYW whom you will train to become HIV Prevention Ambassadors or current Ambassadors with whom you are reengaging to provide new training sessions. The training will be most effective if there are at least 10 and no more than 20 participants.

The process of engaging HIV Prevention Ambassadors will be different in every context. Some organisations may already be working with AGYW, such as peer educators, who can be trained to become HIV Prevention Ambassadors. Other organisations might need to identify AGYW who may be interested in becoming HIV Prevention Ambassadors.

The following steps can guide you through this process.

1. Develop a role description

We recommend developing a role description to create a shared understanding of what will be expected of HIV Prevention Ambassadors in your context. If you are already working with AGYW, they should be consulted about what they would like their role to be.

A role description should outline:

- The knowledge, skills and attributes you are looking for in an Ambassador
- What Ambassadors will need to do, such as participating in training, reporting to your organisation and following up with peers
- The range of activities that Ambassadors may undertake, while also highlighting that AGYW will be supported to identify what activities they would like to do; activities might include:
 - Sharing information with their peers and communities about HIV and HIV prevention methods
 - Connecting their peers to sexual and reproductive health (SRH) and HIV services, including HIV counselling and testing, PrEP services for HIV prevention, and HIV treatment services
 - Providing peer support to AGYW, such as helping them to decide which, if any, PrEP methods are right for them, or creating a peer support group for AGYW who are using PrEP
 - Raising awareness and advocating for PrEP methods as HIV prevention options for AGYW (as part of other HIV prevention options), such as through radio interviews, social media or community meetings
 - Engaging with ministry of health officials and PrEP providers to advocate SRH and HIV prevention services that meet the needs of AGYW
 - Training other AGYW to become HIV Prevention Ambassadors
- What type of ongoing support or compensation will be available to Ambassadors to carry out their identified activities
- What professional and personal development opportunities Ambassadors will have access to

The role description is only a guide. AGYW should be empowered to decide what activities they are interested in and feel confident doing. You might also think about whether your organisation can support Ambassadors in more demanding and potentially risky activities, such as engaging with community leaders and male partners.

2. Develop a process for selecting HIV Prevention Ambassadors

Unless you are already working with a group of AGYW, you will need to develop a process for selecting HIV Prevention Ambassadors. This should include strategies for ensuring the selection process is fair and inclusive. It should also aim to ensure Ambassadors are representative of the diversity in the community, including ethnic groups; women with disabilities; lesbian, bisexual and gender-diverse women; sex workers and other marginalised groups.

You might choose to develop criteria for selecting AGYW or identify some key qualities that you would like in an Ambassador. For example, you might seek AGYW who:

- Are able to commit to the role for a specific period of time
- Are connected with other AGYW in their communities, and ideally, are already role models or youth leaders (their position as role models or leaders may be formal, such as DREAMS Ambassadors, or more informal)
- Are social media influencers — i.e., individuals who are able to influence others by virtue of their reach and authenticity through social media platforms
- Are committed to preventing HIV in their communities
- Have used or are using any PrEP methods for HIV prevention
- Have good communication skills and the confidence to engage others in discussion about sensitive topics related to SRH and HIV prevention
- Are committed to continuous learning and personal development
- Are responsible, reliable and willing to be supervised
- Have a basic knowledge of HIV and HIV prevention methods, including PrEP methods, or the capacity to learn
- Demonstrate positive attitudes and behaviours in line with program values

Examples of positive attitudes and behaviours that align with program values could include:

- Self-awareness and self-reflection, which means they are aware of their strengths and weaknesses and can reflect on and learn from experiences. They can incorporate positive and negative feedback.
- Empathy and patience, so that they respect the different perspectives of others and the different rates at which people learn.
- Openness, so they are seen as approachable by their peer group. This way, they are more likely to be able to engage with and influence others to learn about sexual health.
- Trustworthiness and respect for the privacy of others. This means they respect the need for confidentiality when others reveal personal or private information to them.

- Impartiality, meaning that they are nonjudgemental and do not criticise the behaviours or opinions of others. Instead, they seek to raise awareness about safer behaviours and good sexual health.

When selecting Ambassadors, it is also important to consider if their involvement could cause them harm. Being an HIV Prevention Ambassador may put some AGYW at risk of being stigmatised or marginalised. It may even put them at risk of violence. AGYW are in the best position to understand these risks, and they should be empowered to make an informed decision. Your role is to ensure they have the necessary support in place to manage these risks.

3. Develop a support plan

HIV Prevention Ambassadors will need ongoing support to undertake their roles. We recommend organisations work with HIV Prevention Ambassadors to develop a support plan. This will create a shared understanding of what support Ambassadors can expect.

Support for Ambassadors includes:

- Checking in with Ambassadors regularly
- Providing Ambassadors with information about local, youth-friendly services, including health, social and legal services they can share with their peers discreetly
- Offering ongoing support to process emotionally challenging aspects of their roles, such as being exposed to stigma, supporting a peer through an HIV diagnosis or providing support to a peer experiencing violence
- Helping Ambassadors to develop their own support networks
- Facilitating community engagement activities with community leaders, health care providers, parents and partners to lay the groundwork for Ambassador activities
- Training Ambassadors in procedures for responding to critical incidents
- Recognising and rewarding their work
- Providing Ambassadors with additional opportunities for professional development
- Providing logistical support, including resources, equipment and materials
- Answering any questions that emerge as Ambassadors implement their action plans

Details on the types of support that may benefit Ambassadors can be found at the end of this training package under **Next Steps**.

Training Preparation

1. Read the entire package before beginning the training.

The training package deals with complex topics that are related to one another. Reading the whole package before beginning will ensure that you understand all of the topics, can select the appropriate sessions for your particular group, and understand the tools that you will be providing to Ambassadors.

2. Review the useful resources listed at the end of each topic.

You will find information about useful resources at the end of each topic. These resources informed the development of this training and provide additional information about each topic. Evidence and guidance about PrEP implementation are evolving rapidly and may have changed since this resource was published. Look at www.who.int and the other useful resources provided in this training manual for the latest developments.

3. Prepare specific information about your location and context.

The training manual is designed for use in multiple locations. It does not provide information specific to your context. We recommend providing the following information to participants:

Information about PrEP methods for HIV prevention

- Which PrEP methods are approved and available for use in your country (this would determine what methods would be relevant to include in your training. For example, if the ring is not yet approved in your community, you may choose to only focus on oral PrEP until the ring is available.)
- Where they can get available PrEP methods — preferably at a youth-friendly health care centre
- Who can access available PrEP methods
- Generic brands available in your location (if possible, bring some sample products along for participants to see)

National guidelines about the various PrEP methods, including:

- Populations approved for use
- Minimum age for use
- Use during pregnancy and/or breastfeeding
- Testing requirements before starting a specific PrEP method, such as for HIV, kidney function, and Hepatitis B

Local laws relevant to HIV prevention, SRH and PrEP methods, including:

- Age of consent for sexually transmitted infection (STI) screening and HIV testing
- Mandatory reporting requirements — for health care providers, you (as a facilitator) and participants (as Ambassadors)

Guidelines or procedures for Ambassadors on what to do if they:

- Are worried about their own safety
- Believe someone is at an immediate risk of serious harm (such as gender-based violence), including how to manage this if the person has shared this confidentially

4. Prepare copies of a local referral directory or create one using the Local Referral Directory Template.

If possible, make copies of an up-to-date local referral directory of existing organisations that offer youth-friendly health, social and legal services, such as:

- SRH services, including family planning, STI screening and HIV testing
- Counselling
- Supportive services for drug and alcohol abuse
- Crisis support services for AGYW experiencing violence

The directory should provide information such as services offered, location, hours and contact information for each organisation. Check for any national or local online service directories or health appointment booking websites. Note these online resources, their available health services, and links for clients to access the website or app download page. [Quickres.org](https://www.quickres.org) is a global online bookings website and may include PrEP and related services in some countries.

If a local referral directory is not available or if it does not provide the necessary information, use the **Local Referral Directory Template** to create one. Make sure to only include organisations and individuals that provide quality, stigma-free services to AGYW. Once this is complete, make copies to give to participants.

5. Consider bringing in a guest speaker or co-facilitator.

Participants may benefit from hearing from people in similar roles, such as advocates or leaders involved in increasing access to available PrEP methods. You might also consider inviting people with specialist expertise to co-facilitate, such as sexual health professionals or health care providers trained on the PrEP methods being covered.

6. Prepare the materials needed for the training.

Most sessions use the same materials, so it may be helpful to prepare a box of training materials to bring to each session. If you do not have any of the materials listed below, you can easily adapt the activities to use what you have. For example, instead of using sticky notes, you can use small pieces of paper and tape, or you can write the answers on a piece of flip chart paper or a whiteboard.

Packing checklist

- Ambassador Toolkits (one for each participant)
- Flip chart paper
- Notebooks
- Pens
- Markers
- Sticky tape or tack
- Masking tape or string
- Sticky notes (multiple colours)
- A4 paper
- Scissors
- Pelvic model (if available)
- Sample PrEP pill and ring (if available)

You will also need some art materials for the **Boundary-Setting and Self-Care** session. This might include coloured pencils, coloured paper or magazines for creating collages, or any other materials you have available. If you do not have these materials, you can get creative and use whatever you do have. While not required, having a 3D pelvic model for the **Getting to Know Our Bodies** session and **Ring Session** can help participants better visualize the female anatomy and ring placement in the body. If you are not sure how to obtain one, try asking a local antenatal or family planning clinic.

7. Prepare name games and energisers.

Name games and energisers allow participants to get to know each other, kick-start discussions and help the group begin to feel comfortable in the space and with each other. Energisers are designed to get people moving around the space and interacting in new ways. They are good for creating a change of pace or tone and breaking up longer days and discussions. The training manual does not include energisers, but you should use your own if you think the group needs a break.

8. Arrange child care.

If participants have young children, try to arrange child care so that participants have the option of fully engaging in the training without being distracted by children. Let individual participants decide whether they wish to use the child care.

Some may be more comfortable keeping their children with them. You could arrange to have some books or toys in the training room and hold the training in a space that is safe for and conducive to children. If participants prefer to breastfeed in private, try to arrange a space where they can do so, but also make it a comfortable environment for AGYW to breastfeed in the training room, if that is their preference.

9. Prepare a graduation certificate.

We recommend creating a certificate to give participants during the graduation ceremony at the end of the training. You can download a certificate template from the same place you downloaded this training package. You can also get a copy from ambassadortraining@PrEPNetwork.org.

This template can be edited so you can add the details of your organisation and your logo. If you are unable to do this, you can also create your own certificates.

10. Review the key terms.

The technical terms used in this training package are explained in the **Key Terms Appendix**. We recommend reviewing these before the training. It may be useful to write some of these on a whiteboard or flip chart for participants to refer to during the sessions.

11. Read the Facilitation Tips.

The **Facilitation Tips section** will guide you to create a safe, inclusive and effective learning environment.

Facilitation Tips

TIP
1

Read the training manual in advance to make sure you have the knowledge you need to facilitate the sessions.

The training manual includes comprehensive information about each topic covered in the training, including PrEP methods, gender, sexual and reproductive health and rights (SRHR) and HIV. No one is an expert in every area, so do not worry if the topic is new to you. Just make sure you read through the session's **Essential Knowledge** well in advance so you have time to build your knowledge and confidence with the subject. Use the space provided to summarise the key points in your own words. This will help you understand and remember the information. You should also try to identify ways you can make the information more specific to your context, such as changing words so they are more relevant to your participants or coming up with local examples. If you do not feel confident in your knowledge, do some more reading (start with the **Useful Resources**) or reach out to a colleague for help.

TIP
2

Reflect on your values attitudes and beliefs and how they might affect your work.

This training deals with many sensitive and personal topics, including gender, sexuality, sex, relationships and violence. Everybody has their own attitudes and beliefs about these topics. As a facilitator, it is your role to create a nonjudgemental space and allow participants to make their own choices, even if they are different from what you believe. If participants are worried about being judged, they may not want to contribute to discussions. Practicing regular reflection may increase your awareness of the way your values, attitudes and beliefs influence your opinions and actions. This can help you make sure you are not influencing others with how you think and feel.

TIP
3

Create a participatory learning environment.

Guide participants to use their own knowledge and experiences to explore the issues covered and practice their skills. Facilitating is different from teaching. Teachers lead by sharing what they know with others. Effective facilitators empower participants to lead and learn from each other.

TIP
4

Make it a conversation.

Because many ways that AGYW learn about their bodies are depersonalized and do not connect well to their lived experience, we recommend you facilitate sessions as a direct conversation. This will help participants connect to the material, and give them the chance to learn and practice communicating directly about their bodies with their peers.

TIP
5

Create a safe space so participants feel comfortable to participate openly and honestly.

In a safe space, participants can trust they will not be judged, rejected or stigmatised. This helps them to feel comfortable to be themselves and share their thoughts and feelings openly.

TIP
6

Be inclusive and ensure that everyone can participate equally.

In an inclusive learning environment, everyone has an equal opportunity to contribute, and each person's contributions are valued. As a facilitator, it is your role to consider the diverse needs of participants and ensure there are no barriers to participation. It is also your role to monitor the way the group interacts and identify and address any power imbalances that may prevent someone from participating. You can do this by encouraging the group to value and respect diversity and asking more talkative people to create space for quieter participants to contribute. One way to promote inclusivity is to ask each participant which pronouns they use to refer to themselves (she/her/hers, he/him/his, they/them/theirs).

TIP
7

Encourage open and honest communication about sex.

Talking to AGYW about sex openly and in a nonjudgemental way will help ensure they are fully informed and empowered to make decisions about their sexual health. Being open and honest about sex is more likely to have a positive influence on the behaviour of AGYW than focusing on the risks of sex. Use the following tips to encourage open and honest conversations about sex:

- Respect participants' experiences and autonomy
- Highlight positive behaviours rather than shaming risky behaviours
- Do not use jargon or complex medical terminology
- Be welcoming of people with different sexualities and genders
- Be open and honest and acknowledge when you do not know the answer to a question

TIP
8

Prepare to support participants through personal and difficult topics.

In almost any group of AGYW in sub-Saharan Africa, there will be participants who have been affected by HIV and/or gender-based violence. Some may share their experiences during the training. Others may feel self-conscious, ashamed or worried they will be singled out. If participants share an experience of violence, it is very important that you are prepared to respond. If you are not sure how to respond, read the **Responding to Disclosures of Violence** session for guidance. You should also have information about local, youth-friendly health, social and legal services (see **Training Preparation**).

TIP
9

Use active listening to validate participant contributions.

Active listening encourages open communication. It is more than just listening to what people say. Active listening is:

- Using body language and facial expressions to show interest and understanding (you might nod your head or turn your body to face the person speaking)
- Listening to how things are said by paying attention to a speaker's body language and tone of voice
- Asking questions to show you want to understand
- Summarising the discussion, saying it again in different words and inviting feedback; this helps you check that you have understood

TIP
10

Ask questions to encourage deeper thinking and challenge assumptions.

An important skill for facilitators is the ability to ask meaningful questions that encourage thoughtful discussion and reflection. You can use questions to help participants come up with answers on their own. This approach is more effective at building knowledge than providing participants with the answers.

TIP
11

Debrief with colleagues.

Talking to your colleagues about the training can help you improve your facilitation skills and develop strategies for overcoming challenges. It can also be helpful to debrief with colleagues if you are supporting participants through difficult experiences.

Training Manual

Using this Training Manual

This manual can be used in different ways. You can change it depending on your context and the needs of participants. For example, the complete manual can be used from start to finish, or you can add parts of it into existing training.

Follow the steps below to change the training to suit your needs.

1. Choose what sessions to include

The training is centred around sessions about PrEP methods. These sessions provide participants with the knowledge and skills to:

- Give peers detailed, accurate information about available PrEP methods as part of a combination HIV prevention approach and address peers' questions and concerns
- Support their peers to make informed decisions about what HIV prevention methods best suit them, and to get access to available PrEP methods, use them correctly, continue using them while they are vulnerable to HIV and tell others about their PrEP use
- Raise awareness and build community support for available PrEP methods

If you are already training AGYW peer educators with a different curriculum, you can integrate these PrEP methods sessions into your existing training. The PrEP methods discussed in this training are oral PrEP and the dapivirine ring. You can choose to cover either or both methods in your training based on which are available in your area and what previous training your Ambassadors have received. For example, you may choose not to include the ring in your training if it is not yet available in your area. Or, you may choose to only train on the ring if your Ambassadors previously completed the Oral PrEP sessions in their initial training. The PrEP methods sessions are structured to accommodate any of these training scenarios.

Depending on the time you have, the number of facilitators, and the size of your group, there are multiple ways to complete the training on more than one method:

- If you have a small group and time permits, you can complete the PrEP journey mapping sessions 2–6 once with a focus on oral PrEP, and then complete the Ring and Our Bodies session. Then repeat PrEP journey mapping sessions 2–6 with focus on the ring.
- If you have multiple facilitators, you can split the group and assign each a PrEP method to focus on when completing journey mapping sessions 2–6, and then bring the groups together for a report back to allow the entire group to gain knowledge from peers on all methods. You may want to do the Ring and Our Bodies session with the entire group first before the journey mapping to give everyone the benefit of being introduced to the ring.

See the example agenda below for how to structure these options.

Within the **PrEP Methods** sessions, you will find a session about choice. This is an important session to include in any context where Ambassadors may be helping their peers make a decision between different PrEP methods. Make sure to cover this session if your training includes more than one method, or if you are training participants on a new method after they have already completed the training with oral PrEP.

The manual also includes sessions that can be added to the PrEP Methods sessions to educate participants about important core subjects, such as human rights, and to build skills that are essential to their roles as Ambassadors. These sessions are included in the **Foundational Knowledge** and **Ambassador Skills** sessions. Each session contains all the information you need to deliver it, including essential knowledge for facilitators and session materials.

Whether you plan on only using some or all of the PrEP Methods sessions, we recommend checking if participants have the knowledge and skills covered in the Foundational Knowledge and Ambassador Skills sessions. We also recommend incorporating the **Introduction** session and the **Ambassador Graduation**.

On the next page is an example of how you can order the sessions if training on both oral PrEP and the ring, and the other knowledge and skill-building sessions. You can also exclude some sessions but keep the same order.

Session	Approximate Completion Time
Training Introduction	1 hour
Foundational Knowledge: Sessions 1–6	6 hours (about 1 hour per session)
<ul style="list-style-type: none"> ① Human Rights ② Getting to Know Our Bodies ③ HIV and AIDS – The Basics ④ Biological Vulnerability to HIV ⑤ Gender Inequality and Violence ⑥ Responding to Disclosures of Violence 	
Option A PrEP Methods: Sessions 1–6 + Ring Session	Option B PrEP Methods: Sessions 1–6 + Ring Session
<ul style="list-style-type: none"> ① What Is PrEP and Combination Prevention 1 hour PrEP Journey Mapping 4 hours (Focus on oral PrEP) <ul style="list-style-type: none"> ② Finding out about PrEP Methods ③ Deciding to use PrEP Methods ④ Getting PrEP Methods ⑤ Taking and staying on PrEP Methods ⑥ Telling Others Ring and Our Bodies1 hour PrEP Journey Mapping: Sessions 2–6.... 4 hours (Repeat with focus on ring) 	<ul style="list-style-type: none"> ① What Is PrEP and Combination Prevention 1 hour Ring and Our Bodies1 hour PrEP Journey Mapping4 hours (Simultaneous with small groups assigned to each method) <ul style="list-style-type: none"> ② Finding out about PrEP Methods ③ Deciding to use PrEP Methods ④ Getting PrEP Methods ⑤ Taking and staying on PrEP Methods ⑥ Telling Others Report back to entire group.....1 hour
PrEP Methods: Sessions 7–10..... 2 hours	
<ul style="list-style-type: none"> ⑦ Making a Choice ⑧ Awareness Raising ⑨ Advocacy ⑩ Action Planning 	
Ambassador Skills Sessions	1 hour
Closing (Ambassador Graduation)	1 hour

2. Choose how to deliver the training

This training manual includes 20 sessions. Each session will take between 30 and 120 minutes to complete, depending on the session activities and experience of the participants. You can deliver all the sessions in the same week or divide the sessions over a number of days or weeks. For example, if participants are in school or working during the day, you may choose to deliver one session every afternoon or one session per week. Depending on how knowledgeable participants are, you could select certain sessions to go through in detail. For instance, if participants are receiving the training as part of their job, such as peer educators, they may already have knowledge about PrEP methods so you may want to focus on other sessions such as gender inequality. Ultimately, you can choose the most relevant sessions for your participants and determine how much time to spend on each session. The above example gives estimated times for how long blocks of sessions will take to complete. Remember to plan time for breaks as well.

3. Review session plans

Session plans provide detailed instructions for facilitating the session. They also include information about how to prepare for the session. Take note of the preparation required so you allow enough time before each session to prepare. *We recommend giving yourself at least 15 minutes to prepare for each session.*

The session plan provides step-by-step instructions to support less experienced facilitators. If you are a more experienced facilitator, you do not need to follow these instructions step by step. Instead, you may choose to read the session plan in advance and adapt the training to suit your facilitation style.

The sessions are divided into three stages of learning: explore, apply and reflect. These stages will help participants build their knowledge of the subject (*explore*), develop skills to apply their knowledge (*apply*) and identify how they can use their knowledge and skills in their roles as HIV Prevention Ambassadors (*reflect*).

In most cases, the sessions will take less than two hours. However, the session plans do *not* include timing for each activity. This is because the time required will vary depending on:

- The size of the group (the ideal size is 10 to 20 people)
- The knowledge and experience of participants
- Literacy of participants
- Participants' previous experience in education or training
- Your (the facilitator's) experience in facilitating workshops

Allowing two hours will give you time for energisers and short breaks (note that energisers are not included in the session plans — see **Training Preparation**).



EXPLORE — This stage gives participants an opportunity to share their existing knowledge, experiences and ideas with the group. Your role as a facilitator is to draw on the **Key Messages** and **Essential Knowledge**, as well as your own expertise, to help participants think critically about the topic and build on their existing knowledge.



APPLY — This stage uses participatory activities to help participants apply what they learned in the previous stage and develop skills that will support them in their roles as Ambassadors.



REFLECT — This is the final stage in the learning process. Session plans include suggested questions that will guide participants to think about how they can apply what they have learned in their roles as Ambassadors.

Training Introduction

Introduction

This session helps participants create a safe space for discussing the sensitive topics included in the training.

Foundational Knowledge: Sessions 1–6

- 1 Human Rights
- 2 Getting to Know Our Bodies
- 3 HIV and AIDS – The Basics
- 4 Biological Vulnerability to HIV
- 5 Gender Inequality and Violence
- 6 Responding to Disclosures of Violence

These sessions cover the essential knowledge that Ambassadors will need to be effective in their roles. You can use one or all of these sessions and include them at any point in the training. We recommend including all of them unless participants already have a strong understanding of the topics.

PrEP Methods: Sessions 1–10

- 1 What Is PrEP and Combination Prevention

PrEP Methods Sessions 2–6:

- 2 Finding Out About Oral PrEP
- 3 Deciding to Use Oral PrEP
- 4 Getting PrEP
- 5 Taking and Staying on PrEP
- 6 Telling Others

These sessions are the focus of the HIV Prevention Ambassador Training. Each session builds on the previous session, so they cannot be separated. They must be delivered in order. Sessions 2–6 are to be focused on each PrEP method covered in the training. If training on oral PrEP and the ring, complete sessions 2–6 as a group for oral PrEP and then repeat the group of sessions for the ring.

The Ring and Our Bodies

This session will introduce the ring to Ambassadors and focus on how the ring works with the female body. This session should be completed before delivering the ring-specific version of PrEP Methods sessions 2–6.

PrEP Methods Sessions 7–10

- 7 Making a Choice
- 8 Awareness Raising
- 9 Advocacy
- 10 Action Planning

These sessions focus on the knowledge and skills Ambassadors will need to create a supportive environment for PrEP use. You can choose not to include these sessions if Ambassadors will not carry out these activities.

Ambassador Skills

- 1 Peer Support Skills
- 2 Boundary Setting and Self-Care

These sessions will teach Ambassadors the skills they will need to support their peers. These include how they can set boundaries, protect confidentiality, and take care of their own emotional well-being. We recommend including these sessions unless participants are experienced peer support workers.

Closing (Ambassador Graduation)

This session asks participants to identify and agree to the core principles that will guide their work as Ambassadors. They will then graduate as HIV Prevention Ambassadors and receive a certificate to acknowledge their completion of the training.

Training Introduction

Introduction

This session provides an orientation to the training. It highlights the importance of working together to create a safe, inclusive learning environment.

Foundational Knowledge: Sessions 1–6

1 Human Rights

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and PrEP method use. They will also deepen their understanding of the topic by identifying how a person's life can be affected by their ability to exercise these rights.

2 Getting to Know Our Bodies

Participants will gain a basic understanding about their sexual and reproductive anatomy. This information aims to enable participants to get to know and feel comfortable with their bodies. It provides an important foundation for other sections in the Ambassador Training package — such as SRHR, HIV transmission and prevention, and using the ring.

3 HIV and AIDS – The Basics

Participants will learn essential knowledge about HIV and AIDS. They will also identify myths about HIV and AIDS and discuss different strategies to correct them.

4 Biological Vulnerability to HIV

Participants will take part in a fun activity designed to increase their comfort and confidence when talking with their peers about sex. They will then explore AGYW's vulnerability to HIV and identify ways to reduce this vulnerability.

5 Gender Inequality and Violence

Participants will learn about gender inequality and gender-based violence. They will also explore how gender inequality and violence make it harder for AGYW to protect themselves from HIV.

6 Responding to Disclosures of Violence

Participants will learn how to respond to disclosures of violence from their peers. They will examine messaging about women and violence, and they will learn to question messages that work to excuse or justify violence against women and children. They will also learn **LIVES** (Listen, Inquire, Validate, Enhance safety and Support) for responding to disclosures of violence.

PrEP Methods Sessions

1 Combination Prevention

Participants will learn about PrEP and its role in preventing HIV as part of a combination prevention approach. By the end of this session, participants will know what PrEP methods can and cannot do and how to use them. They will also learn to identify and correct myths about PrEP.

2 Finding Out about PrEP Methods

Participants will begin working on the PrEP Journey Map. The Journey Map outlines the steps their peers may follow when deciding to use a PrEP method, the first step being Finding Out about PrEP Methods. In this and the next four sessions, each participant will create a character and support her through the journey.

Participants will also identify the information they will need as Ambassadors to educate their peers about PrEP and strategies for communicating this information.

3 Deciding to Use PrEP Methods

Participants will work through the second step of the PrEP Journey Map — Deciding to Use PrEP Methods. Participants will identify concerns their peers may have about using PrEP and strategies for supporting their peers to overcome these concerns. Participants will then practice answering key questions about PrEP methods in a group role play.

4 Getting PrEP Methods

Participants will work through the third step of the PrEP Journey Map — Getting PrEP Methods. Participants will identify barriers that may prevent their peers from getting PrEP methods. They will also learn strategies to support their peers to overcome these barriers and present their strategies to the group.

5 Taking and Staying on PrEP Methods

Participants will work through the fourth step of the PrEP Journey Map — Taking and Staying on PrEP Methods. Participants will learn about the reasons their peers may find it difficult to use PrEP

methods correctly and continue using them while they are vulnerable to HIV. They will then identify strategies for supporting their peers to take and stay on PrEP.

6 Telling Others

Participants will work through the final step of the PrEP Journey Map — Telling Others. They will examine the reasons their peers may choose to tell or not tell their partners and/or parents about their use of PrEP. They will also learn strategies to support their peers to consider their options and make their own decisions about whether to disclose their use of PrEP.

7 Making a Choice

Participants will explore how they as Ambassadors can help their peers make informed decisions about what HIV prevention methods are best suited for their lives and how this can change over time as their lifestyles and preferences change.

8 Awareness Raising

Participants will learn ways to build support for PrEP use in their communities. They will identify where they have the most influence, and they will practice responding to concerns and questions of community members, including parents, partners and community leaders.

9 Advocacy

Participants will explore how the environment around AGYW can influence their ability to use PrEP methods. They will then learn to plan an advocacy strategy for removing barriers and creating an enabling environment for PrEP use.

10 Action Planning

Participants will identify their vision for their community and develop a shared goal for their work as Ambassadors. They will explore how they can best contribute toward the goal, considering their passions, interests, strengths and areas of influence. Participants will also identify how they can support each other.

Ambassador Skills

1 Peer Support Skills

Participants will learn skills to support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next. They will also learn and practice using the **LIVES** response (**L**isten, **I**nquire, **V**alidate, **E**nhance safety and **S**upport) to support their peers. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

2 Boundary Setting and Self-Care

Participants will explore the impact that peer support work can have on a peer worker's mental health and well-being. They will learn about compassion fatigue and vicarious trauma to help them identify early warning signs. They will also learn how to set boundaries to prevent compassion fatigue and vicarious trauma, and they will identify strategies for self-care and mutual support.

Closing

Ambassador Graduation

Participants will identify how they will use the knowledge and skills they have developed in this training in their roles as Ambassadors. They will also develop core principles to guide their work. The session will end with a ceremony to acknowledge the completion of the training.

Training Introduction

Introduction

SESSION OVERVIEW

This session provides an orientation to the training. It highlights the importance of working together to create a safe, inclusive learning environment.

By the end of this session, participants should:

- Have started to get to know each other and feel comfortable about beginning their training
- Understand the needs of other participants
- Understand how they are responsible for contributing to a safe and inclusive learning environment

SESSION INSTRUCTIONS

PREPARATION

EXPLORE ACTIVITY

Write “Hopes” and “Fears” on separate pieces of flip chart paper and display them at the front of the room where everyone can see them.

APPLY ACTIVITY

Write “My needs” and “My responsibilities” on separate pieces of flip chart paper and stick them up where everyone can see them.



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Because this is the first session, you will need to take some time to welcome participants, introduce yourself and give them the opportunity to introduce themselves to the group.
2. If participants do not already know each other, lead an “ice-breaker” to help them to get to know each other in a fun and interactive way
3. Provide participants with information about the training so they know what to expect. Include the purpose and timing of the training, the topics that will be covered and what they can expect to learn.
4. If you have not already done so, you can provide a detailed introduction about their roles as HIV Prevention Ambassadors.

Start by sitting with the participants in a circle. This will help them to see you as an equal member of the group whom they can trust.

ACTIVITY: Hopes and Fears

1. Introduce the activity by noting:
 - It is normal for people to have a mixture of feelings when starting something new like this. It can be helpful to identify these feelings at the beginning.
 - You will be asking them to identify their hopes and fears about the training.
2. Give each participant some sticky notes (use two different colours if you have them) and a pen.
3. Ask participants to write on their sticky notes at least one thing they hope to get out of the training and to put their sticky notes on the piece of flip chart paper labelled “Hopes”.
4. Ask participants to write on their sticky notes at least one thing they fear about the training and to put the sticky notes on the piece of flip chart paper labelled “Fears”.
5. Read aloud a selection of hopes and fears to the group. If possible, group the hopes and fears into common themes.
6. Reassure participants that their hopes and fears are valid and normal, and you will try to address them during the workshop.

Encourage participants to write as many hopes and fears as they like, but to write only one idea per sticky note and to use clear handwriting.



APPLY

FACILITATION TIPS

ACTIVITY: Communicating Our Needs

1. Introduce the activity by noting:
 - The training will include discussions about some personal and sensitive topics, including relationships, sex and violence.
 - Participants will identify what they need from the group to feel comfortable participating in activities and sharing their experiences.
 - They will also identify how each person is responsible for helping to create a supportive and confidential space for these conversations.
2. Ask participants to think about how the group can help them feel comfortable to share their thoughts, feelings and experiences in these sessions, and to write their answers on sticky notes.
3. Invite participants to share their answers with the group and stick their notes under “My needs”.
4. When the group has finished, read their answers aloud. If there are similar answers, group them together and note their shared needs.
5. Ask participants to think about how each member of the group can contribute to creating a space that meets the needs of participants, and to write their answers on sticky notes.
6. Invite participants to share their answers with the group and stick their notes under “My responsibilities”.
7. When the group has finished, read through their answers. If there are similar answers, group them together and note their shared responsibilities.
8. If confidentiality has not been addressed, ask participants to consider its importance by giving examples of information they might not want other people to find out.
9. Help participants to identify what types of information can be shared and what types of information should be kept confidential.
10. Discuss with participants that even when we do our best, confidentiality can never be fully guaranteed. It is important to choose what information we feel comfortable sharing with others.
11. Ask participants if they can commit to the responsibilities they have identified.

Give an example of something that helps you feel safe when participating in a difficult discussion.

Give an example of how the group can contribute to creating a safe space, such as respecting each person’s right to make her own life choices.

Explain that confidentiality is about how we keep someone’s personal information private or secret.

12. Allow for questions, further discussion and clarification on any points of disagreement.
13. Complete the activity by asking participants to sign the “My responsibilities” piece of flip chart paper (or use another way to symbolise their commitment).
14. Once the activity has come to an end, bring participants into a circle for reflection.

If you are staying in the same room for the rest of the training, put up the “My needs” and “My responsibilities” flip chart pages somewhere everyone can see them so you can remind participants of these throughout the training. If you are not staying in the same room, bring them with you to each session.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **What did you notice about the similarities and differences between the needs of group members?**
- **Has this discussion and commitment to Ambassador responsibilities helped to reduce any of your fears?**
- **Are there any responsibilities listed here that will also be important in your roles as Ambassadors?**

These reflection activities can also be done in pairs or small groups. This can help to create space for quieter members of the group.



Useful Resources

- 1 Creating Safe Space for GLBTQ Youth: A Toolkit**
Girl's Best Friend Foundation; Advocates for Youth
2005
<https://advocatesforyouth.org>

A training manual for creating spaces that are safe for youth of all genders and sexualities, including sessions to create group agreements, clarify values and develop identities.

- 2 Partners & Allies: Toolkit for Meaningful Adolescent Girl Engagement**
The Coalition for Adolescent Girls
2015
<http://coalitionforadolescentgirls.org>

A toolkit to enable groups to strategically and meaningfully engage girls as equal and active participants in leadership and development. The toolkit includes effective strategies, assessment activities and case examples.

- 3 Girl-Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs**
Population Council
2010
<http://www.popcouncil.org>

A set of tools and guidelines for strengthening programs for adolescent girls, including practical tools and case examples. Developed for the Kenya context but also available in Spanish and French.

Foundational Knowledge

1 Human Rights

ESSENTIAL KNOWLEDGE

What are human rights?

Human rights are ideas or principles about how everyone should be treated. They are recognised and protected by global, national and local commitments and laws.

There is agreement across the world that as humans we all share basic rights. Everybody is entitled to these rights, regardless who they are or where they live. These rights are listed in the Universal Declaration of Human Rights (the Declaration), which the international community agreed to in 1948. The Declaration includes 28 rights, including the right to:

- Equal treatment without discrimination
- Life and to live in freedom and safety
- Freedom from torture and harm
- Fair treatment by the law
- Freedom from arbitrary arrest or detention
- Privacy
- Freedom of movement
- Employment and fair conditions of employment
- A standard of living needed for good health and well-being
- Education

The Declaration also acknowledges that rights come with duties. The last two points of the Declaration state that:

- Everybody has a duty to protect the rights and freedoms of other people.
- Nobody has the right to violate the rights or freedom of others.

Many regions and countries have created their own human rights agreements to strengthen the United Nations agreements, such as the African Charter on Human and Peoples' Rights. New agreements are also created to respond to new understandings about what people need to live safe, healthy and fulfilling lives.

Human rights cannot be taken away or given up, but they can be violated. AGYW often experience direct violations of their rights, such as when others use violence against them. They also experience many

barriers to exercising their rights, such as gender inequality, discrimination based on age, and a lack of social power. This has been recognised within the human rights system, and as a result, specific rights have been created to protect the rights of women and girls. These rights are documented in the Convention on the Elimination of all Forms of Discrimination Against Women (or CEDAW for short).

What are sexual and reproductive health and rights?

Sexual and reproductive health and rights, or SRHR for short, is a term used a lot when talking about HIV prevention among AGYW. The term SRHR does not refer to a specific set of human rights. It is used to highlight that:

- The right to health includes **SRH**.
- The achievement of good SRH depends on the realisation of other rights.

Sexual and reproductive health

The right to the highest attainable standard of physical and mental health is one of the core human rights established in the Declaration. This includes the right to SRH. The right to health is about more than being free from disease. It includes everything a person needs to enjoy good health and well-being, such as clean drinking water, nutritious food and good quality health services.

Sexual and reproductive rights

The concept of sexual and reproductive rights acknowledges that all rights are connected. A person's SRH depends on their ability to exercise other rights, including the right to:

- Have access to stigma-free information, services and resources related to SRH and sexuality
- Have control over, and the ability to make informed decisions about, their own bodies
- Decide to be sexually active or not
- Decide whether to have children, and if so, how many and when
- Choose their partners
- Live free from violence
- Have pleasurable and safe sexual experiences free of coercion, discrimination and violence
- Freely express their sexuality (including gender, sexual orientation and sexual desires) without fear of discrimination or violence

How are human rights and HIV connected?

The realisation of human rights for all and the prevention of HIV cannot be separated. They are most strongly connected in four ways:

- **The violation of human rights is a barrier to HIV prevention.** Human rights violations, such as sexual violence, can put an individual at risk of HIV. Human rights violations can also create barriers to HIV prevention, such as when discrimination stops someone from accessing health services.
- **When people can exercise their human rights, it is easier for them to protect themselves from HIV.** A person's ability to protect themselves from HIV depends on their ability to exercise many human rights, including the right to control over their bodies, the right to health services and the right to information.
- **HIV creates a barrier to the realisation of human rights.** HIV-related illness, stigma and discrimination create barriers to education, employment, housing and other rights for people living with HIV.

- **The achievement of human rights is dependent on the eradication of HIV.** HIV undermines global progress toward the right to health and other rights. It also contributes to poverty.

HIV prevention options like PrEP will make it easier for AGYW to exercise their rights. PrEP methods are tools that AGYW can decide to use without telling anyone else about their decision, including their partners. This makes it easier for them to protect themselves from HIV, which is their right.

Educating AGYW about their rights and choices is very important. It empowers AGYW to advocate for their right to the information, agency, resources and services they need to protect themselves from HIV.

Some human rights that can support AGYW to protect themselves from HIV are listed below.

Human rights	How these rights support AGYW to protect themselves from HIV
<p>The right to equality and nondiscrimination</p> <p>We have the right to be treated the same as everyone else. We have the same rights and protections, regardless of our identity, background or life experiences.</p>	<p>AGYW have the same rights as every other person, and this includes the right to consensual, safe, satisfying and healthy sexual relationships.</p> <p>They have the same right as any other person to access SRH services and HIV prevention options. They should not be discriminated against because of their age or gender.</p>
<p>The right to freedom</p> <p>We have the right to make decisions about where we want to go and what we want to do, as long as we are not breaking laws or violating other people's rights.</p>	<p>AGYW have the right to decide what types of sexual behaviours they engage in and with whom.</p> <p>They have the right to make decisions about and access HIV prevention options.</p>
<p>The right to control our own bodies (often called bodily integrity)</p> <p>We have the right to control what happens to our bodies and to be protected from other people trying to harm us.</p>	<p>AGYW have the right to choose if, when and how they have sex.</p> <p>They have the right to access HIV prevention options that will protect them from harm.</p>
<p>The right to education</p> <p>We have the right to go to school and get an education.</p>	<p>AGYW have the right to sex education. This includes information about sex, sexual health, HIV prevention, including PrEP.</p>

Human rights	How these rights support AGYW to protect themselves from HIV
<p>The right to be as healthy as possible and able to access the best possible health services</p> <p>We have the right to a healthy life.</p> <p>This includes access to safe drinking water, nutritious food and personal safety. We also have the right to the highest possible standard of health services.</p>	<p>AGYW have the right to access the information, services and resources they need to protect themselves from HIV.</p> <p>They have the right to a safe and consensual sex life.</p> <p>They have the right to youth-friendly SRH services.</p> <p>They have the right to choose and use the HIV prevention method(s) that are right for them.</p>
<p>The right to the benefits of social and scientific advancement</p> <p>We have the right to benefit from major technologies, discoveries and inventions that can improve our lives.</p>	<p>AGYW have the right to benefit from new technologies that can help them protect themselves from HIV, including PrEP. This means PrEP must be affordable and easy for them to get.</p>
<p>The right to privacy and confidentiality</p> <p>We have the right to choose whom we share our information with.</p> <p>This means that people we share information with should not share this with others without our permission</p>	<p>AGYW have the right to privacy and confidentiality when accessing services. If health care providers know AGYW clients are using PrEP, the providers should respect their confidentiality by not telling their partner or family members.</p> <p>AGYW have the right to choose whom they share personal information with, such as their sexual practices or an experience of violence.</p> <p>They have the right to keep their PrEP use private.</p> <p><i>Note: There are some situations where confidentiality might not apply, such as if a doctor believes somebody's life is at risk. The doctor may have a responsibility to report this, but if they do report it, they also have a responsibility to tell you first.</i></p>
<p>The right to be free from abuse, degrading treatment and exploitation</p> <p>No one, including our parents, partners, relatives or teachers, should physically, sexually or mentally abuse us or be violent toward us. The government should make sure we are protected from abuse and must take action if someone experiences violence or abuse.</p>	<p>AGYW have the right to live their lives free from all forms of violence.</p> <p>They have the right to use PrEP without fear of violence.</p>

How can human rights be protected?

Governments are required to make every effort to ensure their citizens can exercise their rights. Governments are not responsible for fulfilling rights. Instead, they need to create the conditions that give people the best opportunity to exercise their rights. For example, the right to health does not mean the government is responsible for your health. The government is only responsible for creating an environment where people can live healthy lives.

Governments play an important role in protecting human rights, but so do individuals. **A person's ability to exercise their rights depends on other people respecting those rights.** It is the responsibility of every individual to make sure their behaviour does not violate the rights of others.

It is also the responsibility of people who have more power than others to protect the rights of people with less power. While some groups have more power than others, as men do over women, power imbalances also exist between individuals. For example, older women may have more power than younger women, and women with an education may have more power than women who have not completed school. HIV Prevention Ambassadors may have more power than other AGYW in their community. In these times, they have an extra responsibility to protect the rights of those with less power.

 **Your Notes**

A series of horizontal dotted lines for taking notes.

SESSION OVERVIEW

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and PrEP method choice and use. They will also deepen their understanding of the topic by identifying how a person's life can be affected by their ability to exercise these rights.

By the end of this session, participants should be able to:

- Identify core human rights that everyone is entitled to
- Explain HIV prevention and SRH in the context of human rights
- Explain how protecting human rights can enable access to HIV prevention options

KEY MESSAGES

- Human rights are principles about the types of treatment and expectations every person is entitled to, regardless of their identity, where they were born or any other aspect of their life.
- The right to sexual health means having the best possible health and well-being and enjoying a safe, pleasurable and satisfying sex life.
- Human rights cannot be taken away or given up. However, they can be violated and so must be protected.
- Governments have a responsibility to make every effort to create an environment that gives individuals the best chance of exercising their rights.
- Individuals have a responsibility to respect the rights of others.
- The realisation of human rights for all and the prevention of HIV cannot be separated. They are dependent on each other.
- AGYW have a right to use PrEP to protect themselves from HIV.

MATERIALS

There are no worksheets or tools for this session, but you may find it useful to bring teaching aids, such as “know your rights” cards or other educational materials on human rights. See **Useful Resources** for sample materials on human rights.

SESSION INSTRUCTIONS

EXPLORE ACTIVITY

Write each of the rights listed below on separate pieces of paper and put them up somewhere everyone can see them.

PREPARATION

- The right to freedom
- The right to control our bodies
- The right to education
- The right to be as healthy as possible and able to access the best possible health services
- The right to benefit from social and scientific advancement
- The right to privacy and confidentiality
- The right to be free from abuse, degrading treatment and exploitation



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Ask the group if they know what human rights are. If they do, ask if they can name any specific human rights.
3. Ask the group if they know what human rights might relate to in terms of HIV prevention and their roles as HIV Prevention Ambassadors.

ACTIVITY: The right to protect ourselves from HIV

1. Explain that in this activity, participants will be focusing on a selection of rights and identifying how they are connected to HIV prevention and the use of PrEP.
2. Use the following example to explain the activity: Everyone has the right to equality and non-discrimination. This means that AGYW have the same rights as everyone else. This is relevant to HIV prevention because it means AGYW have the right to access sexual health services and PrEP without being discriminated against because of their age or gender.
3. Start with one of the rights you have written up. Ask participants to explain what the right means (either on sticky notes or through discussion).
4. Next, ask participants to share their ideas about how the right is connected to HIV prevention and PrEP use.
5. Repeat this activity with each right.

Use the **Essential Knowledge** and **Key Messages** to explain human rights to the group.

Use the **Essential Knowledge** and **Key Messages** to guide participants to define these rights and identify their connection to HIV prevention and PrEP methods.

Refer to local guidelines to answer questions about the minimum age for oral PrEP use and parental consent.

If your group is more advanced, you might ask them to break into small groups to work on one right each. Make sure to allow enough time for each group to present their answers.

If you are short on time, you can choose a selection of rights to focus on as a group and read through the rest during discussion.



APPLY

FACILITATION TIPS

ACTIVITY: Exercising our rights

1. Explain that in this activity, participants will consider how these rights can have an impact on the lives of AGYW.
2. Divide participants into two groups and give each group a piece of paper.
3. Ask one group to create a character of an AGYW who can exercise her rights.
4. Ask the other group to create a character of an AGYW who is unable to exercise her rights.
5. Give participants 10 minutes to create their characters.
6. Ask each group to present their character to the group.
7. Ask participants to consider the differences between the characters that make it harder or easier for them to exercise their rights.
8. Draw a line down the middle of a piece of flip chart paper. Write the name of one character on the left and the other on the right (see the example below).
9. Select one of the rights used in the previous activity.
10. Ask the first group to give an example of how their character benefits from this right.
11. Ask the second group to give an example of how the rights of their character are being violated.
12. Repeat the activity for each right (or as many as you have time for).

Character 1: Bridget (<u>can</u> exercise her rights)	Character 2: Destiny (<u>cannot</u> exercise her rights)
Right to education	
She understands how HIV is transmitted and how she can have safer sex.	She has heard some things about HIV from her friends. She tried to find out more but keeps getting told not to have sex.
Right to privacy and confidentiality	
She uses PrEP and has decided not to tell anyone. She knows it's her right.	She went to the health facility once to ask about PrEP and they told her parents. She won't go again.

Encourage participants to draw their character and give them a name.

You can use these prompting questions to help them develop their character:

- How old is she?
- Where does she live?
- What does she do for money?
- Did she finish school?
- Is she in a relationship?

If participants need help getting started, go through an example (see below).

13. At the end of the activity, lead a discussion by asking participants to consider the following questions:
 - What rights can AGYW exercise in their communities?
 - What are the barriers to achieving these rights in their communities?
 - Is it easier for some AGYW to exercise their rights than others?
14. Once the activity has come to an end, bring participants into a circle for reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection circle

Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

Try not to rush through reflection; some participants may need time to think before responding to these questions.

SUGGESTED REFLECTION QUESTIONS

- **Were you aware of these rights before?**
- **How can you use your knowledge about these rights to support AGYW in your communities to protect themselves from HIV?**
- **What would it look like in your community if all AGYW could fully exercise their human rights?**



Useful Resources

- 1 It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education**
 Volume 1: Guidelines
 Volume 2: Activities
 Population Council
 2011
www.popcouncil.org

Volume 1 contains guidelines for supporting a participatory approach to gender, HIV, and human rights education for youth and young people. Volume 2 includes 54 engaging sample activities.
- 2 Sexual, Reproductive and Maternal Health: Community Workshop Series Facilitator's Manual**
 Care International in Papua New Guinea
 2016
ambassadortraining@PrEPNetwork.org

A manual for developing community understanding of and engagement in sexual and reproductive health, built on a rights-based framework. Includes tools to build leadership and role modelling skills.
- 3 Compendium of Key Documents Relating to Human Rights and HIV in Eastern and Southern Africa**
 United Nations Development Programme
 2008
<http://www.undp.org>

A compilation of global, regional, subregional and national human rights instruments, policies, legislation and case law that are relevant to HIV and AIDS. It is intended to support implementation of human-rights-based approaches in the AIDS response in Eastern and Southern Africa.
- 4 HIV, TB, and Human Rights in Southern and East Africa**
 AIDS & Rights Alliance for South Africa (ARASA)
 2016
<https://hivlawcommission.org>

A report that examines the laws, regulations and policies that protect and promote the rights of all people, including key populations, LGBTI people, sex workers and people who use drugs, in context of HIV, AIDS and TB.
- 5 A Time to Lead: A Roadmap for Progress on Sexual and Reproductive Health and Rights Worldwide**
 Guttmacher Institute
 2018
www.guttmacher.org

A policy brief that defines SRHR and describes an essential package of sexual and reproductive health interventions.
- 6 Rights-Evidence-ACTION (REACT) User Guide**
 Frontline AIDS
 2019
<https://frontlineaids.org>

A guide for organisations interested in documenting and responding to human-rights-related barriers that individuals experience in accessing HIV services.

-
- 7 Strength in Strategy and Numbers: A Training Manual on Building the Advocacy Capacity of Key Populations in Kenya**
National AIDS Control Council, Kenya
2014
<https://hivpreventioncoalition.unaids.org>
- A training manual to build the knowledge and skills of key population members to discuss their health issues openly and enable them to plan, implement and evaluate their advocacy initiatives more effectively for better access to HIV services.
-
- 8 What Are LGBTQ Rights?**
Gay and Lesbian Coalition of Kenya
No Date
<https://www.galck.org/know-your-rights>
- A web page that defines lesbian, gay, bisexual and queer (LGBQ) rights and answers questions about LGBQ rights, the constitution and laws in Kenya.
-
- 9 Sex Workers' Rights Are Human Rights: A Training Manual**
Leitner Center for International Law and Justice, Kenyan Sex Workers Alliance
2013
<http://www.leitnercenter.org>
- A training manual to facilitate a one-day training of sex workers on their rights.
-

2 Getting to Know Our Bodies

ESSENTIAL KNOWLEDGE

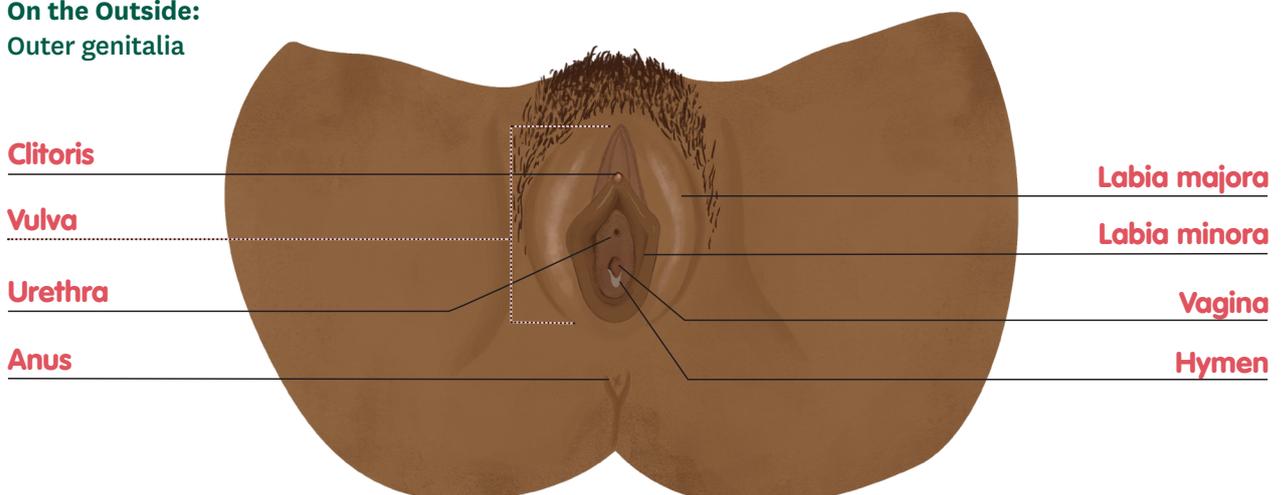
Getting to know our female body

We all live with our bodies. As we develop, we notice our body changing, and we also learn about sex, sexual pleasure, sexual assault and abuse, getting pregnant, and childbirth. But for many AGYW and their male partners, female bodies can be a bit of a mystery. Lack of male partner understanding of the female body also undermines support of women's choices about their sexual health. This session reviews some basic information about our bodies and the names and functions of key body parts. We will also take a closer look at how we can understand and enjoy our bodies, feel comfortable in them, and keep healthy. This knowledge and understanding can empower AGYW to ask for what they need to stay healthy and enjoy their sexuality. It also gives them the tools to speak up for themselves and each other if the boundaries related to their bodies are crossed. Because the training is intended for AGYW, this session is specific to the female body. In addition, this information is important in understanding how to use the ring. If you are looking for information on the male body, refer to the Grow and Know books listed in the useful resources for this session.

Because many ways that **AGYW learn** about their bodies are impersonal and do not connect well to their lived experience, this session is framed as a direct conversation with AGYW. We recommend that as you facilitate this session, you use the same approach. This will help participants connect to the material and give them the chance to learn and practice communicating directly about their bodies with their peers.

What Is Where – The Female Reproductive System

On the Outside: Outer genitalia



On the outside:

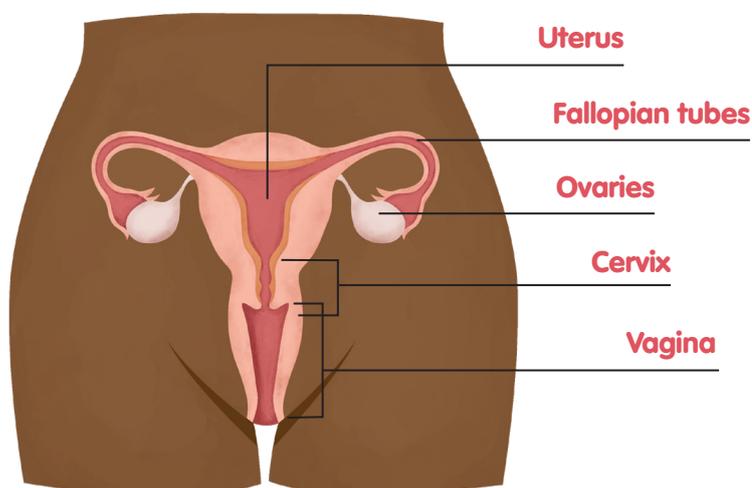
- There are three openings on the pelvic region of the female body – the anus (from which we defecate [poop/poo]); the urethra (from which we urinate/pee); and the vagina (from which we menstruate [monthly bleeding/periods], give birth, have vaginal/frontal sex, and insert various products such as some menstrual products, female condoms, and the ring for PrEP).
- The vulva is the area that covers the opening of the vagina and is made up of the labia majora (the outer lips) and the labia minora (inner lips) and the clitoris, which is a small, sensitive bulb where the inner lips meet that has a little hood, situated just above the vagina and urethra that extends under the surface of the lips. It is sensitive to touch and, for most women, is the source of sexual pleasure; when stimulated may result in an orgasm. The clitoris is made of spongy skin/membrane that becomes swollen when you are aroused (turned on). It has thousands of nerve endings and its only purpose is to make sex or masturbation feel good for you.

On the inside:

- The urethra is the tube that runs from the bladder to an opening in the vulva area that carries urine from the bladder to the outside.
- The anus is the opening into the rectum, located behind the vaginal opening where the creases of our butt begin. The rectum is a tube-like chamber that holds stool/poo before we defecate/poop it out of our anus. The anus is also the opening where the penis is inserted into the rectum during anal sex.
- The vagina is a soft, elastic tube that extends from the vaginal opening to the cervix. In its natural state, it is collapsed like a sock, preventing things like bathwater from getting inside. It swells during sexual arousal and expands during childbirth. The vagina is lined with mucous membranes (a layer with cells), which keeps it clean, moist and protected. The vagina has several functions – for sexual pleasure and sex, giving birth, for menstrual flow to leave the body, and for a passageway to the cervix and uterus. The vagina is where we insert the menstrual cup, tampons and, as we will learn later, the ring.
- The bottom of the uterus has a gateway into the vagina called the cervix, which is usually closed tightly so it is not possible for anything, besides sperm/semen, to move up through the vagina on its own, into the uterus (the womb). But it provides safe passage for a baby to be born – from the uterus, through the cervix and then the vaginal passage. The contraceptive intrauterine device (IUD) is placed in the uterus; it is inserted up through the vagina and cervix with a special tool by a clinician.
- The hymen is a thin sheet of skin/membrane that partially covers the lower part of the vagina. For some women, this tears during their first sexual intercourse, and bleeds a little. But for most women, the hymen can stretch and tear naturally as they grow up. The absence of a hymen is usually not an indication that a woman has had sex.

On the Inside: Reproductive Organs**The reproductive organs:**

- The uterus (womb) is pear shaped and is only the size of a clenched fist in its normal state, but can expand to hold a fully developed foetus. It is made of layers of muscle woven together, but during the menstrual cycle, the inside lining of the uterus builds up a layer of tissue and blood which is shed, resulting in our monthly bleeding.
- The bottom of the uterus is the muscular cervix, which is rubbery



like the tip of the nose. The small opening at the centre is called the os, which leads from the cervical canal to the uterus. The os is as small as a tip of a match, but it can dilate (open) as wide as 10 cm to allow a baby to pass through. The os is measured during childbirth to see how ready the body is to give birth.

- The fallopian tubes connect the ovary to the uterus and provide a pathway for the egg.
- The ovaries are where eggs are produced and stored and released when they get the hormonal messengers once a month (called ovulation).

Commonly asked questions

I know where the vagina is, but how are the bladder and rectum separated from the vagina? They all seem to be in the same area.

The openings to the bladder (urethra), vagina and rectum (anus) share a common wall (the urethra at the top, with vagina just underneath it, and the anus in the lowest position), separated by a layer of skin/membrane. Because they are situated closely together, sometimes the separating skin can be torn from trauma — like giving birth. It is very uncommon for this to happen from normal activities like sex. The tearing can be treated by a doctor.

However, because the openings are close together, there can be cross infection. For example, bacteria from the rectum can get into the urethra and cause a bladder infection. This happens more commonly during sex.

Where does the sperm travel to, and where do the egg and sperm meet to fertilise?

When you have sex while you are not using contraception or a condom, sperm will travel up from the vagina through the cervix and uterus into the fallopian tubes, and then meet the egg released from the ovaries. The sperm and egg fuse together and travel back to the wall of the uterus where they land and grow into a baby. The other sperm that do not fertilize the egg die within six days.

Is it normal for the wetness in my vagina to change colour and texture?

This wetness is called vaginal secretions or discharge. It is normal for our vaginal secretions to change. There are several reasons for this:

- The vagina gets swollen and more wet if a woman is sexually aroused – this is healthy and normal.
- Over a month the different hormones that signal egg development and release and make the uterus ready for a possible fertilized egg cause the vaginal secretions to change. During most of the month there is a thicker yellow, whitish mucous, but in the middle of the cycle, when ovulating, it changes to a see-through, slippery secretion (like egg white). It is also normal for contraceptives to cause changes to discharge.
- These secretions maintain an environment for healthy bacteria that prevent infection or overgrowth of harmful bacteria and organisms, like Candida (yeast).

When should I be concerned about a change in my vagina?

It is not always easy to know if changes in your vagina are a concern, but here are some warning signs: an itch; a burning feeling when urinating; pain during intercourse; a smelly change in odour; a brownish or greenish discharge; or very thick, whitish discharge (different from the usual). If you experience any of these, please see your health care provider.

How do I keep my vagina healthy?

- We learnt that the vaginal opening is close to the urethra (where the urine passes through) and the anus (where the poo comes out). This means that germs can travel between them and cause

infections, like urinary tract infections. Wiping from front to back after pooping and peeing can help avoid a urinary tract infection. Urination (peeing) after sex can also help to prevent bacteria going into the urethra.

- The vagina is self-cleansing. Use gentle soap on the outside, and avoid washing the inside of the vagina (called douching), inserting other substances, or spraying deodorant, as they can interfere with the balanced self-cleansing system. Pat dry the outside (vulva area) after washing.
- Change your sanitary pad, menstrual cup or tampon, or cloth when menstruating as often as you feel is necessary. Wash any cloth menstrual products and dry completely before using again. Wash your hands before and after changing menstrual products.
- Wear clean underwear, when available.

Can things travel through the vagina into the uterus?

As explained above, the gateway from the uterus into the vagina is called the cervix. The cervix has a tiny opening called the os. Sperm can swim through the os, but everything else is blocked from getting into the uterus. Penises, fingers, tampons and rings – none of them can pass through the os.

The Menstrual Cycle – Optional section for those who would like additional information

What is the normal age for a girl to begin monthly bleeding/menstruation?

This varies a lot, and girls can begin menstruating anywhere between 9 and 16 years of age. The timing depends on many things such as height, weight and changes of hormones in the body. Starting your monthly cycle before or after most of your friends is completely normal and nothing to be ashamed of.

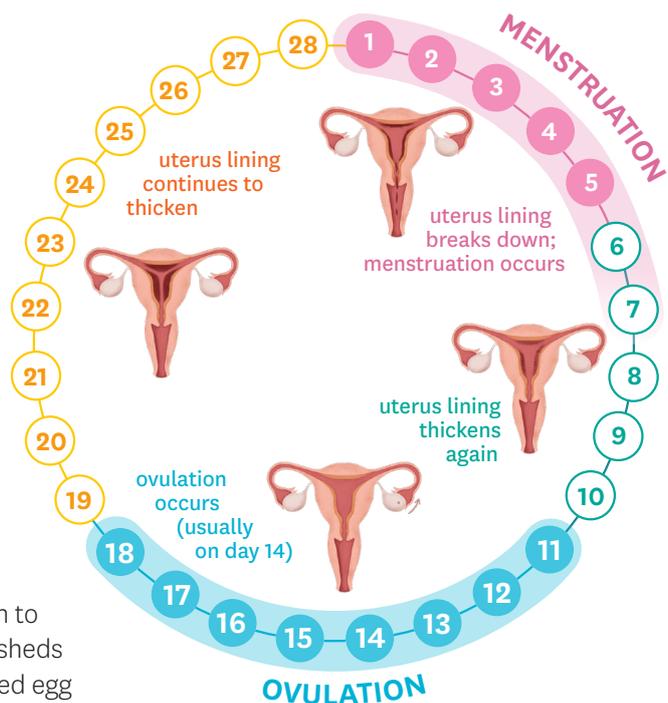
What is the menstrual cycle or menses?

The amount of time between a girl's monthly bleeding is called her menstrual cycle (the cycle is counted from the start of one menses — some people call it a menstrual period or monthly bleeding — to the start of the next). Some girls find that their menstrual cycle lasts about one month with 3–7 days of bleeding, but varying by several days is normal, especially for younger girls. Not all girls and women have regular cycles — sometimes the length of cycles can change from month to month or as we age.

Why do we have a menstrual cycle or period?

About once a month, a tiny egg leaves one of the ovaries (a process called ovulation) and travels down one of the fallopian tubes toward the uterus. In the days before ovulation, the hormone oestrogen stimulates the uterus to build up its lining — called the endometrium — with extra blood and tissue, making the endometrium thick and cushioned. This happens to prepare the uterus for pregnancy: if the egg is fertilized by a sperm cell, it travels to the uterus and attaches to the cushiony endometrium, where it slowly develops into a baby.

If the egg is not fertilized — which is the case during most women's menses — it does not attach to the endometrium, and two weeks later the uterus sheds the endometrium. The blood, tissue, and unfertilized egg leave the uterus, going through the vagina on the way out of the body. The egg is microscopic, so you will not be able to see it! This is a menstrual period.



The blood and tissue that leaves your body is not dirty or harmful, and the process of menstruation is completely normal and healthy.

What are hormones?

Your body produces chemicals called hormones. They travel in your bloodstream to tissues or organs to help them do their jobs. They work slowly, over time, and affect many different processes, including growth, metabolism (how your body gets energy from food), mood, sexual function and reproduction. One of the many types of hormones your body produces are reproductive. For example, the ovaries release two types of hormones — oestrogen and progesterone. These hormones work together to signal your body to make physical changes that happen during puberty such as breast size, body hair, and the beginning of the menstrual cycle, and then continue to signal changes to your reproductive system during your menstrual cycle and pregnancy.

Why do our moods change during the month?

During your menstrual cycle, reproductive hormone levels rise and fall, which can affect your mood, energy, sexual feelings, sleep quality, food cravings and health. These hormone changes also cause many of the uncomfortable symptoms you have before or during your period such as cramps or abdominal pain, mood swings, bloating in your stomach, acne, aching breasts, and headaches. Menstrual symptoms like these are usually normal. However, if they start to interfere with your regular life or you have unexplained symptoms like this at other times, it could be a signal that your body has a problem and it is a good idea to talk to a health care provider. You should also see a health care provider if you have very heavy bleeding, many and large blood clots, or very severe menstrual pain.

How can I deal with all the discomfort before and during my periods?

- Lots of girls notice body or mood changes around the time of their periods.
- Cramps are pretty common and can be dull or intense. Sometimes you can feel cramps/pain in your back or belly area. Most women find that over-the-counter pain medicine (like paracetamol or ibuprofen) can help with cramps or pain. Also, taking a warm bath or putting a warm heating pad on the lower abdomen can help. Exercising regularly and eating healthy foods throughout the monthly cycle may help lessen cramps, too.
- Some women find that they feel easily irritated during the few days or week before their periods. Others may get angry more quickly than normal or cry more than usual. Some girls crave certain foods. These changes are called premenstrual syndrome (PMS). Understanding that PMS is the cause of these feelings can help with coping, as can talking about it with someone close to you, eating healthy foods, exercise, and pampering and being gentle with yourself.
- Once you begin menstruating, you will need to use something to absorb the blood. Many girls use a pad or a tampon; menstrual cups are another option. Choose whichever method is available and works best for you! You will also need a safe, clean place where you can change and/or wash your menstrual products regularly.

How much blood is lost during a period?

Even though it may feel like you are bleeding a large quantity of blood, the average woman only bleeds about 2–4 tablespoons during her period. But it does vary. If you feel you are bleeding excessively, have terrible cramps/pain or are bleeding between your periods, see a health care provider.

How do contraceptives work to prevent pregnancy?

Many contraceptive methods, such as the pill, patch, implant, hormonal IUDs, and the injectable (also known as DMPA or Depo and NetEn) work by changing hormone levels in the body. These methods release alternative forms of reproductive hormones to change your body's regular hormone levels throughout the menstrual cycle. Hormonal contraceptive methods work in different ways.

- Some methods, like the pill, contraceptive ring or patch, and injectables (“shot” or “Depo”), prevent the ovaries from releasing eggs (ovulation) whereas others, like the hormonal IUD and implant, inhibit ovulation much of the time and make the cervical fluid thicker, so that it is more difficult for sperm to travel into the uterus. They also keep the endometrium thin, so that the uterine environment is unfavourable for an egg to be fertilized.
- These changing hormone levels can cause changes to your menstrual cycle while you are using contraceptives, such as shorter or lighter bleeding, longer or heavier bleeding, irregular bleeding or a pause in you bleeding called amenorrhea. All of these changes are completely normal, but you should talk to your health care provider if you have concerns.
- Changing your hormones with these contraceptive methods may seem unnatural, but they have all been well studied and proven safe and effective!

Nonhormonal methods include the copper IUD and barrier methods such as male and female condoms.

- The copper IUD affects and weakens the sperm as well as preventing fertilization.
- Barrier methods, such as male and female condoms, provide a barrier so the sperm cannot swim through. Barrier methods also prevent HIV and STIs — when used consistently and correctly.

Emergency contraception can prevent sperm from fertilizing an egg if you have had unprotected sex — like if you have forgotten to take your contraceptive pill or forgotten your appointment for injection — or when the condom has broken or come off. Emergency contraception can be taken within 5 days of unprotected sex, but the sooner you take it, the better. Both the oral contraceptive pill and the copper or hormonal IUD can be used for emergency contraception. You can get emergency contraception pills from your local clinic, some pharmacies or drug shops, and your private doctor. Remember, emergency contraception does not protect you against HIV and STIs, and so you might need to discuss this with your health care provider as well. Any woman or girl of reproductive age can use emergency contraception to avoid unwanted pregnancy. More information on preventing HIV after unprotected sex can be found in the HIV Transmission and Prevention session.

There are advantages and disadvantages to all contraceptive methods. Some are more effective for preventing pregnancy than others and some can protect against HIV and STIs as well. In addition, contraceptive methods vary in side effects. They can affect bleeding patterns and moods. Women need all the facts to make an informed decision about which methods are best for them.

SESSION OVERVIEW

Participants will gain a basic understanding about their sexual and reproductive anatomy. This information aims to enable AGYW to get to know and feel comfortable with their bodies. The session will also be useful for young men Ambassadors to help them understand the female body and support women's choices. It provides an important foundation for other sections in the Ambassador Training package – such as SRHR, preventing transmission of HIV transmission, and using the ring.

By the end of this session, participants should be able to:

- Describe the female sexual and reproductive anatomy
- Understand basic information about the menstrual cycle, female hygiene and pregnancy prevention.

KEY MESSAGES

- Understanding can be empowering — it encourages women to take more control, look after their health, seek help when required, and demystify and deal with myths. Also, when male partners understand the female body, they are more likely to fully support women's choices about their sexual health.
- Women should be encouraged to love and respect their body — often people have negative, dirty, painful associations with normal female body processes as opposed to feelings of pride, respect, control and autonomy.
- All too often, many women get to know about their bodies through medical issues, such as STIs or childbirth, and not through self-discovery. Many biology and life skills lessons refer to our bodies as if they are machines, and we don't think about our feelings, sexuality, or self-care.

Knowing about our bodies, understanding how they work, and feeling comfortable talking about them empowers us to ask for what we need to keep ourselves healthy, enjoy our sexuality, and speak up for ourselves and each other if our boundaries are crossed.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP methods sessions for your reference.

Tool 1	Getting to Know Our Bodies — What Is Where	Toolkit page 6
Tool 2	Getting to Know Our Bodies — Answering Your Questions	Toolkit page 7

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Begin by asking how we describe our sexual and reproductive body parts. Some people may say “down there”, “water works”, “lady parts”, “private parts” or other slang terms! Also, ask for local language terms.

ACTIVITY: Words We Use about Our Bodies

1. Ask participants the following questions and have open discussion. (Option to write responses on the flip chart)
 - When they were growing up, what information did they receive to understand their bodies? Where did they get this information?
 - What myths/warnings/messages did they get about their bodies?
 - What are their feelings about their bodies, especially their sexual and reproductive parts?
 - What words are used to talk about their monthly menses?
2. Now that we’ve talked about myths and misconceptions about our bodies, next we will take time to share correct information with each other so we understand our bodies better.

Facilitator note:

It is possible that some participants in the training have experienced female genital mutilation (FGM) or know someone who has. If this topic comes up, make sure to use nonstigmatising language and allow any participants who are survivors of FGM to be the experts on their own experience. Respect their boundaries and preferred language for their experience. For more information on this topic, use the "It's All One" training listed in the Human Rights session or "How to Talk about FGM" document linked in the useful resource section below.

- People may feel shy or embarrassed discussing the information in this session. It is important for facilitators to be comfortable talking about this topic, and be able to comfortably manage responses such as giggling or closed-off body language and acknowledge that it may be awkward. Emphasise that this information is important, that it serves as a good foundation for future sessions, and it will help them be effective HIV Prevention Ambassadors.
- As with many sessions in this package, discussing these issues can bring up feelings of pain and discomfort or memories of past/present abuse and trauma. Be aware and sensitive. If you notice a participant feeling uncomfortable, take a quick break and check on her. Also mention that you will stay after the session to answer questions and hear if anyone has any concerns. Keep your resource and referral directory handy in case any participants need further support.
- Explore why taboos exist related to talking about our reproductive and sexual body parts. We call a ‘nose’ a ‘nose’, but when it comes to vaginas and other parts, we use different words to hide behind — why is this so?



APPLY

ACTIVITY: Getting to Know Our Bodies

1. Provide the **Getting to Know Our Bodies — What Is Where** tool and **Getting to Know Our Bodies — Answering Your Questions** tool and go through these with the group.
2. As you review the questions in the tool, ask participants if they have heard any myths related to these facts and discuss how they think these myths came to be.
3. Break participants into small groups and ask participants to put away the Getting to Know Our Bodies – What Is Where tool.
4. Ask groups to work together to try drawing the anatomy diagram from memory on a flip chart sheet and name as many body parts as they recall. Also ask them to provide adjectives for each part (e.g., mighty vagina) and make little drawings and symbols — smiley face, little flowers, jewels, etc. — that reflect their feelings about their body.
 - Alternative approach: entire group guides facilitator to draw the anatomy diagram.
5. Compare completed diagrams. Place them on floor or, if possible, on the wall.
6. Ask participants to join the circle.

FACILITATION TIPS

- This should be a fun session; help participants relax and enjoy this activity.
- You may choose to draw only the outer genitalia or inner reproductive system anatomy diagram if time is limited.



REFLECT

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, ask participants to talk about what they learnt and how this information will assist them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **What new things did you learn during this session?**
- **What are some of the things you would like to tell your friends about what you learned today?**
- **Now that you have a better understanding of your body, how do you feel about it? How useful is this session for your role as an HIV Prevention Ambassador?**

FACILITATION TIPS

Probe with participants:

- What have they learnt about the factual information that they didn't know before?
- What have they learned about society's attitudes and taboos towards women's bodies?
- What insights have they gained about their own relationship with their bodies?
- How can what they learned in this session help them speak up for themselves and others?
- How can this session support what they learn in other sessions – sexual and reproductive health and rights; gender and gender-based violence; HIV prevention, and ring essential knowledge?



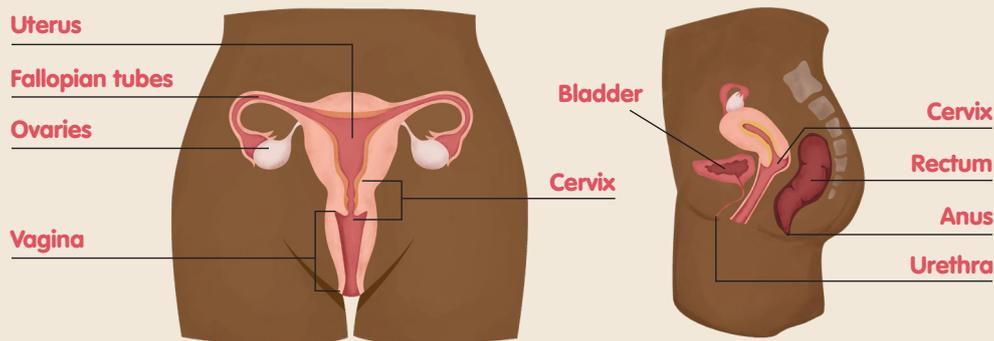
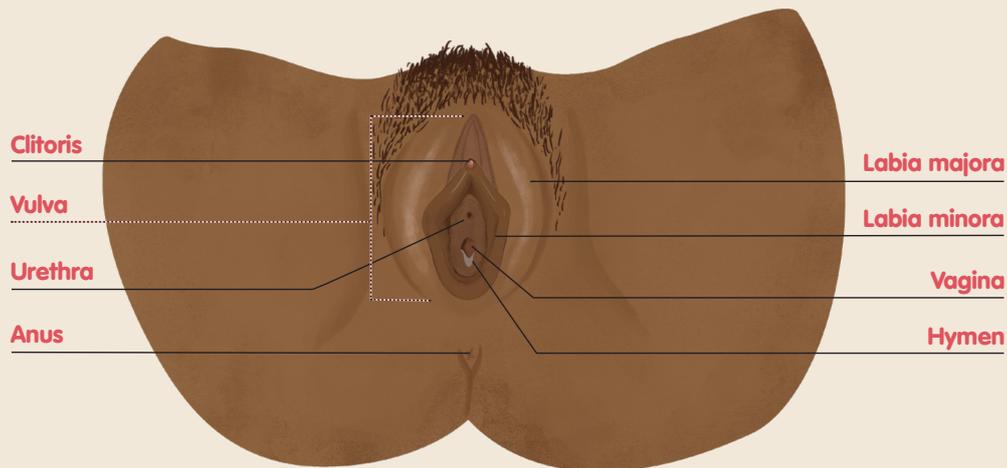
Useful Resources

- | | |
|--|--|
| <p>1 Birth Control Method Explorer
Bedsider
2021
https://www.bedsider.org/methods</p> | <p>An online tool to learn about contraceptive methods; it helps users make informed decisions about which methods fit their lifestyle.</p> |
| <p>2 Pocket Choice Book for Providers
PSI
No date
ambassadortraining@PrEPNetwork.org</p> | <p>A manual for developing community understanding of and engagement in sexual and reproductive health, built on a rights-based framework. Includes tools to build leadership and role modelling skills.</p> |
| <p>3 Grow and Know Books
Grow and Know
No date
https://www.growandknow.org/country-books</p> | <p>Country-specific books that offer information and resources about puberty and menstruation developed based on participatory research in each context</p> |
| <p>4 Menstrual Hygiene Matters
Water Aid
No date
https://washmatters.wateraid.org/</p> | <p>The essential resource for improving menstrual hygiene for women and girls in low- and middle-income countries.</p> |
| <p>5 AGEP Health and Life Skills Curriculum
Pop Council
2013
https://www.popcouncil.org/</p> | <p>Comprehensive curriculum to increase adolescent girls' knowledge of reproductive health and sexuality; promote attitudes and behaviours that will lead to a better quality of life; and build skills to enable young people to overcome challenges.</p> |
| <p>6 It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education
Volume 1: Guidelines
Volume 2: Activities
Population Council
2011
https://www.populationcouncil.org</p> | <p>Volume 1 contains guidelines for supporting a participatory approach to gender, HIV, and human rights education for youth and young people, including unit 6 on the body, puberty, and reproduction. Volume 2 includes 54 engaging sample activities.</p> |
| <p>7 How to Talk About FGM
End FGM
2019
https://www.endfgm.eu/</p> | <p>A small, concise and comprehensive guide on how to talk about Female Genital Mutilation in a respectful and non-stigmatising way.</p> |

SESSION MATERIALS

Getting to Know Our Bodies — What Is Where

TOOL 1



Vagina: a tube that connects your vulva with your cervix and uterus. Babies and menstrual blood leave the body through the vagina. Some people put penises, fingers, sex toys, menstrual cups, and/or tampons here, and it is where the vaginal ring sits.

Uterus: a pear-shaped organ in the middle of the pelvis, above the vagina. Sometimes called the womb because the foetus grows here during pregnancy. The uterus is where tissue and blood build up before menses.

Cervix: a muscular gateway where the uterus opens into the vagina. Your cervix separates your vagina from the rest of your body, so things like tampons or the vaginal ring can't get "lost" inside of you.

Vulva: folds of skin, called lips, on the outside of the body where the vagina opens, with the clitoris underneath. The size and shape of these folds are unique to each person.

Hymen: a thin sheet of tissue that covers the lower part of the vagina. This can tear during first sexual intercourse, but it usually tears and stretches naturally as a woman grows up, regardless of whether she has had sex yet.

Clitoris: a small bulb at the top of the vaginal lips, usually covered by a hood of skin. The clitoris extends under the vulva's lips and swells when you are aroused to produce sexual pleasure.

Ovaries: oblong organs about the size of your thumbnail, where your eggs are stored. You have two of them, and they are attached to the uterus by the fallopian tubes. You are born with thousands of eggs in your ovaries and will not produce any more during your lifetime.

Fallopian tubes: tubes that connect each ovary to the uterus and provide a pathway for the egg to be released for fertilization by the sperm.

Anus: opening to the rectum, where the butt creases start behind the vulva. Stool/poop passes through the anus when you defecate (poop) and this is where the penis enters during anal sex.

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TOOL 2

Getting to Know Our Bodies — Answering Your Questions



Hi, I'm an HIV Prevention Ambassador. To better understand how HIV prevention methods may affect a young women's body, it's important to understand and be comfortable with how the body works. Do you have any questions?

I know where the vagina is, but how are the bladder and rectum separated from the vagina?

The bladder, vagina and rectum share a common wall (the vagina and bladder and the vagina and rectum), separated by a layer of tissue. Because the openings are close together, cross-infection between them can occur.

Where do the sperm travel to, and where is the egg fertilised?

After the sperm are ejaculated from the penis into the vagina, they travel through the uterus into the fallopian tube and meet the egg. The fertilized egg travels back to attach to the lining of the uterus where it may grow into a baby. Sperm that do not fertilize an egg will die after six days.



Is it normal for the wetness in my vagina to change colour and texture?

We call this wetness vaginal secretions. These secretions represent fluids that maintain a healthy balance in the vagina and prevent overgrowth of some harmful bacteria. It is normal for all women to have these secretions and for vaginal secretions to change at certain times of the month or under certain circumstances. There are several reasons for this:

- The vagina gets swollen and more wet if a woman is sexually aroused — this is healthy and normal.
- Over a month, hormones cause vaginal secretions to change. During most of the month there is a thicker yellow-whitish mucous, but in the middle of the cycle, when ovulating, it changes to a clear, slippery secretion.

When should I be concerned about a change in my vagina?

It is not always easy to know if changes in your vagina are a concern, but here are some warning signs: a persistent itch; a burning feeling when urinating; pain during intercourse; an unusual smelly odour; a brownish or greenish discharge; very thick, unusual whitish discharge. If you experience any of these things, please see your health care provider.

Can things travel through the vagina into the uterus?

As explained above, the vagina and uterus are separated by the cervix. The cervix has a tiny opening called the os. Sperm can swim through the os, but it is impossible for a finger, tampon, or ring to get into the uterus.

How do I keep my vagina healthy?

- To keep germs from traveling between the openings of the vagina, urethra, and anus — which can result in infections — wipe from the front (the vulva) to back (the anus). Urination (peeing) after sex can also help to prevent bacteria from going into the urethra.
- Change your sanitary pad, tampon or cloth when menstruating as often as you feel is necessary or as per product instructions.
- The vagina is self-cleaning. Use a gentle soap on the outside, and avoid washing the inside of the vagina (called douching). Avoid inserting other substances or spraying deodorant into the vagina, because this can alter the natural balance. Pat the vaginal area dry after washing.
- Wear clean underwear.

7

3 HIV and AIDS – The Basics

ESSENTIAL KNOWLEDGE

What is HIV?

HIV stands for **h**uman **i**mmunodeficiency **v**irus. It is a virus that attacks the immune system. It does this by entering white blood cells called CD4 cells and using them to copy itself and multiply.

A healthy body has billions of CD4 cells. When HIV enters the body, it takes control of the CD4 cells. HIV then uses the cells to replicate itself, allowing the virus to grow and spread around the body. When untreated, HIV slowly weakens the body's immune system by taking over CD4 cells until the body can no longer defend itself from infection.

What is AIDS?

Without treatment, HIV progresses to AIDS. **AIDS** stands for **a**cquired **i**mmunodeficiency **s**yndrom. AIDS is caused by HIV. A person develops AIDS when HIV has damaged their immune system so severely that they are no longer protected from infections and illnesses.

A person is considered to have AIDS when they have a CD4 count of less than 200 cells left to protect them from infections, or when they frequently become sick with “opportunistic infections”, such as tuberculosis (TB); pneumonia; and a range of skin, eye and nervous system conditions. While healthy people can develop these illnesses as well, people with AIDS are at a very high risk of getting them and are more likely to get very sick when they do.

How is HIV transmitted?

The spread of HIV from person to person is called HIV transmission. For HIV to be transmitted, it requires three things:



1 One HIV-positive person and one HIV-negative person



2 Body fluid that carries a large amount of HIV (blood, semen, vaginal and rectal fluid and breast milk)



3 A way for the body fluid of an HIV-positive person to enter the bloodstream of an HIV-negative person

1. One HIV-positive person and one HIV-negative person
2. Body fluid that carries a large amount of HIV (blood, semen, vaginal and rectal fluid and breast milk)
 - For transmission to take place, there must be a large enough quantity of the virus.
 - HIV is found in large quantities in blood (including menstrual blood), semen, vaginal fluids, rectal fluid and breast milk.
 - HIV can be found in very small amounts in saliva, vomit, faeces and urine, but it is not enough to spread the virus.
3. A way for the body fluid of an HIV-positive person to enter the bloodstream of an HIV-negative person
 - A body is a closed system. HIV cannot pass through unbroken skin.
 - HIV can pass through the skin on the genitals – penis, vagina or anus – during sex because this skin (known as mucous membranes) is much thinner and has small openings.
 - The vagina has a large surface area of mucous membranes that can get small tears during sex, allowing HIV to get into the body and bloodstream of the woman.
 - The rectum has a large surface area and the skin in the rectum is very susceptible to tears during anal sex, especially if the inserting partner is not using lubricant. This is why it is very important to use water-based lubricant during anal sex.
 - The skin on the penis is stronger than the skin in the vagina. However, HIV contained in blood and rectal fluids can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised.
 - When someone injects drugs, the infected blood can go directly into the bloodstream.

What are the symptoms of HIV?

A person with HIV does not always have symptoms. A person with HIV can be perfectly healthy. The only way to know if you or someone is HIV positive is to get tested.

Some people who have recently become infected with HIV can have a cluster of symptoms known as “acute HIV infection”. These symptoms include fever, fatigue, swollen tonsils and lymph nodes, a sore throat, joint and muscle aches, diarrhoea and a rash. These symptoms usually start a few days after exposure to HIV and can continue for up to two weeks. Not everyone develops these symptoms, and because the symptoms of acute HIV infection are the same as the symptoms of the flu or other common infections, you cannot rely on them as signs someone has HIV.

Is there a cure for HIV?

There is no cure for HIV, but there is a treatment. Antiretroviral medication, or ARVs for short, can stop HIV from spreading. To effectively treat HIV, a person needs to take a combination of ARVs every day. This treatment is called antiretroviral therapy (ART). If treatment is taken daily, a person with HIV can live a long and healthy life without ever developing AIDS. It is recommended that people with HIV start treatment as soon as possible after a positive HIV test. This will help to them to stay healthy and can prevent HIV from developing into AIDS.

If ART is taken every day, it is possible to reduce the levels of HIV within a person’s blood (their “viral load”) so that they no longer transmit the virus. The only way to know for sure that someone’s viral load is undetectable is if the person is regularly seeing a doctor to monitor the level of HIV in their blood.



Your Notes

A series of horizontal dotted lines for writing notes, spanning the width of the page below the 'Your Notes' header.

SESSION OVERVIEW

Participants will learn essential knowledge about HIV and AIDS. They will also identify myths about HIV and AIDS and discuss different strategies to correct them.

By the end of this session, participants should:

- Have a basic understanding of HIV and AIDS
- Be able to identify and correct common myths about HIV and AIDS

KEY MESSAGES

- Some myths about HIV may be very close to a fact. When educating young people about myths, it is important to be clear about what part of the myth is incorrect and discuss where this myth might have come from. This will help AGYW to correct myths in their community.
- Myths about HIV and AIDS can contribute to the spread of HIV because they give people false information about how HIV is transmitted and how they can protect themselves from HIV.
- Correcting myths is necessary to prevent the spread of HIV.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the session for your reference.

Tool 3	HIV and AIDS – Get the Facts!	Toolkit page 8
Tool 4	HIV Transmission and HIV Prevention	Toolkit page 9

SESSION INSTRUCTIONS

Write the headings “Myth”, “Unsure” and “Fact” on three separate pieces of flip chart paper and put them up around the room, spacing them out so the group can gather under each one.

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Begin by asking participants some basic questions about HIV and AIDS to engage them and assess their knowledge.
3. Provide a brief overview of HIV and AIDS using the information provided in **Essential Knowledge** and the information you prepared about HIV in your location.

ACTIVITY: Vote With Your Feet

1. Ask participants to write a statement about HIV or AIDS (either a fact or a myth) on a sticky note and stick it up on the wall.
2. If participants are hesitant, begin the activity by offering some common myths.
3. Add any key myths/facts that were not covered (refer to the **HIV and AIDS — Get the Facts! Ambassador tool**).
4. Once participants have finished, ask them to stand up.
5. Read one statement at a time aloud and ask participants to decide if they think it is a fact, a myth or if they are unsure.
6. Ask them to stand under the corresponding piece of flip chart paper.
7. Some statements may be partly correct, so you may need to give participants more information to help them decide. For example, someone might say that if you get HIV, you will get sick and die. It is true that people living with HIV are more likely to get sick, and if HIV is not treated it can progress to AIDS, which may result in death. However, it is not true that everyone who has HIV will get sick and die. If an HIV-positive person is on antiretroviral therapy (ART), they can live a long and healthy life without ever developing AIDS. Encourage participants to choose “Unsure” if they think a statement might be partly correct.
8. Once participants have chosen, reveal if the statement is true, false, or partly true.
9. Ask for a volunteer from the group that was correct to explain why the answer is correct, or if you think it is appropriate for your group, you could ask participants to debate why they think their answer is correct.
10. When you have finished the exercise, bring participants together in a circle and give them a copy of the HIV and AIDS – Get the Facts! Ambassador tool and lead a discussion about what was surprising to them.
11. Using the HIV and AIDS — Get the Facts! Ambassador tool and the **Transmission and Prevention Ambassador tool**, reinforce key messages about HIV transmission and prevention and fill in any knowledge gaps.

Suggested questions:

- Can anyone tell me what HIV and AIDS stand for?
- Can anyone explain the difference between HIV and AIDS?

Make sure to discuss myths and explain why they are not correct.

Refer to the **HIV and AIDS — Get the Facts! Ambassador tool** to explain which statements are facts and which are myths.



APPLY

FACILITATION TIPS

ACTIVITY: Correcting Myths

1. Divide participants into small groups.
2. Ask each group to choose a myth from the previous activity that they hear a lot in their community.
3. Give each group a piece of flip chart paper and ask them to create a poster and correct the myth.
4. Rather than just providing information, encourage participants to think about the best strategy for correcting the myth. To do this, they might consider:
 - Who believes and spreads the myth (so they can target them with their messages)?
 - Why do they believe in the myth? Is it based on an emotion (such as fear), an attitude, or incorrect information about HIV and AIDS?
 - What is the best way to convince them of the truth?
5. Once participants have finished, ask each group to present their poster to the larger group.
6. Once the activity has come to an end, bring participants into a circle for reflection.

Spend time with each group helping them to consider the best strategy for correcting the myth.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Were there any statements about HIV that you were surprised to learn are myths?**
- **Why do you think you believed that myth?**
- **How do these myths contribute to the spread of HIV?**
- **What can you do as an HIV Prevention Ambassador to correct these myths?**

Try to encourage all participants to share their ideas during the reflection session. To prevent one participant from dominating, you could ask each person to share what they learned from the session.



Useful Resources

- 1 My Dreams My Choice! Plus. A Facilitator's Guide for Empowering Girls and Young Women in Adopting Positive Behavior**
Bantwana, Initiative of World Education
2019
<https://bantwana.org/resources>

A toolkit for equipping adolescent girls and young women to deal with expectations, behaviours and attitudes that make them vulnerable to HIV and other negative reproductive health outcomes. Uses participatory learning approaches and is available in English and Chichewa.
- 2 Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV**
FHI 360
2013
www.fhi360.org/resource

A guide to starting an adult-led information and support group for adolescents living with HIV. Includes sessions on HIV, HIV prevention, and problem solving.
- 3 Social Media to Improve ART Retention and Treatment Outcomes Among Youth Living with HIV in Nigeria – SMART Connections**
FHI 360
2018
ambassadortraining@PrEPNetwork.org

A guide to using Facebook to start a virtual support group for adolescents living with HIV. Includes sessions on key topics related to HIV, HIV prevention, and problem solving.
- 4 Peer Educators Information Booklet**
LVCT Health
2019
<https://lvcthealth.org>

A peer educator booklet that includes information on HIV transmission, prevention and testing, as well as family planning and violence.
- 5 MTV Shuga**
Unitaid
2017
<https://www.mtvshuga.com/>

A multichannel campaign focusing on positive sexual health messaging for young people. It features an award-winning TV series set in Kenya, Nigeria and South Africa about HIV, reproductive health, and gender. The campaign includes an interactive and youth-friendly website and peer education guides.
- 6 Undetectable = Untransmittable Factsheet**
FHI 360
2018
www.fhi360.org/resource

A brief overview of the U=U campaign and the evidence of how an undetectable viral load leads to the inability to transmit HIV to sexual partners. This factsheet includes links to additional resources and definitions of key terms.
- 7 Preventing HIV During Pregnancy and Breastfeeding in the Context of PrEP**
WHO
2017
<https://www.who.int>

A WHO technical brief summarising existing data on safety and efficacy for the use of oral PrEP in pregnant and breastfeeding women. Also includes discussion about integrating oral PrEP into antenatal and postnatal care, and a framework for strengthening HIV prevention for mothers, their partners and infants.
- 8 Guidance on Couples HIV Testing and Counselling Including Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples**
WHO
2012
<https://www.who.int>

A set of recommendations for practitioners on testing, mutual disclosure, and treatment for couples, partners, and serodifferent couples.

SESSION MATERIALS

HIV and AIDS — Get the Facts!

TOOL 3

Myths



Don't be fooled — these are myths. They are not true!

You can tell someone has HIV just by looking at them.

You should avoid people who have HIV in case they give it to you.

Using condoms or PrEP means you don't trust your partner.

Adolescent girls and young women are more at risk of HIV because they are promiscuous.

Some herbs can protect you from HIV when you put them in your vagina.

Having sex with a virgin cures HIV.

Having sex on your period reduces the risk of HIV.

HIV-positive women should not breastfeed their babies.

Only gay people and sex workers can get HIV.

If you get HIV you will get sick and die.

Facts



These are the facts! You can rely on this information to protect yourself from HIV!

There is no way to tell if someone has HIV by looking at them. Many people have HIV without knowing it. The only way to know if you are HIV positive is to have your blood tested.

You cannot catch HIV like you catch the flu. HIV can only be transmitted when body fluid — either blood, semen, vaginal or rectal fluid or breast milk — enters the bloodstream of an HIV-negative person. You cannot get HIV through kissing, hugging, using the same utensils, using the same toilet, mosquitoes or any other casual contact.

Protecting yourself from HIV is not about trust. Anyone can be HIV positive — and many people don't know their status. If you are in a loving and trusting relationship, you should both want to protect each other from HIV. This means having safer sex, getting tested regularly and considering PrEP methods.

Adolescent girls and young women are more likely to get HIV than their male peers **but not because they are promiscuous**. Women are more vulnerable to HIV because it's easier for HIV to enter through the walls of the vagina than it is through the penis. It's also harder for adolescent girls and young women to protect themselves from HIV because society doesn't treat them equally, and they have less power in their relationships to negotiate safer sex. **PrEP can help adolescent girls and young women take control of their health!**

There are no herbs or natural remedies that can prevent or cure HIV. Inserting plants or herbs into your vagina can increase your risk of HIV; it can dry out the vagina, which can lead to tears and allow HIV to enter the body more easily.

This is not true. There is no cure for HIV.

Having sex on your period can increase the risk of HIV transmission because HIV can be found in menstrual blood.

It's not that simple. Breastfeeding provides many nutrients and protective factors to a baby, and HIV transmission can be prevented with the right medication. HIV-positive mothers should work with their doctor to find the best option.

Anyone can get HIV.

While there is no cure for HIV, there are treatments available, known as **antiretrovirals**, or **ARVs** for short. If treatment is started early and taken consistently, a person with HIV can live a long and healthy life without ever developing AIDS. These medications can also help prevent transmission to others.

HIV: Human Immunodeficiency Virus
AIDS: Acquired Immunodeficiency Syndrome

8

SESSION MATERIALS

TOOL 4

HIV Transmission

HIV can be transmitted from one person to another through blood, semen, vaginal fluid, rectal fluid and breast milk. This can happen during:

- Vaginal sex
 - Anal sex
 - Oral sex
- Pregnancy
 - Childbirth
 - Breastfeeding
- Injecting drugs with a shared needle
 - Direct contact with blood

HIV Prevention

- PEP** - If you don't have HIV you can protect yourself by using prevention methods that contain medications
- PEP** - If you've been exposed to HIV you can prevent infection by taking HIV medication called PEP within 72 hours of exposure
- ART** - If you're HIV positive you can prevent transmission to others by taking HIV medication

Additional methods you can use to reduce the risk of HIV transmission during sex are:

- Using male or female condoms every time you have sex - including vaginal, anal and oral sex.
- Using water-based or silicone-based lubricant to prevent condoms from breaking and dry sex.
- Regularly testing for STIs and treating them immediately
- Abstaining, reducing your number of sexual partners and knowing your partner's status

Mothers with HIV can reduce the risk of HIV transmission to their baby by:

- Taking HIV medication during pregnancy, birth and breastfeeding
 - Women who are living with HIV who do not wish to become pregnant can use family planning to prevent unintended pregnancy
 - Treating their baby with HIV medication
- If you are living with HIV and thinking of having a baby, talk to a doctor about the best way to reduce the risk of transmission*

You can reduce the risk of HIV transmission through blood by:

- Avoiding contact with other people's blood
 - Never using a needle that has been used by someone else
- HIV can be transmitted during blood transfusions, but most hospitals now test blood for HIV before using it in a transfusion. If you're worried, ask your doctor!*



YOU CANNOT GET HIV FROM TOUCHING, KISSING OR SHARING FOOD AND DRINK WITH SOMEONE WHO IS LIVING WITH HIV.



4 Biological Vulnerability to HIV

ESSENTIAL KNOWLEDGE

AGYW in sub-Saharan Africa are more likely to be living with HIV compared to their male peers.

This is a well-known fact. It is often communicated using the language of risk. For example, *AGYW are more at risk for HIV than their male peers*. The concept of “risk” is also used when talking about behaviours that may expose someone to HIV, such as unprotected sex.

This language can create a barrier to HIV prevention because:

- It can sound judgemental. It can send the message that if a person is doing something “risky”, it is their fault if they get HIV.
- It suggests that AGYW can reduce the likelihood of getting HIV if they avoid all “risky” behaviours. In reality, AGYW do not always have the power to reduce these risks. For example, it is often difficult for AGYW to negotiate condom use.
- AGYW often do not consider themselves to be “at risk”, even when they are engaging in activities that may expose them to HIV.

We recommend using the term vulnerability instead of “risk”. For example: AGYW are more vulnerable to HIV than their male peers.

Why are AGYW more vulnerable to HIV?

There are two main reasons AGYW are more vulnerable to HIV than their male peers. These are:

- **Biological:** Women’s bodies are more vulnerable to HIV than men’s bodies.
- **Social:** Gender norms and unequal power between women and men make it harder for AGYW to protect themselves from HIV.
- **Structural:** Lack of access to health care, education, employment, political participation, etc.

This session aims to educate AGYW about their biological vulnerability to HIV during sex. The social and structural drivers of AGYW’s vulnerability to HIV are explored in the **Gender Inequality and Violence** session.

Why are women's bodies more vulnerable to HIV than men's?

Women's bodies are more vulnerable to HIV than men's bodies because:

- The vagina has a larger area of delicate skin, known as mucous membranes, than the penis. This skin is easily broken, which can create a way for HIV to enter the bloodstream.
- Semen of men who are living with HIV contains more of the virus than the vaginal fluid of women who are living with HIV.

This vulnerability to HIV infection increases:

- For young girls, because the lining of their vagina is even more delicate and more likely to tear
- When women have STIs, which can often go unnoticed, inflammation in the vagina increases.
- During rough or dry sex (when there is not enough lubricant – either a woman's natural lubricant or a water-based lubricant), which can cause the lining of the vagina to tear

How is HIV transmitted?

HIV is transmitted when a body fluid (blood, semen, vaginal fluid, rectal fluid, breastmilk) containing a large amount of HIV enters the bloodstream. HIV can enter the blood through:

- Cuts and sores
- The skin inside the vagina and anus (mucous membranes)
- The urethra of the penis
- Under the foreskin of the penis

HIV can be transmitted from one person to another through sexual contact or by sharing needles used for injecting drugs. Infants can get HIV from their mother before or during birth or through breastfeeding.

How likely is it that HIV will be transmitted during sex?

It is important that AGYW understand how the chance of getting HIV changes with different sexual activities. This will help them make informed decisions about which activities they engage in. It will also help them consider how they can make a sexual activity safer. Different sexual activities and the possibility of getting HIV, STIs or becoming pregnant are described below.



POSSIBILITY OF GETTING HIV OR STIS, OR BECOMING PREGNANT

Abstinence (choosing not to have sex)



Completely safe!

You can still express feelings and sexual desires if you choose not to have sex.

This can be done safely by:

- Kissing (saliva does not transmit HIV, so kissing is completely safe)
- Massage and touching

Giving a hand-job/getting fingered/mutual masturbation



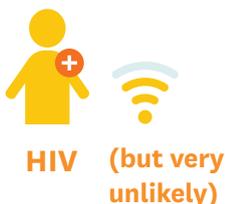
- Touching each other's genitals is completely safe. It is not possible to get HIV or STIs or become pregnant this way.
- It is not possible to get HIV from contact between genitals or kissing, but you can get STIs (herpes). You can also get genital warts from contact between genitals.
- It is not possible to get HIV from mutual masturbation (masturbating together). It is also not possible to get HIV from using sex toys by yourself; however, using a sex toy that has come into direct contact with someone else's rectal or vaginal fluids or mucous membranes can transmit HIV. Putting a condom on a sex toy and washing a sex toy thoroughly with soap and hot water after each person uses it can help prevent HIV transmission.

Receiving oral sex



- HIV cannot be transmitted through saliva, so it is not possible to get HIV when receiving oral sex.
- It is possible to get chlamydia, herpes, gonorrhoea, syphilis and genital warts when receiving oral sex.

Giving oral sex (mouth to vagina)



- HIV can be transmitted through vaginal fluid, so while it is possible to get HIV when giving oral sex to a woman living with HIV if the person giving it has no open sores in their mouth, it is very unlikely.
- **It is possible to get chlamydia, herpes, gonorrhoea, syphilis and genital warts by giving oral sex to a woman.**

Giving oral sex (mouth to penis)



HIV



STIs



PREGNANCY

(but very unlikely)

HIV can be transmitted in semen and pre-seminal fluid, but it must be able to enter the bloodstream first. If a man living with HIV ejaculates in a person's mouth, that person could get HIV if they have cuts or sores in their mouth, but it is very unlikely. A person cannot get HIV from swallowing semen; the acid in the oesophagus and stomach will kill any HIV in the semen.

It is still possible to get herpes, syphilis, gonorrhoea, chlamydia and genital warts by giving oral sex to a man.

Vaginal or anal sex with either a male or female condom



HIV



STIs



PREGNANCY

(but only if the
condom slips off
or breaks)

(but only if the condom
slips off or breaks
during vaginal sex)

When used correctly, both male and female condoms are very effective at protecting against HIV and most STIs. They are also effective at preventing pregnancy. It is only possible to get HIV if the condom slips off or breaks. Using lubricant (water- or silicone-based) will help prevent condoms from breaking.

Condoms are effective at preventing most STIs, but herpes and genital warts can be transmitted from contact between the skin around the genitals.

Unprotected vaginal sex



HIV



STIs



PREGNANCY

Both women and men are vulnerable to HIV when having sex without protection (such as without PrEP or a condom) – but girls/women are much more vulnerable than boys/men!

A girl's/woman's vulnerability to HIV can be reduced if the boy/man does not ejaculate inside her. However, HIV is transmitted in pre-seminal fluid, so pulling out the penis before ejaculation does not completely prevent transmission!

Unprotected anal sex



HIV



STIs



PREGNANCY

The lining of the rectum is thin and tears easily, making it easier for HIV to enter the bloodstream.

 **Your Notes**

A series of horizontal dotted lines for writing notes.

SESSION OVERVIEW

Participants will take part in a fun activity designed to increase their comfort and confidence when talking with their peers about sex. They will then explore AGYW’s vulnerability to HIV and identify ways to reduce this vulnerability.

By the end of this session, participants should:

- Feel more confident talking about sex and HIV transmission
- Understand the biological drivers of AGYW’s increased vulnerability to HIV
- Understand how AGYW’s vulnerability to HIV transmission differs depending on which sexual activities they might engage in
- Be able to identify ways AGYW can reduce their vulnerability to HIV

MATERIALS

There are no worksheets or tools for this session, but you may find it useful to bring in other teaching aids, such as male and female condoms or additional information about sexual health.

If you do not have experience delivering sexual health training, it might be helpful to invite a sexual health educator to co-facilitate.

SESSION INSTRUCTIONS

EXPLORE

Write the terms below on separate A4 pieces of paper (one per sheet) and put them up where everyone can see them.

PREPARATION

Sex	Vagina	Semen	Ejaculation	Rectal fluid
Anus	Oral sex	Penis	Vaginal fluid	Pre-ejaculate

APPLY

Write the activities below on separate pieces of paper. These activities are listed in order of activities where AGYW will be the *least vulnerable to HIV* to activities where they will be the *most vulnerable to HIV*.

You will be giving each participant a piece of paper with one of these activities written on it, so if you have more than 22 people in your group you will need to add some new ones.

Completely safe

Hugging	Kissing	Touching/ massage	Mutual masturbation	Using sex toys
Giving a hand job	Getting fingered	Receiving oral sex		
Giving oral sex to a woman				
Giving oral sex to a man				
Vaginal sex on oral PrEP		Anal sex on oral PrEP		
Vaginal sex with a male condom		Vaginal sex with a female condom		
Anal sex with a male condom		Anal sex with a female condom		
Vaginal sex with the ring				
Vaginal sex without a condom				
Vaginal sex without a condom with no lubrication				
Anal sex without a condom but the man pulls out before ejaculating				
Anal sex without a condom				
Anal sex without a condom with no lubrication/Anal sex with the ring (without a condom)				

Greatest vulnerability to HIV



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:
 - The session will focus on the ways that HIV is transmitted during sex.
 - Even though it can be uncomfortable to talk about sex in a group, it is important that participants understand exactly how HIV is transmitted during sex. This will give them the information they need to protect themselves from HIV and to support their peers to do the same.
2. Establish a safe environment to discuss sex by highlighting:
 - It is common to feel embarrassed.
 - They can support each other by being respectful and nonjudgemental.
 - There is no expectation that they will have any knowledge about sex. Some people might, but others may not, and both are perfectly fine.
 - It is the right of every person to make their own decisions about their sex lives without feeling pressured. This includes if and when they have sex and with whom.
 - Whether they are having lots of sex or none, they should not feel embarrassed. It is their choice.

ACTIVITY: Let's Talk about Sex

1. Explain the activity by noting:
 - You have written up some terms people use when talking about sex and HIV transmission (see **Preparation** above).
 - You will be asking participants to write some other ways to say these terms on sticky notes (and to stick them on the page with the term).
 - They should think about how they would say these things if they were talking to a friend.
2. Read out the first term and ask participants to write down other ways of saying it on sticky notes.
3. Repeat the process for each term.
4. Read out the answers for each term.
5. Facilitate a discussion about the answers, covering the following:
 - Is anyone likely to find these words offensive?
 - Are there any words that stigmatise, shame, or insult a person or behaviour?
 - What words are useful and in what contexts?

Refer to the **Key Terms** if you need to refresh your memory of the meaning of some terms that may come up during this session.

Refer to the **Essential Knowledge** for more detailed information.

Refer to the **Facilitation Tips** to refresh your memory about creating safe spaces for AGYW.

This activity is supposed to be fun! Participants will take their lead from you, so get involved and have fun!



APPLY

FACILITATION TIPS

ACTIVITY: Safer Sex Continuum

1. Ask participants if they know why girls/women are more vulnerable to HIV during sex than boys/men.
2. Explain that in this activity, they will be working together to identify the different sexual activities people engage in. From there, they will identify the different levels of vulnerability to HIV associated with each of these activities.
3. Put up a piece of flip chart paper at the front of the room.
4. Ask participants to consider the different sexual activities that people engage in, to write them on sticky notes, and to stick them up on the flip chart paper. Clarify that these are not necessarily activities that **they themselves** engage in, but all sexual activities that people might engage in.
5. Read through the answers with the group and combine similar responses.
6. Explain the next step in the activity by noting:
 - You have written a sexual activity on each piece of paper/card (see Preparation above).
 - They are going to work together to put the cards in order from the activities where AGYW will be the *least vulnerable to HIV* to activities where they will be the *most vulnerable to HIV*.
7. Using masking tape or a piece of string, create a line from one end of the room to the other. Label one end “Least vulnerable to HIV” and the other “Most vulnerable to HIV”.
8. Give each person a card and ask them to work together to put the cards in order.
9. When they have finished, ask each person to read out their card and explain why they think it belongs in that order.
10. If any are out of order, use prompting questions to guide participants in putting their card in the correct place.
11. Ask participants to put their hands up if a person is vulnerable to the following when engaging in the sexual activity on their card:
 - HIV
 - STIs
 - Pregnancy
12. Ask if anyone can suggest how a person engaging in the sexual activity on each card can reduce their vulnerability to HIV, STIs and pregnancy.
13. Lead a discussion by asking participants to consider the following questions:
 - Why might your peers be engaging in sexual activities where they are vulnerable to HIV?
 - What are some barriers that might make it harder for your peers to reduce their vulnerability to HIV?

Use the **Essential Knowledge** and **Key Messages** to guide participants to identify the reasons for AGYW’s biological vulnerability to HIV.

It is possible you will be asked a question that you do not know the answer to, and that is okay! Nobody knows everything, so just let participants know that you do not know the answer. You can ask others in the room if they know, you can look at a reliable source online or you can let them know you will get back to them later.

Use the **Essential Knowledge** and **Key Messages** to guide participants to put the cards in the correct order.

AGYW can reduce their vulnerability to HIV by using condoms (with water-based lubricant, if possible) and PrEP, but if they are unable to do that, they can also make small changes to sexual activities, such as by using lubricant even if condoms cannot be used.

- How can you and your peers protect yourselves from HIV, STIs and pregnancy?
14. Once the activity has come to an end, bring participants into a circle for reflection.

OPTIONAL ACTIVITY 1

It might be helpful to give participants the opportunity to ask questions about sex and sexual and reproductive health. If you feel comfortable doing this, give participants identical small pieces of paper (so their questions remain anonymous) and invite them to write any question they have and put them in a box. You might choose to answer these at the time or to take them away and prepare answers for the next session. Refer to the **Useful Resources** to prepare yourself to answer questions about sex, bodies and sexual and reproductive health.

OPTIONAL ACTIVITY 2

Discussion of mother-to-child HIV transmission will be relevant to some Ambassadors.

- Play a guessing game to see if anyone knows the chances of mothers transmitting HIV to their infants during pregnancy, childbirth or breastfeeding without any intervention.
- Ask if participants are surprised that the chances are 15–45%.
- Discuss the ways that mother-to-child HIV transmission can be prevented.

If this is a topic of great interest to your group, or you would like additional assistance answering questions, you could invite a health care provider to attend the session.



REFLECT

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **How did you feel talking about sex?**
- **How can you support your peers to feel more comfortable talking about sex?**
- **How can you support your peers to reduce their vulnerability to HIV?**
- **How can you support your peers to reduce their vulnerability to STIs and pregnancy at the same time?**

FACILITATION TIPS

If participants are engaged in a discussion from the previous activity, you don't need to change activities – just wrap up the discussion with these reflection questions.



Useful Resources

- | | |
|--|---|
| <p>1 HIV Risk Reduction Tool
Centers for Disease Control and Prevention
No date
https://hivrisk.cdc.gov/</p> | <p>An interactive tool to help people learn about the risk of getting HIV or transmitting HIV to someone else and also how to lower that risk based on their specific needs.</p> |
| <p>2 Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum
Program for Appropriate Technology in Health
2006
www.path.org</p> | <p>A life skills curriculum developed in Kenya for young people ages 10 to 19. Session topics include sexual health, gender, HIV and HIV risk.</p> |
| <p>3 SHAZ! Life Skills: A Facilitator's Guide for Discussion Groups
Pangaea Zimbabwe AIDS Trust (PZAT)
2009
ambassadortraining@PrEPNetwork.org</p> | <p>A guide developed in Zimbabwe for discussion groups. It includes information and topic ideas related to adolescent girls and young women and aims to increase their knowledge and skills on communication, reproductive health, HIV and AIDS and risk assessments.</p> |
| <p>4 It's About More than Just Sex: Curricula and Educational Materials to Help Young People Achieve Better Sexual and Reproductive Health
FHI 360
2014
http://www.fhi360.org/resource</p> | <p>A toolkit that provides descriptions of high-quality curricula designed to improve youth sexual and reproductive health, with a goal of offering youth-serving organisations user-friendly educational resources for a variety of settings.</p> |
| <p>5 Mentoring Interventions and the Impact of Protective Assets on the Reproductive Health of Adolescent Girls and Young Women
FHI 360
2017
ambassadortraining@PrEPNetwork.org</p> | <p>A systematic review of mentoring interventions and their impact on the reproductive health of adolescent girls and young women, mainly in the United States.</p> |
| <p>6 Living with HIV & Breastfeeding Fact Sheet
Avert HIV 2018
http://www.avert.org/</p> | <p>A fact sheet summarising how mothers living with HIV can safely breastfeed.</p> |

5 Gender Inequality and Violence

ESSENTIAL KNOWLEDGE

Gender inequality, violence and HIV are strongly connected. Gender inequality and violence make it more difficult for AGYW to protect themselves from HIV. This is because:

- Power imbalances and violence in relationships make it more difficult for AGYW to talk with their partners about sex. This includes talking about how they can reduce their vulnerability to getting HIV.
- Women have fewer opportunities to earn an income. This means they are more likely to be financially dependent on their partners, making it difficult for them to leave harmful or violent relationships.
- Gender norms shame AGYW for having sex and talking about sex. This makes it more difficult for them to get information about HIV prevention and to access services.

Gender inequality

Gender inequality is a term used to explain the unequal treatment of someone because of their gender, and the unequal distribution of power and resources between women and men. It is driven by gender norms that give men more access to resources (such as money), opportunities (such as education and employment) and social power (such as influence in decision-making).

Gender norms are social ideas and attitudes about the way women and men should look and behave. These attitudes can be so strong that they are more like rules everyone is expected to follow. Gender norms are influenced by culture, religion, politics and other social factors. They change over time and in different contexts.

This session aims to educate participants about gender norms, gender inequality, and violence that are especially relevant to AGYW. If you are working with participants who have diverse gender identities and sexualities, we recommend referencing the Gender-based Stigma, Discrimination, and Violence session within the HIV Prevention Ambassador Training for priority populations.

Gender is different from biological sex.

Biological sex: Biological characteristics that a person is born with, including sexual and reproductive organs, chromosomes and hormones. These characteristics are used to classify people as male, female or intersex.

Gender: Social ideas about what traits and behaviours are acceptable for people born with female or male biological characteristics. These ideas often exclude intersex people.

Some gender norms associated with being female:

- Quiet
- Submissive
- Caring and gentle
- Obedient

Some gender norms associated with being male:

- Strong
- Powerful
- Dominant
- Smart

Gender norms can harm both women and men because they unnecessarily restrict how we can behave.

- Boys are often taught to hide their emotions. This can have a negative impact on their emotional well-being.
- Girls are often taught to be quiet and submissive to men. This means that men often have more power and influence in the household and in making community decisions.

These gender norms are attitudes, not facts. Because we all grow up being taught how women and men should look and behave, we can forget that these are not natural differences. In many societies, people use these norms to argue that women are naturally suited to staying home and taking care of their families, while men are naturally suited to professional roles and leadership positions. *All of these roles are important and necessary.* However, the roles that men are encouraged to do give them social status, power and money. When women's roles are restricted to the home, they have less access to positions of power and resources, and they have fewer opportunities — particularly economic opportunities.

Gender norms are maintained because men benefit from them and have the power to reinforce them.

Gender is not the only factor that influences a person's access to resources and opportunities. Many people experience discrimination and exclusion because of their identity or experience. This creates additional barriers to resources and opportunities. Some examples of people who experience inequality include:

- Young people and older people
- Widows
- People who identify as lesbian, gay, bisexual, transgender, nonbinary or intersex
- People living in poverty
- People belonging to racial, ethnic or caste minorities
- People with disabilities
- People living with HIV

When people belong to multiple groups that experience inequality, their experiences of discrimination can multiply. For example, a woman with a disability has less access to resources and opportunities than a woman without a disability. She may experience discrimination as a woman and as a person with a disability. She may also experience additional discrimination unique to being a woman with a disability.

Gender norms are slowly changing around the world. Research shows that this benefits women, men, girls and boys, as well as their communities and countries. For example:

- When women and men share power within a relationship, they are more likely to be happy and stay together longer.
- When women and men share social roles, meaning they can both work and take care of their families, children have better health and well-being, and families have more money.
- When women participate more equally in decision-making within government, it reduces corruption and improves economic outcomes. This is also true within other institutions, such as companies.
- When there is more equality between women and men within communities, it reduces conflict and improves economic outcomes.

Gender-based violence

Gender inequality and violence against women are strongly connected. This is because:

- *Gender inequality is a major cause of men's violence against women.* The belief that men are naturally strong, dominant and powerful is used to explain and justify men's violence against women. In some societies, these gender norms are so strong that men are expected to beat their wives.
- *Men's violence against women reinforces gender inequality.* Some men use violence as a tool to show and keep their power over women.

When violence is used to reinforce gender-related power differences, it is known as gender-based violence, or GBV for short. Transgender people and men who have sex with men may also be victims of GBV; they can be targeted because their gender identity, gender expression or sexual orientation does not fit within gender norms.

GBV can be perpetrated by anyone, although it is usually perpetrated by a person who has more power than the victim, such as partners, parents, teachers, religious leaders or other people with authority.

Because men have more power than women, most violence is perpetrated by men against women.

People usually think of violence in terms of physical violence, but violence includes any act that aims to harm or keep power over others. GBV may include one or more of the following types of violence:

- **Physical abuse**, such as:
 - Slapping
 - Hitting
 - Kicking
 - Beating
- **Sexual abuse**, such as:
 - Rape
 - Unwanted sexual advances or sexual harassment, including at school or at work
 - Use of coercion (such as threats, blackmail or intimidation) to force someone to do something sexual that they do not want to do, such as having sex without a condom
 - Sexual acts with someone who cannot consent, including someone who is under the influence of alcohol, asleep or not intellectually capable of giving informed consent
 - Sexual abuse of children
 - Trafficking of women and girls for sex

- **Emotional/psychological abuse**, such as:
 - Insults, belittling, humiliation
 - Intimidation, such as destroying things
 - Threats of harm
 - Threats to take away children
 - Controlling behaviours, such as isolating a person from family and friends, or monitoring their movements or communications, including through stalking
- **Economic violence**, such as:
 - Use of money or resources to control an individual
 - Blackmail
 - Being refused the right to work or forced to give up earnings
 - Being refused pay for money that is earned/due
 - Having someone withhold resources as punishment

Some cultural practices may also amount to violence, including child marriage; female genital mutilation (FGM), which may increase the vulnerability to HIV; and honour killings.

Gender-based violence can occur within or outside of relationships. When it occurs inside relationships, it is called *intimate partner violence* or domestic violence. Intimate partner violence includes violence committed by former partners and individuals in dating relationships.

Gender inequality and violence make it more difficult for AGYW to protect themselves from HIV

Gender inequality and violence make it harder for AGYW to negotiate safer sex and access the information, resources and services they need to protect themselves from HIV. This is because:

1. Gender norms limit women's sexual power and control.

Gender norms send different messages to women and men about their sexuality. In some communities, men are taught that sex is a natural, positive and important part of being a man, while women's sexuality is ignored and silenced. Below are some of the messages women and men may receive about sex and sexuality.

MEN	WOMEN
<ul style="list-style-type: none"> • Men have a much stronger biological need for sex than women do. They cannot control their sexual urges. • A man has the right to have sex with his partner without thinking about what she wants or needs. • Sex is a sign of manhood, so men should have sex with as many partners as possible. • A man's pleasure is more important than safe sex. 	<ul style="list-style-type: none"> • Women are more valuable when they are virgins. • It is shameful for women to enjoy sex and talk about sex. • A woman should only have sex with her husband. • A woman has to have sex with her husband whenever he wants it.

These gender norms make it harder for AGYW to protect themselves from HIV because:

- They make it more difficult for women to talk with their partners about sex, including how to reduce their vulnerability to HIV.
- A man may have multiple partners, regardless of whether he is married or not, which could make both him and his partners vulnerable to HIV and other STIs.
- They make it more difficult for AGYW to find out information about how to keep themselves safe from HIV.
- AGYW may not use sexual health services because they fear being judged for having sex.

2. Gender norms make it more difficult for women to get an education and be financially independent.

Below are some of the messages women and men may receive about education, work and family.

MEN	WOMEN
<ul style="list-style-type: none"> • Boys should be educated so they can get a good job. • Men should be ambitious and driven. • It is a man's role to make money for the family. • Men should be the head of the household and make decisions about money. 	<ul style="list-style-type: none"> • Learning to be a good wife is more important than going to school. • Women should help their husbands achieve their goals. • It is a woman's role to stay at home and raise children. • Women are not good decision-makers or leaders.

These gender norms make it harder for AGYW to protect themselves from HIV because:

- AGYW are more likely to drop out of school (because their education is not prioritised). This makes it harder for them to access information and make informed decisions, including about their sexual health.
- Women have fewer opportunities to earn money to support themselves, which means they are more likely to be financially dependent on their partners. This creates a power imbalance that makes it difficult for women to negotiate safer sex or leave harmful or violent relationships.
- AGYW who cannot support themselves are more likely to engage in transactional sexual relationships. This can increase their vulnerability to HIV. Because men who engage in transactional sexual relationships are often older, they are also more likely to have been exposed to HIV.
- Accessing health services, including HIV testing, HIV prevention methods (including PrEP) and antiretrovirals for treatment, is more difficult for women with less money. Even if the service is free, it usually requires money to travel to seek care or the ability to take time away from work, both at home and outside of the home. A woman may also feel she needs her partner's permission to access services.

3. Gender norms justify and excuse men's control over women and violence against women.

Gender-based violence is an abuse of power. It is justified and excused by gender norms, including:

MEN	WOMEN
<ul style="list-style-type: none"> Men cannot control their anger/impulses toward violence. Men have the right to discipline and control their partners/wives. It is masculine for men to use violence to assert their dominance. 	<ul style="list-style-type: none"> Women should prevent violence by obeying their partners/husbands and not making them angry. Violence is a private matter that women should never talk about. A woman should stay in a violent relationship to keep her family together.

Violence makes it harder for AGYW to protect themselves from HIV because:

- Fear of violence, rejection and abandonment may prevent women from negotiating condom use and can stop them from seeking prevention, testing and treatment services and information.
- Sexual violence, both inside and outside of relationships, is more likely to be unprotected and involve rough or dry sex, which increases the risk of HIV transmission.
- Men who perpetrate violence are more likely to engage in risk-taking behaviours that increase their vulnerability to HIV, such as having multiple partners, alcohol and drug use and having unprotected sex.
- Financial violence and control limit a woman's options to access services and leave relationships.
- A man who perpetrates violence commonly controls the movements of his partner, which restricts her access to health care and support services



Your Notes

A series of horizontal dotted lines for writing notes, spanning the width of the page below the 'Your Notes' header.

SESSION OVERVIEW

Participants will learn about gender inequality and gender-based violence. They will also explore how gender inequality and violence make it harder for AGYW to protect themselves from HIV.

By the end of this session, participants should:

- Recognise how gender norms influence the behaviour and experiences of women and men
- Understand how these gender norms lead to power imbalances between women and men
- Understand the relationship between gender inequality and men's violence against women
- Be able to identify ways that gender norms make it harder for AGYW to protect themselves from HIV

! This session talks about violence and may be distressing for participants. Encourage participants to take time out or ask for help if they find the session challenging. Participants might talk about their own experiences of violence during this or other sessions. It is critical that you are prepared to respond. Because women are usually blamed for the violence they experience, it can be difficult for them to talk about and they often remain silent. If someone talks about violence they have experienced, it is very important to (1) believe them, (2) avoid blaming them, (3) listen empathetically and (4) avoid telling them how to feel or what to do. For example, do not tell them they should leave the relationship or report the violence to the local authorities. You can ask them about these options, but it is important they feel in control and have the right to decide what is best for them. If you have created a **Local Referral Directory** as described in the **Training Preparation**, we recommend that you have it on hand for this session.

KEY MESSAGES

- Gender norms give men more freedom and control over their lives and more access to resources (such as money), opportunities (such as education and employment) and power (such as influence in decision-making) than women.
- Gender norms teach women and men that violence against women and girls is acceptable. Men may feel they will be viewed as less of a man if they do not have control in their relationships, and women may feel that violence is a normal part of relationships.
- Violence is used by men to show and keep their power over women.
- Women are never to blame for the violence perpetrated against them. Men make a choice to use violence. We know this is true because many men choose not to be violent, and men who are violent in relationships choose not to be violent at work or in other spaces of their lives.
- Everybody has the right to live a life free from violence.
- Gender inequality and violence make it harder for AGYW to protect themselves from HIV.
- PrEP is an additional way for AGYW to protect themselves from HIV.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the session for your reference.

Tool 5

Gender Inequality Problem Tree

Toolkit page 10

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Ask participants if they have heard of the term “gender norms” before and if they know what it means.
3. Ask participants if they have any examples of norms that are different for women and men.

ACTIVITY: Rules for Boys and Rules for Girls

1. Ask for volunteers to draw an outline of a woman and a man on separate pieces of flip chart paper.
2. Hang them up side by side somewhere everyone can see.
3. Ask participants to think about what messages girls/women and boys/men are told about how they should behave. Write them on sticky notes (one message per sticky note) and stick them up on the flip chart paper of either the woman or the man.
4. Encourage participants to think about the messages (norms) related to:
 - How girls and boys are raised differently, including which toys they are expected to play with
 - How girls/women should behave to be feminine (womanly)
 - How boys/men should behave to be masculine (manly)
 - Girls’/women’s and boys’/men’s sexual activity
 - The types of roles that are appropriate for girls/women and boys/men, particularly in relation to the family
5. Once you have a good collection of norms for girls/women and boys/men, lead a discussion using the following prompting questions:
 - Why are there different rules (norms) for girls/women and boys/men?
 - Are there any differences that seem unfair?
 - What are some ways these rules might be harmful to girls/women and boys/men?

Use the **Essential Knowledge** as a guide to explain gender norms to the group.

Use probing questions to help participants to identify messages/norms:

- What messages do you hear about AGYW who have sex?
- Are those messages the same for boys and young men?

If a participant suggests a behaviour is natural because of their sex (biology), discuss how this idea is created by social attitudes. Ask prompting questions like:

- Do all girls/women or boys/men behave like this?
- Has it changed over time and in different situations or places?
- Does it seem fair?

Reinforce throughout this activity that women are not born with less power than men. Gender norms can and do change, and the world benefits when power is shared equally between women and men. We have the power to change these norms!



APPLY

FACILITATION TIPS

ACTIVITY: Gender Inequality Problem Tree

1. Explain that in this session, participants will be exploring how gender norms contribute to gender inequality and violence. They will then explore how gender inequality and violence can make it harder for AGYW to protect themselves from HIV.
2. Acknowledge that talking about violence can be very difficult for anyone who has personally experienced it. Let participants know that you will not be asking them to talk about their personal experiences — they are in control of whom they talk to and what they talk about.
3. Use this opportunity to explain that because girls/women are often blamed for the violence they have experienced, they may feel embarrassed or ashamed. Be clear that violence is never the survivor's fault. Men make a choice to use violence. Men blame women so they do not have to take responsibility for their behaviour.
4. Remind participants they are in a safe space. They will not be judged. They will be supported.
5. Remind participants of the group rules. Encourage them to think about how they can support each other through this session.
6. Ask participants if they know what gender inequality means and encourage them to explore the meaning.
7. Ask participants if they know what gender-based violence means and what different types of violence it may involve.
8. Ask participants if they have any thoughts on how gender inequality, violence and HIV might be connected.
9. Explain that you will be using a "Problem Tree" to show how these issues are connected.
10. Draw a tree on a whiteboard or a piece of flip chart paper (using the **Gender Inequality Problem Tree Ambassador tool** as an example).
11. Write "Gender Inequality and Violence" on the inside of the tree trunk.
12. Explain that the gender norms from the previous activity are the root causes of gender inequality and violence.
13. Ask for a volunteer to select a sticky note from the first exercise and explain how they think the gender norm contributes to men having more power than women or how it is used to justify violence.
14. Place the sticky note, or write the norm, at the roots of the tree.

Refer to the **Gender Inequality Problem Tree Ambassador tool** to guide this activity.

Reinforce group responsibilities and identify some strategies the group can use to look after themselves and each other.

Use the **Essential Knowledge** and **Key Messages** to guide participants to explore the meaning of gender inequality and the different types of gender-based violence.

Reinforce throughout the activity that there is no excuse for violence. Violence is always a choice. Everybody has the right to live free from violence.

15. Repeat this step until you have lots of the gender norms at the roots of the tree. You do not need to go through all of them. Just make sure you cover the main points.
16. Ask participants if they can identify how these gender norms might make it harder for AGYW to protect themselves from HIV. Write these ideas on the branches.
17. Ask participants to reflect on whether the problem tree represents what they see in their communities.
18. Direct participants to the Gender Inequality Problem Tree Ambassador tool.
19. Explain to participants that PrEP is an HIV prevention tool that AGYW can decide to use without their partner's involvement. Ask them to think about how this could help AGYW overcome some of the barriers to HIV prevention discussed.
20. Once the activity has come to an end, bring participants into a circle for reflection.

Reinforce that these barriers do not mean it is impossible for AGYW to protect themselves from HIV. AGYW can and do find lots of ways to protect themselves. PrEP is an additional method AGYW can use to keep themselves safe.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, ask participants to talk about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **What did you learn today and how can this help you in your role as an HIV Prevention Ambassador?**
- **How can you help your peers to overcome barriers related to gender norms and protect themselves from HIV?**

Check in with the group to see how they are feeling. You could start by asking participants to go around the circle and share one feeling, or a colour that represents their feeling.

Let participants know you are available after the session (or at another time) if they would like to talk.



Useful Resources

- | | |
|--|---|
| <p>1 Interagency Gender Working Group Training Facilitators User's Guide
Interagency Gender Working Group
2017
https://www.igwg.org</p> | <p>A guide on conducting a gender training workshop, including gender basics, gender integration, HIV and sexuality, safe motherhood, gender-based violence and constructive male engagement.</p> |
| <p>2 SASA! Start Training Module
Raising Voices
2013
http://raisingvoices.org</p> | <p>A training manual to explore the meaning of and connections between power, violence, and HIV and AIDS.</p> |
| <p>3 SASA! Awareness Training Module
Raising Voices
2013
http://raisingvoices.org</p> | <p>A training manual to explore the implications of men's use of power over women. This manual has a skill-building for raising awareness about the prevention of violence against women and HIV.</p> |
| <p>4 RESPECT Women: Preventing Violence against Women
World Health Organization (WHO)
2019
http://www.who.int/</p> | <p>A framework that outlines how to implement and scale up seven key strategies to prevent violence against women.</p> |
| <p>5 Youth Changing the River's Flow: A Facilitator's Guide
SAfAIDS; Sonke Gender Justice
2016
https://genderjustice.org.za/publication</p> | <p>A training manual developed in Zimbabwe to work with young people as well as parents and guardians to transform gender norms and reduce HIV, gender-based violence and teen pregnancies.</p> |
| <p>6 African Transformation: The Way Forward Facilitators Workshop Guide
Johns Hopkins University
2013
https://www.thecompassforsbc.org/</p> | <p>A training manual developed in Malawi that provides people with the means to explore how gender norms and social roles work in their lives and the tools to change negative norms and reinforce positive norms. The manual is available in English and Chichewa.</p> |
| <p>7 HIV Prevention Ambassador Training Package and Toolkit: Gender-based Stigma, Discrimination and Violence Session (pg. 75)
OPTIONS Consortium
2020
www.prepwatch.org</p> | <p>A session addressing diverse gender identities and sexualities, and dealing with associated stigma and discrimination</p> |

SESSION MATERIALS

TOOL 5

Gender Inequality Problem Tree



10

6 Responding to Disclosures of Violence

ESSENTIAL KNOWLEDGE

What does it mean to disclose violence?

In this context, disclosure is when someone reveals they have experienced or are experiencing violence. This violence may have happened recently or in the past, and it may be ongoing. While some people may directly disclose their experiences and ask for help, others might disclose violence indirectly, such as by:

- Becoming emotional during a conversation about violence and indicating they would like support
- Making comments that suggest they want to talk about violence without directly asking for help
- Using hypothetical examples to ask for advice without sharing their experiences of violence
- Asking for advice on behalf of a friend

It is up to the individual to choose how, when and what they disclose. Some people may share information gradually over a period of time as they develop more trust in the person to whom they are disclosing. When someone raises their experience of violence, directly or indirectly, let them guide your response. Simply asking if they would like to talk will let them know you have heard them without putting pressure on them.

What is gender-based violence?

The following provides a summary of the information provided in the **Gender Inequality and Violence** session.

- Gender inequality is a major cause of men's violence against women. The belief that men are naturally strong, dominant and powerful is used to explain and justify men's violence against women. In some societies, these gender norms are so strong that men are expected to beat their wives.
- Men's violence against women reinforces gender inequality. Some men use violence as a tool to show and keep their power over women.
- Violence used to reinforce gender-related power differences is known as gender-based violence, or GBV for short.
- GBV can include many types of abuse. People usually think of violence in terms of physical or sexual violence, but there are other forms of violence that are used to harm or maintain power over others, including emotional and economic violence.

GBV can occur within or outside of relationships. When it occurs inside relationships, it is called intimate partner violence (or domestic violence).

Messages used to justify and excuse men's violence against women and blame and silence victims

Message/myth	What are the facts?	How does this message maintain violence?
<p>Girls/women who wear revealing clothing are asking to be raped.</p> <p>There are many different versions of this message. Girls/women are blamed if they:</p> <ul style="list-style-type: none"> • Have been drinking • Are out at night • Walk through a park • Show sexual interest in someone (such as kissing them) • Reject a man who wants to have sex with them 	<ul style="list-style-type: none"> • Rape is a violation of a person's human rights and, in many cases, it is against the law. • Girls/women have the right to decide if, when, where, how and with whom they have sex. There are no exceptions. • It is a myth that men cannot control their sex drive. We know this because most men do not rape girls/women. • Men who rape girls/women do not do it in response to something she has done or what she is wearing. We know this because many girls/women who have been raped were not drinking, were not out at night and were not wearing revealing clothing. • Men rape women because they want to feel powerful and in control. They also know they can get away with it. 	<p>These messages are called victim-blaming. Girls/women are blamed for all forms of violence, including sexual violence and intimate partner violence. Victim-blaming maintains violence by shifting the blame from the perpetrator and silencing victims. As a result:</p> <ul style="list-style-type: none"> • The focus and blame are shifted from the actions of the perpetrator onto the actions of the victim. • Victims often feel it is their fault, so they may feel too ashamed to report the violence or ask for help. • People often blame victims for violence — sometimes directly, sometimes indirectly. They might tell them not to stay out late or to wear different clothing. • Many victims choose not to tell anyone because they fear they will be blamed.
<p>Girls/women provoke their partners to beat them.</p>	<ul style="list-style-type: none"> • Violence is a violation of a person's human rights and, in many cases, it is against the law. • Girls and women have the right to live a life free from violence. • Men do not beat their partners because they cannot control their anger. We know this because these same men control their anger in other situations. For example, they do not hit their bosses when they get angry. We also know this is true because many men are not violent. • A man who is violent chooses to be violent. • Men who use violence use it to feel powerful and in control. • Many men (and women) grow up believing that women should obey their partners, and that it is a man's right to use violence to punish his partners if they do not obey. These messages are used to keep men in power. They are not true. Women have the same rights as men, including the right to freedom, to make their own decisions and to do what they want (as long as it does not violate anyone else's rights). 	<ul style="list-style-type: none"> • Police and judges sometimes blame the victim rather than the perpetrator. As a result, men may not fear being punished for their crimes. • Perpetrators may feel less responsible, guilty, and fearful of being caught, which means they are more likely to do it again. <p>When violent men blame their partners for their violence, it is also a type of violence — emotional violence. Men who use violence in relationships often try to convince their partners that it is their fault. They may try to convince them that no other man would put up with them. This can leave girls/women feeling too ashamed and worthless to leave them.</p>

Message/myth	What are the facts?	How does this message maintain violence?
<p>Violence between couples is a private matter that should not be discussed.</p>	<ul style="list-style-type: none"> Violence against girls/women is a violation of their human rights and, in many cases, it is against the law. Raising awareness of violence is a starting point to end violence against girls and women. 	<p>This message maintains violence by silencing victims and preventing others from intervening. As a result:</p> <ul style="list-style-type: none"> Girls/women may feel guilty asking for help or even talking to their friends/family about the violence they are experiencing. Girls/women who do seek help may be shamed for it and not listened to. Friends and family of the violent partner may not feel it is appropriate to talk to them about their behaviour. People may not intervene when they witness violence.
<p>Girls/women often make up being raped for attention.</p>	<ul style="list-style-type: none"> The majority of women who experience violence do not disclose violence or seek services. It is very unlikely that someone would make up being raped. We can correct this myth by considering what somebody has to gain and lose by making up a rape. It takes a lot of courage for someone to report or talk about being raped. Girls/women are often blamed and judged. Even if they are able to overcome these barriers, men are rarely convicted of rape. This means that the girls and women will have put themselves through blame and judgement but will not achieve anything. This myth is maintained because victims of rape often behave in ways we do not expect. For example, victims may: <ul style="list-style-type: none"> Take a long time before they tell anyone Get confused and forget some details Change their story Be calm (rather than crying) Victims behave in different ways because everyone responds to traumatic experiences differently. <p>It is common for people who have experienced trauma to have trouble remembering what happened. When this happens, the brain may naturally fill in some details. This is why it can seem like someone is lying.</p> <p>The brain may also turn off someone's emotions so they can cope better.</p>	<p>This message maintains violence by silencing victims and leading others to doubt the truthfulness of victims. As a result:</p> <ul style="list-style-type: none"> People, including friends, family, police and health care providers, often do not believe victims. These same people may interrogate victims and try to test them to see if they are lying. Many victims choose not to tell anyone because of the fear they will not be believed. Perpetrators benefit from this myth because they are less likely to be caught and held accountable for their actions.

Message/myth	What are the facts?	How does this message maintain violence?
<p>If the violence was serious, the girl/woman would leave her partner/husband.</p>	<p>It is not always easy for girls/women to leave abusive partners. There are many reasons girls/women stay in violent relationships. For example, they might:</p> <ul style="list-style-type: none"> • Be afraid to leave — many violent men threaten to kill their partners/wives if they leave • Be financially dependent on their partners • Think that violence is a normal part of a relationship • Fear being shamed or shunned by their community • Have nowhere to go • Still love their partner and hope he can change • Blame themselves and not feel they deserve better — this is often the result of emotional abuse • Not want to separate their children from their father or leave without their children • Be getting pressured by their family and their in-laws not to break up the marriage 	<p>This message maintains violence by silencing victims and leading others to doubt the truthfulness of victims. As a result:</p> <ul style="list-style-type: none"> • Girls/women in violent relationships are often shamed for not leaving. The fear of being shamed can prevent them from seeking support. • People, including friends, family, police and health care providers, may not believe victims or think they are not deserving of support because they have not left their partners.

Supporting Ambassadors to respond to disclosures of violence

The **LIVES** (**L**isten, **I**nquire, **V**alidate, **E**nhance safety and **S**upport) response, developed by the WHO, is presented in this session to guide Ambassadors when responding to disclosures of violence from their peers. It is important to note that the LIVES response was developed for use by health care providers, and implementing the full response requires specific training to help survivors meet their immediate safety needs, as well as the ability to ensure they are connected to local resources. Because not all Ambassadors have access to additional training and resources, the LIVES response presented here focuses on the first three steps — “LIV” — so that Ambassadors do not feel pressured to take actions or assume responsibilities that may put them in danger or cause them harm. This training does not prepare Ambassadors to meet their peers’ immediate safety needs or accompany their peers for referrals, and it does not guarantee that sufficient referral resources will be available in all places where Ambassadors work. We recommend additional training — such as the WHO LIVES training linked in the useful resource list at the end of this session — and resources be provided for Ambassadors who may be expected to carry out these activities.

First-line support involves five simple tasks. It responds to both emotional and practical needs at the same time.

Listen	Listen to the woman closely, with empathy, and without judging.
Inquire about needs	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)
Validate	Show her that you understand and believe her. Assure her that she is not to blame.
Enhance safety	Discuss a plan to protect herself from further harm if violence occurs again.
Support	Support her by helping her connect to information, services and social support.

The LIVES response is based on the internationally recognised survivor-centred approach for working with survivors of violence. This is a human-rights-based approach that seeks to ensure survivors' rights are protected, and survivors are treated with dignity and respect. The survivor-centred approach recognises that survivors have the right to:

- Be treated with respect and dignity — this includes being believed
- Receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity or any other characteristic
- Make their own decisions about what they need and how they want to act
- Choose whom they will or will not share their experience with, and what information they want to be kept confidential

Two *guiding principles* are fundamental to the LIVES response and help us ensure we are following the survivor-centred approach. These are:

Respect for *human rights*:

- Respect her right to make her own choices; live a life free from fear and violence; be healthy mentally, physically, and emotionally; and to be free from discrimination

1. Promote *gender sensitivity and equality*

- Reinforce her **value as a person**
- Respect her **autonomy and dignity**
- **Provide information** to help her make her own decisions
- **Listen, believe** her, and take what she says seriously
- **Do not blame or judge** her

Using the LIVES response

The completed worksheet below provides an example of how Ambassadors can use the LIVES response when talking to their peers.

LIVES Response — Disclosures of Violence

STEP	How do I do this?	What does this look like in practice?
<p>Listen closely with empathy and without judgement</p>	<p>Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk; acknowledge and validate her feelings.</p>	<p>Listening deeply and focusing your full attention on them, not on what you are thinking. Showing you are listening by nodding and giving small acknowledgements like "mm hm".</p> <p>"Would you like to talk here or is there somewhere else you would feel more comfortable?"</p> <p>"Everything you tell me will stay between us."</p> <p>"Take your time, there is no pressure."</p> <p>"If you're not ready to talk, we can just be together for a while."</p>
<p>Inquire about her needs and concerns</p>	<p>Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.</p>	<p>"Do you feel like you have the support you need?"</p> <p>"Would you like to explore some options for getting more support?"</p> <p>"Is there anything that's worrying you?"</p> <p>"It's your choice — you know yourself better than anyone else! If you decide you'd like some support in the future, just let me know and I can give you some information."</p>
<p>Validate her experiences</p>	<p>Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.</p>	<p>Communicating your empathy:</p> <p>"I'm sorry that happened to you."</p> <p>"You are not alone." "I am here for you."</p> <p>"I'm glad you spoke to me about this, we can get through this together."</p> <p>"There is no right or wrong way to feel. They are your feelings and they are valid."</p>
<p>Next step</p>	<p>After listening, inquiring, and validating, it is ok to check in with yourself and take time to respond to your own needs.</p> <p>Enhance safety and Support (optional)</p> <p>If you have been trained in the full LIVES response and are working with a team or organization that is able to support people experiencing violence, you may be able to enhance your peer's safety and support her to connect to additional services.</p>	<p>Take a few deep breaths and ask yourself:</p> <p>"How am I feeling right now?"</p> <p>"Do I need to rest, or spend time with a friend?"</p> <p>Give yourself at least a few moments to listen to yourself and make a plan to respond to what you need.</p>



Your Notes

A series of horizontal dotted lines for writing notes, spanning the width of the page below the 'Your Notes' header.

SESSION OVERVIEW

Participants will learn how to respond to disclosures of violence from their peers. They will examine messaging about women and violence, and they will learn to question messages that work to excuse or justify violence against women and girls. They will also learn LIVES (Listen, Inquire, Validate, Enhance safety, and Support) for responding to disclosures of violence.

If your Ambassador programme includes a dedicated supervisor who is able to support Ambassadors to make referrals and create safety plans, you may consider training the full LIVES approach, including the Enhance safety and Support steps.

By the end of this session, participants should:

- Be aware of myths and messages about women and violence that work to justify and excuse men's violence against women
- Know how to respond to peers who share experiences of violence with them



We recommend delivering the **Gender Inequality and Violence** session before this one unless participants already have a strong understanding of gender-based violence. If this is not possible, we recommend using the information from that session to inform discussions about violence in this session.

Participants may share experiences of violence during this session, so you need to be prepared to respond. It is very important to listen empathetically, validate their emotions and empower them to determine what support they would like from you. Be prepared to provide information and referrals to local, youth-friendly services, including health, social and legal services, if participants ask for them. If you have created a Local Referral Directory as suggested in the Training Preparation, we recommend bringing copies for participants if they do not already have one.

Remember to have on hand guidance for what Ambassadors can do if they feel that they or any of their peers are in immediate danger. These resources should have been gathered as part of **Training Preparation** step 3.

KEY
MESSAGES

- There are many messages about violence against women and girls that excuse or justify men’s violence against them. These messages contribute to higher rates of violence.
- Even though they are very common, messages that excuse or justify men’s violence against women are not based on facts. They are myths.
- Challenging these myths and messages can help prevent violence against women and girls.
- Ambassadors can support their peers who have experienced violence by creating a safe space for them to talk about their experiences, actively listening, reassuring them and validating their feelings and empowering and supporting them to connect with support.
- Violence is about power and control, and women and girls who have experienced violence often feel disempowered. Empowering them helps them to regain control.
- Ambassadors are not counsellors; they should not provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. The role of an Ambassador is to provide a safe space for her peers to talk about their experiences, express their feelings and needs and explore what they would like to do next.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the session for your reference.

Tool 6	LIVES Response	Toolkit page 11
Worksheet 1	LIVES Response — Disclosures of Violence	Toolkit page 29

SESSION INSTRUCTIONS

EXPLORE ACTIVITY

Write “I agree” and “I disagree” on separate pieces of paper (any size).

Stick “I agree” up at one end of a wall and “I disagree” at the other end to create a line from one to the other (participants will be spreading out between the two ends).

If you do not have a wall that is long enough, you can put the paper on the ground.

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:
 - When participants are serving as Ambassadors, their peers may turn to them for support with issues other than those related to PrEP and HIV prevention.
 - As discussed in earlier sessions, violence from parents and partners makes it more difficult for AGYW to protect themselves from HIV.
 - Unfortunately, violence against women and girls is very common in many parts of the world — including sub-Saharan Africa.
2. Remind participants that violence is driven by gender norms that give men more power than women. These gender norms also justify and excuse violence, often blaming the victim instead of the perpetrator. When we grow up hearing the same messages over and over, we can start to believe them, even if they are harmful to us and not true.

If you have not delivered the **Gender Inequality and Violence** session, use the **Essential Knowledge** from that session to explain gender norms and the relationship between gender inequality and men's violence against women.

Messages about Violence against Women and Girls

Girls/women who wear revealing clothing are asking to be raped.

Girls/women sometimes provoke their partners to beat them.

Violence between couples is a private matter that should not be discussed.

Girls/women often make up being raped for attention.

If the violence was serious, the girl/woman would leave her partner/husband.

ACTIVITY: Vote With Your Feet

1. Explain to participants that they are going to explore some of the common messages about violence to see if they believe them (these are written below). It is important that everyone is honest with themselves during this activity. Sometimes we can know something is not true, but deep down we still believe it. This is nothing to be ashamed of. When we grow up in an environment where these messages are reinforced over and over, it is natural to believe them. If we want to stop believing these messages, we need to first be honest with ourselves about what we believe and why.

2. Read the first statement from the list below and ask participants to stand at a point on the line between “I agree” and “I disagree”.
3. When participants have chosen their place, ask for volunteers to reflect on their answers.
4. When participants share attitudes that align with the messages, it is important to validate their honesty while also explaining why the messages are not true. For example, you might say *“Thank you for being honest about your beliefs. That’s a really common belief in many communities. But when we spend time thinking about it, we see that it’s not true.”*
5. Use the information in **Essential Knowledge** to clarify that these messages are not based on facts; they are myths that are used to justify and excuse men’s violence against women.

Keep in mind that it is likely some participants will have experienced violence. They may be the ones who most strongly believe these messages/myths. Be careful not to shame anyone for believing these myths. Instead, focus on how powerful these messages can be when we hear them repeatedly. Reinforce that these messages are used to justify and excuse men’s violence against women, so challenging these messages will contribute to the prevention of violence.



APPLY

FACILITATION TIPS

INTRODUCTION

1. Introduce the activity by noting:
 - Participants will learn how to respond if a peer discloses that they have experienced violence.
 - People who have experienced violence may open up about their experiences in many different ways, and they may want very different things from you in response. Some people simply want their experiences to be acknowledged, others may be practicing reaching out for help by offering small pieces of information and some may directly ask for help.
 - Participants are not expected to provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. Their role is to provide a safe space for their peers to talk about their experiences, express their feelings and needs and explore what they would like to do next.
 - Share guidance on what Ambassadors should do if they feel that they or their peers are in immediate danger of harm. This guidance should have been developed as part of your training preparation and might include instructions to reach out to an emergency contact or trusted individual.

Use the **Essential Knowledge** and **Key Messages** to guide you in this activity.

2. Explain the survivor-centred approach, highlighting that girls and women who have experienced violence have the right to:
 - Be treated with respect and dignity — this includes being believed
 - Receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity or any other characteristic
 - Make their own decisions about what they need and how they want to act
 - Choose whom they will or will not share their experiences with and what information they want to be kept confidential
3. Explain that girls and women who have experienced violence may feel vulnerable and powerless. Giving them space to regain their power and make their own decisions is an important part of the healing process.
4. When the discussion has come to a natural end, explain that in the next session, they will learn how to respond to their peers when they share an experience of violence.

ACTIVITY: Responding to Disclosures of Violence with the LIVES Response

1. Write “Safe space” on a piece of flip chart paper and put it up somewhere everyone can see.
2. Ask participants what it means for a space to be safe.
3. Lead a brainstorming session with participants about what their peers might need from a space for them to feel safe to talk about their experiences of violence.
4. Ask them to write their ideas down on sticky notes and put them up on the piece of flip chart paper.
5. Ask participants to break into pairs and identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about a personal issue or problem.
6. Ask participants to write down their answers on their worksheets, under the column labelled “What does this look like in practice?”
7. Let participants know they have five minutes to do this.
8. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to create or demonstrate a safe space for their peers. Direct participants to the **LIVES Response — Disclosures of Violence worksheet** and go through each step.

Help participants identify the following characteristics of a safe space:

- Physically and mentally safe from possible threats
- Private
- Nonjudgemental
- Nondiscriminatory (knowing they will be treated equally and fairly regardless of their age, race, religion, HIV status or any other characteristic)
- Confidential
- Respectful
- Knowing they are in control

If participants need more direction, refer to the examples in Essential Knowledge.

STEP 1: Listen closely with empathy and without judgement

1. Ask participants if they know what “active listening” means and, in particular, if they can explain the difference between listening and active listening.
2. Explain that people often use the word listening to refer to hearing. However, hearing is not something someone has to do purposefully or actively. Active listening on the other hand is intentional. The goals of active listening are to:
 - Connect with the other person
 - Understand what they are saying and feeling
 - Demonstrate that you are listening
3. Ask participants to consider a time when they were struggling with something in their life and they wanted to talk to someone about how they were feeling.
4. Explain to participants that for this exercise, it is not necessary to remember an experience that was traumatic for them or something that they still find upsetting. Encourage them to think of experiences that are common to many of us, such as having an argument with someone we love, feeling hurt by something someone has done or feeling worried or stressed about something in our lives.
5. Ask participants to remember if they were able to talk to someone about this experience.
6. Introduce the activity by explaining that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.
7. Draw a line down the middle of a piece of flip chart paper. On the left side write “Qualities you look for” and on the right side write “Things you worry they will do or say”.
8. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper.
9. When completing the “Things you worry they will do and say” column, make sure participants list the following:
 - Being judgemental
 - Questioning your behaviour or blaming you
 - Giving advice or telling you what to do
 - Providing counselling if they are not a qualified counsellor
 - Sharing personal experiences or someone else's experiences to try to relate
 - Trying to cheer you up: "Don't cry, it's not so bad!"
 - Justifying or minimising the experience: "It could have been worse!"

Help participants know how to achieve these goals by:

- Listening deeply. We do this by staying focused on what they are saying and how they are saying it rather than on our own thoughts.
- Trying to understand how they are feeling. We do this by paying attention to the way they are communicating, including their body language.
- Demonstrating we are listening by nodding, reflecting their emotions in our facial expressions and tone, and offering small verbal acknowledgements such as “mm hm”.

We all instinctively know what makes a good listener because we know how it feels when we are really listened to.

Reassure participants that they will not be asked to share their experience with anyone.

Remind participants that we know what we need from someone for us to feel safe and comfortable talking to them about something that is upsetting us. At times, we have a person who is able to provide this, and at other times, we do not have anyone that we feel comfortable talking to. We often choose not to talk to anyone if we cannot identify the right person to talk to.

10. When participants run out of ideas, read through the notes and summarise.
11. Ask participants to work in their pairs again to identify how they would demonstrate active listening to a peer who wanted to talk to them about their experience of violence (or anything else of a sensitive nature).
12. Ask participants to write down their answers on their worksheets.
13. Let participants know they have five minutes to do this.
14. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to create or demonstrate active listening.

STEP 2: Inquire about her needs and concerns

1. Explain to participants that violence is about power and control. Survivors of violence, including intimate partner violence and sexual violence, commonly feel powerless. It is important to support survivors of violence to feel in control again; empowering them can help them to regain that control.
2. Explain that the second step, *Inquire*, is about encouraging their peers to identify what (if anything) they need and helping them to connect with more support or available services if that is what they would like.
3. Ask participants to work in their pairs to identify how they would empower and support a peer who is disclosing her experience of violence (or anything else of a sensitive nature) and write down their answers on their worksheets.
4. Let participants know they have five minutes to do this.
5. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to empower and support their peers to identify what they might need and how they might seek further support.

STEP 3: Validate her experiences

1. Remind participants of the activity at the beginning of this session and the messages that are used to blame and silence girls/women who experience violence. These messages can be so powerful that girls/women who experience violence blame themselves, which can cause them to feel ashamed.
2. Ask participants to work in their pairs to identify how they would reassure a peer who is disclosing their experience of violence (or anything else of a sensitive nature).
3. Ask participants to write down their answers on their worksheets.
4. Let participants know they have five minutes to do this.
5. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to reassure their peers when they disclose experiences of violence.

STEP 4 & 5: Enhance safety and Support

1. Explain to participants that the full LIVES response was developed for health care providers and other people who have special training in safety planning as well as the ability to connect survivors to referral organizations. Let the Ambassadors know these steps are not required of them, and it is ok to take time for themselves after supporting their peers through these experiences.
2. Encourage participants to read and understand the “Enhance safety” and “Support” steps — it is likely that a support organization will carry out these steps with their peer if she does reach out for services to help her in the situation.
3. Give participants five minutes to work in their pairs to write down how they will check in with themselves and respond to their own needs after supporting a peer who has experienced violence. On the LIVES response worksheet, this is part (a) within the “Next Steps” row. If they are trained in the full LIVES Response and have reliable resources to make referrals, they can use this time to write down what “Enhance safety” and “Support” look like in practice for them. This is part (b) in the “Next Steps” row of the LIVES response worksheet.
4. Share copies of a **Local Referral Directory** of existing organisations that offer youth-friendly health, social and legal services for survivors of violence.

As you work through step 3 with participants, let them know that it is common for girls and women who have experienced violence to be fearful that people will think they are lying. Some girls/women may even question their own memory and doubt themselves.

This shame and fear can stop many people from seeking help, and some never tell anyone.

Reassuring their peers that they believe them, it is not their fault, their feelings are valid, and they have a right to live without violence and fear is one of the most valuable things Ambassadors can do. It can be a great relief to someone who has experienced violence to know someone believes them and is listening carefully without judgement or conditions. It can also help them to see that it is not their fault, and they may feel more confident in getting help.

Wanting to help someone but feeling unable to provide the support they need can be disempowering and disheartening. Some people may even feel guilty and blame themselves for not being able to do more.

It is important to reinforce to Ambassadors that creating a safe space for their peers to talk about their experiences IS HELPING.

It can make a huge difference in that person’s life. Many survivors of violence report that being able to talk to someone they can trust is a big relief. It also increases the chance they will reach out for other support and access services.

ACTIVITY WRAP-UP

1. Lead a discussion with participants about this exercise by asking them to share what they think of the LIVES response, and reassure them that it is not their responsibility to complete the last two steps of the response unless they have the training and support to do so.
2. Wrap up the activity by highlighting that it is normal to feel worried about doing or saying the wrong thing. Reassure them that just by being open and willing to listen and support their peers, they will be making a big difference in their lives.
3. Direct participants to the **LIVES Response tool**, which they can use to prepare for these conversations. Once the activity has come to an end, bring participants into a circle for reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Do you think the messages about women and violence are common in your own community or circle of peers?**
- **What are some ways you could challenge these messages?**
- **Has someone ever shared an experience of violence with you? How did you respond?**
- **Do you think this LIVES response will help you support your peers who are experiencing violence?**
- **How can supporting peers who have experienced violence enable them to get PrEP and protect themselves from HIV?**

Check in with the group to see how they are feeling. You could start by asking participants to go around the circle and share one feeling, or a colour that represents their feeling.

Let participants know you are available after the session (or at another time) if they would like to talk.



Useful Resources

- | | |
|---|---|
| <p>1 Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines
WHO
2017
www.who.int</p> | <p>Clinical guidelines to help health care workers provide trauma-informed care to children and adolescents who have experienced violence.</p> |
| <p>2 Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook
WHO
2014
www.who.int</p> | <p>A clinical handbook to help health care providers offer first-line support using the LIVES model to women who have experienced violence.</p> |
| <p>3 LINKAGES Peer Educator Training: Preventing and Responding to Violence Against Key Populations
FHI 360
2019
https://www.fhi360.org/resource</p> | <p>A training manual to build the knowledge and skills of peer educators, navigators, and outreach workers to ask key population members about violence and provide first-line support to individuals who disclose violence during outreach activities.</p> |
| <p>4 SASA! Support Training Module
Raising Voices
2013
http://raisingvoices.org</p> | <p>A training manual to build skills in providing support to women, men and activists affected by violence and HIV and AIDS.</p> |
| <p>5 Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers
WHO
2019
www.who.int</p> | <p>A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.</p> |

SESSION MATERIALS

LIVES Response

TOOL 6

STEP	How do I do this?
Listen closely with empathy and without judgement	Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk and acknowledge and validate her feelings.
Inquire about her needs and concerns	Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.
Validate her experiences	Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.

In your role as an Ambassador, your ability to provide support to your peers may be limited. You should only carry out the "E" and "S" steps of the LIVES response if you have completed training in these steps, and/or are working as part of a team or organization that is able to provide support to people experiencing violence.

Enhance her safety	Discuss a plan to protect her from further harm if there is a chance that the violence could happen again.
Support her to connect with additional services	Actively support her to access services, like counselling or legal support, if she is interested. This might mean helping her to make a phone call or going with her to visit an organization that can provide support.

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SESSION MATERIALS

WORKSHEET 1

LIVES Response — Disclosures of Violence

STEP	How do I do this?	What does this look like in practice?
<p>Listen closely with empathy and without judgement</p>	<p>Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk; acknowledge and validate her feelings.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Inquire about her needs and concerns</p>	<p>Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Validate her experiences</p>	<p>Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Next step</p>	<p>After listening, inquiring, and validating, it is ok to check in with yourself and take time to respond to your own needs.</p> <p>Enhance safety and Support (optional)</p> <p>If you have been trained in the full LIVES response and are working with a team or organization that is able to support people experiencing violence, you may be able to enhance your peer's safety and support her to connect to additional services.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

PrEP Methods

PrEP Methods and Combination Prevention

What Is PrEP

In recent years, there has been important progress in expanding HIV prevention options, including methods using medications called antiretrovirals (ARVs) for HIV-negative people. These methods are sometimes known as PrEP — in this manual, we will use the term "PrEP" or "PrEP methods" to talk about all of the HIV prevention methods that use ARVs to protect a person from HIV before they are exposed. PrEP stands for *pre-exposure prophylaxis*. This means:

Pre	Exposure	Prophylaxis
Before	Coming into contact with HIV	Medication to prevent an infection from happening

ARVs are a type of medication that stops HIV from making copies of itself and spreading to other cells. There are six classes (types) of ARVs; each attacks HIV at different points in its life cycle. Within each type, there are many specific drugs. Drugs from multiple types of ARVs are often combined to attack different parts of the virus at the same time. ARVs are used in PrEP, PEP and ART (see “PrEP, PEP and ART – what’s the difference?” below for more detail).

PrEP, PEP and ART – what’s the difference?

It is important that Ambassadors understand the differences between PrEP, PEP, and ART, including when each can be taken and whom they are for, so they can explain these differences to others. Sometimes the same ARVs are used for PrEP, PEP and ART.

Ambassadors should understand that PrEP, PEP and ART must be used as prescribed and cannot be interchanged. It is also important to be able to explain that unlike ART, PrEP and PEP are **only** for people who are HIV negative. The differences between PrEP, PEP and ART are summarised below.

- **PrEP (pre-exposure prophylaxis)** is for **HIV-negative** people to use **before** they are exposed to HIV. The ARVs used in PrEP work by preventing the virus from entering or replicating in the body.
- **PEP (post-exposure prophylaxis)** is for **HIV-negative** people to use immediately **after** being exposed to HIV. The ARVs used in PEP work by stopping the virus from multiplying and spreading to new cells. If taken early (within 72 hours of being exposed to HIV), PEP can isolate the virus to a few cells. When these cells die (which they do naturally) so does the virus. PEP is a combination of three ARVs. The WHO recommends tenofovir combined with either lamivudine (3TC) or emtricitabine (FTC) and ritonavir-boosted lopinavir (LPV/r) or ritonavir-boosted atazanavir (ATV/r). You take them once or twice a day, depending on which drugs are prescribed, for a month.

- **ART (antiretroviral therapy)** is for **people living with HIV**. The ARVs used in ART slow down or stop the virus from multiplying and spreading to new cells. ART does not cure HIV, because the virus remains in the infected cells. By the time someone starts ART, HIV has usually infected too many cells for it to die off naturally (as it does with PEP). However, if ART is taken every day, it can reduce the level of HIV so much that standard blood tests cannot detect it. This stops HIV from progressing to AIDS. When somebody has undetectable levels of HIV (known as an undetectable viral load, or UVL for short) there is not enough of the virus in their blood to transmit HIV to their sexual partners. This is being promoted as U=U (undetectable equals untransmissible). Someone can find out if their viral load is undetectable by going to a facility that does viral load testing. However, they need to keep taking ART as prescribed to keep their viral load undetectable.

Refer to the **PrEP, PEP, and ART tool** for a summary on how PrEP, PEP and ART differ, including whom they are for, how they work, when they are used and how effective they are.

What are the ways to use PrEP?

Because different AGYW have different HIV prevention needs and product preferences, and because AGYW's needs and preferences may change over their lifespan, researchers are always looking for new HIV prevention methods. Often people associate the term "PrEP" with the oral PrEP. However, now PrEP should be thought of as a category of ever-expanding ARV-based HIV prevention methods in development and being approved for use. Current PrEP methods approved for use or in development include:

- **Oral PrEP** – a pill that contains ARVs that greatly reduce the risk of HIV when taken every day. Most oral PrEP pills contain a combination of two ARVs — tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC)— although in some countries, different combinations are in use. A new form of oral PrEP, combining tenofovir alafenamide and emtricitabine (F-TAF) has recently been approved for men who have sex with men in some countries. Researchers are also developing a new form of oral PrEP called islatravir, which would only have to be taken once a month. Oral PrEP was the first PrEP method approved for use across the globe. You can learn more about oral PrEP in **Oral PrEP Essential Knowledge**.
- **Vaginal ring** – a silicone ring that is inserted into the vagina and worn continuously over one month to slowly release the ARV dapivirine. Also known as the PrEP ring and referred to as "ring" in this manual, it has been shown to reduce the risk of HIV with no safety concerns with long-term use and has recently been approved for use in some countries. There are other rings being developed that could be used for multiple months in a row without removal, as well as rings that use other ARVs such as tenofovir. Dapivirine is only used in the ring, and is not found in other HIV prevention or treatment products. More information about the ring may be found in **Ring Essential Knowledge**.
- **Injectable PrEP** – different types of PrEP injections are being developed and tested to see if they work to prevent HIV. A long-acting PrEP injection containing cabotegravir (CAB PrEP) has been shown to be highly effective in preventing HIV and could provide long-term protection. *Injectable PrEP has not yet been approved for use. The Ambassador Training does not currently focus on injectable PrEP; more information will be added to the package once injectable PrEP is recommended for use by the WHO.*
- **Multipurpose technologies (MPTs)** – these products combine HIV prevention with contraception and will one day help AGYW meet more SRH needs with a single product. MPTs in development include a daily dual-prevention pill containing both PrEP and a contraceptive, and a multipurpose ring containing levonogestrel for contraception and dapivirine for HIV prevention. *No MPT for HIV prevention has been approved for use. The Ambassador Training does not currently focus on MPTs; more information will be added to the package as MPTs are recommended for use by the WHO.*

The time span from initial product development to rollout into the community is long. ARV-based HIV prevention methods must go through many years of testing. They must also gain approval from regulators, including national ministries of health. Check the **Useful Resources** to get details on what new methods may be approved or available in your location.

Here is a quick summary of some of the key attributes AGYW will consider when comparing different PrEP methods and condom use. The remaining sections will go into more detail on the two PrEP methods currently available on the market, oral PrEP and the ring. Remember no method can provide protection if it's not used correctly and consistently. Ambassadors can reference this table in the **Expanding Options to Fit Our Lives tool**.

Attributes/Method	Condoms	Oral PrEP	Ring	Injectable
 How it's used	On-demand for sex; placed on the penis (male condom) or in the vagina/rectum (female/internal condom)	Pill taken daily	Vaginal ring replaced each month	Injection given every 2 months
Site of action	Vaginal/anal area depending on type of sex (localised)	Whole body (systemic)	Vaginal area (localised)	Whole body (systemic)
Role of male partner use	Male partner consent required	Woman initiated; use can be private	Woman initiated; use can be private	Woman initiated; use can be private
 How effective for HIV prevention	Over 90%, when used correctly (with lubricant)	Over 90%, when used correctly and consistently	About 50%, when used correctly and consistently	Over 99%, when used correctly and consistently
 Protection against STIs and pregnancy	Yes, if used correctly each and every time one has sex	NO *	NO *	NO *
 Availability	Widely available	Available in most countries (check local guidelines)	Available in some countries (check local guidelines)	Not yet available; not yet approved

* These methods should always be used in combination with a condom and a reliable method of contraception if possible. Future MPTs in the form of a pill or ring will be able to protect against HIV and pregnancy.



What is combination prevention?

The term combination prevention often refers to programs that implement different types of interventions aimed at reducing HIV transmission within a community or group of people.

In this training package, the term refers to someone using multiple prevention methods, such as condoms, STI screening and treatment, and PrEP, to maximise protection from HIV and other unwanted sexual health outcomes.

There are many ways AGYW can protect themselves from HIV or prevent the spread of the virus to others. PrEP methods are designed to contribute to the existing package of HIV prevention options — including abstinence, condoms, STI screening and treatment, and reducing number of sexual partners — not replace them. Each method has its benefits and challenges, and the best approach — or combination of approaches — varies by individual and relationship. AGYW need to think about what works best for them given their own particular needs. For example, they may need to think about protection from HIV, STIs and pregnancy.

AGYW can reduce their vulnerability to getting HIV through sex by:

- Abstaining from sex
- Using PrEP
- Using post-exposure prophylaxis (PEP) if they think they have been exposed to HIV

- Using male or female/internal condoms and water-based lubricant every time they have sex, including vaginal, anal and oral sex
- Reducing their number of sexual partners
- Regularly testing for HIV
- Regularly screening for STIs and having them treated immediately
- Knowing their partners' HIV status
- Having sexual partners use ART if they are living with HIV
 - HIV-negative women who have partners living with HIV and want to become pregnant can protect themselves from HIV by using oral PrEP and/or making sure that their partner is using ART correctly.

AGYW can reduce their vulnerability to HIV through blood by:

- Avoiding contact with another person's blood
- Never using a needle that has been used by someone else

Mothers living with HIV can reduce their baby's vulnerability to HIV by:

- Taking HIV medication during pregnancy, birth and breastfeeding*
- Treating their infant with HIV medication

Women living with HIV who do not wish to become pregnant can use family planning to prevent unintended pregnancy.

* **Note:** For areas with high HIV prevalence and where diarrhoea, pneumonia and undernutrition are common causes of infant and child mortality, breastfeeding for at least 12 months is recommended by the World Health Organization (WHO) for HIV-positive mothers who are adhering to ART. Even when ARVs are not available, it is recommended that mothers exclusively breastfeed (not giving the baby other foods) for at least six months. To determine whether formula feeding is a safe option, a woman should speak with her health care provider.

Refer to the **HIV Transmission and Prevention Ambassador tool** for a summary of HIV prevention methods.

Who is PrEP for?

WHO recommends PrEP for AGYW who are vulnerable to HIV as an additional prevention option alongside other HIV prevention methods. However, determining who is most vulnerable to HIV can be complicated. Research shows that AGYW often think they are less vulnerable to HIV than they actually are. A person's vulnerability is influenced by environmental factors, such as the prevalence of HIV in their community; social factors, such as gender norms and inequality; and the sexual activities they engage in, such as having unprotected sex with multiple partners.

AGYW in sub-Saharan Africa are a priority population for PrEP because of their disproportionate vulnerability to HIV. Overall, it is very unlikely that AGYW who are not vulnerable to HIV will try to get PrEP. Therefore, it is important that HIV Prevention Ambassadors are encouraged to promote PrEP use as an option for all sexually active AGYW who want to protect themselves from HIV, regardless of how vulnerable they think they are.

PrEP can give AGYW more power and control over their sexual health and their ability to protect themselves against HIV infection, especially AGYW who find other HIV prevention methods difficult to use. While the final decision to use PrEP should be made by AGYW in conversation with their health care providers, the following information may be useful when identifying which AGYW would benefit from using a PrEP method as part of their combination HIV prevention strategy. AGYW may be vulnerable to HIV if they:

- Are in a sexual relationship where they do not use condoms every time they have sex and:
 - They do not know the HIV status of their partner
 - They do not have confidence that their partner is monogamous
 - They are not able to talk to their partner about sex or negotiate safer sex
 - They, or their partner, has recently had an STI
 - Their partner has HIV and is on treatment but is not confident they have an undetectable viral load
 - They are in a transactional sexual relationship
 - Their partner is violent or controlling
 - Their partner is much older than they are
 - They want to protect themselves from HIV in a way they do not have to discuss with their partner
- Have multiple sex partners
- Use alcohol and drugs before having sex
- Inject drugs and do not always use new equipment (only oral PrEP is suitable)

PrEP might also be suitable for AGYW who are experiencing repeated sexual violence. It is important that AGYW experiencing sexual violence are aware of and can access PrEP if they want to. However, messaging should not focus on sexual violence as a reason why AGYW would use PrEP, because this could create stigma for girls and women who choose to use it for other reasons. It is important to empower AGYW and support them to make a choice to use PrEP to protect their health.

Not all PrEP methods provide the same amount of protection from HIV or protection from all the ways someone may be exposed to HIV, and each has different side effects and special considerations for use that are important to remember when choosing between methods. More information on each PrEP method can be found throughout this section.

In places where HIV rates are high, pregnant and breastfeeding women may wish to include PrEP methods in their HIV prevention plan. It is important for women to talk with their health care providers about using PrEP methods during pregnancy or when breastfeeding if they feel they are at risk of acquiring HIV.

It is very important that Ambassadors know that a person's PrEP method cannot be shared with other people. It must be prescribed for each person individually by a health care provider to make sure the individual is HIV negative and healthy enough to use it.

How to choose the right HIV prevention options

AGYW should choose their HIV prevention options based on accurate information, their relationships and lifestyle, fears, their own personal preferences and other circumstances that may influence their decision. HIV prevention choices and PrEP method preferences vary from person to person, and also change over time. The following sections will equip Ambassadors with essential knowledge about available PrEP methods and important decision-making strategies to help their peers know about and decide if any PrEP methods are right for them as part of their personal HIV prevention strategy.

Getting PrEP

Before AGYW can start using PrEP, they will need to see a health care provider who can counsel and test them for HIV, prescribe it and then conduct regular HIV tests. This can be a barrier to PrEP use. For example, AGYW may be concerned about:

- Being judged by the health care provider
- Being tested for HIV and finding out they are HIV positive
- Having to discuss their sex lives
- Being seen attending the service by their parents, partner or other people
- The health care provider breaking their confidentiality and telling others they are using PrEP

HIV Prevention Ambassadors can support their peers to get PrEP by:

- Telling them about the process so they know what to expect
- Giving them information about youth-friendly services in their area where they can get PrEP
- Talking through any concerns they might have, such as getting an HIV test
- Helping their peers see their health care provider, such as by making an appointment, helping them identify transport options, or going with them to provide support
- Sending their peer a link to a national or local online service directory or online health service booking platform (which includes PrEP service providers)

Depending on the PrEP method that AGYW choose, different tests may be needed before starting PrEP use. More information on the requirements is contained within the essential knowledge for each method. It is important to check local guidelines or ask a health care provider what the requirements are for each method in your area.

Adherence, continuation, and persistence

When it comes to treatment for HIV and other illnesses, *adherence to treatment* — which means taking it correctly — is a big deal. In order to manage HIV and live positively, people living with HIV must try to adhere to their medicine at all times. However, because AGYW can choose to use PrEP when they are vulnerable to HIV and stop using it if they do not need it, the word adherence is less helpful when talking about optimal use of PrEP methods. We suggest using the terms *continuation* or *effective use* to talk about the use of PrEP during the entire time AGYW are vulnerable to HIV, and use the word *persistence* to talk about overcoming barriers to continued PrEP use.

What AGYW have to say about PrEP

“In my opinion having different HIV prevention methods empowers women to take charge of their health. For me it's the empowerment aspect that makes me glad about having different HIV [prevention] methods “

“It is important to have different PrEP methods to limit the spread of HIV. Having a choice is so much better. Our generation is losing their lives to HIV because the youth and even older people lose hope when they find out they are HIV positive. So, the HIV [prevention] methods that are currently put in place are helping a lot of people”

“I was using FP to prevent pregnancy and I thought it made sense to use PrEP to prevent getting HIV.”

“The fact that PrEP is a personal thing... I'm the one responsible for taking my PrEP, its not like anyone is forcing me.”

Oral PrEP Essential Knowledge

Oral PrEP Basics

What is oral PrEP?

Oral PrEP is a pill containing antiretroviral (ARV) medication that can be taken by HIV-negative people once a day to protect them from getting HIV.

Who is oral PrEP for?

As of 2021, oral PrEP has been approved in many countries for men and women, including trans men and women. It is also approved for young people who weigh 35kg or more — about the weight of an average 11-year-old — in some countries, such as the United States. The use of PrEP "on-demand" is recommended by the WHO to be appropriate for sexual exposures for all people assigned male at birth who are not taking exogenous hormones.

In some countries, oral PrEP was first promoted for specific groups, such as men who have sex with men and sex workers who are often especially vulnerable to HIV. Because of this, oral PrEP is often viewed as an HIV prevention method that is only used by these individuals. While these are also priority populations for oral PrEP use, thinking about oral PrEP this way is a major barrier for AGYW who do not identify with these groups.

Presenting oral PrEP as an option for only the most vulnerable groups may contribute to the stigma surrounding it. Research shows that rebranding oral PrEP as an option for all people who need, want and can use PrEP including AGYW who want to take control of their health and protect themselves from HIV makes oral PrEP more appealing. This will also help to normalise oral PrEP use among AGYW.

Oral PrEP provides protection from HIV during unprotected vaginal and anal sex and for people who use injection drugs because it is systemic, which means it is dispersed throughout the body. Because of this, oral PrEP is a good option for AGYW who have unprotected vaginal or anal sex.

How does oral PrEP work?

When HIV enters the body of an HIV-negative person who is *not* taking oral PrEP or using other PrEP methods, it attacks and enters immune system cells known as CD4 cells. HIV then makes copies of itself in these cells and spreads to other cells. Oral PrEP puts a shield around CD4 cells to prevent HIV from getting in and multiplying itself. If the virus cannot multiply, it simply dies within the body.

The most common brand of oral PrEP is Truvada, which is a combination of two ARVs called tenofovir and emtricitabine. There are also generic versions of oral PrEP. This means that the drug is made by a different company and will have a different brand name, but the ingredients are the same, and it works just as well! (Refer to your country's national guidelines on other regimens approved for oral PrEP.)

The combination of ARVs in oral PrEP protects the cells from HIV before it takes over cells and starts multiplying. Other types of ARVs, like those used in PEP and ART, can be used to prevent the spread of HIV *after* it has already infected cells.

How effective is oral PrEP?

When oral PrEP is taken every day, the amount of ARVs in the body builds up and reduces HIV vulnerability by more than 90%. Most people will be protected after they have been taking oral PrEP for seven days. It is important that anyone who begins taking oral PrEP speaks to their health care provider about how long they need to take the medication before it reaches maximum effectiveness. Also, for maximum HIV protection, it is important to use oral PrEP in combination with condoms whenever possible.

Does oral PrEP protect against other STIs and pregnancy?

Oral PrEP does *not* protect against other STIs or pregnancy, which is why it is recommended to use condoms and contraception in combination with oral PrEP.

Does oral PrEP provide protection against HIV when having anal sex? What about oral sex?

Because oral PrEP is systemic, meaning the ARVs are present throughout the body, oral PrEP does provide protection during anal and oral intercourse. A male condom (with water-based lubricant when possible) should also be used for protection from STIs when having anal sex.

Getting Oral PrEP

Many countries have included oral PrEP in national HIV prevention guidelines, allowing it to be provided at health clinics and other provider platforms such as mobile and community-based. Review local guidelines so that you are able to provide accurate and up-to-date information about oral PrEP to Ambassadors. If possible, it is a good idea to talk to a community partner who knows the status of oral PrEP availability in your community or invite them to the training.

To get oral PrEP, AGYW will need to have a negative HIV test, not have signs of acute HIV infection, and not have had recent possible exposure to HIV (requiring PEP vs a PrEP method). AGYW may additionally need to get testing for Hepatitis B and kidney function to make sure it is safe to start oral PrEP. AGYW may be able to receive 3 months' worth of oral PrEP at a time and see their health care provider quarterly for HIV tests or do self-testing, or they may need to visit their provider more frequently, depending on local guidelines. Remember to check your most up-to-date local guidelines!

Taking and Staying on Oral PrEP

Taking oral PrEP

How is oral PrEP taken?

Oral PrEP is a pill that is taken daily. It can be taken with or without food. Taking the pill at the same time each day can make remembering to take it easier.

Oral PrEP has to be taken every day to be effective for AGYW. If it is not taken daily, the ARV levels of the person taking it will not be high enough to protect them from infection and they will remain vulnerable to HIV. It is important to emphasise this point, as studies show that many AGYW struggle with daily use of oral PrEP.

Are there any side effects?

Taking oral PrEP is similar to taking any other medication. Some people experience side effects, but for most people, they are minor and go away within a few weeks.

About one in 10 people who use oral PrEP will experience minor side effects, such as:

- Headache
- Vomiting
- Weight loss
- Abdominal discomfort
- Nausea

These side effects usually lessen with time or by changing the time of day the pill is taken. If AGYW are experiencing side effects, it is important for Ambassadors to recommend that they talk to a health care provider to help manage them. Additionally, Ambassadors can encourage oral PrEP users not to give up on taking the medication if they experience side effects. They can also offer moral support in dealing with these side effects.

If concerns about kidney or liver problems come up in conversations with peers or in the community, Ambassadors can say these are very rare side effects. If oral PrEP is affecting a person's kidneys or liver, the health care provider will most likely tell them to stop taking it. In most cases, the problem will resolve over time.

It is important to highlight that oral PrEP does not affect fertility. This is a common myth.

Does oral PrEP interact with other medications, drugs or alcohol?

Oral PrEP does not interact with contraceptives or other medications, drugs or alcohol.

How is oral PrEP stored?

Oral PrEP should be kept in a cool, dry place, away from children, and in a tightly closed container.

What are the barriers to daily use?

AGYW can struggle with taking oral PrEP every day for a number of reasons, including:

- Fearing that if people find out they are taking oral PrEP, people will think they are living with HIV or discriminate against them
- Fearing that if their parents find out they are on oral PrEP, it will reveal they are sexually active
- Feeling the need to hide oral PrEP from their family and/or partner, making it difficult to take it regularly
- Finding it difficult to swallow the pill because it is larger than other pills they may be used to taking
- Getting tired of taking it every day
- Underestimating their vulnerability to HIV; research shows that people who think they need HIV protection are more likely to adhere to oral PrEP
- Low awareness of and support for oral PrEP in the community, from parents and partners, and among other AGYW/their peers
- A poor understanding of how oral PrEP works
- Barriers to using health services, including repeat HIV testing and returning for oral PrEP refills
- A lack of support for daily use and managing side effects
- Changes in routine, such as being away from home

How can Ambassadors support their peers to use oral PrEP daily?

People use a variety of strategies to help them remember to take oral PrEP every day. Strategies will depend on an individual's situation, resources and social networks. Strategies that Ambassadors could suggest to AGYW to take oral PrEP daily include:

- Taking the pill at the same time every day
- Incorporating the pill into their daily activities, like as part of their morning routine or when a favourite TV show comes on
- Setting a phone alarm
- Encouraging trusted partners, family members or friends to remind them
- Using daily pill boxes
- Keeping pills in a place that is easy to find

- Trying not to run out of oral PrEP completely by keeping a back-up supply
- Keeping their appointments with health care providers
- Practicing different ways of taking the pill to make it easier to swallow, such as placing the pill on their tongue, taking a sip of water and bending their head forward before swallowing. If someone is still unable to swallow the pill, it is better to cut it in half and take both halves than to not take it at all. The pill should not be crushed.
- People sometimes forget or skip a pill. If a person misses a pill, she can take it as soon as she remembers and continue to take it daily as before. It is safe to occasionally take two pills in one day.
- If an adolescent girl or young woman is not sure whether she took her pill on a certain day, it is ok to take another pill. If she takes oral PrEP daily, she will still have high levels of protection if she occasionally misses a pill. If she usually misses more than one pill per week, she should think about other ways to help her take oral PrEP every day.

Staying on Oral PrEP

Oral PrEP can be used during periods in AGYW's lives when they are vulnerable to HIV, and it can be stopped when their circumstances change. It is not a lifelong medication.

If AGYW no longer feel vulnerable to HIV or want to stop using oral PrEP for other reasons, they should speak to a health care provider.

How can Ambassadors support their peers to stay on oral PrEP?

While AGYW may be enthusiastic when they first start taking oral PrEP, they may find it difficult to keep using it over time. Ambassadors can support their peers to keep taking oral PrEP by:

- Texting with them to answer questions and address concerns
- Checking in with them regularly to see how they are doing and what challenges they are experiencing
- Supporting them with any side effects they are experiencing
- Helping them find an oral PrEP buddy (someone who reminds them to take the pill and offers moral support)
- Referring them to support groups for oral PrEP users, available through social media, virtual chat groups, and in person
- Suggesting they get oral PrEP refills through outreach services
- Recognising milestones (like giving the title "Oral PrEP Queen" after taking the pill daily for three months)

Myths and Facts about Oral PrEP

There are many myths about PrEP methods in general. These myths are listed in the PrEP Methods and Combination Prevention section. Here are myths and facts specific to oral PrEP.

MYTHS	FACTS
<p>✗ Oral PrEP can only protect someone if they are having anal sex.</p>	<p>✓ Oral PrEP targets HIV. It is effective no matter how the virus is transmitted.</p>
<p>✗ If a person takes oral PrEP and becomes HIV positive, then ART will not work; oral PrEP leads to ART resistance.</p>	<p>✓ The risk of developing HIV drug resistance with the use of oral PrEP is very small (<0.1%), especially if clients take their pill every day and get tested for HIV regularly.</p>
<p>✗ Oral PrEP has terrible side effects.</p>	<p>✓ All medication causes side effects in some people. About one in 10 people experience minor side effects when they first start using oral PrEP (such as headaches, weight loss, nausea, vomiting and abdominal cramps). These will usually go away in a few weeks.</p>
<p>✗ Oral PrEP will make a person infertile.</p>	<p>✓ This is not true. It has been proven that oral PrEP has no effect on fertility (a person's ability to get pregnant).</p>
<p>✗ Oral PrEP reduces a person's sex drive.</p>	<p>✓ There is no interaction between oral PrEP and a person's libido (sex drive). However, other factors may affect sexual pleasure, sex drive or sexual performance, such as anxiety, alcohol consumption or a lack of arousal.</p>
<p>✗ Oral PrEP reduces the effectiveness of contraception.</p>	<p>✓ Oral PrEP has no effect on any method of contraception.</p>
<p>✗ Oral PrEP interferes with other HIV prevention methods like condoms and lubricants.</p>	<p>✓ Oral PrEP has no impact on the effectiveness of condoms and lubricants. Oral PrEP complements other prevention efforts but does not protect against STIs or pregnancy, so correct and consistent use of condoms (with water-based lubricants when possible) strengthens prevention.</p>
<p>✗ Since the oral PrEP pill is so big, it is ok to crush it or break it in half.</p>	<p>✓ It is definitely not advisable to crush the tablet. It is also not advisable to break it in half, because the dosage may be compromised (i.e., some of the pill may be lost). Some health care providers say that if the pill is not swallowable (some people just cannot swallow a large pill), it is better to cut it in half (without losing any of the pill) than not to take it at all. However, many pharmacists advise against this.</p>
<p>✗ People can share oral PrEP pills with others.</p>	<p>✓ Most definitely not! Anyone who wants to use oral PrEP must get tested for HIV and talk with a health care provider to make sure it is okay for them to use.</p>

 **Your Notes**

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Ring Essential Knowledge

Ring Basics

What is the ring?

The dapivirine vaginal ring (we refer to it as ‘the ring’) is a method of PrEP that is inserted into a woman’s vagina to protect against acquiring HIV. The ring is made from flexible silicone that is easy to bend and contains an antiretroviral (ARV) drug called dapivirine that is slowly released in the vagina. The ring needs to be removed and replaced with a new ring every month.

Who is the ring for?

The ring is an HIV prevention option for women who want protection from HIV during vaginal sex. It was recommended by WHO in early 2021 for women who are unable or unwilling to use oral PrEP, or in situations where oral PrEP is not available, in combination with other safer sexual practices. It can be offered as an additional choice for women as part of combination HIV prevention.

A nonprofit called the International Partnership for Microbicides (IPM) developed the ring, and they are seeking approval of the ring in several countries in Africa.

It is expected that countries who approve the ring would do so for women ages 18 and older, though it is possible that some could approve it for adolescent girls (i.e., those under age 18). In the remainder of this document, any references to adolescent ring use would apply only to those countries that have also approved the ring for adolescent girls.

AGYW need to make an informed decision about which HIV prevention method they choose. There may be factors that influence someone’s choice; for example, although oral PrEP is more effective when taken daily, perhaps someone does not have access to oral PrEP or faces challenges taking a pill every day.

Because the ring can only provide protection from HIV during vaginal sex, condoms (and water-based lubricant when possible) should also be used during anal sex. For AGYW who regularly engage in anal sex or injection drug use, other PrEP options, such as oral PrEP, should be considered.

How does the ring work?

The ring slowly releases an ARV called dapivirine into the vagina. Dapivirine works by preventing HIV from making copies of itself inside the body. If the virus cannot multiply, there will not be enough of the virus for you to get HIV. When the ring is in the vagina, it releases enough dapivirine to block HIV from multiplying. Dapivirine doesn’t stay in the vagina for very long if the ring is removed, which is why it’s so important to keep the ring in place continuously for a month.

After an explanation or demonstration, it is easy for a ring user to insert and remove the ring with her fingers.

How effective is the ring and how can I protect myself more?

When the ring is worn throughout the month without being removed, it can reduce HIV vulnerability from exposure through vaginal sex by about 50%. We will learn more about how well the ring can work as it is rolled out in the real world.

The ring will be most effective when it is kept in place continuously and then immediately replaced with a new ring each month. It does not need to be removed for cleaning or during menses.

The ring must be in place for 24 hours before it can provide maximum protection from HIV. A back-up form of HIV protection, for example a condom or abstaining from sex, should be used for the first 24 hours after ring insertion. Also, dapivirine does not stay in the vagina for very long after the ring is removed, therefore it is important to keep the ring in place continuously for a month until it is replaced with a new one. The ring cannot provide protection if it is not in place!

Lastly, the ring releases dapivirine in the vagina, and very little dapivirine is absorbed into the rest of the body.

Does the ring protect against other STIs and pregnancy?

No, like oral PrEP, the ring only provides protection against HIV, not pregnancy or STIs. Therefore, reliable contraception and condoms (with water-based lubricant, if possible) should be used to prevent unintended pregnancy and STIs.

Does the ring provide protection against HIV when having anal sex?

The ring does not provide protection from HIV during anal sex. It is designed specifically for vaginal intercourse and should never be inserted rectally. A male condom (with water-based lubricant, if possible) or oral PrEP must be used for HIV protection when having anal sex.

Will male partners be able to feel the ring during sex? Will it be safe for male partners?

The ring does not harm the male partner or have any effect on the penis. It also does not provide HIV protection for the male partner.

Most people do not feel the ring during sex. Men who reported feeling the ring during sex mostly reported that the ring did not reduce their sexual pleasure or cause them to change sexual positions or practices. In fact, some people reported that feeling the ring, knowing that the ring was in place, or feeling increased vaginal wetness while using the ring, increased their sexual pleasure. It is also possible that some partners could feel the ring during foreplay if fingers are inserted in the vagina. If the ring is felt during foreplay or sex, ring placement should be checked to make sure it is inserted far enough into the vagina.

Because it is possible to use the ring without informing their male partners, some AGYW who wish to keep their PrEP use private may choose the ring. However, since it is possible that the ring could be felt during foreplay or sex, AGYW who use the ring should be prepared to respond to a sexual partner who is not aware of the women's ring use but feels 'something' during foreplay or sex.

Ambassadors can help their peers disclose ring use to their partners (if they choose to do so) by giving them complete and correct information about the ring and how it works.

Are there any side effects?

Using the ring is like using any other medication. Some women will have side effects, which are usually minor to moderate and go away after a few days without needing to remove the ring. Although they are uncommon, possible side effects from the ring include urinary tract infections, discomfort of the vagina and/or area outside the vagina (vulva), changes in vaginal wetness or odour, increased itching, or pain in the lower part of the belly. No safety concerns were seen with long-term use of the ring. If you experience vaginal changes while using the ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

Will the ring make AGYW less fertile?

The ring has no impact on hormones and has no effect on fertility. The ring does not cause STIs or cervical cancer. Because the ring does not prevent pregnancy, anyone using the ring who does not want to become pregnant should also use contraception.

Are there any other health concerns about using the ring?

In studies, no safety concerns were seen during long-term use among women who used it for two years or more. There is no evidence that the ring increases the risk or severity of STIs, however because the ring does not prevent other STIs, a condom should also be used. Testing and treatment for STIs can be done while using the ring.

Does the ring need to be taken out to be cleaned?

The ring does not need to be removed or cleaned during the month. The ring should be kept in place all the time and does not interfere with daily activities like bathing, sex and menses. However, if a ring user does remove the ring to clean it, she should use only clean water to rinse it and then reinsert the ring immediately.

What about wearing it during menses?

The ring will not have any impact on the timing, frequency or volume of blood during menses; it does not block menstrual flow. It is OK to use the ring and tampons or the menstrual cup (or the “moon cup”) at the same time as well. Menstrual bleeding may change the colour of the ring but this is ok and will not change the ring’s ability to protect from HIV. Ambassadors should remind their peers that contraceptive methods can affect the timing and flow of menses, and to contact their health care provider if they have any concerns.

What about wearing it during pregnancy or while breastfeeding?

Studies about brief use of the ring early and late in pregnancy have shown no safety concerns to the mother or baby. A small study of mothers who weaned their infants but were still producing milk showed no safety concerns to the mother and only very small amounts of dapivirine got into breastmilk. Studies to explore the safety of the ring during all stages of pregnancy and breastfeeding are ongoing.

Are there other ways to use the ring?

The ring has only one purpose: to protect against acquiring HIV. It is designed to be used in one way only: by inserting it in the vagina and keeping it in place for one month.

Getting the Ring

In countries that approve the ring, it will be introduced in different ways and on different timelines. After the ring is approved, there are still other steps before the ring could be available in health facilities. In addition, it will most likely be provided at specific facilities first and gradually rolled out to others, so getting the ring will be an evolving process. Review local guidelines so that you can provide accurate and up-to-date information about the ring to Ambassadors. If possible, it is a good idea to talk to a community partner who knows the status of ring rollout in your community or invite them to the training.

Each country that approves the ring will develop its own clinical guidelines. It is likely that guidelines will require a negative HIV test and confirmation that the new user does not have signs of acute HIV infection or a recent potential exposure to HIV (requiring PEP instead of a PrEP method). It may be possible to receive up to three months’ worth of rings at a time and have HIV tests quarterly. Negative HIV tests will be needed to continue using the ring. Similarly, some countries may also require regular pregnancy testing. Remember to check your most up-to-date local guidelines!

Using and Staying on the Ring

Using the ring

How is the ring used?

The ring is one size fits all. It is easy to insert, and AGYW can insert the ring themselves. Or, if she wants help, her health care provider can insert the ring for her or check its placement inside the vagina. It sits in the vagina, just below the cervix. Like a tampon, the ring cannot move past the cervix or get 'lost', and it does not dissolve or change size in the body. The ring is able to stay in place because its shape is firm enough to 'hug' the sides of the vagina and not slip out. Ambassadors should be familiar with how to insert and remove the ring so that they can answer questions and guide AGYW who are thinking about using the ring. The rings come packaged in a box either individually or as a set of three depending on how many can be supplied at one time. Each individual ring will be in a sealed, foil pouch that must be carefully torn or cut open (similar to a condom wrapper).

HOW TO INSERT AND REMOVE THE RING

Steps to insert the ring:

1. If self-inserting, get into a position that is comfortable for inserting the ring, such as squatting, one leg lifted up, or lying down. If being assisted by a health care provider, be in a reclined position.
2. With clean hands, squeeze the ring between the thumb and forefinger, pressing both sides of the ring together, OR holding the ring with two hands and slightly twisting it to create a "figure 8" shape.
3. Use the other hand to open the folds of skin around the vagina.
4. Place the tip of the ring into the vaginal opening and use fingers to push the folded ring gently up into the vagina.
5. Push the ring as far toward the lower back as possible. If the ring feels uncomfortable, it is probably not inserted far enough into the vagina. Use a finger to push it as far up into the vagina as is comfortable.

Steps to remove the ring:

1. If self-removing, get into a position that is comfortable for removing the ring, such as squatting, one leg lifted up, or lying down. If being assisted by a health care provider, be in a reclined position.
2. With clean hands, insert one finger into the vagina and hook it around the edge of the ring.
3. Gently pull the ring out of the vagina.

Refer to the **Ring Insertion and Removal tool** for a diagram of where the ring sits in the body and a visual guide on inserting and removing the ring.

How long can the ring be used for?

The ring may not work to prevent HIV if it is not replaced monthly, so AGYW should not use the same ring for more than one month. Only ONE ring should be worn at a time.

Ambassadors can support their peers to continue using the ring month after month as long as that is their chosen HIV prevention method. There is no problem with using the ring as an HIV prevention method over the long-term.

What if AGYW want to stop using the ring?

AGYW should be empowered to use HIV prevention methods during times when they feel vulnerable to HIV; PrEP methods do not have to be used for someone's whole life! AGYW can remove the ring themselves when they want to stop using it. Once the ring is removed, she is no longer protected. Ambassadors can help their peers who want to stop using the ring — and switch to a different HIV prevention method such as oral PrEP, if they choose — by giving them information and linking them to a health care provider, if needed.

What about stopping the ring and switching to another PrEP method?

An Ambassador can help her peer switch to another PrEP method by making sure her peer sees a health care provider to get the right testing for and access to the PrEP method before she stops using the ring, so that she can begin using the new method as soon as she removes the ring. It is important to be aware of how long it takes to be protected after starting the new method, so extra precaution should be taken during this time, such as using condoms (with lubricant when possible).

Can the ring and oral PrEP be used at the same time?

The safety and effectiveness of using oral PrEP and the ring at the same time has not yet been studied. Based on what is known about oral PrEP and the ring, it is not likely that there are safety concerns about using both products at once. However, more information is needed about whether using both products at the same time is safe, and it is not known if using both products provides more protection from HIV. It is best for AGYW to choose the HIV prevention method that works best for them, so that they can use it correctly and consistently.

What happens if the ring comes out accidentally?

While it is not likely, the ring may come out accidentally, for example, during menstruation, during a bowel movement, when removing a tampon, or if not inserted correctly.

If this happens in a clean environment (such as in bed or in your underwear) and the ring does not touch anything dirty (for example, the toilet, dirty ground), then the ring can be rinsed with clean water and immediately re-inserted. If it touches something dirty, or if the woman is not sure, then she should discard and re-insert a new ring as per instructions.

How is the ring disposed of when finished?

Used rings should be placed in the foil wrapper (either its original or the empty one of the new ring), tissue, or toilet paper and disposed in a trash/rubbish bin that is kept away from children and animals. DO NOT throw rings in a flushing toilet or burn them. Hands should be washed after handling the used ring. When it is time to replace the ring, it's important to get the new ring before the old one is thrown away to make sure that a ring is in place at all times.

How is the ring stored?

If they are not being worn, such as when someone has a three-month supply, rings should always be stored in a clean, cool, dry place, not in direct sunlight and away from children and animals. Extra rings should be kept in the unopened foil packaging until used, to make sure they stay clean. If the ring is removed from its foil package and not used right away, the ring should be placed back in the foil package and stored in a clean bag or wrapped in a tissue. Ideally, the ring should always be kept inserted to have maximum protection against HIV infection. Women can also store unused rings (still in the foil packaging) in a small purse or toiletry bag.

Does the ring interact with other medications, drugs or alcohol?

Only small amounts of dapivirine are released from the ring, so interactions with medication or other chemicals such as alcohol are unlikely. AGYW should be reminded to keep safe when drinking or using drugs, and if having sex, to make sure to use condoms to protect against other STIs and pregnancy.

Can contraception be used when using the ring?

The ring does not prevent pregnancy, so it is important for AGYW who do not want to become pregnant to use contraception as well. The ring can be used with most types of contraception such as an intrauterine device (IUD), oral or injectable contraceptives, or female condoms with no complication. The IUD is placed up in the uterus past the cervix and away from vagina where the ring sits. Female condoms sit below the ring in the vagina.

However, the dapivirine ring should NOT be used with other vaginal rings like the contraceptives NuvaRing® or Annovera.

See **Ring Insertion and Removal tool** for reference on ring placement in the body.

Can condoms be used when using the ring?

Yes, the ring can be used with either male or female condoms.

What are the barriers to consistent use?

The ring is most effective when it is left in the vagina continuously for a month, and then taken out and immediately replaced with a new ring.

Barriers to using the ring vary from person to person, and may include:

- Discomfort with inserting the ring into the vagina, concern about inserting it correctly, or anxiety about the ring coming out
- Trouble inserting the ring into the vagina on their own, for example those with longer fingernail styles or who have limited mobility
- Discomfort from side effects such as urinary tract infection, discomfort in the vagina, vaginal itchiness or pelvic pain, and lack of support to manage these side effects
- Concerns about hygiene when wearing the ring during menses or having it inserted without cleaning it for a month
- Underestimating the likelihood they could acquire HIV; research shows that people who think they need an HIV prevention method are more likely to consistently use their chosen method
- Concerns about or beliefs that male partners may not support their partners using HIV prevention methods, or that male partners might think that the ring would interfere with sex
- Concern about others finding out that they are using the ring and judging them for having sex
- Low awareness of and support for the ring in the community, from parents or partners, or among other AGYW
- Low understanding of how the ring works
- Barriers to regular visits to a health facility to obtain ring refills

How can Ambassadors support their peers to use the ring consistently?

A variety of strategies are needed to help individuals use the ring consistently, depending on the situation, resources and social networks. Support that Ambassadors could provide to help peers use the ring consistently include:

- Using models or animations to demonstrate how to insert the ring correctly and to remove and reinsert it if the ring's position in the vagina is causing discomfort
- Reinforcing that the ring can be worn comfortably without disrupting daily activities and should not be removed during sex, menses or any other activities
- Helping peers with ways to remember to replace the ring each month, which could be reminders on their phone, diary, or a note in a place they look at each day, like on a mirror
- Helping peers access information on available HIV prevention options, choose the method that works best for them, or change their method or personal HIV prevention plan if needed

- Providing information to key stakeholders, community influencers and males; helping to sensitise people about the ring
- Encouraging peers to keep appointments with health care providers
- Correcting myths and incorrect information about the ring among their peers and in their community

Staying on the Ring

The ring can be used during periods in AGYW's lives when they want protection from HIV, and it can be stopped if their circumstances change, or if they would like to try another prevention method. Ring use is not a lifelong commitment.

If AGYW wish to stop using the ring, they can remove it. After the ring is removed, dapivirine does not stay in the body for long, so it is important to discuss other HIV prevention and SRH needs and options with a health care provider.

How can Ambassadors support their peers to stay on the ring?

Some AGYW may be enthusiastic when they first start using the ring, then face challenges to continuing to use it over time. Ambassadors can support their peers to keep using the ring by:

- Texting with them to answer questions and address concerns
- Checking in with them regularly to see how they are doing and what challenges they are experiencing
- Supporting them through any side effects they are experiencing
- Helping them find a ring buddy (someone who reminds them to replace it every month and offers moral support)
- Creating or referring them to support groups for ring users, including in-person and virtual groups using social media
- Suggesting they get ring refills through outreach services, if the ring is approved in their country
- Recognising milestones (like giving the title “Ring Queen” after using the ring for three months)
- Reassuring their peers that there are no safety concerns about long-term use of the ring and linking them to health providers if they have more questions

Myths and Facts about the Ring

There are many myths about PrEP methods in general. These myths are listed in the PrEP Methods and Combination Prevention section. Below are myths and facts specific to using the ring.

MYTHS	FACTS
<p>✘ The ring can protect someone no matter how they are exposed to HIV.</p>	<p>✓ The ring is only effective against HIV transmission during receptive vaginal sex because the medication is only released into the vagina. The ring does not protect against exposure from anal sex, giving oral sex, or injection drug use.</p>
<p>✘ If a person uses the ring and becomes HIV positive, then ART will not work; the ring leads to ART resistance.</p>	<p>✓ So far, there is no evidence that the ring increases resistance to HIV treatment medication. This is an important topic and the ring's developer will continue to study it.</p>

MYTHS	FACTS
<p>✗ The ring has terrible side effects.</p>	<p>✓ All medication can cause side effects in some people. With the ring, some people experience minor to moderate side effects when they first start using the ring (urinary tract infections, discomfort of the vagina and/or area outside the vagina [vulva], changes in vaginal wetness or odour, increased itching, or pain in the lower part of the belly). These usually do not last long and most women continue to use the ring without having to remove it. However, anyone using an HIV prevention product should talk to their health care provider if they experience health changes.</p>
<p>✗ The ring will make a person infertile.</p>	<p>✓ This is not true. The ring has no effect on fertility (a person's ability to get pregnant).</p>
<p>✗ The ring causes STIs.</p>	<p>✓ The ring does not affect the likelihood of getting an STI. However, the ring does not protect against other STIs, so condoms should be worn with the ring to prevent STIs.</p>
<p>✗ The ring causes cervical cancer.</p>	<p>✓ The ring does not cause cervical cancer or any other type of cancer.</p>
<p>✗ The ring will affect sex.</p>	<p>✓ The ring should be kept in during sex. It does not change a person's libido (sex drive). Most women and their male partners say that they could not feel the ring during sex and it did not affect their sexual pleasure. In fact, some women report that the ring increased sexual pleasure.</p>
<p>✗ The ring reduces the effectiveness of contraception.</p>	<p>✓ The ring has no effect on contraception, but it should not be used at the same time as contraceptive vaginal rings like Nuvaring or Annovera.</p>
<p>✗ The ring interferes with other HIV prevention methods like condoms and lubricants.</p>	<p>✓ The ring has no impact on the effectiveness of male or female condoms and lubricants. The ring complements other prevention efforts but it does not protect against STIs or pregnancy, so using the ring with correct and consistent use of condoms (with water-based lubricants when possible) strengthens protection.</p>
<p>✗ The ring will get lost in my vagina or stretch it out.</p>	<p>✓ The ring, like a tampon, stays in the vagina and is blocked by the cervix from moving higher up in the body. The ring is flexible and hugs to the sides of the vagina; it does not change the size or shape of the vagina.</p>
<p>✗ The ring will get dirty if left in all month without cleaning.</p>	<p>✓ The ring is designed to stay in the vagina for a whole month without needing to be removed to be cleaned, even after sex or during menstruation. When the ring is removed after one month, a woman may see some stains, but this is normal! Staining can happen when natural body fluids come into contact with the ring, but they have no effect on the ring's effectiveness or the health of the vagina.</p>
<p>✗ People can share rings with others.</p>	<p>✓ Most definitely not! Rings should not be shared. Anyone who wants to use the ring must get tested for HIV and see a health care provider to make sure it is okay for them to use it.</p>



Your Notes

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Session: The Ring and Our Bodies

SESSION OVERVIEW

Participants will learn basic information about the ring in relation to the female body, including how to insert the ring in the vagina and how to remove it. They will practice explaining these concepts, both to reinforce their own knowledge and to learn how best to communicate about ring use. Ambassadors will also practice responding to questions and allaying fears their peers may have about the ring.

By the end of this session, participants should:

- Have a basic understanding of the ring and how it relates to female sexual and reproductive anatomy
- Have an understanding of how the ring is inserted and removed, and be able to explain and demonstrate this to others
- Be able to address some common concerns and myths their peers may have about how the ring works in their body

KEY MESSAGES

- The ring is made of flexible silicone and is one size fits all. The ring is designed to be easy to insert and remove and can be done in private. Some women may feel confident to use the ring with the instructions provided and may not need the guidance of a health care provider. Other women might prefer that the health care provider explain and demonstrate how to use it. Once ring users have practiced, they usually do not need help to insert and remove the ring. However, a provider can assist as needed.
- The ring is placed far into the vagina below the cervix, where it sits comfortably once inserted. It cannot move past the cervix or get 'lost' and it does not dissolve and disappear into the body. The ring will not affect the size or function of the vagina, including in relation to sex, menstruation, or use of most other vaginally inserted products like tampons, menstrual cups, IUDs and female condoms.
- It is important for Ambassadors to encourage their peers to ask questions and express any concerns they have about using the ring. Concerns and fears may not only be about the technique of insertion and removal, but also about inserting an object into their vagina and leaving it in for a long period of time. Reassurance and understanding are important.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Tool 10b	Answering Your Questions — Ring	Toolkit page 16
Tool 11b	Tips for Using the Ring	Toolkit page 18
Tool 15	Ring Insertion and Removal	Toolkit page 25

If available:

- a sample of a ring
- a pelvic model

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:
 - a. This session will focus on where the ring ‘sits’ in the body and provide an explanation on how to insert and remove the ring. The information will help calm any fears AGYW may have about using a vaginally inserted product.
 - b. Later sessions will go into more detail about the ring: how it works, barriers to use, deciding to use the ring, how to get it and keep using it, and common myths.
2. Establish a safe environment to discuss vaginally inserted products by highlighting:
 - a. It is common to feel embarrassed.
 - b. Ambassadors can support each other by being respectful and nonjudgemental.
 - c. There is no expectation that they will have any experience inserting a vaginal product. Some people might, but others may not, and both are perfectly fine.

ACTIVITY: Getting Comfortable with Vaginal Products

1. Begin by asking participants to name any products they have heard of that are inserted in the vagina.
 - a. Offer examples, if needed, such as tampons, female condoms, diaphragms, menstrual cups, contraceptive ring, sex toy, etc.

It will be helpful for participants to have completed the **Getting to Know Our Bodies Session** in Foundational Knowledge to have a basic understanding of the female reproductive system for context of how the ring works in their body.

Participants may not have seen the ring before or have experience using a vaginally inserted product.

Refer to **Ring Essential Knowledge** to provide a brief overview of the ring.

Participants may also reference vaginal practices that involve vaginally inserted products or devices, such as yoni steaming or use of herbs.

2. Ask participants how they feel about inserting in their vagina any of the examples named or if anyone has experience — or knows someone who shared with them their experience — using any of these products, and if they are comfortable talking about it. If anyone volunteers, ask if they could insert/remove the product themselves, whether they had fears or concerns the first time they used it, and how they felt after using the product for a while.
3. Once you have discussed experiences with other vaginally inserted products, introduce the ring by explaining:
 - a. The ring is made of flexible silicone and is one size fits all.
 - b. The ring is designed to be easy to insert and remove and can be done in private.
 - c. The ring will not affect the size or function of the vagina, including in relation to sex, menstruation, or use of most other vaginally inserted products like tampons, IUDs and female condoms.
4. Use the **Ring Insertion and Removal tool** to show where the ring sits in the body. (Show with pelvic model and demonstration ring if you have these available.) It may be helpful to explain where some of the other vaginal products talked about in the earlier activity are located in relation to the ring to show they can be used at the same time with no issues (*NOTE: the only product that cannot be used with the ring is the contraceptive ring*).
5. If you have a sample ring, pass it around so participants can look at it and feel it.
6. Use the following prompts to lead a discussion about concerns or questions:
 - a. What are your initial reactions to the ring in terms of wearing it in your vagina?
 - b. Do you have any concerns with the ring similar to those you had about other vaginally inserted products?
 - c. Do you have concerns about your partner feeling the ring during sex?



APPLY

FACILITATION TIPS

ACTIVITY: Introducing the Ring and Where It Goes

1. Explain that in this session, participants will hear about how to insert and remove the ring and how to teach this process to their peers. They will also learn to help demystify the way the ring works with the body.
2. Use the Ring Insertion and Removal tool to talk through how to insert the ring.
3. Ask participants to break into pairs.
4. **INSERTION:** Ask each person in the pair to take a turn explaining to the other how to insert the ring.
5. Have the person receiving the instruction ask any questions they may have. The person giving the instruction should attempt to answer the question but if they cannot, have them write down the question.
6. Once the participants have finished, bring the group back together.
7. Ask participants to share any questions that came up that they could not answer or were unsure if they answered correctly. Talk as a group to address these questions.
8. Use the Ring Insertion and Removal tool to talk through how to remove the ring.
9. Ask participants to break into pairs
10. **REMOVAL:** Ask each person in the pair to take a turn explaining to the other how to remove the ring.
11. Have the person receiving the instruction ask any questions they may have. The person giving the instruction should attempt to answer the question but if they cannot, have them write down the question.
12. Once the participants have finished, bring the group back together.
13. Ask participants to share any questions that came up that they could not answer or were unsure if they answered correctly. Talk as a group to address these questions. Refer to the **Answering Your Questions — Ring tool and Tips for Using the Ring tool.**
14. Remind participants that their role as an Ambassador is to introduce the ring to peers, not to be clinical experts! If peers have more technical questions about the ring, especially in relation to inserting, removing and wearing it in the body, they should direct their peers to a local health care provider trained on the ring.

If someone gives incorrect information, provide feedback in a positive manner.

Direct participants to the **Answering Your Questions – Ring tool and Tips for Ring Use tool** to help them with this exercise.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- How easy do you think it is to use a ring? Do you have enough information to explain using the ring to others?
- Would you like more information/support to be able to explain the ring?
- What would it take for women to feel confident and able to do this on their own?
- Are the questions and answers about concerns useful and clear? What are your challenges about answering these correctly and clearly? Were there any questions that were not answered?

SESSION MATERIALS

TOOL 10b

Answering Your Questions — Ring



How does it work?

The ring slowly releases dapivirine into the vagina over the course of the month. Dapivirine works by stopping HIV from making copies of itself in the body. Because HIV cannot replicate in the body, there will not be enough of the virus for you to get HIV.

How effective is it?

If you wear the ring continuously and replace it each month, the ring can reduce the chance of getting HIV through vaginal sex by about 50%. The ring must be in place for at least 24 hours to provide maximum protection from HIV, and dapivirine quickly leaves the body after ring removal. Therefore, it is important to use a back-up form of HIV protection, like a condom or abstaining from sex, for the first 24 hours. Keep the ring inserted at all times until it is replaced each month.

Is the ring right for me?

It's your body, so it's your choice! You might consider the ring if you are having vaginal sex and want to protect yourself from HIV but cannot get or use daily oral PrEP consistently. It is also a discreet option that no one has to know about! PrEP methods only need to be used during times in your life when there is a chance you may acquire HIV, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider to make an informed choice.

Will the ring protect me from other STIs and pregnancy?

No! The ring protects against HIV. For protection against other STIs and pregnancy, it's best to use condoms (with water-based lubricant, when possible) and contraception with the ring. The ring can be used with most family planning methods except the contraceptive vaginal ring.

Are there any side effects?

Some people experience side effects, such as urinary tract infections, discomfort of the vagina and/or area outside the vagina (vulva), changes in vaginal wetness or odour, increased itching, and pain in the lower part of the belly. These are usually mild and go away after a few days without removing the ring. If you experience vaginal changes while using the ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

Can I use the ring if I am taking other medications, or if I drink or use recreational drugs?

The ring is safe to use with alcohol and drugs. The medication in the ring when released stays local to the vaginal area; the medication does not circulate throughout the body. But make sure to keep yourself safe when drinking or using drugs.

Should I take the ring out for sex, bathing or during menses (monthly menstruation/bleeding)?

No.

- The ring does not need to be taken out to be cleaned.
- The ring will not affect frequency of menses, length, or amount of bleeding. It is safe to use tampons or a menstrual cup with the ring, and the ring will not block the flow of blood. Menstrual bleeding may change the colour of the ring, but this is ok and will not change the ring's ability to protect from HIV.
- The ring does not affect a women's libido (sex drive). Most women and men do not feel the ring during sex, and some even report that the increased vaginal wetness increases sexual pleasure!

What do I need to do if I want to use the ring?

The first step is to see a health care provider. They will help you take the next steps.

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SESSION MATERIALS

TOOL 11b

Tips for Using the Ring

18

1 Set a reminder to replace the ring each month.

- Reminders could be on your phone, diary, or a note in a place you look each day, like on a mirror.
- Set reminders to request more rings from your provider. You can also use your phone to keep notes about things you want to tell your health care provider.

**2** Join or start a ring support group with friends.

- You're not the only one using the ring. Connect with other girls and young women so you can support each other. Some support groups meet in person, others use social media or virtual chat groups

**3** Store your back-up rings in a dry, cool place away from children and animals.

- Make sure you choose a safe, private spot, away from small children and animals. The location should be dry and not in direct sun. Some women like to hide or carry their rings in a small change purse or toiletry bag for more privacy. It's best to store unused rings in their original foil packaging unopened, to keep them clean.

4**Keep back-up rings.**

- It is always good to have a back-up supply in case the ring comes out in an unhygienic place or comes out without you noticing. Check with your health care provider to see if you can receive more than one ring at a time.

5

Use your fingers to adjust it

7 Use clean hands when inserting and removing the ring.

- Always have clean hands when inserting anything in the vagina to avoid introducing harmful bacteria. If the ring falls out in a clean place such as a bed or underwear, rinse with water before reinserting. If the ring has been somewhere dirty, such as a toilet/latrine, replace it with a new ring.



- Only remove the ring if you are replacing it.** Remember, the ring does not have to be removed for sex, bathing or menses or to clean. The ring cannot protect you if it is not in place in your vagina. If the ring is causing discomfort, use your fingers to adjust it or push it further up into the vagina. The ring is flexible enough to easily insert but firm enough to 'hug' the vagina to stay in place. If you are having discomfort while using the ring, contact your health care provider for support.

6 Get comfortable with inserting and removing the ring so that you can do it on your own.

- The ring is designed to be easy to insert and remove. You can learn to feel confident in doing this yourself in case the ring falls out or has to be replaced when you are not near your health care provider. Practice on your own. It is easy! And if you have questions, ask your health care provider.

**8** Never share your used or unused ring with others.

- Everyone should see their health care provider to get their own rings.

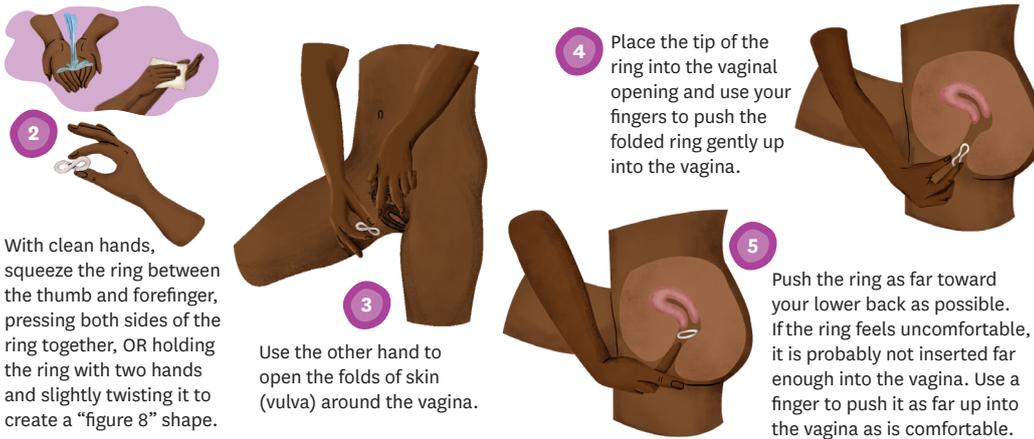
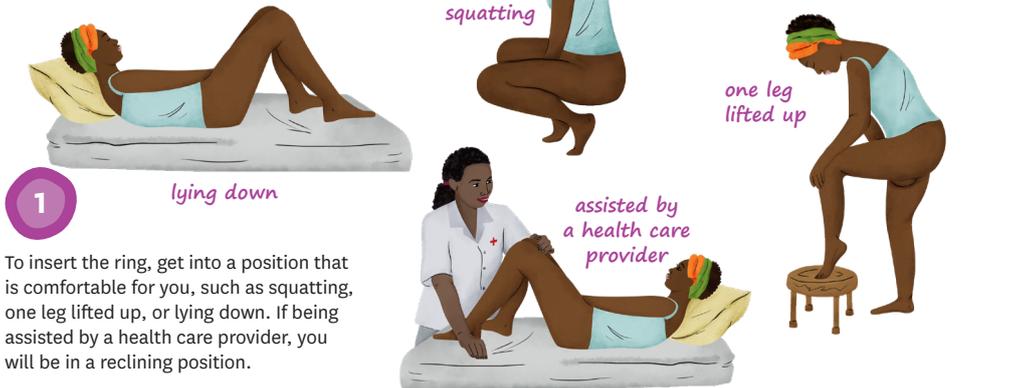


SESSION MATERIALS

TOOL 15

Ring Insertion and Removal

RING INSERTION STEPS:



RING REMOVAL STEPS:



Talking about PrEP Methods

Telling Others

With PrEP, AGYW can protect themselves from HIV without involving their partners, parents or anyone else in the decision. This means that PrEP may be particularly useful for AGYW who are in controlling or violent relationships and do not feel safe discussing HIV prevention methods with their partners.

AGYW should be empowered to make their own choices about whom they would like to tell that they are using PrEP.

There are many reasons why AGYW choose to tell or not tell their partners about their use of PrEP. AGYW may choose to tell their partners because:

- They like to make decisions with their partner; they “share everything”
- They worry their partner would be more upset if he found out without her telling him
- They do not want their partner to have misconceptions about PrEP methods

In fact, research shows that support from male partners can help AGYW use HIV prevention methods correctly. When men do not support their partner’s use of PrEP, it can make it harder for AGYW to use PrEP correctly and continue using it.

Other AGYW may choose *not* to tell their partners because:

- They worry their partner may not be supportive or will not trust them
- They worry their partner may start sleeping around
- They worry their partner may ask or force them to stop using PrEP
- They worry their partner may be violent
- They do not feel the need to share the decision with their partner, because they should be able to make their own decisions about their own bodies

For AGYW who choose the ring as their PrEP method, there are some special considerations about disclosing ring use to their partner because of the possibility that it could be felt during sex. This is discussed in detail in Ring Essential Knowledge.

There are many reasons why AGYW choose to tell or not tell their *parents* about their use of PrEP. AGYW may choose to tell their parents because:

- They like to make decisions with the help of their parents, or they like to ask their parents for advice
- They worry their parents would be more upset if they did not tell them, but their parents found out anyway
- They are under 18 and require the consent of their parents to access PrEP
- They need their parents’ help to access health services and resources
- They do not want their parents to have misconceptions about PrEP

Other AGYW may choose *not* to tell their parents because:

- They worry their parents may not be supportive or will try to control their decision
- They worry their parents will think they are sleeping around
- They worry their parents may force them to stop using PrEP
- They worry their parents or other family members may be violent
- They do not feel the need to share the decision with their parents, because they should be able to make their own decisions about their own bodies

HIV Prevention Ambassadors can play a key role in supporting their peers to decide whom, if anyone, they would like to tell about their use of PrEP. Ambassadors can also help their peers to identify strategies for either telling people about their use of PrEP or keeping it private. Ambassadors can support their peers by:

- Educating them about their right to make informed decisions about their health and health care — including PrEP use
- Providing them with information that can help them make decisions about whether they want to tell parents, guardians, family members, partners, or other members of the community about their PrEP use
- Using role plays to practice telling their parents, partner or peers they are using PrEP
- Providing them with information about PrEP so they feel they have accurate and authoritative information to share with people in their lives
- Helping them to navigate the process of telling others about their use of PrEP by equipping them with the knowledge they need to address scenarios and questions they are likely to face
- Helping them to identify strategies for keeping their PrEP use private if they choose to, and planning how to respond if their partner or parents discover they are using it

Awareness Raising

Attitudes of people in the lives of AGYW can influence their decision to use PrEP and make it harder or easier for them to use it. Different people will have different levels of influence in the decisions of AGYW. Some people have influence because they are respected and trusted, and AGYW look to them for advice. Other people will influence the choices of AGYW because they have more power than AGYW, and they use this power to control their decisions.

Social stigma is one of the biggest barriers to PrEP use among AGYW. A major cause of stigma is that sex is considered to be shameful for AGYW. There may also be stigma around oral PrEP in countries or communities where it was originally promoted for men who have sex with men and female sex workers. There are strong social norms in many parts of the world that stigmatise AGYW for having sex outside of marriage and for talking about sex. These two factors combined have created the view that AGYW who use PrEP are promiscuous.

Because the use of PrEP among AGYW is still new, there are lots of myths about it that also contribute to stigma and misinformation (see the next page).

To increase PrEP use among AGYW, it is very important to change the way people think and talk about it. Fear of being stigmatised is a very powerful influence. Educating the community about PrEP and correcting myths is an important strategy in this regard. Partners, parents, and other family members of AGYW are particularly influential. When they are supportive of PrEP, AGYW are more likely to use it. The support of parents/partners can also help AGYW use PrEP correctly and stay on it while they are still vulnerable to HIV.

The most effective way to build more support for PrEP use among AGYW is addressing the questions and concerns of partners, parents and other key people in the community.

Key messages for gaining the support of parents include:

- Many AGYW find it difficult to negotiate safer sex with their partners.
- PrEP methods are safe — they will not affect their daughter's fertility.
- Using PrEP does not result in AGYW having more sex or riskier sex.
- Supporting your daughter to use PrEP will help keep her safe from HIV.

Key messages for gaining the support of partners include:

- Everybody has the right to make their own decisions about their health. PrEP is one way your partner can protect her health.
- Using PrEP does not mean your partner does not trust you or that she is having an affair.
- If your partner is using PrEP, it will not affect you in any way. It will not protect you from HIV.
- You will still need to use condoms (with water-based lubricant) to protect each other from other STIs and for contraception.
- Allowing your partner to choose an HIV prevention method that works for her shows that you love and care for her.

Myths and Facts about PrEP Methods

MYTHS	FACTS
<p> PrEP is for people who are living with HIV.</p>	<p> PrEP can only be used by people who are HIV negative. The medications used in PrEP methods are similar to the medication used to treat people who are living with HIV, but they work in different ways. PrEP protects HIV-negative people from getting the virus.</p>
<p> PrEP is only for sex workers and women who are promiscuous.</p>	<p> PrEP is for anyone who is vulnerable to HIV. Rates of HIV infection among AGYW in this country are very high. This is not because they are promiscuous. It is because they often do not have access to the information and prevention methods they need to protect themselves from HIV. PrEP can change this!</p>
<p> PrEP is for girls and women who have been raped.</p>	<p> PrEP is not effective after someone has been exposed to HIV. It needs to be used as prescribed and build up in a person's body before exposure to HIV to protect them from becoming infected. Someone who may have been exposed to HIV should speak to their health care provider about taking PrEP.</p>
<p> Like ART, PrEP only works if taken for life.</p>	<p> PrEP only needs to be used while someone is vulnerable to HIV. Some people use PrEP methods during periods of vulnerability and then stop using it when they are no longer vulnerable.</p>
<p> A person is protected from HIV as soon as they start using a PrEP method.</p>	<p> PrEP medications have to build up in a person's system before PrEP will protect them from HIV. People should talk to their health care providers to find out how long they will need to use their PrEP method before it will protect them from HIV.</p>

MYTHS

✗ PrEP does not work if taken with alcohol and drugs.

✗ If someone is using PrEP, they do not need to use condoms.

FACTS

✓ Alcohol and drugs will not affect any PrEP methods. However, alcohol or drug use may make it more difficult to remember to use your PrEP method correctly or may lead to riskier sex.

✓ PrEP methods do not protect against STIs and pregnancy, so it is better if someone uses condoms (with water-based lubricant) with their PrEP method.

For myths specific to oral PrEP and the ring, refer to **Oral PrEP Essential Knowledge** and **Ring Essential Knowledge**, respectively.

Ambassadors can also connect with their peers and support demand generation for PrEP through social media. This can be done by posting and sending stories to their friends and followers about PrEP on their social media profiles. Ambassadors may use their existing social media profiles or create new profiles dedicated to their PrEP Ambassador work. They can also engage in one-on-one chats with peers who show interest and provide individual support via direct messenger, talking by phone or even meeting in person to continue the conversation.

Advocacy

What is advocacy?

The term advocacy can be used in different ways. In this training package, we use it to refer to activities that aim to influence the environment around AGYW to improve their ability to use PrEP to protect themselves from HIV. Environmental factors that make it harder for AGYW to use PrEP are called barriers, while things that make it easier are called enablers.

What are the barriers to using PrEP?

The ability of AGYW to use PrEP is influenced by a range of factors, such as laws, policies, funding decisions, priorities and practices of people and institutions at local, national and international levels. Factors at these levels can either create barriers to PrEP use or contribute toward an enabling environment for its use. Ambassadors can try to influence this environment to remove barriers and strengthen the enabling environment.

Barriers will be different in each context; however, some common barriers include:

Harmful social and gender norms, gender inequality and unequal power dynamics (these are explored in detail in the Gender Inequality and Violence session)

- Power imbalances and violence in relationships make it more difficult for AGYW to negotiate safer sex in their relationships and to discuss HIV prevention options, including PrEP.
- Women have fewer opportunities to earn an income. This means they are more likely to be financially dependent on their partners, making it difficult for them to leave harmful or violent relationships.
- Gender norms shame AGYW for having sex and talking about sex. This makes it more difficult for them to get information about HIV prevention and to access services.

Laws and policies that restrict access to sexual and reproductive health information, services and HIV prevention tools, including:

- Age restrictions or requiring parental consent to access health services, counselling and prevention tools, such as condoms, contraception, HIV testing and PrEP

- Health care policies that require the user to pay to access health services (rather than being government funded)
- Education policies that do not prioritise comprehensive sex education

Health care facilities that are not accessible to and inclusive of AGYW

- Staff are not trained to provide services to AGYW
- Health care facilities are too expensive or difficult to get to, or their opening hours do not meet the needs of AGYW
- Health care facilities are not private, or they have poor confidentiality standards
- Staff stigmatise and discriminate against AGYW
- Lack of availability of sexual and reproductive health products

Politicians, local leaders and other people with influence not prioritising the rights of AGYW

- Initiatives to promote gender equality, prevent violence and empower women are underfunded and not well supported
- Sexual and reproductive health services, HIV prevention programs and HIV prevention tools (such as PrEP methods) are underfunded and not prioritised

How can Ambassadors reduce barriers to PrEP?

Changes at the environmental level require the support of decision-makers who have direct influence over laws, policies, funding decisions, priorities and practices of institutions, such as health care facilities, schools and government departments. Advocacy activities aim to influence these decision-makers to make changes to remove barriers and create an enabling environment for PrEP use.

Ambassadors are not expected to remove barriers to PrEP on their own. However, they can contribute to creating an enabling environment by calling on decision-makers to respect and promote the rights of AGYW, including their right to use PrEP. This will be most effective if they work with advocacy groups and organisations who share their vision. Ambassadors can play an important role in ensuring the activities of these groups and organisations are informed by the needs and experiences of AGYW. Advocacy activities that Ambassadors could do to contribute to creating an enabling environment include:

- Creating a social media campaign to empower and mobilise AGYW to claim their rights
- Collaborating with other young people and advocates in campaigns to promote sexual and reproductive health and rights, including their right to PrEP
- Seeking out leadership opportunities to create a platform for advocating for sexual and reproductive health rights, including PrEP
- Talking to health care providers about the barriers to services and providing recommendations for creating more youth-friendly spaces and services
- Using their personal experiences to advocate for the importance of PrEP
- Getting involved in existing advocacy groups and campaigns
- Connecting AGYW with advocacy organisations to ensure their work is informed by the experiences of AGYW

Knowing one's audience is the key to successful advocacy. Online polls, surveys, interviews, and needs assessments can be used to inform advocacy efforts and help tailor approaches that will best reach community members. (A simple example can be a social media story asking an Ambassadors' followers what questions they have related to PrEP access. The Ambassador can then post replies to these questions and share with the program team to help them learn more about people's experiences.

PrEP Methods Sessions

1 Combination Prevention

SESSION OVERVIEW

Participants will learn about PrEP methods and their role in preventing HIV as part of a combination prevention approach. By the end of this session, participants will know what PrEP methods can and cannot do and how to use them. They will also learn to identify and correct myths about PrEP methods.

By the end of this session, participants should be able to:

- Understand key information about PrEP methods
- Be able to correct myths about PrEP methods
- Be aware of the different methods people can use to prevent HIV
- Understand and be able to explain the differences between PrEP methods, PEP and ART
- Understand that PrEP can be used along with other methods to prevent HIV

KEY MESSAGES

- Combination HIV prevention involves the use of multiple prevention methods to maximise AGYW's protection from HIV and other unwanted sexual health outcomes. These methods include PrEP methods, condoms with water-based lubricant, and STI screening and management.
- The prevention of HIV is everyone's responsibility. There are many ways AGYW can protect themselves from HIV or prevent the spread of the virus to others.
- The word PrEP stands for pre (before) exposure (coming into contact with the HIV virus) prophylaxis (medication to prevent an infection from happening).
- PrEP methods contain antiretrovirals (ARVs). These are a type of medication that stops HIV from copying itself and spreading to other cells.
- There are many types of ARVs that all work in different ways to fight HIV. PrEP methods, PEP and ART use different combinations of antiretrovirals to fight the virus at different stages of reproduction.
- PrEP methods, PEP and ART cannot be swapped – they only work when used as prescribed.
- PrEP can give AGYW more power and control over their sexual health and their ability to protect themselves from HIV.

KEY
MESSAGES

- When choosing which HIV prevention methods to use, AGYW need to think about approaches to prevent HIV, STIs and pregnancy.
- Current PrEP methods do not prevent STIs or pregnancy, so it is important to use condoms and contraception as well.
- If someone is currently using condoms, they should continue using condoms (with a water-based lubricant, if possible) while using PrEP to get the most protection against HIV and other STIs.
- The various PrEP methods require different dosing regimens. To provide protection against HIV, consistent and continued use is very important.
- Regular HIV testing is crucial to the prevention of HIV because most HIV transmissions come from people who do not know they are living with HIV.
- One advantage of PrEP methods is that they can be used by AGYW without the knowledge of their parents, partners or anyone else.
- PrEP is safe to use during pregnancy, childbirth and breastfeeding, and studies are underway to determine if other PrEP methods are also safe to use during these times. Check with your health care provider for the latest information on the safety of different PrEP methods during pregnancy, childbirth and breastfeeding.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Tool 4	HIV Transmission and HIV Prevention	Toolkit page 9
Tool 7	Test and Prevent	Toolkit page 12
Tool 8	PrEP, PEP and ART	Toolkit page 13
Tool 9	Expanding Options to Fit Our Lives	Toolkit page 14

SESSION INSTRUCTIONS

EXPLORE ACTIVITY

Write the following headings on separate pieces of flip chart paper and put them up where everyone can see them:

- Things people say about oral PrEP
- Myths
- Facts
- Unsure

PREPARATION

APPLY ACTIVITY

Create a set of **HIV Prevention Cards** by writing the HIV prevention methods below in large text on separate pieces of paper. You will be breaking participants into small groups and giving each group one set of cards. If possible, try to create groups with seven participants so each person can have their own card.

- Abstinence
- Condoms (male and female)
- Oral pre-exposure prophylaxis (oral PrEP)
- Post-exposure prophylaxis (PEP)
- Ring
- STI screening and management
- HIV testing
- Antiretroviral therapy (ART)

Repeat the process so you have one set of cards for each group.

**EXPLORE****FACILITATION TIPS****INTRODUCTION**

1. Introduce the session by referring to the **Session Overview**.
2. Begin by asking participants if they have heard about the various available PrEP methods.
 1. Refer to **PrEP Methods Essential Knowledge** to provide a brief overview of what PrEP is and what methods are currently available.

ACTIVITY: Fact or Myth

1. Ask participants to write down something they have heard about PrEP in general or about any specific method (either a fact or a myth) on a sticky note and to stick it up on the piece of flip chart paper with the applicable heading “Things people say about PrEP methods”.
2. Once participants have finished, ask them to stand up.
3. Read aloud one statement at a time and ask participants to choose if it is a myth or a fact (or if they are unsure) and to stand next to the piece of flip chart paper with that heading.
4. Some statements may be partly correct; participants may need help to decide if they are myths or facts. For example, someone might say that PrEP protects against exposure to HIV: while this is true for oral PrEP, the ring only protects from exposure during vaginal sex. Some may suggest that oral PrEP causes very bad side effects. While it is true that some people do experience side effects, these are usually very minor and go away within a few weeks. Encourage participants to choose “Unsure” if they think the statement might be partly correct.

Participants may not have seen all of the PrEP methods before. If possible, bring some samples to show them what they look like.

If participants are slow to start, begin the activity by telling them some common myths about oral PrEP/ring. Some myths and facts may apply to all methods of PrEP and some may be specific to a certain method.

1. Once participants have chosen, refer to PrEP Methods Essential Knowledge to reveal if the statement is a myth or a fact.
2. Ask for a volunteer who was correct to move the sticky note to the correct piece of flip chart paper and explain why they chose that answer.
1. If the volunteer has missed any important information in their explanation, use the information in **Key Messages** and **PrEP Methods Essential Knowledge** to give more details.

If participants are more advanced, encourage them to debate why they think their answer is correct before revealing if the statement is a myth or a fact.



APPLY

FACILITATION TIPS

INTRODUCTION

1. Introduce the activity, noting:
 - The prevention of HIV is everyone's responsibility.
 - There are many ways people can protect themselves from HIV and prevent the virus from spreading.
 - Using multiple prevention tools — called combination prevention — is a way to get maximum protection against HIV.
 - In this activity, they are going to play a fun game to see how much they know about different HIV prevention methods.
2. Ask participants to share some of the different ways people can protect themselves and others from HIV.

You might like to bring some chocolates or another prize to give to the winning team.

Try to create groups so each person has their own card. Save the cards if possible to reuse in the Choice session.

ACTIVITY: Combination Prevention

1. Break the participants into small groups. Give each group a set of the **HIV Prevention Cards** you have prepared (see **Preparation** above).
2. Ask each group to come up with a name for their group.
3. Write the names of the groups on a piece of flip chart paper so you can keep score during the game.
4. Explain to participants that you will be reading aloud different explanations about HIV prevention methods, but you will not tell them what the method is. Each group will then decide which HIV prevention method the statement refers to and hold up that card. The fastest group to hold up the correct answer will win a point.
5. Read aloud each of the statements in the chart below.
6. Give one point to the fastest team to raise the correct card.
7. If participants are uncertain or give incorrect answers, give them more information about the prevention methods.
8. Add up the points at the end and announce the winner.

If participants do not have a lot of existing knowledge about PrEP methods, you can direct them to the Test and Prevent Ambassador Tool to help them with this exercise.

9. Direct participants to the **Test and Prevent Ambassador tool**, the **HIV Transmission and Prevention Ambassador tool**, the **PrEP, PEP and ART tool**, and the **Expanding Options to Fit Our Lives tool** and summarise key messages about combination prevention.
10. Note that unintended pregnancy is very common among sexually active AGYW. AGYW need information about contraceptive methods, including condoms, injectables, implants, IUDs, oral contraceptive pills and emergency contraception. They also need to know how to access youth-friendly family planning services. Please emphasise how important using contraception is, and be prepared to refer participants to local family planning services and resources.
11. Once the activity has come to an end, bring participants into a circle for reflection.

STATEMENT	ANSWER
This prevention method creates a barrier between the skin and body fluids that may contain HIV.	Condoms
These prevention methods are effective for preventing the transmission of most STIs.	Abstinence Condoms STI screening and management
These prevention methods reduce vulnerability to HIV during sex.	Condoms Oral PrEP Ring (during vaginal sex only) STI screening and management
This prevention method can be used in emergencies if you have been exposed to HIV.	PEP
These prevention methods have to be used every day to be effective.	Oral PrEP Ring PEP is partially correct as it is used every day for 4 weeks. ART
This prevention method can be used by a person who is HIV-positive to protect their sexual partner.	ART
These prevention methods prevent pregnancy.	Abstinence Condoms
This prevention method can prevent HIV from progressing to AIDS.	ART
This prevention method uses antiretroviral medication to create a shield around your cells to protect them from HIV.	Oral PrEP Ring
These prevention methods should be used by everyone who is sexually active.	HIV testing STI screening and management
These methods use antiretroviral medication to stop HIV from copying itself and spreading to new cells.	PEP ART

Having an STI increases a person's vulnerability to HIV, so testing and treating STIs can reduce a person's vulnerability.

STI screening refers to a health care provider's review of a person's sexual history and any symptoms he or she may have. STI screening includes STI testing, which specifically refers to testing samples for the presence of STIs.

ART can reduce a person's viral load so that HIV is not transmissible. This is referred to as Undetectable = Untransmissible, or U=U.

Highlight that regular HIV and STI testing is very important for preventing HIV. This is because most HIV transmissions come from people who do not know they are HIV positive. Also emphasise that knowing a partner's status or testing together is key in



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

- Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Did you learn about any new methods of HIV prevention today?**
- **What factors might influence the prevention methods a person chooses to use?**
- **What methods are used the most/least? Why?**
- **Why could PrEP methods be a good option for AGYW to protect themselves from HIV?**
- **Why is it important to use PrEP and condoms (and lubricant) together?**

Keep in mind that some participants may be using, or considering using PrEP. Others may have used PrEP previously and stopped taking it.

If you think it is appropriate, invite participants to share if they have a personal experience of using PrEP. Highlight that talking about their use of PrEP is their choice. They can choose what they would like to share with the group and what they would like to keep private. Remind them of this throughout the training. If you have firsthand knowledge of PrEP use (from your own life or someone you know), sharing that with the group can also help create a safe space for learning and sharing.

SESSION MATERIALS

TOOL 4

HIV Transmission

HIV can be transmitted from one person to another through blood, semen, vaginal fluid, rectal fluid and breast milk. This can happen during:

- Vaginal sex
 - Anal sex
 - Oral sex
- Pregnancy
 - Childbirth
 - Breastfeeding
- Injecting drugs with a shared needle
 - Direct contact with blood

HIV Prevention

PrEP
If you don't have HIV you can protect yourself by using prevention methods that contain medications



PrEP
If you've been exposed to HIV you can prevent infection by taking HIV medication called PrEP within 72 hours of exposure



ART
If you're HIV positive you can prevent transmission to others by taking HIV medication



Additional methods you can use to reduce the risk of HIV transmission during sex are:

- Using male or female condoms every time you have sex - including vaginal, anal and oral sex.
- Using water-based or silicone-based lubricant to prevent condoms from breaking and dry sex
- Regularly testing for STIs and treating them immediately
- Abstaining, reducing your number of sexual partners and knowing your partner's status

Mothers with HIV can reduce the risk of HIV transmission to their baby by:

- Taking HIV medication during pregnancy, birth and breastfeeding
 - Treating their baby with HIV medication
 - Women who are living with HIV who do not wish to become pregnant can use family planning to prevent unintended pregnancy
- If you are living with HIV and thinking of having a baby, talk to a doctor about the best way to reduce the risk of transmission*

You can reduce the risk of HIV transmission through blood by:

- Avoiding contact with other people's blood
 - Never using a needle that has been used by someone else
- HIV can be transmitted during blood transfusions, but most hospitals now test blood for HIV before using it in a transfusion. If you're worried, ask your doctor!*



YOU CANNOT GET HIV FROM TOUCHING, KISSING OR SHARING FOOD AND DRINK WITH SOMEONE WHO IS LIVING WITH HIV.



SESSION MATERIALS

TOOL 7

Test and Prevent

Everybody has a responsibility to contribute to the prevention of HIV in our community!

TEST

Test for HIV and STIs — and do it regularly!

Most HIV transmissions come from people who don't know they're HIV positive. Knowing you're HIV positive gives you the power to protect your health and prevent transmission to others. Knowing your partner's status is also important for making decisions about HIV prevention.

When you're getting tested for HIV, you can also test for other STIs. Most STIs can be treated, but if they go untreated, they can cause serious health problems. STIs also make you vulnerable to HIV — so testing regularly and treating STIs helps to prevent HIV.



PREVENT

Protect yourself from HIV transmission every time you have sex!

Male condoms and female condoms

Male and female condoms put a barrier between the most delicate skin and body fluids that may contain HIV and other STIs.

PRP (pre-exposure prophylaxis)

PrEP methods use medication that an HIV-negative person can take to protect themselves from HIV. The medication stops the virus from replicating in the body. When a person uses their PrEP method correctly and consistently, their risk of getting infected with HIV is reduced if exposed. PrEP doesn't protect you against STIs or pregnancy, so it's best to always use a condom (with lubricant, if possible) and contraception.

Abstinence, reducing your number of sexual partners, and voluntary medical male circumcision can also help prevent HIV.

RESPOND

If you've been exposed to HIV, act quickly!

If you're worried you might have been exposed to HIV, you can take emergency medication to reduce the risk that you'll get HIV.

PEP (post-exposure prophylaxis)

If HIV makes it into the body, PEP can stop it from spreading to other cells. When HIV can't spread, it dies. This may prevent a person from becoming HIV positive. PEP must be started within 72 hours of exposure and taken every day for 4 weeks.

TREAT

If you've been diagnosed with HIV, start treatment as soon as possible to stay healthy and prevent transmission.

If you find out you have HIV, it's important to start treatment right away. It won't cure HIV, but it can stop the virus from spreading and developing into AIDS — meaning that you can live a long and healthy life. HIV treatment also reduces the risk that you'll transmit HIV to others.

ART (antiretroviral therapy)

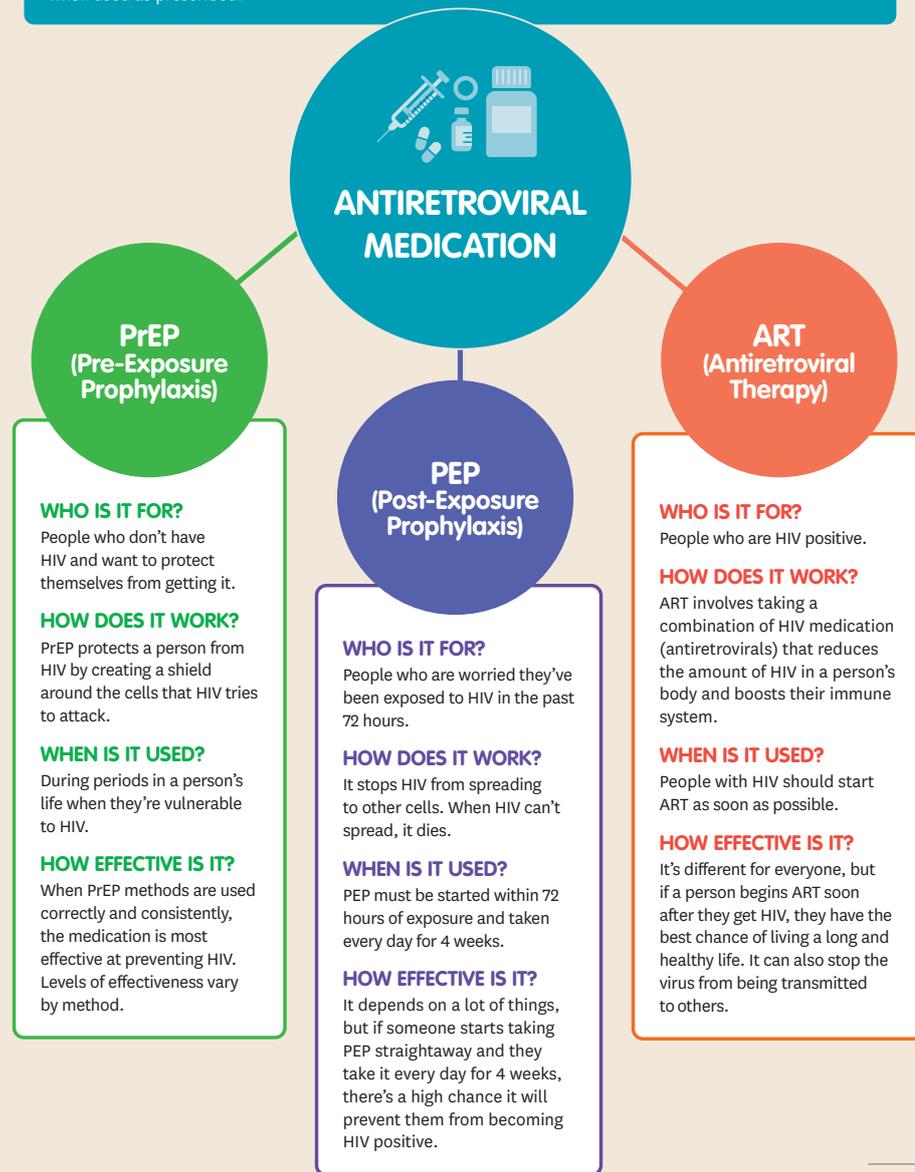
ART is a combination of medications that work together to reduce the amount of HIV in a person's body and boost their immune system. If treatment is started early and taken every day, the amount of HIV in a person's blood can become so low that there's not enough of the virus to pass on to others. This is called an undetectable viral load.

SESSION MATERIALS

TOOL 8

PrEP, PEP and ART

Antiretrovirals are a type of medication that make it harder for HIV to attack the cells in a person's body and spread to other cells. PrEP, PEP and ART use different combinations of antiretrovirals that work in different ways to fight the virus at different stages. PrEP, PEP and ART cannot be swapped — they only work when used as prescribed.



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SESSION MATERIALS

TOOL 9

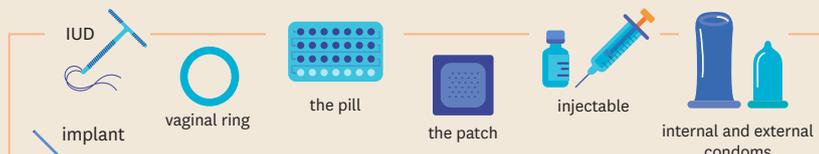
Expanding Options to Fit Our Lives

Just like contraception comes in many different options to meet different people’s needs and preferences, more HIV prevention options are also on the way. PrEP methods will continue to be developed to provide people with options so that can make an informed choice for what works best for them.

Comparing PrEP methods and condoms:

	 Condoms	PrEP Methods		
		 Oral PrEP	 Ring	 Injectable
 How it's used	On-demand for sex; placed on the penis (male condom) or in the vagina/rectum (female/internal condom)	Pill taken daily	Vaginal ring replaced each month	Injection given every 2 months
 Site of action	Vaginal/anal area depending on type of sex (localised)	Whole body (systemic)	Vaginal area (localised)	Whole body (systemic)
 Role of male partner use	Male partner consent required	Woman initiated; use can be private	Woman initiated; use can be private	Woman initiated; use can be private
 How effective for HIV prevention	Over 90%, when used correctly (with lubricant)	Over 90%, when used correctly and consistently	About 50%, when used correctly and consistently	Over 99%, when used correctly and consistently
 Protection against STIs and pregnancy	Yes, if used correctly each and every time one has sex	NO *	NO *	NO *
 Availability	Widely available	Available in most countries (check local guidelines)	Available in some countries (check local guidelines)	Not yet available; not yet approved

PrEP methods should always be used in combination with a condom and a reliable method of contraception if possible. Future MPTs in the form of a pill or ring will be able to protect against HIV and pregnancy.



Some PrEP methods may be familiar because they are similar to contraceptive methods (i.e. a pill, ring or injectable).

2 Finding Out about PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed in respect to each specific PrEP method included in your training. (See facilitation suggestion in Using this Training Manual, Part 1: Choose what sessions to include.)

Participants will begin working on the PrEP Journey Map. The Journey Map outlines the steps peers may follow when deciding whether to use a PrEP method, the first one being finding out about PrEP methods. In this and the next four sessions, each participant will create a character and support her through the journey for the given PrEP method. Participants will also identify the information they will need as Ambassadors to educate their peers about the PrEP method and strategies for communicating this information.

By the end of this session, participants should be able to:

- Understand and be able to explain how the PrEP method works to prevent HIV
- Know how to communicate key information about the PrEP method to their peers

KEY MESSAGES

- The process of deciding to use PrEP is complex. People may need both time and support to decide whether PrEP is right for them.
- PrEP contains ARVs. When HIV enters the body, it attacks and enters immune cells known as CD4 cells. ARVs block HIV from making copies of itself to infect the CD4 cells. If a person is using PrEP and they are exposed to HIV, the virus will not be able to infect them. The virus will die, and the person will not get HIV.
- Oral PrEP:
 - Oral PrEP is a pill that is taken once a day by an HIV-negative person to protect themselves from getting HIV.
 - Oral PrEP works for anyone at substantial risk of HIV. If a health care provider prescribes daily PrEP, it must be taken every day for ARV levels to be high enough to protect the person taking PrEP against HIV infection.

KEY
MESSAGES

- Ring:
 - The ring is a silicone ring inserted by an HIV-negative woman into her vagina and worn continuously for one month before replacing. The ring only provides protection from HIV during vaginal sex.
 - The ring is recommended for women who are unable or unwilling to use oral PrEP, or in situations where oral PrEP is not available. Because the ring stays in the vagina for a month, it can be convenient for someone who forgets to take daily pills.
- If someone wants to stop using a PrEP method, they must use it for a certain amount of time after their last potential HIV exposure in order to avoid being infected with HIV.
- Everyone should use their PrEP method as prescribed by their health care provider.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 3a	PrEP Journey Map – Oral PrEP	Toolkit page 31
Worksheet 3b	PrEP Journey Map – Ring	Toolkit page 32
Worksheet 4a	Character Profile – Oral PrEP	Toolkit page 33
Worksheet 4b	Character Profile – Ring	Toolkit page 34

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Note that in this and the next four sessions, participants will learn how to support their peers to:
 - Find out about PrEP methods
 - Decide to use PrEP
 - Get PrEP
 - Use the PrEP method correctly and continue to use it while they are vulnerable to HIV
 - Tell others they are using PrEP
3. Show participants the **PrEP Journey Map worksheet**. Explain that it shows the different steps their peers might take when deciding to use their PrEP method.

4. Take participants through each step of the Journey Map, highlighting that:
 - The map makes the journey look much simpler than it is in reality. Each person's journey will be unique.
 - It is common for people to go back and forth between these steps.
 - It may take somebody a long time to take a step forward on this journey. For example, they may choose to use a PrEP method but not start using it for weeks or months.
 - Some AGYW start using PrEP but then stop, even if their vulnerability to HIV has not changed.
5. Explain that they will be creating a character and in each session they will support their character through her journey with her chosen PrEP method.

ACTIVITY: Character Profile

1. Give each participant a copy of the **Character Profile worksheet**.
2. Ask them to create a character that represents someone they are likely to be supporting in their roles as Ambassadors.
3. Give participants 10 minutes to complete their character profile, including drawing their character in the circle.
4. When everyone has finished, ask participants to stand up and walk around, introducing their character to the other characters.
5. When all the participants have had enough time to introduce their characters, bring the group back together.
6. Ask the group to reflect on the similarities and differences between their characters.
7. Ask the group if their characters represent the diversity within their communities. Help them to consider how the needs of marginalised groups in the community might be different, including sex workers, women with disabilities, uneducated or illiterate women, and other groups that experience discrimination. Also consider intersectionality, which refers to people who experience multiple intersecting vulnerabilities, such as AGYW who are pregnant.
8. Explain that in the next activity, they will start supporting their character on her journey toward using a chosen PrEP method. Direct participants to the PrEP Journey Map Worksheet and give them a few minutes to draw their character in the centre of the map.

To guide participants through the process of creating their character profiles, you can use the example character profiles included here or make up a character that is more relevant to the group of Ambassadors you are training.

Guide participants to create their character using the following questions:

- What is her name?
- Where does she live?
- How old is she?
- Is she in school?
- What does she do for money?
- Does she have a boyfriend?

Encourage the group to consider their peers who may be particularly vulnerable to HIV or have more difficulty using PrEP, such as

- Younger girls
- AGYW with a disability
- AGYW who are poor
- Sex workers
- Trans girls/women

<p>Who is she?</p> <p>16 years old Goes to school Lives at home with her parents Her boyfriend is 18 years old.</p>	<p>Is she vulnerable to HIV? How does she protect herself?</p> <p>She's having sex with her boyfriend. He wears condoms sometimes but not when he's been drinking.</p>
<p>What does she know, think and feel about HIV?</p> <p>She knows she can get HIV from having unprotected sex. She worries about it a lot. She wants to use condoms more often, but she's afraid if she asks her boyfriend to use them, he will leave her.</p>	<p>What does she know, think and feel about this PrEP method?</p> <p>She doesn't know much about oral PrEP/ring, but she heard it's for sex workers and sluts. She also heard it makes you infertile. She doesn't want to ask questions about PrEP in case people think she's cheating on her boyfriend.</p>



APPLY

FACILITATION TIPS

ACTIVITY: Journey Map Step One – Helping Your Peers Find Out about PrEP Methods

1. Explain to participants that educating their peers about PrEP is an important first step. It is normal for people to worry about using a medication if they do not understand how it works. Without the correct information, people are also more likely to believe myths.
2. Explain to participants that you are going to work together to identify what their peers need to know and to practice communicating this information clearly.
3. Divide participants into small groups and give each group a piece of flip chart paper.
4. Ask participants to divide the page into three columns and write the following headings (one per column) from left to right:
 - What we will need to know
 - What we already know
 - What we need to find out
5. Explain to participants that in the first column (*What we will need to know*) they will be writing what they, as Ambassadors, will need to know about the PrEP method to educate their peers. This includes what they already know and also what they need to learn.
6. In the second column (*What we already know*) they will write the things from the first list that they, as a group, already know about the PrEP method.

If training on more than one PrEP method, assign each group to one of the methods; try to have equal numbers of groups assigned to each method if possible.

7. In the third column (*What we need to find out*) they will write the things from the first list they will need to learn about the PrEP method so they can educate their peers.
8. Let them know that each small group will be giving a five-minute presentation to the larger group, and that you will all work together to fill in the gaps in knowledge at the end of the activity.
9. Give groups 15 minutes to write down their ideas.
10. Bring the groups back together and ask each group to present their work.
11. During each presentation, write down what they need to find out on a piece of flip chart paper or whiteboard.
12. Repeat this process until all groups have presented.
13. Summarise everything you have noted during their presentations, combining similar points
14. Repeat this process until all groups have presented.
15. Summarise everything you have noted during their presentations, combining similar points.
16. Ask participants if anyone would like to try and address the gaps in knowledge listed under “*What we need to find out*”.
17. Using the **PrEP Methods Essential Knowledge and Key Messages**, help participants fill in their knowledge gaps about their PrEP method. Direct participants to their PrEP Journey Map Worksheet and explain that they will now be identifying the key messages they want to communicate to their characters.
18. Ask participants to break into pairs by talking with other participants and finding someone whose character will need similar key messages.
19. Give participants five minutes to identify the key messages they want to communicate to their characters.
20. Once everyone has finished, go around the circle and ask each pair to share one key message.
21. Once the activity has come to an end continue to the reflection activity below.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

- Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Did you understand how the PrEP method worked before this session?**
- **Do you think this information is important for AGYW to know?**
- **What do you think about the PrEP method as an option for preventing HIV? What do you like about it? Do you have any concerns?**

If participants are engaged in a discussion from the previous activity, you don't need to change activities — just wrap up the discussion with these reflection questions.

Ask participants if anyone would like to share their own experience of finding out about a PrEP method.

SESSION MATERIALS

WORKSHEET 3a

PrEP Journey Map — Oral PrEP

31

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 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!

SESSION MATERIALS

WORKSHEET 3b

PrEP Journey Map — Ring

1 Hi! I'm [redacted]

I've heard about the ring but I don't really know much about it.

What does your character need to know about the ring to decide if it's right for her?

2 I'm interested in using the ring but I worry about [redacted]

How can you support her to feel more comfortable using the ring?

draw your character here

3 I want to use the ring. How do I get it?

How can you help her get the ring?

4 I am using this PrEP method but sometimes forget to use it as prescribed.

How can you support her to use this PrEP method consistently 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 using the ring?

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

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SESSION MATERIALS

WORKSHEET 4a

Character Profile — Oral PrEP

Name

Who is she?

**Is she vulnerable to HIV?
How does she protect herself?**

**What does she know,
think and feel about
HIV?**

**What does she
know, think and feel
about
oral PrEP?**

33

SESSION MATERIALS

Character Profile — Ring

WORKSHEET 4b

Name

<p>Who is she?</p>	<p>Is she vulnerable to HIV? How does she protect herself?</p>
<p>What does she know, think and feel about HIV?</p>	<p>What does she know, think and feel about the ring?</p>



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3

Deciding to Use PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed in respect to each specific PrEP method included in your training. (See facilitation suggestion in Using this Training Manual, Part 1: Choose what sessions to include.)

Participants will work through the second step of the PrEP Journey Map — Deciding to Use a PrEP Method. Participants will identify concerns their peers may have about using the given PrEP method and strategies for supporting their peers to overcome these concerns. Participants will then practice answering key questions about the PrEP method in a group role-play.

By the end of this session, participants should:

- Understand concerns their peers may have about using the PrEP method
- Know the answers to key questions about the PrEP method
- Understand that the role of an Ambassador is to empower her peers to make their own decisions about using PrEP.

KEY MESSAGES

- It is normal for AGYW to have concerns about starting a new medication/product. Ambassadors can play an important role by addressing these concerns and supporting their peers to make informed decisions about using their chosen PrEP method.
- Common concerns AGYW have about using PrEP methods include:
 - General:
 - Worrying that people will think they have HIV
 - Worrying about side effects, including those that are not real, such as weight gain and infertility
 - Being afraid of having an HIV test because they worry they may be HIV positive
 - Worrying about telling their parents and/or partner
 - Not wanting to use the medication/product forever

KEY
MESSAGES

- Oral PrEP:
 - Pill is too big to swallow
 - People seeing the pills and thinking they are taking ARVs for HIV treatment
 - It will be hard to remember to take the pill everyday
- Ring:
 - It will be uncomfortable to wear and will be felt during sex
 - Concern that the ring will change the shape of the vagina or affect the cleanliness of the vagina if it is left in all the time
- AGYW should be empowered to make their own decisions about using PrEP. An Ambassador's role is to provide her peers with the information and support they need to make informed decisions.
- Helping peers identify their main motivating reason to use a PrEP method may help them be more successful using it.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Tool 10a	Answering Your Questions – Oral PrEP	Toolkit page 15
Tool 10b	Answering Your Questions – Ring	Toolkit page 16
Worksheet 3a	PrEP Journey Map – Oral PrEP	Toolkit page 31
Worksheet 3b	PrEP Journey Map – Ring	Toolkit page 32

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map worksheet**.
3. Remind them that in the previous session, they identified key messages their character needs to know about their PrEP method.
4. While these key messages will create awareness about their PrEP method, their peers will likely need more information and support before they decide if they want to use it.
5. Explain that an individual's decision about using a PrEP method will be influenced by lots of different things, such as their values and priorities, their family, their peer group, their sexuality and sexual practices, their access to resources, and their relationships.
6. Their peers will likely have a range of questions and concerns when deciding if they want to use PrEP generally or their chosen method specifically. This session will focus on identifying how participants can support their peers to make informed decisions about using PrEP.

ACTIVITY: Addressing Your Peers' Concerns

1. Direct participants to step two of the method-specific PrEP Journey Map worksheet.
2. Explain that they will choose a concern that their character may have about using their PrEP method.
3. Facilitate a brainstorming session about the different concerns their peers might have that could stop them from considering using their PrEP method. Write their ideas on a piece of flip chart paper or whiteboard.
4. Highlight to participants that it is not their job to tell their peers if a PrEP method is right for them. Instead, they should empower their peers to make their own decisions about using PrEP.
5. Ask participants to break into pairs.
6. Ask each person in the pair to introduce their character to their partner.

If participants are having trouble identifying concerns, provide an example from the Key Messages on the previous page.

If they choose concerns about getting their PrEP method or about their partners or parents finding out, let them know that these are really important points and will be the focus of future sessions.

7. Ask participants to complete their Journey Maps by identifying
 - One concern their character may have about using their PrEP method
 - Ways they can help their character overcome her concerns and support her to make an informed decision about using her PrEP method
 - Their character's main motivating factor for using PrEP (not HIV vulnerability)
8. Once participants have finished, bring the group back together.
9. Ask each pair to give a short presentation to explain the concern they discussed and how they addressed it to support their characters to make an informed decision about using their PrEP method.
10. If you have enough time, spend a few minutes brainstorming the main reasons why their characters might want to use PrEP for HIV prevention.

Many PrEP users have found that identifying their main motivation for using it is critical to successfully using it. This main motivation is usually not HIV vulnerability, but rather something positive such as wanting to stay healthy for one's children, wanting to have more pleasurable sex because they're not worried about HIV, or wanting to feel strong and in charge of their own destiny.



APPLY

1. Explain to participants that in this activity, they will practice responding to the questions and concerns of their peers through a role-play.
2. Ask participants to break into pairs, and direct them to either the **Oral PrEP — Answering Your Questions Ambassador tool** or **The Ring — Answering Your Questions Ambassador tool**, depending on which method you are currently discussing.
3. Ask participants to spread out and act out the role-plays. After completing the role play, ask them to swap roles so they both get to practice asking and answering the questions.
4. After everyone has finished, ask them to put away their toolkit.
5. Ask the group to form a circle.
6. Ask for a volunteer to stand in the middle of the circle and to play the role of an HIV Prevention Ambassador.
7. Ask for another volunteer to play the role of an adolescent girl or young woman. She should then join the HIV Prevention Ambassador in the circle and ask the Ambassador about the PrEP method under discussion.
8. The person playing the role of the adolescent girl or young woman will then become the Ambassador. Ask another volunteer to step into the circle and ask a question.

FACILITATION TIPS

You might suggest that participants take this opportunity to pair with someone they haven't worked with before.

Encourage participants to:

- Do the activity without referring to their toolkits (but it is also okay if they need them).
- Come up with questions independently. If they get stuck, they can use the toolkit to prompt them.
- Think about how they can include the main reasons they use PrEP in these discussions with their peers.

9. Repeat this process until the key questions have been answered.
10. Once the activity has come to an end, bring participants into a circle for reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

Invite participants to talk about concerns that they have had or might still have about using the PrEP method.

SUGGESTED REFLECTION QUESTIONS

- Have you heard these concerns from your friends/peers?
- Have you heard any concerns that we did not address today?
- Did you, or do you, share any of these concerns?
What helped you to overcome these concerns?
- How can you help empower or motivate your peers when discussing PrEP with them?

SESSION MATERIALS

Answering Your Questions — Oral PrEP

TOOL 10a

Hi! I'm an HIV Prevention Ambassador.
Do you have any questions about oral PrEP?

Yes! What is oral PrEP?

It's a medication that an HIV-negative person can take to protect themselves from HIV.

The word **PrEP** stands for **Pre** (before) **Exposure** (coming into contact with the virus) **Prophylaxis** (medication to prevent an infection from happening).

How does it work?

Oral PrEP creates a shield around your blood cells to protect them from HIV. Because HIV cannot infect these blood cells, the virus dies.

How effective is it?

If you take it every day, it will build up in your system and become over 90% effective at preventing HIV. Talk to your health care provider to find out how long you need to take it before it will protect you from HIV.



Is oral PrEP right for me?

That's your decision. It's your body, so it's your choice! You might consider oral PrEP if you're having sex and you want an additional method to protect yourself from HIV. PrEP methods only need to be used during times in your life when there is a chance you may acquire HIV, and they have pros and cons for different people — so it is important to discuss your HIV prevention plan with your health care provider so that you can make an informed choice.

Will oral PrEP protect me from other STIs and pregnancy?

No! Oral PrEP will not prevent other STIs or pregnancy. It's best to use condoms and contraception with oral PrEP.

Are there any side effects?

Oral PrEP is just like any other medication. A small number of people experience minor side effects like headaches, weight loss, nausea, vomiting or abdominal pain, but these will likely go away in a few weeks.

Can I take oral PrEP if I'm taking other medications?

Yes. Oral PrEP does not interact with most other medications. But let your health care provider know about all the medications you are taking.

If I take oral PrEP, does that mean I can't drink or take drugs?

Alcohol and other drugs won't affect oral PrEP. But make sure to keep yourself safe when drinking or using drugs. If you're having sex, make sure to use condoms to protect yourself from other STIs and pregnancy.

What do I need to do if I want to take oral PrEP?

The first step is to see a health care provider. They will help you take the next steps.

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SESSION MATERIALS

TOOL 10b

Answering Your Questions — Ring



How does it work?

The ring slowly releases dapivirine into the vagina over the course of the month. Dapivirine works by stopping HIV from making copies of itself in the body. Because HIV cannot replicate in the body, there will not be enough of the virus for you to get HIV.

How effective is it?

If you wear the ring continuously and replace it each month, the ring can reduce the chance of getting HIV through vaginal sex by about 50%. The ring must be in place for at least 24 hours to provide maximum protection from HIV, and dapivirine quickly leaves the body after ring removal. Therefore, it is important to use a back-up form of HIV protection, like a condom or abstaining from sex, for the first 24 hours. Keep the ring inserted at all times until it is replaced each month.

Is the ring right for me?

It's your body, so it's your choice! You might consider the ring if you are having vaginal sex and want to protect yourself from HIV but cannot get or use daily oral PrEP consistently. It is also a discreet option that no one has to know about! PrEP methods only need to be used during times in your life when there is a chance you may acquire HIV, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider to make an informed choice.

Will the ring protect me from other STIs and pregnancy?

No! The ring protects against HIV. For protection against other STIs and pregnancy, it's best to use condoms (with water-based lubricant, when possible) and contraception with the ring. The ring can be used with most family planning methods except the contraceptive vaginal ring.

Are there any side effects?

Some people experience side effects, such as urinary tract infections, discomfort of the vagina and/or area outside the vagina (vulva), changes in vaginal wetness or odour, increased itching, and pain in the lower part of the belly. These are usually mild and go away after a few days without removing the ring. If you experience vaginal changes while using the ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

Can I use the ring if I am taking other medications, or if I drink or use recreational drugs?

The ring is safe to use with alcohol and drugs. The medication in the ring when released stays local to the vaginal area; the medication does not circulate throughout the body. But make sure to keep yourself safe when drinking or using drugs.

Should I take the ring out for sex, bathing or during menses (monthly menstruation/bleeding)?

No.

- The ring does not need to be taken out to be cleaned.
- The ring will not affect frequency of menses, length, or amount of bleeding. It is safe to use tampons or a menstrual cup with the ring, and the ring will not block the flow of blood. Menstrual bleeding may change the colour of the ring, but this is ok and will not change the ring's ability to protect from HIV.
- The ring does not affect a women's libido (sex drive). Most women and men do not feel the ring during sex, and some even report that the increased vaginal wetness increases sexual pleasure!

What do I need to do if I want to use the ring?

The first step is to see a health care provider. They will help you take the next steps.

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SESSION MATERIALS

WORKSHEET 3a

PrEP Journey Map — Oral PrEP

Draw your character here

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?

[]

[]

[]

[]

[]

[]

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

How can you help her get oral PrEP?

[]

[]

[]

[]

[]

2 I'm interested in using oral PrEP but I worry about []

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

[]

[]

[]

[]

[]

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!

31

SESSION MATERIALS

WORKSHEET 3b

PrEP Journey Map — Ring

32

1 Hi! I'm [redacted] I've heard about the ring but I don't really know much about it.

2 I'm interested in using the ring but I worry about [redacted]

3 I want to use the ring. How do I get it?

4 I am using this PrEP method but sometimes forget to use it as prescribed.

5 Do I need to tell my partner or parents?

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

draw your character here

What does your character need to know about the ring to decide if it's right for her?

How can you help her get the ring?

How can you support her to use this PrEP method consistently and continue to use it while she's vulnerable to HIV?

How can you support her to feel more comfortable using the ring?

How can you support her with the decision about whether to tell her partner or parents about using the ring?

How can you support her to feel more comfortable using the ring?

4 Getting PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed in respect to each specific PrEP method included in your training. (See facilitation suggestion in Using this Training Manual, Part 1: Choose what sessions to include.)

Participants will work through the third step of the PrEP Journey Map – Getting PrEP Methods. Participants will identify barriers that may prevent their peers from getting the given PrEP method. They will also learn strategies to support their peers to overcome these barriers and present their strategies to the group.

By the end of this session, participants should:

- Understand the barriers to getting the PrEP method
- Know how to support their peers to get the PrEP method

KEY MESSAGES

- Before AGYW can start using a PrEP method, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This can be a barrier for AGYW and prevent them from using PrEP.
- AGYW must have an HIV test before getting any PrEP method. This can be a barrier for AGYW who are worried they may be living with HIV.
- Ambassadors play an important role in supporting their peers to get PrEP.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 3a	PrEP Journey Map – Oral PrEP	Toolkit page 31
Worksheet 3b	PrEP Journey Map – Ring	Toolkit page 32

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map worksheet**.
3. Remind them that in the previous session, they identified how they can support their peers to overcome their concerns and empower them to make informed decisions about using the PrEP method they selected.
4. Explain that they will now be imagining that their characters have decided to use their PrEP method, and they have progressed to the next step of the journey – Getting PrEP Methods.

ACTIVITY: Supporting Your Peers to Get PrEP

1. Direct participants to step three of the PrEP Journey Map Worksheet.
2. Explain that before AGYW can start using PrEP, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This can be a barrier for AGYW and prevent them from using PrEP.
3. Facilitate a brainstorming session about the barriers that might prevent their characters from going to a health care provider to get PrEP and write these on a piece of flip chart paper or white board.
4. Ask each person to select a barrier from the list that they think could prevent their character from getting her PrEP method.
5. Ask participants to move around the room and talk with other participants to find someone who has identified the same barrier.
6. When they find a partner with a shared barrier, ask them to sit together to complete their Journey Maps by identifying how they could help their characters to overcome the barrier.
7. When participants have finished, ask them to stay in their pairs for the next activity.

A barrier might be something they are worried about or something that makes it difficult for them to get a PrEP distribution point.

If there are participants who do not share the same barrier as another participant, they can partner with anyone and choose one barrier to work on.



APPLY

FACILITATION TIPS

1. Explain to participants that you would like them to create a short role-play of one to two minutes between an HIV Prevention Ambassador and one of her peers. In the role-play, the peer will tell the Ambassador what barrier she is facing to getting her PrEP method, and the Ambassador will offer support to help her overcome this barrier.
2. Give the pairs 15 minutes to do this.
3. Bring the group back together and ask each pair to present their role-play to the group.
4. Once the activity has come to an end, bring participants into a circle for reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

Invite participants to share if they have personally experienced a barrier to getting PrEP, and if they were able to overcome it.

SUGGESTED REFLECTION QUESTIONS

- Do you know where to get the available PrEP methods in your community?
- Have you heard of people in your community finding it difficult to get this PrEP method?
- Do some people in your community face more barriers than others?

SESSION MATERIALS

WORKSHEET 3a

PREP Journey Map — Oral PREP

31

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 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!

5

Taking and Staying on PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed in respect to each specific PrEP method included in your training. (See facilitation suggestion in Using this Training Manual, Part 1: Choose what sessions to include.)

Participants will work through the fourth step of the PrEP Journey Map – Getting PrEP Methods. Participants will learn about the reasons their peers may find it difficult to use this PrEP method consistently and continue using it while they are vulnerable to HIV. They will then identify strategies for supporting their peers to use and stay on the PrEP method.

By the end of this session, participants should:

- Be able to explain the importance of using the PrEP method consistently and continuing to use it while they are vulnerable to HIV
- Be able to identify the reasons their peers may find it difficult to use the PrEP methods as prescribed
- Be able to identify the reasons their peers may choose to stop using the PrEP method while they are still vulnerable to HIV
- Know how to support their peers to use and stay on the PrEP method

KEY MESSAGES

- PrEP can be used during periods in AGYW's lives when they are vulnerable to HIV. People can stop using PrEP when their circumstances change. However, if people are vulnerable to HIV and they do not use their PrEP method as prescribed, their ARV levels will not be high enough to protect them from HIV.
- Many AGYW struggle to use PrEP consistently.
- Common reasons to not be able to take oral PrEP every day include
 - Not understanding how oral PrEP works and the importance of taking it every day
 - Worrying people will see them taking the pills
 - Getting tired of taking it every day
 - Experiencing side effects
 - Forgetting to take it

KEY
MESSAGES

- Common reasons to not be able to use the ring consistently include:
 - Not understanding how the ring works or importance of keeping it inserted all the time
 - Worrying it will be felt by a partner during sex
 - Thinking it needs to be removed to be cleaned, especially during menses
 - Not inserting it correctly, which can cause it to be uncomfortable
- AGYW may stop using PrEP altogether for many reasons, including:
 - Experiencing side effects
 - Worrying people will find out and judge them or think they are living with HIV
 - Underestimating their vulnerability to HIV
 - No longer being vulnerable to HIV

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 3a	PrEP Journey Map – Oral PrEP	Toolkit page 31
Worksheet 3b	PrEP Journey Map – Ring	Toolkit page 32
Tool 11a	Tips for Using Oral PrEP	Toolkit page 17
Tool 11b	Tips for Using the Ring	Toolkit page 18

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map worksheet**.
3. Remind them that in the previous session they supported their characters to get their PrEP method.
4. Explain that getting PrEP is not the last step. Many AGYW start using PrEP but do not use it consistently. They might also stop using it while they are still vulnerable to HIV. Ambassadors play an important role in supporting their peers to use PrEP consistently and to continue using it while they are vulnerable to HIV.
5. Highlight that PrEP only needs to be used during periods in AGYW's lives when they are vulnerable to HIV. AGYW can choose to stop using PrEP when they are no longer vulnerable. However, it is important for AGYW to talk to their health care provider before stopping PrEP.

To effectively facilitate this session, you need to understand the reasons AGYW may find it difficult to use their chosen PrEP method and the reasons they might stop using it. It will also be helpful if you are aware of different strategies Ambassadors can use to support their peers to use and stay on the PrEP method. If you need to refresh your knowledge, refer back to **PrEP Methods Essential Knowledge**.

If participants need help identifying strategies, you can find examples in **PrEP Methods Essential Knowledge**.

ACTIVITY: Supporting Your Peers to Use and Stay On their PrEP Method

1. Ask participants why it is important for their peers to use PrEP consistently and continue using it while they are vulnerable to HIV.
2. Facilitate a brainstorming session about the different reasons their peers might find it difficult to use their chosen PrEP method and continue to use it. Record their answers on a whiteboard or a piece of flip chart paper.
3. Explain that in this activity, they will be identifying key messages that will help their peers use their PrEP method correctly and continue to use it. They will also be identifying strategies for providing ongoing support, which their peers may need to continue to use their PrEP method correctly.
4. Break participants into small groups and give each group a piece of flip chart paper.
5. Ask participants to draw a line down the middle of the paper and write “Key messages” on the left and “Support strategies” on the right.
6. Explain that you would like them to prepare a five-minute presentation on their key messages and support strategies.
7. Ask half the groups to focus on supporting their peers to use their PrEP method consistently. Ask the other half to focus on supporting their peers to continue using PrEP while they are vulnerable to HIV.
8. Give the groups 30 minutes to do the activity and then bring everyone back together.



APPLY

1. Ask each group to present their strategies to the larger group.
2. Once all groups have presented, lead a discussion about what they learned from the other groups' presentations.
3. When the discussion comes to a natural end, ask participants to complete step four of their Journey Map.
4. Once the activity has come to an end, bring participants into a circle for reflection.

FACILITATION TIPS

Invite participants to share if they have personally found it difficult to use their PrEP method consistently or if they have started and stopped using PrEP. You might also ask them to reflect on the type of support that could have helped them.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- What did you learn today that will help you in your roles as Ambassadors?
- Do you think your peers understand the importance of using their PrEP method consistently and continuing to use it while they are vulnerable to HIV?
- Do the same strategies work for everybody? How can Ambassadors help their peers plan ahead for challenges they may face using PrEP?

SESSION MATERIALS

WORKSHEET 3a

PrEP Journey Map — Oral PrEP

31

1 Hi! I'm [redacted] 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 [redacted]

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

3 I want to use oral PrEP. 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!

SESSION MATERIALS

WORKSHEET 3b

PrEP Journey Map — Ring

1 Hi! I'm [redacted]
I've heard about the ring but I don't really know much about it.

What does your character need to know about the ring to decide if it's right for her?

2 I'm interested in using the ring but I worry about [redacted]

How can you support her to feel more comfortable using the ring?

3 I want to use the ring. How do I get it?

How can you help her get the ring?

4 I am using this PrEP method but sometimes forget to use it as prescribed.

How can you support her to use this PrEP method consistently 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 using the ring?

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

32

Tips for Using Oral PREP

1 Keep your pills in a place that's easy to find

Make sure you pick a safe spot, away from small children and in a dry area.



2 Use a daily pill box

This can help you keep track of the pill you need to take each day.



3 Keep a back-up supply with you

Put some pills into a makeup bag or purse and keep it in your backpack or handbag. That way, you'll have them with you if you need to take one at work, school, or if you travel. Make sure to keep them dry and safe!



4 Take the pill as part of your daily routine

Take the pill at the same time each day, like when you brush your teeth or at bedtime.



5 Try different ways of swallowing the pill

Try placing it on your tongue, taking a sip of water and bending your head forward before swallowing.



6 Set an alarm on your phone or use a pill reminder app

Set a repeating alarm on your phone or download a free pill app to remind you take your pills and get your refills. You can also use the app to keep notes about things you want to tell your health care provider.



7 Ask someone to remind you

Ask a partner, family member or friend to remind you to take your pill.



Don't forget your pill today

8 Join or start an oral PREP support group with friends

You're not the only one using oral PREP. Connect with other girls and young women so you can support each other. Some support groups meet in person, others use social media or virtual chat groups.



9 Try not to run out of pills

Plan ahead and refill your pills before you run out.



10 Keep appointments with your health care provider

If you're having side effects, talk to your health care provider about how to reduce or manage them. Your health care provider can also help if you're having trouble taking the pill every day.



Taking your pill every day will keep you protected from HIV



SESSION MATERIALS

SESSION MATERIALS

TOOL 11b

Tips for Using the Ring

18

1 Set a reminder to replace the ring each month.

- Reminders could be on your phone, diary, or a note in a place you look each day, like on a mirror.
- Set reminders to request more rings from your provider. You can also use your phone to keep notes about things you want to tell your health care provider.

**4****Keep back-up rings.**

It is always good to have a back-up supply in case the ring comes out in an unhygienic place or comes out without you noticing. Check with your health care provider to see if you can receive more than one ring at a time.

**6** Get comfortable with inserting and removing the ring so that you can do it on your own.

The ring is designed to be easy to insert and remove. You can learn to feel confident in doing this yourself in case the ring falls out or has to be replaced when you are not near your health care provider. Practice on your own. It's easy! And if you have questions, ask your health care provider.

**2** Join or start a ring support group with friends.

You're not the only one using the ring. Connect with other girls and young women so you can support each other. Some support groups meet in person, others use social media or virtual chat groups.

**5**

Use your fingers to adjust it.

**7** Use clean hands when inserting and removing the ring.

Always have clean hands when inserting anything in the vagina to avoid introducing harmful bacteria. If the ring falls out in a clean place such as a bed or underwear, rinse with water before reinserting. If the ring has been somewhere dirty, such as a toilet/latrine, replace it with a new ring.

**3****Store your back-up rings in a dry, cool place away from children and animals.**

Make sure you choose a safe, private spot, away from small children and animals. The location should be dry and not in direct sun. Some women like to hide or carry their rings in a small change purse or toiletry bag for more privacy. It's best to store unused rings in their original foil packaging unopened, to keep them clean.

**Only remove the ring if you are replacing it.**

Remember, the ring does not have to be removed for sex, bathing or menses or to clean. The ring cannot protect you if it is not in place in your vagina. If the ring is causing discomfort, use your fingers to adjust it or push it further up into the vagina. The ring is flexible enough to easily insert but firm enough to 'hug' the vagina to stay in place. If you are having discomfort while using the ring, contact your health care provider for support.

8 Never share your used or unused ring with others.

Everyone should see their health care provider to get their own rings.



6 Telling Others

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed in respect to each specific PrEP method included in your training. (See facilitation suggestion in Using this Training Manual, Part 1: Choose what sessions to include.)

Participants will work through the final step of the PrEP Journey Map – Telling Others. Participants will learn about the reasons their peers may find it difficult to use this PrEP method consistently and continue using it while they are vulnerable to HIV. They will then identify strategies for supporting their peers to use and stay on the PrEP method.

By the end of this session, participants should:

- Understand the reasons why AGYW might want to tell their parents and partners about their use of PrEP and the reasons they might want to keep this information private
- Understand that AGYW have the right to make their own decisions about disclosing their use of PrEP
- Know how to support AGYW to decide whether they will disclose their use of PrEP

This session requires participants to understand why it may be difficult or unsafe for AGYW to tell their parents or partners they are using PrEP. It is important to note that PrEP use is not a root cause of violence. If participants do not have this knowledge, we recommend you do the **Gender Inequality and Violence** session before you do this session.

This session may raise the issue of violence in relationships. If participants are not experienced with this topic, we recommend you conduct the **Responding to Disclosures of Violence** session either before or after this one, if you have not already. If participants share experiences of violence, it is very important that you are prepared to respond. This includes listening empathetically, validating their emotions, and empowering them to determine what support they would like from you. You can read more about how to respond to disclosures of violence in the **Essential Knowledge** contained in Responding to Disclosures of Violence.

KEY
MESSAGES

- AGYW can use their PrEP method without telling their parents, partners or anyone else.
- AGYW have the right to decide whom they tell about their use of PrEP. Using PrEP is a health decision, and everybody has the right to make their own decisions about their health.
- Many people find it easy to keep their PrEP use private.
- AGYW may find it easier to use PrEP if their families and/or partner know they are using it, but talking to these people about PrEP use may be challenging. Ambassadors can help peers develop a plan and practise so they feel more comfortable talking about their PrEP use.
- PrEP may be particularly useful for AGYW who do not feel comfortable or safe negotiating safer sex, particularly if they are in violent or controlling relationships.
- It may not be safe for AGYW in abusive or controlling relationships to tell their partners they are using a PrEP method. Ambassadors can play an important role in supporting their peers to develop strategies for keeping their PrEP use private.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 3a	PrEP Journey Map – Oral PrEP	Toolkit page 31
Worksheet 3b	PrEP Journey Map – Ring	Toolkit page 32
Tool 12a	Telling Others Role Play 1: Deciding to Disclose Your Oral PrEP Use	Toolkit page 19
Tool 12b	Telling Others Role Play 1: Deciding to Disclose Your Ring Use	Toolkit page 20
Tool 13a	Telling Others Role Play 2: Telling Your Partner About Your Oral PrEP Use	Toolkit page 21
Tool 13b	Telling Others Role Play 2: Telling Your Partner About Your Ring Use	Toolkit page 22
Tool 14a	Telling Others Role Play 3: Keeping Your Oral PrEP Use Private	Toolkit page 23
Tool 14b	Telling Others Role Play 3: Keeping Your Ring Use Private	Toolkit page 24

SESSION INSTRUCTIONS



EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map worksheet**.
3. Remind them that in the previous session they learned strategies to support their characters to use and stay on their PrEP method.
4. Explain that in this session, they will focus on how they can support their character through step five of the Journey Map, deciding if they want to tell their parents and/or partners they are using PrEP.
5. Explain that one of the unique things about PrEP is that AGYW do not need to involve their partners or anyone else in their decision to use it.
6. Explain that AGYW have the right to decide whom they tell about their use of PrEP.
7. Ask participants to consider the following questions:
 - What are the reasons AGYW might choose to tell their partners and/or parents?
 - What are the reasons AGYW might choose **not** to tell their partners and/or parents?
 - Is there a right or wrong choice?
 - What is your role as an Ambassador when supporting your peers with this decision?
8. If it was not raised in the discussion, explain to participants that in sexual relationships one partner often has more power than the other partner because of age, gender or employment status. In transactional relationships, the daddy/blesser has more power than the sugar baby/blessee. Partners or mothers-in-law of pregnant and breastfeeding women may exert more control during pregnancy and after the baby is born. This can make it difficult or even unsafe for AGYW to talk to their partners about using PrEP.
9. In some relationships, male partners expect to have control over the decisions their partner makes, particularly when it is about their sexual health. This is a form of violence.

FACILITATION TIPS

This session focuses on disclosures to partners, but AGYW may also need support to consider if they should disclose their use of PrEP to their parents. In younger groups, this may be more relevant. In this case, adapt the role-plays to replace partners with parents.

Emphasise that AGYW have the right to make their own decisions about their health. The role of an Ambassador is to provide the information and support AGYW to make an informed decision.

Refer to the **Gender Inequality and Violence** session for more information.

If training on more than one PrEP method, try to split into three groups per method. Groups can choose how they would like to go through the role-play. They may nominate two people, or they may take turns in the different roles.

10. In violent relationships, it can be unsafe for AGYW to negotiate safer sex or to tell their partners they are using PrEP. This is not the only reason AGYW may choose not to tell their partners, but it is an important consideration when supporting AGYW to make the decision.
11. Explain that in this activity, they will practice supporting their peers to decide if they want to tell their partners.

ACTIVITY: Role-Play Preparation

1. Split the group into three smaller groups.
2. Give each group one of the role-play scenarios for the PrEP method of focus:
 - **Telling Others Role-Play 1**
 - **Telling Others Role-Play 2**
 - **Telling Others Role-Play 3**
3. Ask each group to go through the role-play together.
4. Ask the group to:
 - Choose one participant's character to base the role-play on.
 - Choose two people who will act out the role-play in front of the group.
 - Choose one person who will introduce the scenario to the group before the role-play.
5. Let the group know that it is okay to change the role-play if they think the conversation would go differently in real life.
6. Explain that they will be doing the role-play without their toolkits, so they will need to practice.
7. Give the groups 20 minutes to prepare their role-plays



APPLY

ACTIVITY: Role-Plays

1. Invite the group(s) doing the **Telling Others Role-Play 1** to come to the front to present their play to the group.
2. When the first group has finished, invite the second group(s) to the front to act out the **Telling Others Role-Play 2**.
3. When the second group has finished, invite the third group(s) to the front to act out the **Telling Others Role-Play 3**.
4. When the third groups have finished, invite participants to reflect on all of the role-plays by asking the following questions:
 - Do you think these were realistic scenarios?
 - Were there any questions that were not addressed in these scenarios?
 - Would the conversations be different if they were with your character?
 - Do you think this role-play can also apply to scenarios where a peer is considering how to tell their parents?
5. Ask the group to consider whether they think their character would tell their partner and/or parents about using PrEP.
6. Once the activity has come to an end, bring participants into a circle for reflection.

FACILITATION TIPS

Remind groups that they will be doing the role-play without their toolkits.

For more advanced groups, you might consider asking the group to provide constructive feedback to help participants to improve their approach.

Point out that AGYW might not always make decisions that they as Ambassadors would make, and this is okay.



REFLECT

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Do you think your peers know they can use PrEP without telling their parents or partners?**
- **How do you feel about supporting your peers to use PrEP in private?**
- **If you were in the position of one of the young women in the role-plays, do you think you would choose to tell your partner or parents? Why/why not?**
- **What are the advantages and disadvantages of telling your partner or parents about using a PrEP method?**

FACILITATION TIPS

If participants are engaged in a discussion from the previous activity, you don't need to change activities — just wrap up the discussion with these reflection questions.

Invite participants to share their personal experience of talking to their parents or partners about PrEP. Remind participants it is up to them to decide what they would like to share with the group and what they would like to keep private.

SESSION MATERIALS

TOOL 12a

Telling Others Role-Play 1: Deciding to Disclose Your Oral PrEP Use



Do I have to tell my partner if I want to use oral PrEP?

You don't have to tell anyone. Your body belongs to you, and you have the right to make your own decisions about your health.

Some women use oral PrEP without their partner knowing, and some choose to tell their partner. It's your decision. It might be helpful to think about the reasons you would like to tell him and the reasons you don't want to.



Well, it would be nice to have his support.

Lots of women who use oral PrEP say it really helps to have their partner's support. It also makes them feel more comfortable taking it.

If I don't tell him, I might feel uneasy or worried about him finding out.

I understand why you might worry about that. It's normal to feel uneasy about keeping something a secret from the person you care about or love. I want you to know that it's your choice if you want to tell your partner. You don't need to feel guilty about making a decision to protect your health. If you choose not to tell him, I can support you to keep it private. In the same way, if you choose to tell him, I can support you in sharing with you ways to open a discussion about it with him.

Are there any reasons why you don't want to tell him?

I'm not sure if he will be supportive! What if he thinks I'm cheating on him or that I don't trust him? What if he doesn't want me to use it?

These are important and commonly heard concerns. You could try talking to him about the ring without telling him you're thinking about using it. For example, you could explain that other women your age are using it. This might give you an idea of what he thinks about the ring and if he's likely to be supportive.

If you do decide to tell him, we can practice responding to his concerns.

Don't forget, if you tell him and he's not supportive, you can still make your own decision about whether you want to use it.

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SESSION MATERIALS

TOOL 12b

Telling Others Role-Play 1: Deciding to Disclose Your Ring Use



Do I have to tell my partner if I want to use the ring?

You don't have to tell anyone. You have the right to make decisions about your sexual health and the method you choose to protect yourself from HIV. However, if you feel your partner's support is important, you may choose to tell them about it when you feel most comfortable.

While some women use the ring without their partner knowing, it is possible that your partner might feel the ring during sex or foreplay if fingers are inserted in the vagina. It might be helpful to think about the reasons you would like to tell him and the reasons you don't want to, and whether you think it would cause problems if he found out about your ring use before you've told him.



Well, it would be nice to have his support.

Lots of women who use the ring say it really helps to have their partner's support. It also makes them feel more comfortable using it and keeping it in during sex. This is especially true if they are concerned about their partner feeling the ring during sex.

If I don't tell him, I might feel uneasy or worried about him finding out.

I understand why you might worry about that. It's normal to feel uneasy about keeping something a secret from the person you care about or love. I want you to know that it's your choice if you want to tell your partner. You don't need to feel guilty about making a decision to protect your health. If you choose not to tell him, I can support you to keep it private. In the same way, if you choose to tell him, I can share ways to open a discussion about it with him.

Are there any reasons why you don't want to tell him?

I'm not sure if he will be supportive! What if he thinks I'm cheating on him or that I don't trust him? What if he doesn't want me to use it?

These are important and commonly heard concerns. You could try talking to him about the ring without telling him you're thinking about using it. For example, you could explain that other women your age are using it. This might give you an idea of what he thinks about the ring and if he's likely to be supportive.

If you do decide to tell him, we can practice responding to his concerns.

Don't forget, if you tell him and he's not supportive, you can still make your own decision about whether you want to use it.

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SESSION MATERIALS

Telling Others Role-Play 2: Telling Your Partner about Your Oral PrEP Use

TOOL 13a



I've decided to tell my partner about oral PrEP; do you have any advice about how I should do that?

I don't think so.

It might be helpful to talk to your partner about oral PrEP before you tell him you're using it. Try mentioning it casually a few times to start a conversation so you can provide him with accurate information. These conversations might also help you understand what he thinks about oral PrEP.

Okay, great I'll try that. When I'm ready to tell him, what should I say?

The first decision you'll need to make is whether you'll tell him that you're **considering** using oral PrEP, or you're **using** oral PrEP.

I'm not sure yet.

If you choose to tell him you're considering using oral PrEP, you could think about saying:

- Did you know that HIV is very common in our country and community? We should all think carefully about how we want to protect ourselves.
- Did you know there are now a lot of different ways to prevent HIV?
- I've been thinking about using a prevention method to make sure I'm protected against HIV, and I need one that I can use well.
- It's being recommended for girls/women to help prevent HIV.
- I've heard a lot about it. It's completely safe and won't have any impact on you.
- It will just be like taking other medication to prevent getting sick.
- I would really like your support. Taking oral PrEP will help me feel protected from HIV. Many girls/women my age are getting HIV, so I want to be as protected as I can be.

What if I choose to tell him after I start using it?

You can think about saying:

- Using oral PrEP is just like any other method we have to protect ourselves from HIV.
- It was recommended to me by a health care provider who educated me about it. I made the decision on my own because it's about my health and it won't have any impact on you.
- I take it because many girls/women my age are getting HIV, and I like that I can use this prevention method well for my own protection.

These are just some options. You know your partner best, so it's important that you decide what you want to say.

Don't forget, taking oral PrEP is your right. You are making a responsible decision to protect your health.

What if he thinks I'm cheating on him, or that I don't trust him?

You could try explaining that using oral PrEP isn't about your relationship — it's a decision about your health. You could also try to explain that you're trusting him by asking for his support.

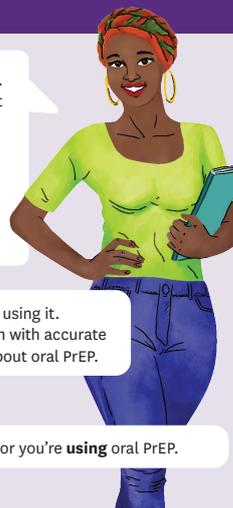
What if he thinks this means we don't need to use condoms?

Explain that oral PrEP will only protect you from HIV. It won't protect him. It also won't protect either of you from STIs. Condoms are always the best method because they protect against HIV, STIs and unplanned pregnancy.

Do you have any other advice?

Sure, here are some tips:

- Picking your timing is important. Try to find a time when he's in a good mood, you're both sober and you have some privacy. This must not be a rushed conversation.
- If you're worried that he may get angry or could be violent, try to find a place where you can easily leave or get help if you need to.
- Try practicing what you're going to say. I'm happy to do that with you, or you could ask a friend.
- If you have any friends who are using oral PrEP and have told their partners, you could ask them for advice.



I'm glad to hear you're interested in talking to your partner. Many women say it's helpful to have their partner's support as it helps them use oral PrEP better.

Your partner is most likely to be supportive if he has accurate information about oral PrEP. Without it, he may be unclear on the benefits of its use and make him less supportive.

Do you know if your partner knows much about oral PrEP?

SESSION MATERIALS

Telling Others Role-Play 2: Telling Your Partner about Your Ring Use

TOOL 13b



I've decided to tell my partner about the ring. Do you have any advice about how I should do that?

I don't think so.

I'm glad to hear you're interested in talking to your partner. Many women say it's helpful to have their partner's support because it helps them use the ring better. Your partner is most likely to be supportive if he has accurate information about the ring. Without it, he may be unclear on the benefits of its use and, as a result, be less supportive. Do you know if your partner knows much about the ring?



It might be helpful to talk to your partner about the ring before you tell him you're using it. Try mentioning it casually a few times to start a conversation so you can provide him with accurate information. These conversations might also help you understand what he thinks about the ring.

Okay, great I'll try that. When I'm ready to tell him, what should I say?

The first decision you'll need to make is whether you'll tell him that you're **considering** using the ring, or that you're **using** the ring.

I'm not sure yet.

If you choose to tell him you're **considering** using the ring, you could think about saying:

- Did you know that HIV is very common in our country and community? We should all think carefully about how we want to protect ourselves.
- Did you know there are now a lot of different ways to prevent HIV?
- I've been thinking about using a prevention method to make sure I'm protected against HIV, and I need one that I can use well.
- It's being recommended for girls/women to help prevent HIV.
- I've heard a lot about the ring. It's completely safe and won't have any impact on you. You may feel it during sex but it's safe for you and won't be uncomfortable.
- It will just be like using other medication to prevent getting sick or to prevent unplanned pregnancy.
- I would really like your support. Using the ring will help me feel protected from HIV. Many girls/women my age are getting HIV, so I want to be as protected as I can be.

What if I choose to tell him after I start using it?

You can think about saying:

- Using the ring is just like any other method we have to protect ourselves from HIV.
- The ring was recommended to me by a health care provider who educated me about it. I made the decision on my own because it's about my health and it won't have any impact on you. You may feel the ring during sex but it's safe for you and won't be uncomfortable. You may even like sex more when I wear it.
- I use it because many girls/women my age are getting HIV, and I like that I can use this prevention method well for my own protection.

These are just some options. You know your partner best, so it's important that you decide what you want to say and when to say it. Make sure you do not put yourself in harm's way if he starts to get angry.

Don't forget, using the ring to protect yourself from HIV is your right. You are making a responsible decision to protect your health.

What if he thinks I'm cheating on him, or that I don't trust him?

You could try explaining that using the ring isn't about your relationship — it's a decision about your health. You could also try to explain that you're trusting him by asking for his support.

What if he thinks this means we don't need to use condoms?

Explain that the ring reduces your risk but cannot completely prevent HIV. The medication in the ring does not travel to his body during sex so he does not get the benefit of protection that you do when using the ring. It also won't protect either of you from other STIs. Condoms are always the best method because they protect against HIV, STIs and unplanned pregnancy.

Do you have any other advice?

Sure, here are some tips:

- Picking your timing is important. Try to find a time when he's in a good mood, you're both sober and you have some privacy and time to talk. This must not be a rushed conversation.
- If you're worried that he may get angry or could be violent, try to find a place where you can easily leave or get help if you need to.
- Try practicing what you're going to say. I'm happy to do that with you, or you could ask a friend.
- If you have any friends who are using the ring and have told their partners, you could ask them for advice.

SESSION MATERIALS

Telling Others Role-Play 3: Keeping Your Oral PrEP Use Private

TOOL 14a



I've decided not to tell my partner.

It's great you've made a decision that works best for you. Many women make the same decision, and they successfully use oral PrEP without telling their partners. If you ever change your mind about telling him, you are welcome to ask for support to do this and practice with us if you would like.

Do you have any questions about keeping your oral PrEP use private?

How do I make sure he doesn't find out?

If you want to tell other people in your life, such as your family or friends, make sure they understand you've chosen not to tell your partner. And only tell people you trust.



How do I hide my oral PrEP pills?

There are lots of ways to keep your pills hidden. You could try:

- Keeping them with other medications in a different container
- Keeping them in your bag in a little pouch
- Keeping them with your tampons or pads

Women who are really worried about their partners finding their pills might keep them somewhere else, like at a friend's house, but this can make it difficult to remember to take them every day.

Other women don't hide the pills and instead pretend they're something else, like pills for period pain or their contraceptive.

What if he finds out?

Although many women use oral PrEP without their partner finding out, it's a good idea to plan what you will say if he does.

You can think about saying:

- Using oral PrEP is just like using any other medication that protects your health.
- It was recommended to me by a health care provider. I made the decision on my own because it's about my health and it won't have any impact on you, and I like that I can use this prevention method well for my own protection.
- I take it because many girls/women my age are getting HIV, and I like that I can use this prevention method well for my own protection.
- You could say you were just trying it and were going to let him know if you decide to take it.

You can also offer to take your partner with you on your next visit to your health care provider, who can provide more information and answer questions about oral PrEP and HIV prevention.

These are just some options. You know your partner best, so it's important that you decide what you want to say.

It might be helpful to practice what you're going to say. I'm happy to do that with you, or you could ask a friend.

Is there anything else I should consider?

Don't forget, taking oral PrEP is your right. You have the right to make your own decisions about your health. You're not alone. Many girls and women choose to use oral PrEP without telling anyone.

If you have any more questions or concerns you can always talk to me. And if you decide you want to tell your partner at a later time, I can support you to do that too.

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SESSION MATERIALS

Telling Others Role-Play 3: Keeping Your Ring Use Private

TOOL 14b



I've decided not to tell my partner.

It's great you've made a decision that works best for you. Many women make the same decision, and they successfully use the ring without telling their partners. If you ever change your mind about telling him, you are welcome to ask for support to do this and practice with us if you would like.

Do you have any questions about keeping your ring use private?



How do I make sure he doesn't find out?

If you want to tell other people in your life, such as your family or friends, make sure they understand you've chosen not to tell your partner. And only tell people you trust. It is also important to remember that some men in the ring studies — less than half — felt the ring during sex or foreplay if fingers are inserted in the vagina, so it is possible your partner might feel it too. He is less likely to feel the ring if you push the ring high into the vagina, and make sure you don't feel it inside you when you move around. You can put a plan in place about what to say if he does feel the ring at any point. Some women, for example, have told their partner it's a ring to prevent pregnancy.

How do I hide my ring use?

There are lots of ways to keep your ring use hidden. You could try:

- Keeping the ring inserted at all times high up in the vagina and only changing the ring in private or when your partner is not around. You should also discard the ring carefully so nobody finds it lying around.
- Keeping extra supplies in a private place or with your tampons or pads, but ensure the ring always stays in its original packaging.

Women who are really worried about their partners finding out about their ring use might keep extras somewhere else, like at a friend's house. Or, rather than keep extras on hand, they might go to their health care provider each month for a new ring.

Other women don't hide ring use and instead pretend it is something else, like the contraceptive ring.

What if he finds out?

Although many women use the ring without their partner finding out, it's a good idea to plan what you will say if he finds out about the ring or feels it during sex.

You can think about saying:

- Using the ring is just like any other method we have to protect ourselves from HIV.
- The ring was recommended to me by a health care provider who educated me about it. I made the decision on my own because it's about my health and it won't have any impact on you. You may feel the ring during sex but it's safe for you and won't be uncomfortable. You may even like sex more when I wear it.
- I use it because many girls/women my age are getting HIV, and I like that I can use this prevention method well for my own protection.

You could also say you were just trying it and were going to let him know if you decided to keep using it.

You can also offer to take your partner with you on your next visit to your health care provider. He or she can provide more information and answer questions about the ring and HIV prevention.

These are just some options. You know your partner best, so it's important that you decide what you want to say. It might be helpful to practice. I'm happy to do that with you, or you could ask a friend.

Is there anything else I should consider?

Don't forget, using the ring is your right. You have the right to make decisions about your health. You're not alone. Many girls and women choose to use the ring without telling anyone.

If you have any more questions or concerns you can always talk to me. And if you decide you want to tell your partner at a later time, I can support you to do that too.

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SESSION MATERIALS

WORKSHEET 3a

PrEP Journey Map — Oral PrEP

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1 Hi! I'm [redacted] 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 [redacted]

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

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

How can you help her get oral PrEP?

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

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?

Draw your character here

SESSION MATERIALS

WORKSHEET 3b

PrEP Journey Map — Ring

32

1 Hi! I'm I've heard about the ring but I don't really know much about it.

What does your character need to know about the ring to decide if it's right for her?

2 I'm interested in using the ring but I worry about _____

How can you support her to feel more comfortable using the ring?

3 I want to use the ring. How do I get it?

How can you help her get the ring?

4 I am using this PrEP method but sometimes forget to use it as prescribed.

How can you support her to use this PrEP method consistently 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 using the ring?

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

draw your character here

7 Making a Choice

SESSION OVERVIEW

Participants will explore how they as Ambassadors can help their peers make informed decisions about what HIV prevention methods are best suited for them and how their choice of methods can change over time as their lifestyles and preferences change.

By the end of this session, participants should be able to:

- Understand and be able compare the advantages and disadvantages of various methods for HIV prevention
- Understand key factors of a person's lifestyle and preferences that will influence informed decision-making about HIV prevention
- Understand how PrEP adds to the available HIV prevention options
- Know how to develop a combination prevention strategy with a peer

KEY MESSAGES

- AGYW need to choose their HIV prevention options based on accurate information, their needs, fears, personal preferences, accessibility and other circumstances that may influence their decision. These factors vary from person to person and change over time.
- When making choices about combination prevention, it is important to remember that PrEP methods are designed to contribute to the existing package of HIV prevention options, not replace them.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Tool 16 Making a Choice — What Matters Most to Me? Toolkit page 26

SESSION INSTRUCTIONS

Either reuse or create again the HIV Prevention Cards from PrEP Methods Session 1. Make sure you have an open space large enough for seven people to stand side by side and move forward and backward a few steps.

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Remind participants of the HIV prevention methods available to them that they learned about in PrEP Methods Session 1:
 - Abstinence
 - Condoms (male and female)
 - Oral pre-exposure prophylaxis (oral PrEP)
 - The ring
 - Post-exposure prophylaxis (PEP)
 - STI screening and management
 - HIV testing
 - Antiretroviral therapy (ART)
 - Risk reduction counselling
3. Explain that in this session, they will be exploring how they can support their peers to make informed decisions about what method or combination of methods best suit their lives in preventing HIV.
4. Ask participants if they have any questions about how these methods work before moving to an activity about considering advantages or disadvantages of each.

ACTIVITY: Decision-making and Choice Game

1. Explain to participants that they will now play a game to explore how to weigh the advantages and disadvantages of each HIV prevention method.
2. Split the group into seven smaller groups
3. Assign each group one of the HIV prevention methods mentioned above.
4. Have them write the method on a card or reuse the HIV prevention cards from PrEP Methods Session 1.

Use the HIV prevention cards from PrEP Methods Session 1 to guide the discussion.

5. Ask each group to sit together and discuss their views about their assigned HIV prevention method:
 - For me personally, what worries me about this method...
 - For me personally, what I like about this method...
6. Identify one person who represents the method and have them display the card with the method name.
7. Have the seven representatives stand together side by side.
8. Call out the method of the first person in line and ask the others assigned to the method to shout out advantages or disadvantages. For each advantage, have the representative take one step forward, and for each disadvantage, have them take one step back. Allow about three minutes for this exercise. Have the participant stay in his/her ending position.
9. Go down the line of representatives and repeat this exercise for each method. Keep everyone in their ending position.
10. Assess as a whole group how the methods compare to each other in terms of advantages and disadvantages. Remind participants that people have different preferences, and what one person considers a disadvantage may not be a disadvantage for another person. The same applies to advantages or the degree to which these attributes are important.

ACTIVITY: What Matters Most to Me

1. Ask participants why they think people have different opinions on advantages and disadvantages of certain HIV prevention methods.
2. Facilitate a brainstorming session about factors that could influence the decision about which HIV prevention method a person may choose. Have participants refer to the **Making a Choice — What Matters Most to Me? tool** for additional ideas. Write all factors mentioned on a flip chart or on sticky notes that can be posted to a wall.
3. Ask participants to put a star (with a pen/marker or sticker) on the three factors that are most important to them personally.
4. Now assess as a group what factors seem to be the most and least important and discuss why.



APPLY

FACILITATION TIPS

ACTIVITY: Making a Combination Prevention Plan

1. Ask participants to use their knowledge, personal views and experience to reflect on different HIV prevention methods and consider if any one method is enough to make them feel confident about preventing HIV.
2. Review the term ‘combination prevention’ from **PrEP Essential Knowledge** and provide *one or two examples*, such as the following:
 - Using oral PrEP means that you do not have to discuss it with anyone, this prevention is under your control and you do not have to negotiate the use of it with anyone else. However, in addition to oral PrEP use, it is important to always try to use condoms (with water-based lubricant, if possible) and go for regular STI and HIV testing every 3 months to know your status.
 - If your partner is living with HIV and it is safe for you to talk to them about their status, try to encourage them to be virally suppressed — this means adhering to their ARV treatment and going to regular check-ups with their health care provider. To make sure you are in control of your prevention, you could also use oral PrEP and rely on each other for reminders to both take your medication every day.
3. Have participants refer to one of the characters they developed during PrEP Methods Session 2 for the journey map activities. Ask them to take a few minutes to consider what life factors would influence the character’s decision about which HIV prevention methods to use and develop a combination prevention plan that would suit their character.
4. Ask a few participants to present their character and their combination prevention plan to the whole group. See if other participants have different ideas for what combination prevention could apply to the character.

Other tools may be available to support HIV prevention method choice, including the **PrEP Roadmap** or **HIV Prevention Journey tool** listed in the useful resources section. You can use these or other local resources to supplement this activity.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Why is it important for everyone to be able to decide what prevention methods or combination of methods are best suited for themselves?**
- **Did your opinions change about any of the methods?**
- **Do you feel confident to talk about all the various methods and influencing life factors to help peers make an informed decision?**

SESSION MATERIALS

TOOL 16

Making a Choice — What Matters Most to Me?



People are all different, and they need to be able to choose which HIV prevention method best suits them. Here are some factors that influence a person's choice about which HIV prevention method to use.



Vulnerability and prevention:

What is making me vulnerable to HIV right now? Do I know my partner's HIV status? If my partner is living with HIV, is he taking his ART regularly?



Partner issues:

Does my sexual partner have a preference about what I use? Does his opinion matter to me? What will my partner feel about me using this method? Do his feelings matter or does he need to know?



Frequency of sex/seasons of risk:

How frequently do I have sex? Regularly? Unpredictable and unplanned? Over a specific, limited time, like if my partner only visits sometimes?



Accessibility:

Does it require use of a product (for example, PrEP method or condom)? If so, what is available and easy to access? What about the cost and affordability? Am I comfortable seeing a health care provider?



Personal commitment:

Can I stick to the method easily? How much effort does it require to keep using this method? Can I cycle on and off of it easily?



Effectiveness:

How effective is this method? How important to me is effectiveness compared to other factors? Based on the evidence, how can I get maximum protection? What if I want to use the method in combination with another one?



Condom use:

Am I able to use condoms consistently and correctly each and every time I have sex? Do I have access to a water-based lubricant to use with condoms? How do I/my sexual partners feel about condom use?



Mode of use:

Do I want something that is medication-based? Do I want something on-demand or something that provides continuous prevention? What am I comfortable to put in my body — a pill, vaginal ring or an injection?



Privacy:

How important is it to me to keep my method secret? How easy is it for someone to find out I'm using the method?



Side effects:

How do I deal with side effects? What side effects am I willing to experience? How do I know the side effects are caused by the method and not something else?



Personal preference:

I just prefer it.

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8 Awareness Raising

SESSION OVERVIEW

This session should be completed after participants have gone through sessions 2–6 for each PrEP method being trained on. This session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

Participants will learn ways to build support for PrEP use in their communities. They will identify where they have the most influence, and they will practice responding to concerns and questions from community members, including parents, partners and community leaders.

By the end of this session, participants should be able to:

- Understand the way different people influence AGYW's decision to use PrEP
- Understand the common concerns of community members, including parents and partners, and have the information they need to address these concerns
- Be able to communicate effectively with people who oppose PrEP to increase their knowledge and gain their support

KEY MESSAGES

- Attitudes of people in the lives of AGYW can influence their decision to use PrEP, making it either harder or easier for them to use.
- Different people will have different levels of influence over the decisions of AGYW. Some people have influence because they are respected and trusted. AGYW look to these types of people for advice. Other people have influence because they have more power than AGYW. These types of people use their power to control the decisions of AGYW.
- When partners and parents are supportive of PrEP, AGYW are more likely to use it. The support of partners/parents can also help AGYW use PrEP correctly and keep using it while they are vulnerable to HIV.

KEY
MESSAGES

- When attitudes and expectations of how people should behave are shared within a group or community, they are called social norms.
- Social norms can have more of an influence on an individual's behaviour than their own thoughts and beliefs. This is because people worry about being judged or excluded from their group or community if they do not follow these norms.
- Social norms about AGYW having sex and using PrEP are a key barrier to the use of PrEP and the prevention of HIV.
- Ambassadors can use social media to increase awareness of PrEP methods in their communities.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 5

My Circles of Influence

Toolkit page 35

Tool 17

Awareness Raising Role-Play

Toolkit page 27

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Remind participants that in the previous five sessions they supported their character to overcome barriers to getting and using a PrEP method.
3. Explain that in this session, they will be exploring how they can help build support for PrEP in their communities. This will reduce barriers to PrEP use and make it easier for AGYW to protect themselves from HIV.
4. Explain that the attitudes of people in the lives of their peers can influence whether they choose to use PrEP. These attitudes are the most powerful when they are shared by groups and communities. Shared attitudes and expectations about how people should behave are called social norms.

Use **PrEP Methods Essential Knowledge** and **Key Messages** to explain the influence of social norms.

Highlight that some people have influence because they are respected and trusted by AGYW. Other people will influence the choices of AGYW because they have more power than them and they use that power to control their decisions.

5. Lead a discussion about the influence of community attitudes and norms by asking the following questions:
 - What are the strongest attitudes about AGYW using PrEP in your communities?
 - Do these attitudes and norms influence what your peers think about using PrEP?
 - Do different groups in the community have different attitudes?
6. Ask participants to identify what groups of people have a lot of influence in the lives of their peers and write this list on a piece of flip chart paper or whiteboard.
7. Explain that in the next activity, they will be identifying how much influence they have with different groups in the community.

Participants only need to list the role of the person, for example, mother, friend, partner or community leader. They do not need to list the names of individuals.

ACTIVITY: Circles of Influence

1. Referring to the **My Circles of Influence worksheet**, explain to participants that their inner circle includes the individuals and groups who respect, trust and listen to them the most. This might include their friends and relatives, or people who look to them for advice. This is where they will have the most influence, so it is the best place to start raising awareness about PrEP methods.
2. Give participants five minutes to write down some of the people who are in their inner circles.
3. Explain that their middle circle includes the individuals and groups who will usually take the time to listen to what they have to say, but may not necessarily agree with it or follow their advice. Influencing the attitudes, beliefs and behaviours of their middle circle might be difficult, but it is not impossible.
4. Give participants five minutes to write down some of the people who are in their middle circles.
5. Explain to participants that their outer circle includes the individuals or groups whom they have little or no influence over — those who might not listen to or respect their opinions. These are the people whom participants might be too afraid to approach. Sometimes these people might be actively working against what Ambassadors are trying to achieve. Trying to influence people in their outer circle is unlikely to be effective and might even create unhelpful conflict.
6. Give participants five minutes to write down some of the people who are in their outer circles.
7. Once participants have completed their worksheets, ask for a volunteer to read aloud some of the people in their inner, middle and outer circles, and why they put them there.

8. Invite others to share some of their answers that may be different from the first person's.
9. Referring to the list you created earlier of the people or groups with the most influence in the lives of their peers, ask if anybody has any of these groups in their inner or middle circles.
10. Explain that influencing these people will likely have the greatest impact on bringing about change.
11. For participants who do not have any of the listed groups in their inner or middle circles, explain that Ambassadors can still influence them indirectly. Ask the group to imagine what happens when they throw a stone into water. Even though the stone only directly touches the water in one place, it affects all the water around it. This is known as the ripple effect.
12. Ask participants to consider how raising awareness of PrEP and influencing the attitudes of people in their inner circle could ripple out to change attitudes in the community.



APPLY

ACTIVITY: Group Role-Play

1. Explain to participants that in this activity they will practice responding to the questions and concerns of different members of the community, including parents, partners and community leaders. Highlight that parents and partners usually have the most influence in the lives of AGYW.
2. Lead a discussion about the reasons some parents support their daughters to use PrEP and the reasons other parents do not.
3. Repeat the discussion, but this time focus on partners.
4. Divide the group into pairs and direct them to the **Awareness Raising Role-Play**.
5. Ask participants to do the role-play, making sure they swap roles so each person has a turn playing the Ambassador.
6. Give pairs 20 minutes to do this and then bring the group back together.
7. Ask one pair to volunteer to act out the role-play in front of the group. This should only take a couple of minutes.
8. Ask participants to put down their toolkits and stand in a circle.
9. Explain that you will be practicing responding to questions and concerns from community members.
10. Ask participants to consider a time when someone else successfully changed their opinion about something. Ask for one or two people to share their answer.

FACILITATION TIPS

A concern you can use for your example is the incorrect assumption that PrEP will lead to girls and women having more sex.

If a participant gets stuck trying to respond, invite other members of the group to try another approach.

11. Explain that one of the most effective ways to change someone's opinion and get their support is to:
 - Listen to their opinion or concerns
 - Acknowledge their point of view and show that you understand what they are saying
 - Find something you can agree with them about, such as highlighting that everyone wants to stop the spread of HIV
 - Address their concerns and explain why PrEP is an important addition to combination prevention of HIV
12. Explain that you will be asking for volunteers to step into the circle and play the role of a community member with a concern or question about PrEP. You will then be asking for someone else to step into the circle and respond.
13. Demonstrate this by stepping into the circle, introducing yourself as a community leader, and expressing a concern about PrEP.
14. Ask for a volunteer to step into the circle and respond to your concern.
15. Once the discussion has come to an end, ask the volunteer to play the role of a community member. Ask them to introduce themselves and ask a question or express a concern.
16. Ask for a volunteer to step into the circle and respond to their concern.
17. Repeat this activity until everyone has had a turn.
18. Once the activity has come to an end, bring participants into a circle for reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **What did you think of that activity?**
- **Have you heard the questions and concerns raised in this activity within your communities?**
- **Do you think you will feel comfortable talking to people in the community about PrEP?**
- **What groups do you think will be most challenging to talk to and gain support from?**
- **Who can support you to influence community attitudes?**

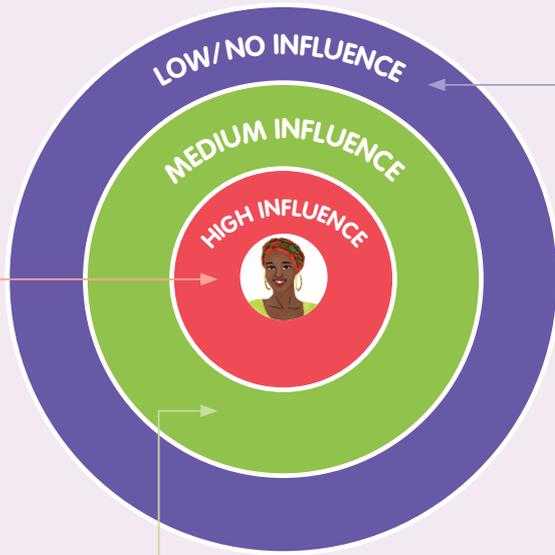
Let Ambassadors know that it is up to them to choose what activities they feel comfortable doing as Ambassadors. If they do not feel comfortable building support in their community, they can focus on supporting their peers.

SESSION MATERIALS

My Circles of Influence

WORKSHEET 5

Who can you influence?



High influence

Medium influence

Low/no influence

SESSION MATERIALS

Awareness Raising Role-Play

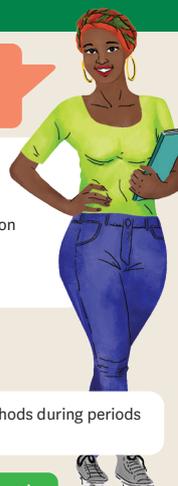
TOOL 17



Yes! What is PrEP?

Hi! I'm an HIV Prevention Ambassador. Do you have any questions about PrEP?

PrEP refers to HIV prevention methods that contain medication, called antiretrovirals, that an HIV-negative person can take to protect themselves from HIV. PrEP works by preventing the virus from replicating in the body. If a person is using their PrEP method correctly and consistently and they're exposed to HIV, it will be less likely that HIV can infect their blood cells. The virus will die, and the person won't get HIV. There are different forms of PrEP: oral PrEP, the vaginal ring, and the injectable. Each of these methods is in a different stage of approval for use and development. Some methods are being developed that combine medication for HIV prevention and contraception.



Is PrEP is just like HIV treatment?
If my partner or daughter starts taking it, will she have to take it her whole life?

PrEP only needs to be used while someone is vulnerable to HIV. Some people use PrEP methods during periods of vulnerability and then decide to stop using them when they are no longer vulnerable.



Isn't PrEP only for sex workers and women who are promiscuous?

PrEP is for anyone who wants to protect themselves from HIV. Rates of HIV infection among adolescent girls and young women in this country are very high. This is not because they are promiscuous. It's because they often do not have access to the information and prevention methods they need to protect themselves from HIV. PrEP methods can change this!

Why do girls need PrEP? Shouldn't they practice abstinence until they are married?

Abstinence is one way girls and young women can protect themselves from HIV, but abstinence doesn't work for everyone.

HIV is increasing among girls and women, so it's best to have different options so they can choose the most effective one for them.

You don't have to worry that PrEP will encourage more girls/women to have sex; studies show that this is not true.

It's also important to remember that married girls and women also get HIV. It's also possible for girls practicing abstinence to get HIV if they're raped.



Does my daughter need my permission to use PrEP?

It depends on how old she is, where she lives and which PrEP method she wants to use. Whether she needs your permission or not, supporting your daughter to use PrEP will help protect her from HIV so she can live a long and healthy life. Supporting your daughter to make her own decisions can strengthen your relationship, and it may make her more likely to involve you in other decisions.



If my partner wants to use a PrEP method, does that mean she doesn't trust me or that she's having an affair?

Using PrEP doesn't mean your partner doesn't trust you or that she's having an affair. It just means she wants to be in control of her health. PrEP is like any other medication people use to protect their health. Many women in relationships use PrEP too.

What can we do to prevent HIV in our community?

Supporting girls and young women to use the PrEP methods is an important way you can help prevent HIV. If more girls and young women use any of the PrEP methods, the rates of HIV in this community will decrease.

It's also important to reduce the risk of HIV transmission in your own life. You can do this by having an HIV test so you know if you're HIV positive. Most HIV transmissions come from people who don't know they're living with HIV. If you are HIV positive, there's medication that can keep you healthy and prevent you from passing it on to others.

You can also make sure you're protecting yourself and your partner by always using condoms, with water-based lubricant if it's available.



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9 Advocacy

SESSION OVERVIEW

This session should be completed after participants have gone through sessions 2–6 for each PrEP method being trained on. This session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

Participants will explore how the environment in which AGYW live can influence their ability to use PrEP. They will then learn to plan an advocacy strategy for removing barriers and creating an enabling environment for PrEP use.

By the end of this session, participants should be able to:

- Understand the barriers and enablers to PrEP use
- Understand the importance of working with alliances and coalitions to influence change
- Know how to create an advocacy strategy

KEY MESSAGES

- The environment in which their peers live can make it easier or harder for them to choose and use a PrEP method. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.
- The ability of AGYW to use PrEP is influenced by a range of factors, such as laws, policies, funding decisions, priorities and practices of people and institutions at local, national and international levels.
- Changes at the environmental level require the support of decision-makers who have direct influence over laws, policies, funding decisions, priorities and practices of institutions such as health care facilities, schools and government departments.
- Advocacy activities aim to influence decision-makers to make changes to remove barriers and create an enabling environment.
- Ambassadors will be most effective if they work with groups and organisations that share the same vision. Coalitions (groups of people working toward the same goal) have more power to influence decision-makers than individuals do.
- An essential component of a successful advocacy strategy is knowing the audience. Data — which can come from polls and surveys, interviews and needs assessments — will inform advocacy efforts and should be collected at each stage

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 6	Removing Barriers to PrEP	Toolkit page 36
Worksheet 7	Advocacy Planning	Toolkit page 37

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
1. Direct participants back to their **PrEP Methods Journey Map worksheet(s)**.
2. Remind them that in the Journey Map activities, they focused on supporting their peers to overcome barriers to using PrEP. Explain that in this session, they will be exploring how they can change the environment around their peers to make it easier for them to use PrEP.
3. Explain that the environment in which their peers live can make it easier or harder for them to choose and use a PrEP method. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.

Use **PrEP Methods Essential Knowledge** to help participants to identify the key barriers to PrEP use.

This activity is designed to let participants decide the level at which they would like to work. For example, they may focus on barriers within their communities, or more experienced advocates may focus on national policies and laws that create barriers to PrEP use.

The groups should be driven by the interests of participants.

ACTIVITY: Removing Barriers to PrEP

1. Ask participants to think back to the barriers they identified that made it harder for their character to find out about PrEP; decide to use it; select a specific PrEP method; get it, use and stay on it; and tell others about using it.
2. Facilitate a discussion to identify barriers, writing their answers on a piece of flip chart paper or whiteboard.
1. Direct participants to the **Removing Barriers to PrEP worksheet**. Explain that they will be breaking into groups and each group will work to identify what could be changed about the environment to remove these barriers and make it easier for their peers to use PrEP.

It is okay if there are some areas that are not included in this activity. If one group is too large, you might consider breaking it into two groups.

2. Ask participants to select one of the five areas of the worksheet they would like to work on and to form a group with other participants who would like to work on the same area.
3. Give groups 10 minutes to come up with a list of changes that could be made in the environment to make it easier for their peers to use their chosen PrEP method.
4. Bring participants back together and ask each group to present their answers. Write answers on a piece of flip chart paper or whiteboard.
5. Facilitate a discussion about the enablers they identified, highlighting any overlap among the different areas.



APPLY

ACTIVITY: Advocating for Change

1. Using the **PrEP Methods Essential Knowledge** and **Key Messages**, explain that
 - Participants are not expected to directly remove these barriers to PrEP.
 - Removing barriers within the environment requires the support of decision-makers who have direct influence over laws, policies, funding decisions, priorities and practices of institutions, such as health care facilities, schools and government departments.
 - They can contribute to creating an enabling environment by influencing these decision-makers to take action.
 - They will be most effective if they work with others.
1. Direct each group to their **Advocacy Planning worksheet**.
2. Go through the worksheet questions, explaining that these questions will help them decide what actions they can take to create an enabling environment for PrEP use in their communities. Once they have finished the worksheet, they will use the information to create a strategy for achieving their objective.
3. Give the groups five minutes to identify the problem (or barrier) they want to address, and what they want to achieve (their objective).
4. Ask the groups to identify who has the power to make the changes needed to achieve their objective. Give the group five minutes to do this.
5. Ask the groups to identify how they can learn more about these people and their knowledge, attitudes and beliefs about the problem or barrier they want to address.

FACILITATION TIPS

Use the PrEP Methods Essential Knowledge to help participants identify the different types of advocacy activities they could use.

It might be helpful to give an example that you can follow through the activity:

EXAMPLE 1

Problem: AGYW do not know what health services are available to them.

Objective: Health care providers visit the local school to provide information about their services.

Who has the power? Health care providers, the principal and teachers, the school committee

Opportunities: The school committee is looking for members.

Allies: There is a doctor at the health care facility who is supportive of AGYW getting PrEP methods.

Support and resources we need: Support from at least one committee member. Information about the rates of HIV among AGYW and the importance of education and access to services to prevent HIV.

6. Ask the groups to identify opportunities for influencing these people. For example, do they have any connections they can use? Are there established ways of communicating with them or participating in the decisions? Are there any events, meetings or other opportunities they can use to get their attention?
7. Ask the groups to identify people who are likely to be supportive of their objective (allies). Explain that working with allies is the most effective way to achieve change, because it strengthens their influence. Explain that allies can include individuals who are supportive of them and their objective, or individuals, groups or organisations that are already working in the area that they can join forces with. Give them five minutes to do this.
8. Give them five minutes to identify the support and resources they have, and those they will need to effectively influence change.
9. Ask the groups to use this information to decide what activities they can do to work toward their objective.
10. Give each group a piece of flip chart paper and ask them to create a strategy for influencing the key decision-makers to remove barriers and create an enabling environment for oral PrEP use. This should include their objective and the details of what they are going to do to achieve the objective.
11. Give participants 10 minutes to do this.
12. Bring the group back together and ask each group to share a quick overview of their strategy.
13. Once the activity has come to an end, bring participants into a circle for reflection.

EXAMPLE 2

Problem: AGYW who have tried to access PrEP have experienced stigma and discrimination from health care providers

Objective: For PrEP providers to deliver nondiscriminatory, stigma-free services

Who has the power? Health care providers, facility managers

Opportunities: Quality improvement policies instruct that health care facilities should include community representatives in their management and quality improvement committees; existing PrEP training curriculum for health care providers includes a module on delivering stigma-free services

Allies: A nurse at the facility is a PrEP Champion

Support and resources we need: Support from facility manager to include PrEP beneficiaries as part of management/quality improvement committee and to conduct training on delivering stigma-free PrEP services

Give participants a longer amount of time to create their strategy and present back to the group if you have extra time.

**REFLECT****ACTIVITY: Reflection Circle**

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **Are you aware of groups or organisations that are working to create an enabling environment for HIV prevention or PrEP?**
- **Was it easy for you to identify allies?**
- **How can you work together to strengthen your influence?**

FACILITATION TIPS

You do not need to ask every question. You can choose some questions from the list, or simply ask participants for their reflections on the session.

Encourage participants to consider how to use social media platforms to engage with these groups or organisations.

SESSION MATERIALS

WORKSHEET 6

Removing Barriers to PREP

What would make it easier for your peers to **use** PREP?

What would make it easier for your peers to **find** out about PREP?

What would make it easier for your peers to **get** PREP?

What would make it easier for your peers to **take** PREP correctly and continue taking it?

What would make it easier for your peers to **tell** their partners and parents about using PREP?

SESSION MATERIALS

Advocacy Planning

WORKSHEET 7

<p>What is the problem you want to address?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>
<p>What do you want to achieve (your objective)?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>
<p>Who has the power to do this?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>
<p>What opportunities are available for you to influence them?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>
<p>Who are allies with whom you can work to strengthen your influence?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>
<p>What support or resources do you have, and what will you need?</p>	<div style="border: 1px solid #f9a825; padding: 5px; min-height: 60px;"> <hr/><hr/><hr/><hr/><hr/> </div>

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10 Action Planning

SESSION OVERVIEW

This session should be completed after participants have gone through sessions 2–6 for each PrEP method being trained on. This session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

Participants will identify their vision for their community and develop a shared goal for their work as Ambassadors. They will explore how they can best contribute toward the goal, considering their passions, interests, strengths and areas of influence. Participants will also identify how they can support each other.

By the end of this session, participants should be able to:

- Understand the goal they are working toward
- Know how they would like to contribute toward the goal
- Feel supported by their peers

KEY MESSAGES

- In your work as an HIV Prevention Ambassador, never forget what your goal is (the change you want to see).
- Always remember that even though it might seem overwhelming, small steps can make big differences over time.

MATERIALS

The worksheets and tools used in this session can be found in the HIV Prevention Ambassador Toolkit. They are also included at the end of the PrEP Methods sessions for your reference.

Worksheet 8

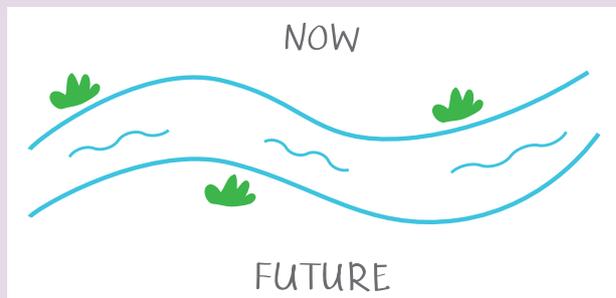
My Personal Action Plan

Toolkit page 38

SESSION INSTRUCTIONS

Draw a river through the centre of a piece of flip chart paper (like the example below). At the top of the page, write the word “NOW” and at the bottom, write the word “FUTURE”.

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Explain that in this session, participants will apply everything they have learned in the training so far to a situation in their communities that they would like to change, and they will create an action plan to help make that change happen.
3. Ask participants to reflect back on the training. Ask the group to provide an overview of what has been covered by the training so far.

If participants are from different communities, you could divide them into smaller groups. If they are from many different communities, you could give different coloured sticky notes to each community group. This allows everyone to contribute to the joint picture, while also differentiating among the communities.

ACTIVITY: Our Community

1. Direct participants to the piece of flip chart paper you prepared with the drawing of a river.
2. Ask participants to think about how they would describe their community in terms of AGYW's vulnerability to HIV and the reasons it is difficult for them to protect themselves from HIV. Think about the factors in the lives of AGYW, the community and the environment around AGYW. Remind them to think about all the issues they have explored in this training, including:
 - Human rights
 - Gender inequality and violence
 - AGYW's vulnerability to HIV
 - Myths about PrEP methods
 - Barriers to getting PrEP methods
 - Community attitudes about PrEP methods

3. Ask participants to write one aspect of their community on a sticky note and read it aloud (to avoid duplicates) before sticking it on the "NOW" side of the river.
4. When they have finished, read through the notes to give an overall picture of the community.
5. Ask participants to turn their thoughts to the future they want to see for their community.
6. Ask them to imagine what their community could look like in five to 10 years' time if everyone worked together to prevent HIV.
7. Ask participants to write their contributions on sticky notes and put them on the "FUTURE" side of the river, reading them aloud before they stick them up.
8. When they have finished, read through the notes to give an overall picture of their vision for the community.
9. Ask the group to reflect on the differences between their community now and the community they would like to see in the future.
10. Facilitate a discussion to turn their vision into a clear goal that HIV Prevention Ambassadors can work toward.



APPLY

ACTIVITY: My Personal Action Plan

1. Direct participants to the **My Personal Action Plan worksheet**.
2. Go through the worksheet and explain:
 - Usually, an action plan focuses on creating very specific objectives and a plan for achieving them, including things like time frames. These types of action plans are very important when planning specific activities.
 - However, as Ambassadors, their role will most likely change in response to the needs of their peers.
 - So, their personal action plan is designed to help them think about the best way they can contribute toward the identified goal, considering their passions, interests, strengths and areas of influence.
3. Give participants 20 minutes to complete their personal action plan.
4. When they have finished, ask each participant to present their action plan to the group.
5. After all participants have presented, write "Helping each other" on a piece of flip chart paper and display it somewhere everyone can see.

FACILITATION TIPS

Encourage participants to include Ambassador tools in their action plans where they could be useful.

6. Ask participants to think of one way they can support other Ambassadors. Ask them to write it down on a sticky note and read it aloud before sticking their note on the flip chart.
7. Once the activity has come to an end, bring participants into a circle for reflection.

Support can be anything from giving practical or emotional support to helping with activities.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassador.

This is the last of the PrEP Methods sessions so you might like to ask participants to reflect on the PrEP methods training.

SUGGESTED REFLECTION QUESTIONS

- Are you feeling hopeful that you will be able to contribute toward the goal?
- What challenges do you expect to face?
- How can you stay motivated?

SESSION MATERIALS

My Personal Action Plan WORKSHEET 8

Our goal

What are you most passionate about doing as an Ambassador?

What are your strengths that will help you in your role as an Ambassador?

What types of activities are you most interested in doing to contribute toward the goal?

Where do you have the most influence?

What is one thing you can achieve that will contribute toward the goal (your objective)?

What support or resources do you have, and what will you need to achieve this?



Useful Resources

PrEP Information and Tools

- | | |
|--|---|
| <p>1 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 11: PrEP Users</p> <p>WHO
2017
http://www.who.int</p> | <p>A training module directed at individuals deciding whether to start using oral PrEP. This module addresses common questions people have when making this decision and other considerations that come up while using oral PrEP, such as taking oral PrEP while pregnant and telling others about oral PrEP use.</p> |
| <p>2 QuickRes: Global Online Reservation and Case Management App</p> <p>FHI 360
2020
https://quickres.org</p> | <p>A web tool to assess HIV service needs and find and book local HIV services and other related services, currently available in several countries across the Caribbean, Africa, and Asia.</p> |
| <p>3 HIV Prevention Ambassador Training Materials: For AGYW For General Populations Interactive virtual oral PrEP sessions</p> <p>OPTIONS Consortium; CHOICE Consortium
2020
http://www.prepwatch.org</p> | <p>Training packages for AGYW and general populations, in both English and French.</p> <p>An online version of the oral PrEP modules found in the HIV Prevention Ambassador Training for AGYW.</p> |
| <p>4 PrEP Introduction to Young People</p> <p>OPTIONS Consortium; Wits RHI; She Conquers
2018
ambassadortraining@PrEPNetwork.org (PowerPoint)
www.youtube.com (Get PrEPared: What African women need to know! [Video])
https://myprep-gamification-tool.herokuapp.com/ (PrEP Road Map)</p> | <p>A PowerPoint containing an oral PrEP road map on deciding to use oral PrEP, a video showing how oral PrEP works, and other resources for young people about oral PrEP.</p> |
| <p>5 South Africa PrEP Information, Education, and Communication Materials and Job Aids</p> <p>OPTIONS Consortium; Wits RHI
2018
www.prepwatch.org (Job aids)
www.prepwatch.org (Posters)
www.prepwatch.org (Oral PrEP Counselling Guidelines)</p> | <p>Information, education and communication materials on oral PrEP for university students.</p> <p>Job aids to support health care workers, peer educators and counsellors at oral PrEP rollout sites.</p> |

<p>6 Zambia Ending AIDS Campaign Materials JSI's USAID DISCOVER-Health Project No date www.prepwatch.org</p>	<p>A series of tools and videos for PrEP campaigns to help youth take control of their sexual health.</p>
<p>7 PrEP 4 Youth Public Service Announcements OPTIONS Consortium; Wits RHI 2019 www.prepwatch.org</p>	<p>A series of five short, powerful videos featuring MTV Shuga Down South actors talking about oral PrEP. The videos cover HIV testing, combination prevention, adherence, side effects and stigma.</p>
<p>8 Young Women Lead, Evidence, Advocate, Research, Network (LEARN) ATHENA Network 2018 http://athenanetwork.org</p>	<p>A two-year DREAMS Innovation Challenge project that supported effective rollout and uptake of oral PrEP among adolescent girls and young women in Kenya and Uganda. The project included peer mobilisation activities through LEARN ambassadors and peer mobilisers.</p>
<p>9 MyPrEP Tool Bedsider 2018 https://mypreptool.org</p>	<p>An interactive online tool that AGYW can use to assess their family planning and HIV prevention choices, including considering oral PrEP.</p>
<p>10 Jipende JiPrEP Jilende, Kenya No date https://www.jilinde.org</p>	<p>An interactive online tool that AGYW can use to learn about oral PrEP and find locations where they can access oral PrEP in Kenya.</p>
<p>11 Engaging Parents to Create an Enabling Environment for Young People's PrEP Use CHOICE Consortium 2021 ambassadortraining@PrEPNetwork.org</p>	<p>A supplemental module for informing parents and caregivers of AGYW about PrEP methods and engaging them as supporters of PrEP use.</p>
<p>12 A Long-Acting and Woman-Controlled HIV Prevention Option IPM 2021 https://www.ipmglobal.org</p>	<p>A video explaining the dapivirine vaginal ring as the first long-acting prevention method designed specifically for women. Also available in Luganda, Nyaja, Sesotho, Swahili, Xhosa, and isiZulu.</p>
<p>13 HIV Prevention User Journey Tool PROMISE Consortium 2021 (<i>in development</i>) ambassadortraining@PrEPNetwork.org</p>	<p>A quick guide to HIV prevention methods to help users and providers to know and understand the different methods available and make decisions for what methods best fit one's lifestyle. Available as an online tool and paper brochure.</p>

Peer Education

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|---|---|
| <p>1 Peer Education and Leadership for Adolescents: Facilitator Manual
LVCT Training Institute
2014
ambassadortraining@PrEPNetwork.org</p> | <p>A training manual to guide adolescent peer educator facilitators to deliver peer education and leadership-based interventions to adolescents aged 10 to 19 years. Sessions cover peer education, life skills, and facilitation skills.</p> |
| <p>2 PZAT PrEP Literacy Sessions Guide
Pangaea Zimbabwe AIDS Trust
2018
ambassadortraining@PrEPNetwork.org</p> | <p>A peer educator handbook that includes factsheets on HIV transmission and testing, post-exposure prophylaxis (PEP), HIV frequently asked questions, and key messages about oral PrEP.</p> |
| <p>3 Launching V
CONRAD; USAID
2018
www.prepwatch.org</p> | <p>An empowerment-centred toolkit including suggested messaging and activities for oral PrEP ambassadors to use to increase demand for oral PrEP with their peers, including social media outreach and small parties.</p> |

Adherence

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| <p>1 Interventions to Improve Antiretroviral Therapy Adherence Among Adolescents in Low- and Middle-Income Countries: A Systematic Review of the Literature
FHI 360
2018
ambassadortraining@PrEPNetwork.org</p> | <p>A literature review conducted to illuminate effective strategies and interventions to increase adherence to HIV care and treatment among adolescents, mainly in sub-Saharan Africa.</p> |
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Awareness Raising

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|---|---|
| <p>1 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 2: Community Educators and Advocates
WHO
2017
www.who.int</p> | <p>An educational module containing information on oral PrEP that should be considered in community-led activities. The module aims to increase knowledge about oral PrEP and increase demand and access.</p> |
| <p>2 Training for Community Mobilization for VMMC: Trainer's Slide Deck
AIDSFree
2019
https://aidsfree.usaid.gov/resources</p> | <p>Training to increase knowledge of voluntary medical male circumcision (VMMC) for HIV prevention and build skills and confidence in promoting VMMC in communities and mobilizing men for services.</p> |

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| <p>3 Voluntary Medical Male Circumcision Demand Creation Toolkit
Population Services International
2014
www.psi.org</p> | <p>A toolkit containing guidance and tools to conduct communication and outreach activities to drive demand for VMMC.</p> |
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Advocacy

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| <p>1 U-Report
UNICEF
2011
https://ureport.in/</p> | <p>A data collection and social messaging tool to foster citizen action, inform leaders, and create positive change.</p> |
| <p>2 Key Population PrEP Activist Toolkit
International Treatment Preparedness Coalition
2018
http://itpcglobal.org/</p> | <p>A guide that equips community activists with the knowledge and skills they need to demand oral PrEP. The guide is available in English, French and Spanish.</p> |
| <p>3 Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being
The Partnership for Maternal, Newborn, & Child Health; Women Deliver
2018
https://womendeliver.org/</p> | <p>A toolkit developed by young people to be used by networks of youth-led and youth-serving organisations to improve adolescent health and well-being worldwide.</p> |
| <p>4 Respecting, Protecting, and Fulfilling Our Sexual and Reproductive Health and Rights: A Toolkit for Young Leaders
C Exchange Youth Initiative; Women Deliver
2015
http://womendeliver.org</p> | <p>A toolkit to guide young leaders to become impactful and expert leaders for sexual and reproductive health and rights.</p> |
| <p>5 Dapivirine Ring Advocacy Messaging Resource Package
PROMISE Consortium
2021
www.prepwatch.org</p> | <p>A tool for developing a messaging framework and implementation plan in support of advocacy activities for the dapivirine ring.</p> |
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Action Planning

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| <p>1 SASA! Action Training Module
Raising Voices
2013
http://raisingvoices.org</p> | <p>A training manual to explore practical ways of using power to take action to prevent violence against women and HIV. Includes sessions on effective activism, practicing activism, and sustaining activism efforts.</p> |
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| <p>2 A Systematic Review of Positive Youth Development in Low- and Middle-Income Countries
YouthPower Learning
2017
www.youthpower.org</p> | <p>An analysis of evidence of existing positive youth development, documenting the effectiveness of these approaches as applied in low- and middle-income countries.</p> |
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Social Media and Digital Engagement

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| <p>1 A Vision for Going Online to Accelerate the Impact of HIV Programs
FHI 360, LINKAGES Project
2019
www.fhi360.org</p> | <p>A framework for how HIV programs can use online and mobile platforms to meet their HIV education, prevention, testing, and treatment objectives.</p> |
| <p>2 SMART Connections Program Guide
FHI 360
2010
www.youthpower.org</p> | <p>A program guide for an online, structured, support group program delivered through "secret" Facebook groups by trained facilitators.</p> |
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Resources for Service Providers

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|---|--|
| <p>1 The CHARISMA Toolkit: Empowerment Counseling to Improve Women's Ability to Use PrEP Safely and Effectively
RTI International; Wits RHI; FHI 360
2020
www.prepwatch.org</p> | <p>A comprehensive set of tools to support integration of the CHARISMA intervention — addressing relationship dynamics including intimate partner violence — into PrEP programs.</p> |
| <p>2 OPTIONS Provider Training Package: Effective Oral PrEP Delivery for AGYW
OPTIONS Consortium
2019
www.prepwatch.org</p> | <p>A training package with slides and handouts directed at service providers who will be working to deliver oral PrEP to adolescent girls and young women.</p> |
| <p>3 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 12: Adolescents and Young People
WHO
2017
www.who.int</p> | <p>A training module directed at oral PrEP service providers interested in working with older adolescents and young adults who are at risk of HIV. The module addresses key considerations for delivering HIV prevention and care services to this population.</p> |
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Ambassador Skills

1 Peer Support Skills

ESSENTIAL KNOWLEDGE

What is peer support?

Peer support refers to Ambassadors providing information, emotional support and practical help to their peers. As peers, it is not Ambassadors' role to provide counselling. Without professional training, providing counselling can cause more harm than good.

The role of an Ambassador is to provide a safe space for her peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next. Because Ambassadors and AGYW are peers and have similar experiences, AGYW are more likely to feel comfortable talking with Ambassadors than with professional counsellors. Many AGYW do not have someone to talk to about their personal issues and challenges, so Ambassadors are helping simply by listening to them. When their peers need more support, it's also important for Ambassadors to have information about local and ideally youth-friendly counselling and support services they can pass on.

This session uses the LIVES response, adapted from the WHO LIVES approach (Listen, Inquire, Validate, Enhance safety and Support), to guide Ambassadors to respond to disclosures of violence from their peers. This approach guides participants to:

- **L**isten
- **I**nquire about needs and concerns
- **V**alidate
- **E**nhance safety
- **S**upport

Confidentiality

Ambassadors cannot do their jobs unless they have the trust of their peers. If an Ambassador's peers cannot trust that their confidentiality will be protected, they are unlikely to discuss personal issues with her, including HIV prevention. Protecting the confidentiality of their peers is therefore one of the most important aspects of their roles as Ambassadors.

Protecting a person's confidentiality is not as simple as it may sound. It can be particularly difficult for Ambassadors because they are working in the same communities as their peers and are likely to have existing relationships with the people they are supporting. In these environments, Ambassadors may break the confidentiality of their peers unintentionally. For example:

- An Ambassador is feeling burdened by something a peer told them, so they debrief with a friend. They do not use the peer's name, but they accidentally reveal details that identify them.

- A peer tells an Ambassador she wants to use PrEP, but she is worried about her partner finding out. The Ambassador reassures her by sharing an experience of another peer.
- An Ambassador sees a peer she wants to follow up with. The Ambassador approaches her and references a personal conversation without realising there is somebody nearby who can hear.

Breaking a peer's confidentiality can cause serious harm, including:

- Exposing her to stigma and discrimination
- Putting her at risk of violence
- Causing emotional distress
- Reducing the likelihood she will seek help in the future

It may also reduce the level of trust other people have in the Ambassador.

The following strategies can be used to prevent the risk of unintentionally breaking confidentiality:

- If you are unsure if the information that has been shared with you is confidential, ask.
- Always ask your peer's permission if you would like to share her information with others, such as with service providers.
- Always make sure you are in a private place before discussing a personal issue with peers.
- Avoid taking notes. If you must take notes, do not use names or other identifying information.
- It is okay to debrief about your work with key people, such as other Ambassadors or a support person, such as a counsellor. You can do this without breaking your peer's confidentiality by focusing on the issues and your experiences and not disclosing any information that would identify the individual.
- Be clear about if or when you are required to break confidentiality and communicate this to your peers (this is discussed below).

The key message for Ambassadors is that each person has the right to decide whom they share their personal information with. It is a core responsibility of Ambassadors to take every step to protect this right.

Confidentiality and Preventing Harm

Professional counsellors and health care providers may be legally required to break a person's confidentiality if they or someone else is at an immediate risk of serious harm or death. These laws vary in each country. While it is unlikely that these laws would apply to voluntary peer Ambassadors, it is still important for Ambassadors to be aware of their legal obligations.

Even if Ambassadors do not have a legal obligation to report something, they should be supported to understand when it might be appropriate and necessary to break confidentiality to prevent harm. This is a very difficult decision and should not be the responsibility of an individual Ambassador. If an Ambassador is worried about a peer's safety, encourage her to have a conversation with someone she trusts without saying who the peer is. Some examples of when it may be appropriate for Ambassadors to ask for advice about breaking confidentiality include if they:

- Believe a peer may be contemplating suicide
- Learn about a child being abused
- Are worried a peer may be killed by a violent partner

Ambassadors should be provided with clear guidelines and procedures about when they should break confidentiality and what they should do if they believe someone is at an immediate risk of serious harm or death (see the **Training Preparation** at the beginning of this training package).

SESSION MATERIALS

WORKSHEET 1

LIVES Response — Disclosures of Violence

STEP	How do I do this?	What does this look like in practice?
<p>Listen closely with empathy and without judgement</p>	<p>Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk; acknowledge and validate her feelings.</p>	<p>"Would you like to talk here or is there somewhere else you would feel more comfortable?" "Everything you tell me will stay between us." "Take your time, there is no pressure." "If you're not ready to talk, we can just be together for a while."</p>
<p>Inquire about her needs and concerns</p>	<p>Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.</p>	<p>Listening deeply and focusing your full attention on them, not on what you are thinking. Showing you are listening by nodding and giving small acknowledgements like "mm hm". Giving them space to talk and allowing silences. Communicating your empathy: "I'm sorry that happened to you."</p>
<p>Validate her experiences</p>	<p>Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.</p>	<p>"You are not alone." "I am here for you." "I'm glad you spoke to me about this, we can get through this together." "There is no right or wrong way to feel. They are your feelings and they are valid."</p>
<p>Next step</p>	<p>After listening, inquiring, and validating, it is ok to check in with yourself and take time to respond to your own needs.</p> <p>Enhance safety and Support (optional)</p> <p>If you have been trained in the full LIVES response and are working with a team or organization that is able to support people experiencing violence, you may be able to enhance your peer's safety and support her to connect to additional services.</p>	<p>"Do you feel like you have the support you need?" "Would you like to explore some options for getting more support?" "Is there anything that's worrying you?" "It's your choice — you know yourself better than anyone else! If you decide you'd like some support in the future, just let me know and I can give you some information."</p>

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 **Your Notes**

A series of horizontal dotted lines for taking notes.

SESSION OVERVIEW

Participants will learn skills to support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next. They will also learn and practise using the LIVES response (Listen, Inquire, Validate, Enhance safety and Support) to support their peers. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

If your Ambassador programme includes a dedicated supervisor who is able to support Ambassadors to make referrals and create safety plans, you may consider training the full LIVES approach, including on the Enhance safety and Support steps.

By the end of this session, participants should:

- Know how to support their peers using the LIVES response
- Understand the importance of protecting their peers' confidentiality

! This session teaches participants to use the LIVES response to support their peers to deal with a range of personal topics. The LIVES response tool was also used in the **Responding to Disclosures of Violence session**. It is important to complete this **Peer Support Skills session**, even if you have already done Responding to Disclosures of Violence. If you have already covered the LIVES response, the Facilitation Tips in the session plan will guide you to adapt the activities.

If your Ambassador programme includes a dedicated supervisor who is able to support Ambassadors to make referrals and create safety plans, you may consider training the full LIVES approach, including on the Enhance safety and Support steps.

If you have not done Responding to Disclosures of Violence, we recommend that you read the session before doing this one. Many AGYW experience violence, so it is likely to be raised as an issue in this session. If this happens, you need to be prepared to respond. It is very important to listen empathetically, validate their emotions and empower them to determine what support they would like from you. Be prepared to provide information and referrals to local, youth-friendly services, including health, social and legal services, if participants ask for them.

If participants are concerned about supporting their peers who have experienced violence, we recommend either integrating parts of Responding to Disclosures of Violence or conducting the complete session after this one.

Remember to have on-hand guidance for what Ambassadors can do if they feel that they or any of their peers are in immediate danger. These resources should have been gathered as part of **Training Preparation** step 3.

KEY MESSAGES

- Ambassadors can support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next.
- Ambassadors are not counsellors. Without professional training, providing counselling can cause more harm than good.
- Everybody has the right to decide whom they share their personal information with. It is a core responsibility of Ambassadors to take every step to protect this right.
- Breaking a peer's confidentiality can cause serious harm.

MATERIALS

The worksheets and tools used in this session can be found in the OPTIONS HIV Prevention Ambassador Toolkit. They are also included at the end of the session for your reference.

Tool 6	LIVES Response	Toolkit page 11
Worksheet 9	LIVES Response — Peer Support	Toolkit page 39
Ambassador Certificate	(see Training Preparation section of this package)	

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Explain to participants that their peers may turn to them for support with issues other than those related to PrEP use.
3. Ask participants to suggest some of the issues their peers may discuss with them and write these on a piece of flip chart paper or a whiteboard.
4. Explain that in this activity, they will learn how to use the LIVES response to listen and respond to participants who are seeking emotional support.
5. Emphasise that participants are not expected to provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. As Ambassadors, their role is to provide a safe space for their peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next.

ACTIVITY: LIVES Response

1. Divide the group into pairs and direct them to the **LIVES Response – Peer Support worksheet**, going through each step. Share guidance on what Ambassadors should do if they feel that they or their peers are in immediate danger of harm. This guidance should have been developed as part of your training preparation and might include instructions to reach out to an emergency contact or trusted individual.
2. Write “Safe space” on a piece of flip chart paper or a whiteboard.
3. Ask participants what it means for a space to be safe.

If you have already done the **LIVES Response – Disclosures of Violence Worksheet**, remind participants about the LIVES response and ask them to consider how they can apply it to other issues their peers may talk to them about. You can then skip to the Optional Activity in EXPLORE or move straight to APPLY.

Help participants identify the following characteristics of a safe space:

- Physically safe from possible threats
- Private
- Nonjudgemental
- Nondiscriminatory (knowing they will be treated equally and fairly regardless of their age, race, religion, HIV status or any other characteristic)
- Confidential
- Respectful
- Knowing they are in control

4. Lead a brainstorming session with participants about what their peers might need from a space for them to feel safe to talk about personal issues or problems they are experiencing.
5. Ask them to write their ideas down on sticky notes and put them on the piece of flip chart paper or whiteboard.
6. Ask participants to select one of the issues they identified that their peers may discuss with them.
7. Ask participants to work in their pairs to identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about a personal issue or problem.
8. Ask participants to write down their answers on their worksheets, under the column labelled “What does this look like in practise?”
9. Let participants know they have five minutes to do this.
10. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate a safe space for their peers.
11. Explain that they will be identifying how they can use the LIVES approach to support their peers with this issue.

STEP 1: Listen closely with empathy and without judgement

1. Ask participants if they know what “active listening” means, and in particular, if they can explain the difference between listening and active listening.
2. Explain that people often use the word listening to refer to hearing. However, hearing is not something someone has to do purposefully or actively. Active listening on the other hand is intentional. The goals of active listening are to:
 - Connect with the other person
 - Understand what they are saying and feeling
 - Demonstrate that you are listening
3. We can achieve these goals by:
 - Listening deeply. We do this by staying focused on what they are saying and how they are saying it rather than on our own thoughts.
 - Trying to understand how they are feeling. We do this by paying attention to the way they are communicating, including their body language.
 - Demonstrating we are listening by nodding, reflecting their emotions in our facial expressions and tone, and offering small verbal acknowledgements such as “mm hm”.

4. We all instinctively know what makes a good listener because we know how it feels when we are really listened to.
5. Ask participants to consider a time when they were struggling with something in their life and they wanted to talk to someone about how they were feeling.
6. Explain to participants that for this exercise, it is not necessary to remember an experience that was traumatic for them or something that they still find upsetting. Encourage them to think of experiences that are common to many of us, such as having an argument with someone we love, feeling hurt by something someone has done or feeling worried or stressed about something in our lives.
7. Ask participants to remember if they were able to talk to someone about this experience.
8. We all know what we need from someone for us to feel safe and comfortable talking to them about something that is upsetting us. At times, we have a person who is able to provide this, and at other times, we do not have anyone that we feel comfortable talking to. We often choose not to talk to anyone if we cannot identify the right person to talk to.
9. When completing the "Things you worry they will do and say" column, make sure participants list the following:
 - Being judgemental
 - Questioning your behaviour or blaming you
 - Giving advice or telling you what to do
 - Providing counselling if they are not a qualified counsellor
 - Sharing personal experiences or someone else's experiences to try to relate
 - Trying to cheer you up: "Don't cry, it's not so bad!"
 - Justifying or minimising the experience: "It could have been worse!"
10. Introduce the activity by explaining that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.
11. Draw a line down the middle of a piece of flip chart paper. On the left side write "Qualities you look for" and on the right side write "Things you worry they will do or say".
12. Ask participants to write down their ideas on sticky notes and put them on the piece of flip chart paper.
13. When participants run out of ideas, read through the notes and summarise.
14. Ask participants to work in their pairs to identify how they would demonstrate active listening to a peer who wanted to talk to them about their experience of violence (or anything else of a sensitive nature).

Let participants know that it is not necessary to remember an experience that was traumatic or something they still find upsetting. Encourage them to think of experiences that are common to many of us, such as having an argument with someone we love, feeling hurt by something someone has done, or feeling worried or stressed about something in our lives. Let them know they do not need to share this experience with anyone.

15. Ask participants to write down their answers on their worksheets.
16. Let participants know they have five minutes to do this.
17. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate active listening.

STEP 2: Inquire about her needs and concerns

1. Explain to participants that violence is about power and control. Survivors of violence, including intimate partner violence and sexual violence, commonly feel powerless. It is important to support survivors of violence to feel in control again; empowering them can help them to regain that control.
2. Explain that the second step, *Inquire*, is about encouraging their peers to identify what (if anything) they need and helping them to connect with more support or available services if that is what they would like.
3. Ask participants to work in their pairs to identify how they would empower and support a peer who is disclosing her experience of violence (or anything else of a sensitive nature) and write down their answers on their worksheets.
4. Let participants know they have five minutes to do this.
5. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to empower and support their peers to identify what they might need and how they might seek further support.

STEP 3: Validate her experiences

1. Remind participants of the activity at the beginning of this session and the messages that are used to blame and silence girls/women who experience violence. These messages can be so powerful that girls/women who experience violence blame themselves, which can cause them to feel ashamed.
2. It is also common for girls and women who have experienced violence to be fearful that people will think they are lying. Some girls/women may even question their own memory and doubt themselves.
3. This shame and fear can stop many girls/women from seeking help, and some never tell anyone.
4. Reassuring their peers that they believe them, that it is not their fault, and that their feelings are valid is one of the most valuable things participants can do as Ambassadors. It can be a great relief to someone who has experienced violence to know that someone believes them. It can also help them to see that it is not their fault, and they may feel more confident in getting help.

5. Ask participants to work in their pairs to identify how they would reassure a peer who is disclosing their experience of violence (or anything else of a sensitive nature).
6. Ask participants to write down their answers on their worksheets.
7. Let participants know they have five minutes to do this.
8. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to reassure their peers when they disclose experiences of violence.

STEP 4 & 5: Enhance safety and Support

1. Explain to participants that the full LIVES response was developed for service providers and other people who have special training in safety planning as well as the ability to connect survivors to referral organizations. Let the Ambassadors know that these steps are not required of them, and that it is ok to take time for themselves after supporting their peers through these experiences.
2. Encourage participants to read and understand the “Enhance safety” and “Support” steps — it is likely that a support organization will carry out these steps with their peer if she does reach out for services to help her in the situation.
3. Give participants five minutes to work in their pairs to write down how they will check in with themselves and respond to their own needs after supporting a peer who has experienced violence — on the LIVES Response worksheet, this is part (a) within the “Next Steps” row. If they are trained in the full LIVES Response and have reliable resources to make referrals, they can use this time to write down what “Enhance safety” and “Support” look like in practise for them. This is part (b) in the “Next Steps” row of the LIVES Response worksheet.
4. Share copies of a **Local Referral Directory** of existing organisations that offer youth-friendly health, social and legal services for survivors of violence.

OPTIONAL ACTIVITY: Role-Play

1. Ask for two volunteers to come to the front and participate in a short role play to show how the LIVES response would work in practise.
2. Ask for one person to play the role of a peer and to approach the Ambassador with an issue or a problem they would like to discuss.
3. Repeat the role-play as many times as you can fit into the session to address different issues.

Let participants know that the role-play does not need to be long — a minute or so is fine.

4. When wrapping up the activity, make a point of acknowledging how challenging this exercise is. Highlight that these skills are built over time, nobody is perfect, and we all make mistakes. Reassure them that just by being open and willing to listen and offer support, they will be making a big difference in the lives of their peers.

ACTIVITY: Wrap-up

1. Lead a discussion with participants about this exercise by asking for participants to share what they think of the LIVES response, and reassure them that it is not their responsibility to complete the last two steps of the response unless they have the training and support to do so.
2. Wrap up the activity by highlighting that it is normal to feel worried about doing or saying the wrong thing. Reassure them that just by being open and willing to listen and support their peers, they will be making a big difference in their lives.
3. Direct participants to the **LIVES Response tool**, which they can use to prepare for these conversations.
4. Once the activity has come to an end, bring participants into a circle for reflection.



APPLY

INTRODUCTION

1. Ask participants if they understand the meaning of the word “confidentiality”.
2. Build on their responses to develop a shared understanding of the term.
3. Explain that their peers may trust them with information they would not tell anyone else.
4. Ask participants to give examples of information that peers may share with them that they will need to keep confidential. Write their answers on a piece of flip chart paper or a whiteboard.
5. Explain that you are going to do a quick activity to help them put themselves in the place of someone who is sharing something very personal.

FACILITATION TIPS

Confidentiality is protecting someone’s private information by keeping it secret.

ACTIVITY: Your Secret, My Responsibility

1. Give each participant a piece of paper.
2. Ask participants to think of something about themselves they would not want anyone else to know and to write it down.
3. When participants have finished, ask them all to fold their pieces of paper (to hide the information).
4. Explain that you would like each person to pass their piece of paper to the person to their left. Reassure them that they will get the note back and it will not be read.
5. Highlight that everybody has the right to choose whom to share their information with, so they can choose not to pass their note on.
6. Once participants have passed their notes, ask each person who shared their note how they feel knowing that someone else has their personal information.
7. Ask participants to pass the note back to the owner. Let them know they can all destroy their notes.
8. If any participants chose not to share their note, ask them to explain their choice. Then ask them to imagine they were not able to access the health services they needed without sharing this information. Ask them to decide if they would now choose to share their information.
9. Lead a discussion about confidentiality by asking:
 - Has someone ever shared confidential information about you with others? How did it make you feel?
 - Have you ever shared information about someone that was supposed to be confidential? Why did you do it? How did it affect the other person?

Reassure participants that no one is going to read it.

ACTIVITY: Confidentiality In Practise

- Using the questions below, ask participants to work in their pairs to create a scenario where a peer shares personal information with an Ambassador and the Ambassador breaks that peer's confidentiality.
 - How did the Ambassador (or should the Ambassador) have known the information was confidential?
 - How did the Ambassador break confidentiality? Was it on purpose or an accident?
 - What information did the Ambassador share, and whom did they share it with?
 - How did this affect their peer?
 - How did it affect the Ambassador?
- Give the pairs 10 minutes and then bring the group back together. Ask each pair to present their scenario to the group.
- When all the pairs have presented, ask participants if there are situations where confidentiality does not apply. Lead a discussion with participants to explore this issue.
- Once the activity has come to an end, bring participants into a circle for reflection.

Write these questions where everyone can see them.

Use the **Essential Knowledge** to guide participants to think about scenarios when confidentiality might be broken unintentionally.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

- Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- How do you feel about your responsibility to protect the privacy and confidentiality of your peers?**
- What can be challenging about keeping people's information confidential?**

Try to connect this activity back to their discussion about confidentiality when they identified their needs and responsibilities in the first session.



Useful Resources

- | | |
|---|--|
| <p>1 YouthPower AGYW Mentoring Program Toolkit
FHI 360
2018
www.youthpower.org</p> | <p>A toolkit for a multicomponent intervention, including group-based mentoring, training, and links to services for adolescent girls and young women. One tool in this toolkit, the trainer handbook, builds the skills of mentors to support adolescent girls and young women.</p> |
| <p>2 Zvandiri: Peer Counseling to Improve Adolescent Adherence to Treatment and Psychosocial Well-being in Zimbabwe
Africaid
2018
www.pepfarsolutions.org</p> | <p>A brief that summarises the components and impact of the Zvandiri program in Zimbabwe. This model has been recognised by the Ministry of Health and Child Care and WHO as best practise.</p> |
| <p>3 Girl Consultation Research Toolkit
The Girl Effect; Nike Foundation; 2CV
2013
https://youthrex.com/toolkit/the-girl-consultation-toolkit-for-girls-in-poverty/</p> | <p>A guide for working directly with girls who live in poverty. The guide is intended to work with girls to identify the issues, challenges, strengths, and opinions that are important to them.</p> |
| <p>4 Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers
WHO
2019
www.who.int</p> | <p>A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.</p> |
| <p>5 Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook
WHO
2014
www.who.int</p> | <p>A clinical handbook to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.</p> |

SESSION MATERIALS

LIVES Response

TOOL 6

STEP	How do I do this?
Listen closely with empathy and without judgement	Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk and acknowledge and validate her feelings.
Inquire about her needs and concerns	Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.
Validate her experiences	Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.

In your role as an Ambassador, your ability to provide support to your peers may be limited. You should only carry out the "E" and "S" steps of the LIVES response if you have completed training in these steps, and/or are working as part of a team or organization that is able to provide support to people experiencing violence.

Enhance her safety	Discuss a plan to protect her from further harm if there is a chance that the violence could happen again.
Support her to connect with additional services	Actively support her to access services, like counselling or legal support, if she is interested. This might mean helping her to make a phone call or going with her to visit an organization that can provide support.

11

LIVES Response — Peer Support

WORKSHEET 9

STEP	How do I do this?	What does this look like in practice?
<p>Listen closely with empathy and without judgement</p>	<p>Make sure you're somewhere private, where she feels physically and mentally safe. Let her know she can trust you to protect her confidentiality. Show her you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give her a safe space to talk and acknowledge and validate her feelings.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Inquire about her needs and concerns</p>	<p>Let her know she's in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services she can access.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Validate her experiences</p>	<p>Validate her experiences by letting her know she's not alone, you're there for her and her feelings matter. Explain that you're just there to listen — you won't judge her or tell her what to do. If she's shared an experience of violence, let her know that you believe her, and it's not her fault.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>NEXT STEP</p>	<p>After listening, inquiring, and validating, it is ok to check in with yourself and take time to respond to your own needs.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

2 Boundary Setting and Self-Care

ESSENTIAL KNOWLEDGE

What are compassion fatigue and vicarious trauma?

Listening to people's painful and traumatic experiences, such as experiencing violence, being diagnosed with HIV, or suffering from stigma and discrimination, can have a big impact on our well-being and lead to compassion fatigue and vicarious trauma.

Compassion fatigue refers to the experience of feeling emotionally and physically exhausted as a result of helping others and being exposed to their pain. These feelings build up over time, and we may not be aware of them until we feel completely overwhelmed. Compassion fatigue is experienced differently by different people. Someone who is experiencing compassion fatigue may:

- Feel tired, stressed and overwhelmed
- Feel irritable and short-tempered
- Have trouble finding joy and happiness in life
- Feel emotional, down or depressed

Vicarious trauma (or secondary trauma) refers to experiencing trauma symptoms as a result of being personally affected by other people's trauma. If we are exposed to too many traumatic experiences, we may start to have an unbalanced, depressing view of the world. This can result in us experiencing similar symptoms to someone who has directly experienced a traumatic event.

This feeling is most likely to build up over time rather than happening as a result of being exposed to a single person's trauma. Someone who is experiencing vicarious trauma may:

- Experience recurring thoughts about other people's experiences
- Experience unwanted images in their mind of other people's traumatic experiences
- Feel deep anger or sadness at how unfair the world is
- Feel numb to the pain of the world
- Feel helpless or hopeless
- See people differently – they might lose trust in people or think all people will hurt them
- See the world differently – they might lose sight of the positive things in the world and only see the negative

Ambassadors may be at a high risk of compassion fatigue and vicarious trauma. This is because they will regularly be exposed to the traumatic experiences of their peers and may have had similar experiences.

The fact that they will likely share the same background and community as their peers might also make it harder for them to separate themselves from what they are hearing. Additionally, Ambassadors might have less structured support systems in place than people in formal support roles, so they may not have as many people to turn to when they experience difficulties.

It is very important for Ambassadors to be supported to protect their health and well-being. Some ways Ambassadors can protect themselves include:

- Establishing boundaries to limit the personal impact of their work
- Listening to their bodies, thoughts, and feelings so they can respond to their needs
- Practising self-care

What are boundaries and why are they important?

Boundaries are the formal and informal understandings about how people interact with each other. They are guidelines that define what is and is not okay in any relationship, even though we do not necessarily think or talk about them. Over time, we learn about what level of physical affection and emotional intimacy is allowed in each relationship. For example, a person might turn up at their friend's house late at night if they are upset and need support, knowing that this is within the boundaries of their relationship. This same behaviour might be completely inappropriate in other relationships.

It is necessary for professionals in caring roles, such as counsellors and health care providers, to have strict boundaries. This is because:

- There is a power imbalance between the professional and their client, so boundaries help protect the client from inappropriate relationships.
- Professionals are also people. They need personal time so they can focus on their own needs.

It is more difficult to set boundaries in the context of peer support because HIV Prevention Ambassadors may have personal relationships with the people they are supporting. While it may be harder to establish boundaries in this context, it is really important to do so. If Ambassadors do not set boundaries, they are at a significant risk of developing compassion fatigue and vicarious trauma. Ambassadors can use a range of strategies to establish and communicate their boundaries to their peers. These include:

- Communicating when they are working as Ambassadors and when they are not. This might include wearing a badge or restricting their role to certain locations or times.
- Using a different sim card or social media account for their work as Ambassadors.
- Being clear with their peers about what their role is and is not.

What is self-care?

Self-care is simply about taking care of ourselves and prioritising our own needs. Practicing self-care means listening to our bodies, thoughts and feelings, which allows us to identify our needs. The earlier we identify and respond to our needs, the easier it is to prevent ongoing bad thoughts, vicarious trauma and compassion fatigue. In fact, using self-care to prevent and deal with vicarious trauma and compassion fatigue can lead to a greater sense of hope, purpose and life meaning.

There is no right or wrong way to practise self-care. Different people have different needs, so it is important to encourage people to choose what works for them. Below is a list of strategies that have been shown to prevent or reduce the impact of compassion fatigue and vicarious trauma.

Being kind and compassionate to ourselves. This involves acknowledging and validating our feelings, forgiving ourselves for our mistakes and weaknesses, and focusing on our strengths. This can include using personal affirmations, which is when we say positive things to ourselves like “I am strong.”

Taking care of our physical needs. Our physical and mental health are interlinked. Making sure we are getting enough rest, eating well and exercising can make a big difference to our emotional well-being.

Doing something we enjoy. It sounds simple, but doing something we enjoy can make a big difference to our mental and emotional well-being. All forms of recreation, social activity and creative expression can be effective ways to calm ourselves, de-stress and re-connect with the world in a positive way. For instance, we could see friends or do something that is pleasurable, like art, gardening or cooking.

Taking a moment for ourselves. When we are feeling overwhelmed, taking a moment to ourselves to breathe deeply and relax can make all the difference. It is even better if we can do this while doing something calming like taking a walk, listening to music or sitting in the sun.

Connecting with our spiritual selves or value systems. Some people go to church or pray, and others might meditate or reflect.

Sharing how we are feeling. Some people benefit from talking about their feelings, while others might prefer to write in a journal.

Finding a way to “switch off”. This helps to protect our personal lives and mental well-being. It allows us to set boundaries that keep our work separate from our personal lives. Switching off is a conscious process of closing off those parts of our lives or minds that need to be protected when we are at work, and then turning them back on again in our personal lives. It can also mean consciously putting our work aside or out of our minds when we are enjoying our personal time.



Your Notes

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SESSION OVERVIEW

Participants will explore the impact that peer support work can have on a peer worker's mental health and well-being. They will learn about compassion fatigue and vicarious trauma to help them identify early warning signs. They will also learn how to set boundaries to prevent compassion fatigue and vicarious trauma, and they will identify strategies for self-care and mutual support.

By the end of this session, participants should:

- Understand the risk of compassion fatigue and vicarious trauma when doing care work
- Know how to set boundaries to prevent compassion fatigue and vicarious trauma
- Learn self-care strategies to nurture their health and well-being

KEY MESSAGES

- Boundaries are formal and informal guidelines for how people interact with each other. Boundaries exist in all relationships, even though we do not always think or talk about them.
- It might seem unkind to set boundaries about how and when you will provide support to your peers, but it is very important for developing trust. By setting and clearly communicating boundaries, you are telling your peers what they can expect of you.
- Self-care is an essential part of peer support work because it helps protect us from vicarious trauma and compassion fatigue. To protect yourself, it is important to engage in self-care regularly.
- Reflecting on your own feelings and work allows you to remain aware of any changes in your worldview or mood that might signal the need for increased self-care.
- It is not self-centered to take time out to engage in self-care or set boundaries in relationships. These are important activities that allow you to maintain your ability to do peer support work.
- Remember that boundaries and self-care strategies are personal – you do not need to be guided by what other people choose to do. Set boundaries you are comfortable with and choose the self-care methods that work best for you.
- You cannot help others if you do not take care of yourself. Setting boundaries is the best way to ensure you are able to continue to provide support.

SESSION INSTRUCTIONS

Write “It’s okay by me”, “It’s never okay”, and “It might be okay if...” on separate pieces of paper (any size) and place them on the floor or stick them up on the wall.

Allow enough space between the pieces of paper for participants to stand around them.

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Using the **Essential Knowledge** and **Key Messages**, explain compassion fatigue and vicarious trauma, highlighting that:
 - Providing emotional support to their peers can have an impact on their mental health and well-being.
 - It is important to learn how to minimise this impact to prevent compassion fatigue and vicarious trauma.
3. Explain to participants that in this session, they will learn three ways to protect themselves from compassion fatigue and vicarious trauma. These are:
 - Establishing boundaries to limit the personal impact of their work
 - Listening to their bodies, thoughts and feelings so they can respond to their needs
 - Practicing self-care

WARM-UP ACTIVITY: My Boundaries

1. Explain to participants that they are going to do a quick exercise to explore what boundaries are.
2. Ask half the room to stand in a line on one side of the room and the other half to stand in a line facing them.
3. Explain the exercise by noting:
 - There are many types of boundaries, including physical boundaries, emotional boundaries and professional boundaries.
 - Boundaries exist in all our relationships, but they are not something we usually talk about. We often do not know we have a boundary in place until we feel that someone has crossed over it.
 - Physical boundaries are the most obvious, and in this exercise, participants will explore their physical boundaries.

When discussing compassion fatigue and vicarious trauma, make sure to emphasise that these are not signs of weakness. Most people in care and support roles will experience some symptoms of compassion fatigue and vicarious trauma. It is not because we are bad at our roles, but because we care deeply.

The gap between participants should be at least three meters, but if you have more space it can be up to five meters. The larger the gap, the longer the game will take.

Reinforce throughout this exercise that when a person feels uncomfortable, it is not an insult. It is not personal. It is about their own needs.

- You will be asking them to take steps toward the person on the opposite side of the room until they feel uncomfortable moving closer.
 - This will help us to see how different people have different physical boundaries.
4. Explain that you when you say “step”, you would like them to take a step toward each other. When they start to feel uncomfortable, they should raise their hand. This means that the person opposite them should stop and not come any closer.
 5. Say “step” out loud and wait for participants to take a step forward. Continue to do this until either all participants have their hands up, or participants are as close as they can be.
 6. When the activity is finished, encourage the group to reflect on their boundaries with the following questions:
 - For those of you who put your hand up, how did it feel to have someone getting close to your boundary?
 - Why do some people have different boundaries than others?
 - Do your physical boundaries change in different situations?
 - How do we know a person’s physical boundaries without them telling us?
 - What are some examples of other boundaries, such as emotional boundaries?

ACTIVITY: It’s My Choice!

1. Explain that in this activity, you are going to explore what you think is appropriate for your peers to do or ask of you as an Ambassador. This activity will help participants to identify their boundaries.
2. Explain that you are going to read some scenarios aloud, and you would like them to choose “It’s okay by me”, “It’s never okay”, or “it might be okay if...” and stand under the corresponding sign, depending on how they feel.
3. Read aloud a scenario below. Once participants have chosen where to stand, ask for volunteers to explain their choice. If participants have chosen “it might be okay if...”, ask them to explain a scenario when it would be okay.
4. Continue the exercise by reading out the scenarios below.
5. Once you have read through a few scenarios, ask if anyone would like to add another scenario.
6. When you have completed the activity, lead a discussion with participants by asking the following questions:
 - Why do we need to have boundaries?
 - What strategies could you use to create boundaries?

Adapt these questions to respond to the outcomes of this activity.

You will need the signs you prepared earlier for this activity (see **Preparation** above).

Reinforce to participants throughout this activity that there are no right or wrong answers. This exercise is about their personal boundaries.

If participants are spread out across the three options, this is a good opportunity to highlight that everyone has and sets different boundaries. It is about setting the limits they need to protect their own health and well-being.

SCENARIOS

- A peer says she wants use a PrEP method for HIV prevention P but cannot afford the bus to the clinic. She asks to borrow the money.
- A peer is experiencing violence and she asks if she can stay at your house.
- A peer gets kicked out of her home after her parents find out she is using PrEP. She says that it's your fault and she wants you to talk to her parents for her.
- A peer is worried she has HIV and comes to your house late at night to talk to you.
- A peer wants to use PrEP but is worried about keeping it at her house. She asks if she can keep it at your house.
- A peer wants to use oral PrEP and asks you to talk to her partner for her.

The examples here are for any PrEP method but you can choose to focus on one method, or mix it up and do a different method for each scenario.

It is up to you to decide how many scenarios you would like to use and to choose which ones are most relevant to your group. You can also make up your own.



APPLY

ACTIVITY: Reflection and Self-Care Check-In

- Using the **Essential Knowledge** and **Key Messages**, explain self-care to participants.
- Explain that even if they have never considered self-care before, we all have strategies for looking after our health and well-being. Some strategies help us feel less stressed and are also good for our emotional and physical health, such as talking to a friend or exercising. Other strategies make us feel less stressed in the moment but may not be the most helpful strategy over time, such as drinking alcohol or eating sweets.
- Ask participants to share things they do when they feel stressed, sad or exhausted.
- Explain that in this activity, they will be using art as a tool to explore how they are feeling about their roles as Ambassadors.
- Let them know they have 30 minutes to create their artwork. Explain that their artwork can be anything they like. If they need some ideas, you could suggest:
 - Drawing a picture
 - Cutting out different colours of paper and sticking them together
 - Creating a mind map or a word cloud

FACILITATION TIPS

Art can be a great way to explore and communicate feelings because it can be easier than talking about feelings directly.

If participants have easy access to a garden, they could also collect materials such as leaves or flowers and use them in their artwork.

It is best not to offer thoughts or suggestions about people's art – it is their own creation and interpretation of their internal state.

Let participants know that they do not need to share their artwork if they prefer not to.

12. Reinforce that this activity is about communicating their feelings, so they can do it in any way they like. There is no right or wrong way to do this exercise. It should be relaxing and support reflection.
13. Walk around and speak with anyone who is having trouble. Explain that sometimes it feels hard to start a new activity like this because we think too much about it. Ask them to focus on the feelings they have about the training and their roles as Ambassadors, pick up some materials, and just start creating something.
14. Keep track of time and regularly notify participants so they have enough time to finish their work.
15. When the group has finished, bring everyone back together in a circle and invite them to present their artwork to the group.
16. Once everyone has presented, summarise the common themes among the group members.
17. Once the activity has come to an end, conduct reflection.



REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they learned and how it will support them in their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **How do you feel about putting boundaries in place?**
- **What can you do to remind yourself to practise self-care?**
- **How can you support each other?**

Try not to rush through this reflection session. Some participants may need time to think before responding to these questions.

 **Useful Resources****1 Understanding & Addressing Vicarious Trauma Online Training Module**

The Headington Institute
2018

<https://headington-institute.org>

A training module to increase understanding of the process of vicarious trauma, recognise the signs, and address vicarious trauma.

2 Self and Collective Care Toolbox

Just Associates; Furia Zine; Raising Voices
2019

<http://preventgbvafrica.org>

A toolbox to support reflection, learning and tactics on self and collective care within social movements.

Closing

Ambassador Graduation

SESSION OVERVIEW

Participants will identify how they will use the knowledge and skills they have developed in this training in their roles as Ambassadors. They will also develop core principles to guide their work. The session will end with a ceremony to acknowledge the completion of the training.

By the end of this session, participants should:

- Be able to reflect on the knowledge, skills and attitudes they have developed as a result of this training
- Be able to identify and commit to key principles that will guide their work as HIV Prevention Ambassadors

MATERIALS

You will need a graduation certificate for each participant (see [Training Preparation](#))

SESSION INSTRUCTIONS

Write the following on separate pieces of flip chart paper and hang them up together:

- Knowledge
- Skills
- Attitudes

PREPARATION



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Welcome participants to the session and acknowledge the journey they have been on through this training.
2. Go around the circle and ask participants to finish the sentence “I am feeling...”

ACTIVITY: Learning Outcomes

1. Ask participants to consider what they have learned during the training.
2. Ask them to write on a sticky note something they have learned during this training. Go around the circle and ask participants to share their answers with the group. After each person has shared, ask them to put the sticky note on the piece of flip chart paper with the heading “Knowledge”.
3. Once all participants have finished, summarise their answers and identify common themes. Ask the group if they would like to highlight anything else they have learned that has not been mentioned.
4. Repeat this exercise by asking participants to write down and share:
 - A skill they have developed during the training
 - A change in their attitudes, feelings, values or way of thinking
5. When you have finished the exercise, ask participants if anyone would like to share their thoughts or feelings about how the training has had an impact on them.

If possible, organise for a senior member of your organisation or a special guest to award the certificates at the end of this session.

Depending on the size of your group and the timing, you may invite participants to include more than one answer to these questions.



APPLY

FACILITATION TIPS

ACTIVITY: Ambassador Agreement and Graduation

1. Explain to participants that this is the final exercise in the training and in this activity, they will work together to identify core principles that will guide their work as Ambassadors.
2. Ask participants if they know what “principles” mean in this context.
3. Explain that principles are a set of ideas that can be used to guide behaviour. Principles are based on values, ethics, and a shared understanding of what attitudes and behaviours will most benefit the people we are working with.
4. Introduce the activity by noting:
 - You would like each person to come to the front of the room and suggest a principle that should guide them in their roles as Ambassadors.
 - They must develop the principles together so that everyone can fully commit to them at the end of the activity.

If participants are already part of a peer program, you might need to adapt this activity to make it more relevant.

Examples of principles

- Empowerment
- Nonjudgement
- Trustworthiness
- Confidentiality
- Equality
- Respect

- Participants will need to facilitate a discussion about their proposed principle to build agreement within the group.
5. Encourage participants to consider what they have learned throughout the training. Principles can include how they behave toward others, as well as how they should treat themselves.
 6. Ask for a volunteer to come to the front and suggest a principle to the group.
 7. Continue this exercise until the group members are satisfied they have covered the core principles.
 8. Explain to the group that you will now be writing these principles into an agreement. This means turning the principles into commitments they can agree to. For example, “Empowerment” would become: “I will support my peers to make their own decisions.”
 9. Write the following on a piece of flip chart paper:
“I accept the responsibility of becoming an HIV Prevention Ambassador. I commit to...”
 10. Ask each person who suggested a principle to facilitate a discussion about how to word it as a commitment. Ask them to write it on the agreement.
 11. Continue this exercise until everyone in the group is satisfied with the agreement.
 12. Wrap up this part of the activity.
 13. Explain that you will be asking them to sign the agreement. After that, you will be giving them a certificate for completing the training.
 14. Read out the name of each participant one by one.
 15. Ask them to agree to the Ambassador Principles and sign the agreement.
 16. Award them with their certificate and acknowledge their achievement.

Examples of commitments

I will...

- Role model positive behaviours
- Maintain confidentiality
- Take care of myself and prioritise my needs when I need to
- Treat everyone equally and fairly
- Ask for help when I need it
- Support my peers to make their own decisions about using PrEP
- Respect the rights of my peers
- Provide nonjudgemental support to my peers
- Listen to my peers to learn about their needs
- Respect my own boundaries and the boundaries of my peers



REFLECT

ACTIVITY: Reflection Circle

1. Give participants an opportunity to discuss how they are feeling about the training and their roles as HIV Prevention Ambassadors.

SUGGESTED REFLECTION QUESTIONS

- **How do you feel about graduating as HIV Prevention Ambassadors?**
- **How can you support each other in your roles?**
- **What are your next steps?**

FACILITATION TIPS

Let participants know when the group will be coming together again and make sure to end on a positive note.

Next Steps

This training provides a great foundation for HIV Prevention Ambassadors to start supporting their peers in their HIV prevention journeys, but it is only the first step. Ambassadors will need ongoing support to fulfil their roles and overcome challenges.

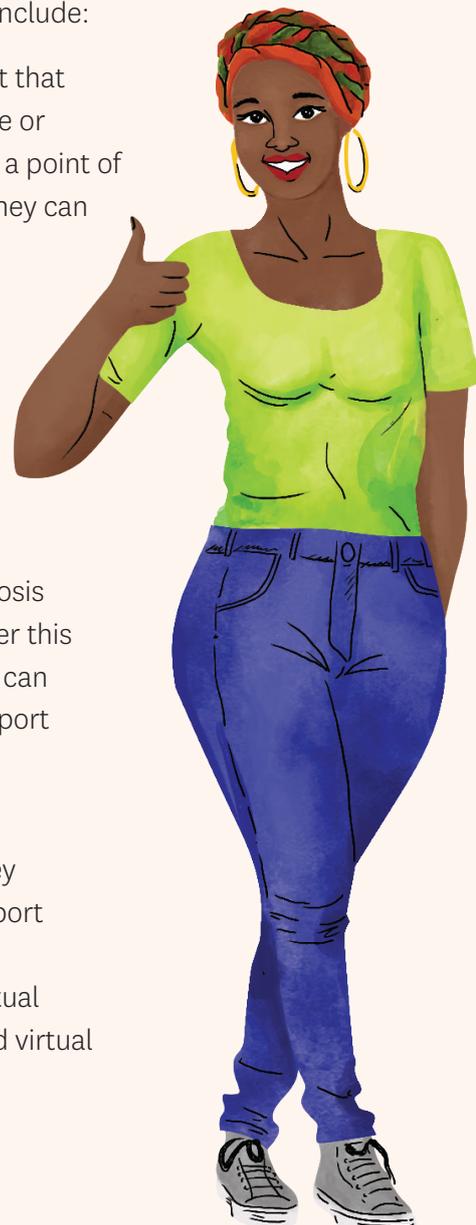
Because the role of Ambassador will be unique to each context, it will be up to you to decide the best way to support Ambassadors moving forward. This should be done in consultation with participants, who can be empowered to identify their support needs. One option is to form virtual chat groups of Ambassadors who are trained together or who live in the same geographic area so that they can share information and support one another. Forming a private social media group as a platform for trained Ambassadors to share information, updates, and challenges may also be beneficial. For social media groups, a trained Ambassador should facilitate the group and be able to answer questions and provide support as needed. The types of support that may help Ambassadors include:

Checking in with Ambassadors regularly. It is important that Ambassadors know they can contact you if they need advice or support. You might also like to nominate another person as a point of contact. Ideally, Ambassadors will have someone specific they can talk with regularly about their roles.

Providing Ambassadors with information about local, youth-friendly services that they can share with their peers discreetly, including health, social and legal services.

Offering ongoing support to process emotionally challenging aspects of their roles, such as being exposed to stigma, supporting a peer through an HIV diagnosis or providing support to a peer experiencing violence. To offer this support, you might put them in contact with someone they can talk to or suggest workshops they can attend to access support and talk about their experiences.

Helping Ambassadors to develop their own support network. Ambassadors will benefit greatly from feeling they are part of a team and having access to their own peer support network. This can take the form of reflection and support workshops or informal gatherings that strengthen their mutual support. Similar programs have found that social media and virtual chat groups are effective at connecting peer workers.



Facilitating community engagement activities with community leaders, health care providers, parents and partners to lay the groundwork for Ambassador activities. If the organisation is able to maintain a visible presence in the community and work with Ambassadors, this may strengthen their credibility and influence in the community by demonstrating that their work is part of a larger program.

Training Ambassadors in procedures for responding to critical incidents in the community, including:

- If they believe a peer or child is at an immediate risk of serious harm
- If they are concerned that their own safety is at risk

It is important to talk to each Ambassador about whether they have concerns about the impact of their responsibilities on their safety and ensure they have the necessary support in place to manage these risks. This could include informal discussions to assess safety risks and identify safety measures, or more formal safety assessments, plans and training. Procedures for responding to critical incidents may need to be developed if none exist

Recognising and rewarding their work. Ambassadors are more likely to continue with the program if they feel their work is being acknowledged and valued. This does not mean you need to provide financial incentives. There are many ways to acknowledge their work, including formal recognition of their roles, such as providing a name badge or a t-shirt, printing certificates of achievement to give out, or publicly acknowledging them for their good work.

Providing Ambassadors with more opportunities for professional development. New programs that provide options for Ambassadors to add to their knowledge and skills or professional development opportunities can support HIV Prevention Ambassadors to become community leaders.

Appendices

LOCAL REFERRAL DIRECTORY TEMPLATE

HEALTH SERVICES

(such as HIV testing, PrEP, PEP, family planning, emergency contraception, STI screening and treatment, and mental health screening)

[Name of Organisation/Facility]

Hours:

Location:

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Focal point:

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Phone:

Email:

Services available:

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SOCIAL SERVICES

(such as crisis counselling and support groups, financial aid, community-based organisations that may provide accompaniment)

[Name of Organisation/Facility]

Hours:

Location:

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Focal point:

.....

Phone:

Email:

Services available:

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LEGAL SERVICES

(such as legal information and contact information of trained law enforcement officers when they can be safely engaged)

[Name of Organisation/Facility]

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Location:

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Focal point:

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Phone:

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Services available:

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Key Terms

A

Acquired immunodeficiency syndrome (AIDS)

When HIV has severely damaged the immune system so the body can no longer fight off infections

Adherence (to HIV Treatment)

Taking treatment medication consistently and as prescribed

Anal sex

Sexual activities that involve a person inserting their penis into the anus of another person .

Antiretrovirals (ARVs)

Medication that stops HIV from entering a cell and multiplying

Antiretroviral therapy (ART)

A combination of antiretrovirals taken by people living with HIV to slow down the virus and reduce the amount of HIV in their blood

B

Biological sex

Biological characteristics that a person is born with that are used to classify people as male, female or intersex

Boundaries

Limits that guide what is and is not appropriate in a relationship

C

CD4 cells

A type of white blood cell that helps the body fight infections

Combination prevention

Can refer to both:

- An approach to HIV prevention that includes different types of interventions aimed at reducing HIV transmission within a community or group of people
- The use of multiple prevention methods such as condoms, STI screening and treatment, and PrEP to maximise a person's protection from HIV and other unwanted sexual health outcomes

Compassion fatigue

Emotional and physical exhaustion that can happen as a result of caring for others

Continuation

The act of continuing to use PrEP while an individual is vulnerable to HIV

D

Dapivirine

An antiretroviral that is used in the dapivirine vaginal ring. This antiretroviral is only used in the ring, and not found in other HIV prevention or treatment products

F

Female genital mutilation (FGM)

Procedures involving partial or total removal of, or injury to, external female genitals for non-medical reasons

Feminine

Social ideas about characteristics that are ideal or acceptable for women

G

Gender

Social ideas about what traits and behaviours are acceptable for people born with female or male biological characteristics

Gender-based violence (GBV)

Violence that is used to maintain and reinforce power differences based on gender

Gender inequality

The unequal treatment of someone because of their gender, and the unequal distribution of power and resources between women and men

Gender norms

Social ideas and attitudes about the way people born with male or female biological characteristics should look and behave

Gender-transformative

Something that challenges gender norms or gender roles

H

Human immunodeficiency virus (HIV)

A virus that attacks the immune system by entering CD4 cells and using them to replicate itself

Human rights

Basic protections and privileges that every human is entitled to

I

Immune system

The system of the body that fights infection and disease; it includes white blood cells and antibodies

Injectable (PrEP)

An injection containing antiretrovirals given every two months that provides long-acting protection against the risk of HIV infection; works best when injections are kept on schedule

Intersex

A person born with biological characteristics that do not fit within the typical characteristics of either male or female bodies

M

Masculine

Social ideas about characteristics that are ideal or acceptable for men

Mucous membranes

Thin, delicate skin inside the vagina and anus that is vulnerable to tearing; HIV can pass through mucous membranes more easily than other skin

O

Oral PrEP

A pill that contains antiretrovirals that greatly reduces the risk of HIV when taken every day.

Oral sex

Sexual activities that involve one person using their mouth on another person's genitals

P

Peer

A person who belongs to the same social group as another person; this social group might be based on age, gender, class or other parts of a person's identity or life experiences

Persistence (with PrEP use)

Overcoming obstacles to PrEP use and creating a habit of PrEP use during times when an individual is vulnerable to HIV

Post-exposure prophylaxis (PEP)

A type of antiretroviral medication that stops HIV from spreading to other cells

Pre-exposure prophylaxis (PrEP)

Antiretroviral medication for HIV-negative people to use before they are exposed to HIV; comes in many forms (pill, vaginal ring, injectable); works by creating a shield around their CD4 cells

R**Ring (PrEP)**

A silicone ring worn in the vaginal for a month at time that slowly releases antiretroviral medication to reduce the risk HIV infection; works best when worn all the time

S**Sexual and reproductive health and rights (SRHR)**

A term used to highlight that the right to health includes sexual and reproductive health, as well as other rights that a person needs to enjoy good sexual and reproductive health

Sex workers

People who receive money or goods in exchange for sexual services, either regularly or occasionally

Sexuality

All parts of people's experience of sex, their desires, and the way they identify based on the gender of the people they are attracted to

Sexually transmitted infections (STIs)

Infections that are passed on through having sex, including HIV, gonorrhoea, syphilis, herpes and chlamydia

Social norms

Shared expectations about how people in a community should act or think

T**Transactional sexual relationships**

Sexual relationships that are based on the need or desire for material or financial support

Transgender

Describes people whose gender is different from the sex assigned to them at birth

U**Undetectable viral load (UVL)**

When the levels of HIV in the blood of an HIV-positive person are so low they cannot be detected; if a person has an undetectable viral load, he or she cannot transmit HIV

Untransmittable

HIV cannot be transmitted through sexual transmission when the viral load is below 200 copies/mL

V**Vaginal sex**

Sexual activity that involves a person inserting their penis into another person's vagina

Vicarious trauma

Experiencing someone else's trauma to the extent that we experience similar symptoms

Viral load

A measure of the amount of HIV in the body

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