

Global PrEP Learning Network

Parents, partners, and peers: The role of influencers in adolescent girls' and young women's PrEP use

8 DECEMBER 2022



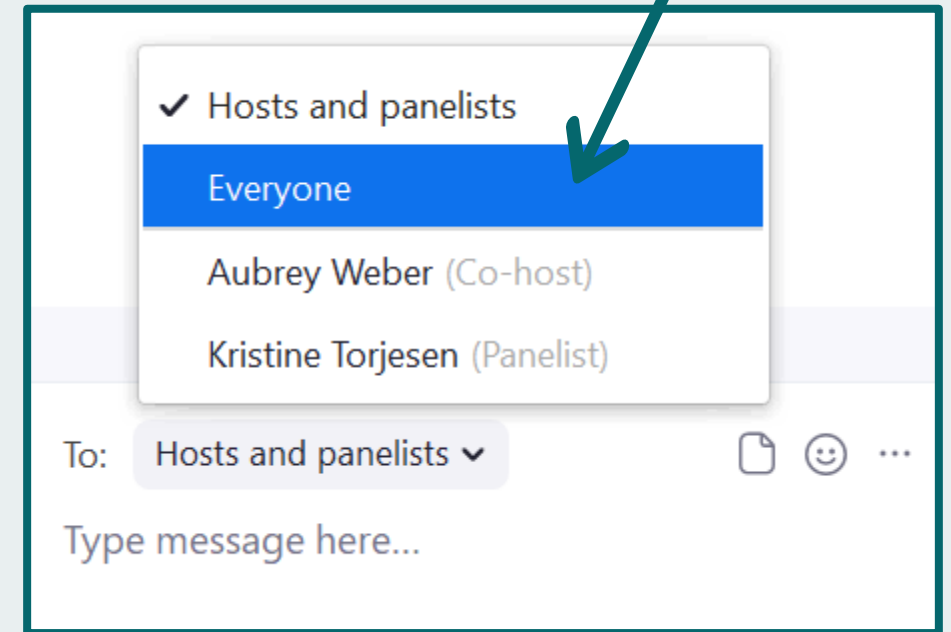
Please introduce yourself in the chat!



- Name
- Organization
- Country

Feel free to ask questions and add comments to the chat box at any point during today's session. At the end of each presentation, we will dedicate time to Q&A.

Don't forget to select "Everyone"



Today's presenters



Susan Igras

Institute for Reproductive Health, Georgetown University

Susan Igras has demonstrated a 30-year commitment to international health and social development. She is dedicated to gender and social equality and the use of participatory, localized processes. Her skills as an implementation scientist intersect with program design and evaluation, specializing in visual and innovative participatory methods and theory-driven, participatory evaluation. Her work in adolescent health and social wellbeing has spanned two decades in Africa and the Caribbean, ranging from guiding strategy development and organizational integration of programs to providing program design and evaluation assistance.



Patriciah Jeckonia

LVCT Health

Patriciah Jeckonia is an expert in HIV/SRHR policy influencing, leadership and governance, advocacy, organizational systems strengthening, and the introduction of new HIV prevention products. She is currently the Kenya Project Manager for MOSAIC. She is a member of the PrEP Global Think Tank and the 2022 winner of the Dr. Jeop Lange award. Patriciah is currently supporting NASCOP and the National PrEP TWG to plan for the introduction of the dapivirine ring and prepare systems for other HIV prevention products. Patriciah is also a member of the national HIV/SRH integration committee.





Polo Motsoari

Jhpiego

Polo Motsoari is a communications professional with more than 15 years of experience in HIV education, radio and print media, community mobilization and engagement, and community partnerships. Currently, as a Senior Communications and Demand Creation Advisor at Jhpiego in Lesotho, Polo provides programmatic support and supervision. She manages the implementation of communications activities for the USAID-funded VMMC, PrEP, and EIMC program, leading the development of HIV brands.



Ellen Mubanga

Zambian National AIDS Council

Ellen Mubanga is passionate and dynamic with over 20 years' working experience in public health and social development. Her strength is in HIV prevention, especially as it relates to young people, condom and PrEP programme implementation oversight, and the development of guidelines and monitoring frameworks. She holds a Master's in Public Health from the University of Lusaka, a professional post-graduate certificate in Advanced Health Management from the School of Public Health at Yale University, and a Bachelor of Science in Education (BSc Ed) degree from the University of Zambia.





Nakita Sheobalak

Wits Reproductive Health Institute

Nakita Sheobalak is a project manager within the implementation science department at Wits RHI in Johannesburg, South Africa. Nakita has ten years of experience in the marketing and graphic design industry, and her passion for mobile health technology, public health communication, and community engagement began in 2016 with Wits RHI.



Merci Niyibeshaho

LVCT Health

Niyibeshaho Marie Merci is a youth advocate for sexual and reproductive health, a leader, and a champion of gender equality. She works for LVCT Health Kenya as the AYP Liaison Officer. She previously served on the Tausi Taskforce for the HER Voice Fund and the LVCT Health Empower for Change Program. She has worked as an adolescent and youth advocate for over five years. She's currently a member of MOSAIC's NextGen Squad, representing Kenya.



Havana Mtetwa

Pangaea Zimbabwe AIDS Trust

Havana Mtetwa is a youth advocate and a member of MOSAIC's NextGen Squad, representing Zimbabwe. Havana provides support around youth program outputs to strengthen the MOSAIC project. She attends regular consortium-wide youth advisory committee meetings and contributes meaningfully across MOSAIC workstreams to illuminate the voices of Zimbabwean youth. She uses gender and youth principles to make informed decisions on how to best include AGYW in training modules that deal with HIV prevention, specifically the uptake of PrEP.





Zoe Mungai-Barris

Mann Global Health

Zoe Mungai-Barris has four years of public health and product marketing experience. She has led program management and research on social behavior change programs in Africa and Central Asia.



Donna Sherard

Mann Global Health

Donna Sherard is a health marketing and social behavior change communication (SBCC) specialist with more than 15 years of global health experience spanning a range of health areas – HIV, TB, family planning, adolescent reproductive health, nutrition and malaria. Donna has more than 20 years' experience in health product introduction, brand strategy, and social behavior change. After years working in the private sector, Donna followed her passion to build a career in global health. She has since led the design and implementation of insight-driven social behavior change and marketing programs in Africa, Southeast Asia, and Central America. Donna's technical skills have earned her an international reputation as a social marketing and SBCC strategist and leader who can develop effective, market-based strategies, design realistic plans for program implementation, and build local staff capacity.



Agenda

- Welcome and introduction
- Spring 2022 Action Tank: **Building community acceptance for PrEP use among adolescent girls & young women in sub-Saharan Africa**
 - Q&A
- Parents as influencers: **Project PrEP**
 - Q&A
- Partners as influencers: **Husbands' Schools**
 - Q&A
- Peers as influencers: **HIV Prevention Ambassador Training**
 - Q&A
- Panel discussion: **Adapting Interventions to Reach Influencers**
- Closing

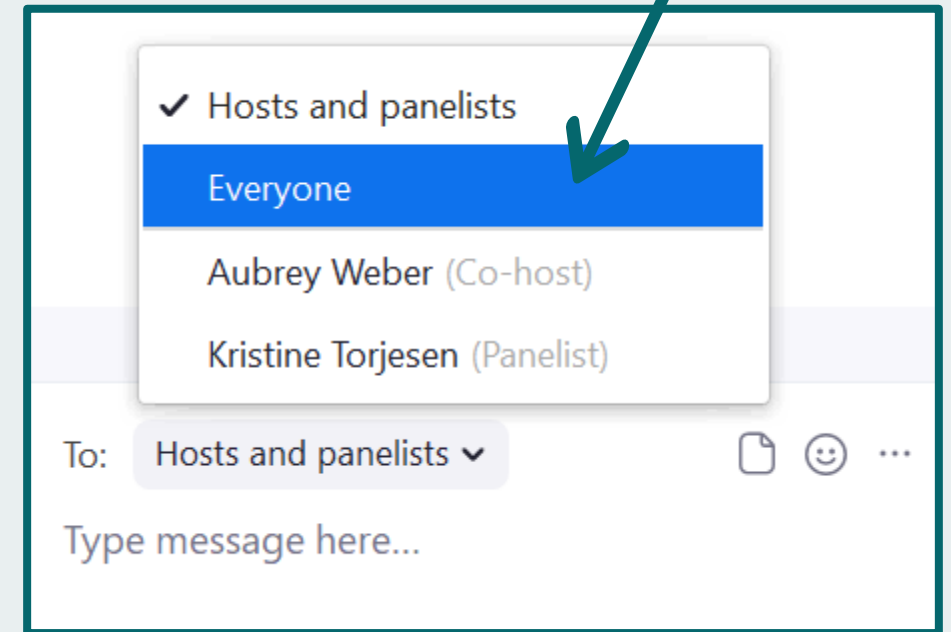
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1

Building Community Acceptance for Prep Use Among Adolescent Girls & Young Women in Sub-saharan Africa

DONNA SHERARD & ZOE MUNGAI-BARRIS, MANN GLOBAL HEALTH

Presentation Overview

1

Purpose & Methods

2

Analytic Frameworks

3

Understanding Community Influence

1

PURPOSE & METHODS

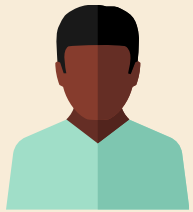
Purpose of the review and expert consultation

This review and expert consultation was conducted to **inform the design of interventions to increase community acceptance of PrEP use among adolescent girls and young women (AGYW).**

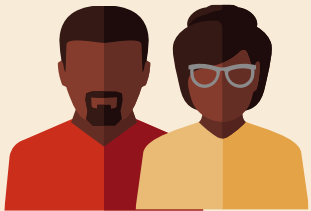
- 1. What Support Do AGYWs Want at Each Stage of Their Journey?:** As AGYWs progress through the PrEP user journey, whose influence is most important? What support do AGYW seek from these influencers?
- 2. What Factors drive Influencer Support of PrEP among AGYW?:** What factors (e.g. attitudes, beliefs, norms) are known to be key to influencer support of AGYW? What can sector-adjacent literature (e.g. HIV prevention, HIV treatment, reproductive healthcare) tell us about other potential factors that drive influencer support of AGYW's PrEP use?
- 3. What are Some Promising Interventions?:** What interventions have shown promise in building these influencers' support for use of HIV and reproductive healthcare services among AGYW? What data have suggested these interventions are promising?

Primary influencers of AGYW

This review focused on three primary influencers of AGYW's PrEP use: **partners, parents/caregivers and female peers**. Other influencers, while important, were considered outside the review scope.



Partners – boys and men who are AGYW's intimate partners



Parents and/or caregivers – especially cohabiting mothers



Female peers – both users and non-users of PrEP

Other influencers of AGYW include community leaders (including religious and cultural leaders) and healthcare workers. They were considered out of scope for the review



Methods of the review and consultation

- 1. Desk Review:** We examined the peer-reviewed and grey literature on community acceptance for sexual and reproductive healthcare services, including PrEP. We screened 468 peer-reviewed articles; 57 met the criteria for inclusion and were reviewed. We screened 22 project websites to identify program write-ups, toolkits and presentation briefs.
- 2. Action Tank:** We convened implementers, Ministries of Health, young people and funding partners to review the evidence, capture programmatic learnings, identify further evidence gaps, and identify specific opportunities for intervention adaptation.



2

ANALYTIC FRAMEWORKS

Analytic Framework #1: PrEP User Journey

The review considered what influencer behaviors AGYW seek throughout the **PrEP user journey**. This adoption process, outlined below, was adapted from available literature.

PrEP User Journey

Awareness

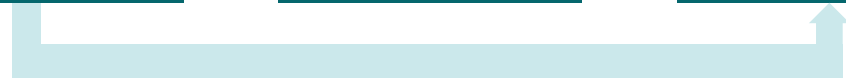
Evaluation

Uptake

Early Use (0-3 months)

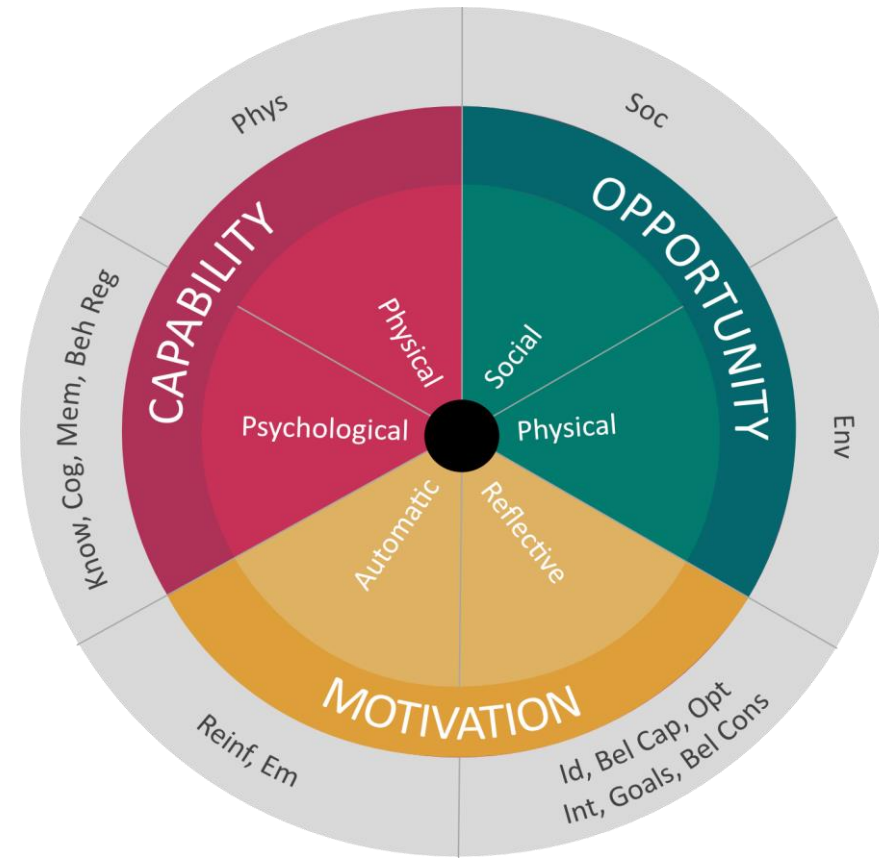
Persistence
(>3 months,
pause, restart)

Discontinuation



Analytic framework #2: Theoretical Domains Framework (TDF)

The TDF was developed by a collaboration of behavioral scientists and implementation researchers, who identified theories relevant to implementation and grouped constructs from these theories into domains.



TDF Domains

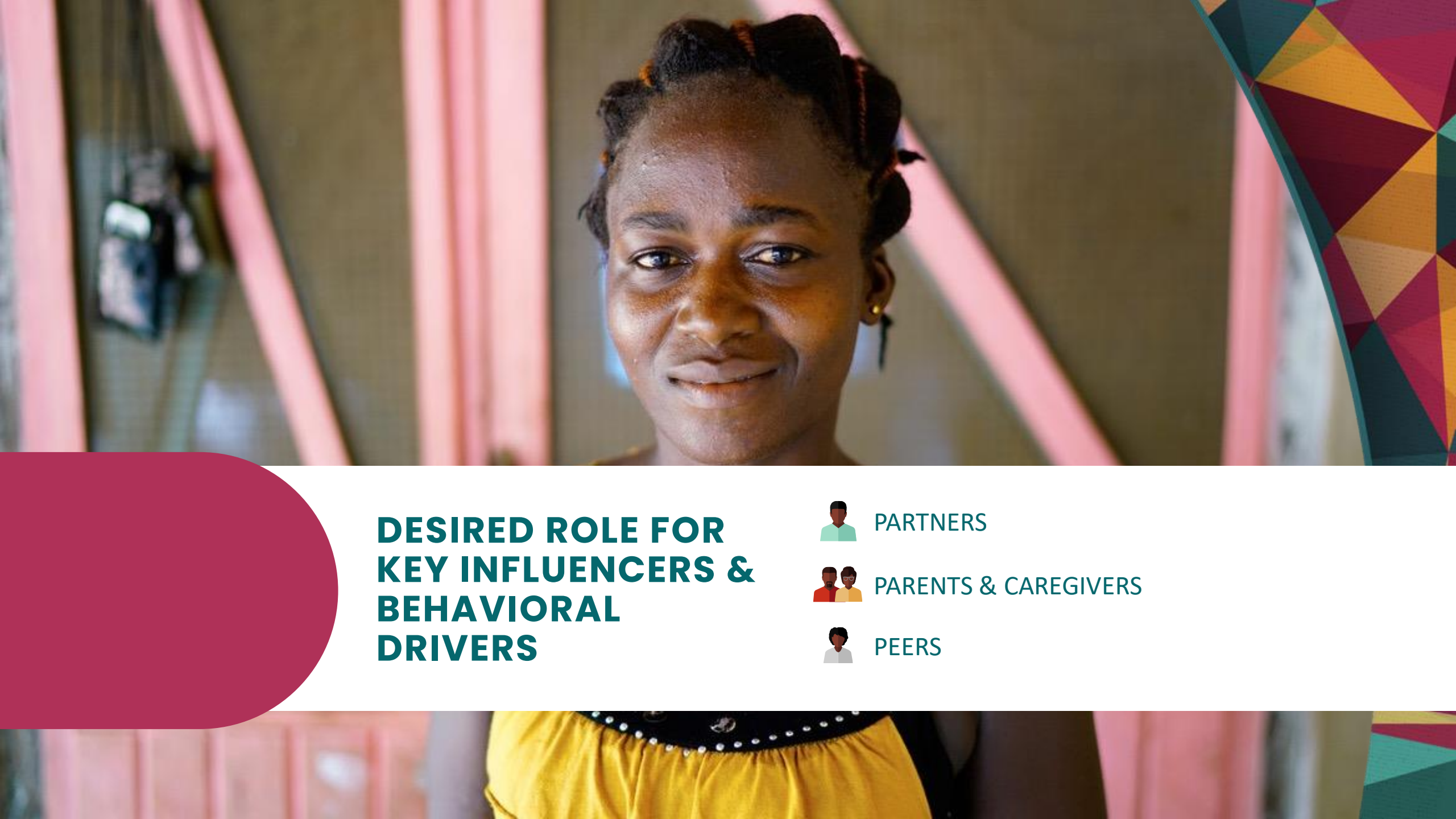


Drivers of behavior



3

UNDERSTANDING COMMUNITY INFLUENCE



DESIRED ROLE FOR KEY INFLUENCERS & BEHAVIORAL DRIVERS



PARTNERS



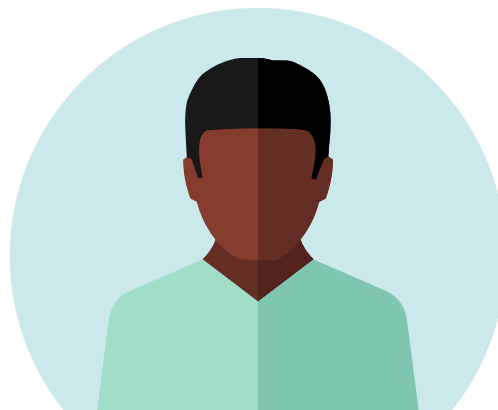
PARENTS & CAREGIVERS



PEERS

Male partners in the user journey

Male partners were the most frequently mentioned influencer of PrEP decision-making. Fear of disrupting this relationship can limit PrEP uptake, but supportive male partners play a critical role in facilitating PrEP use (i.e. financial support, pill reminders, etc.).



Desk review & expert consultation suggest several desired action(s) of male partners, across PrEP adoption:

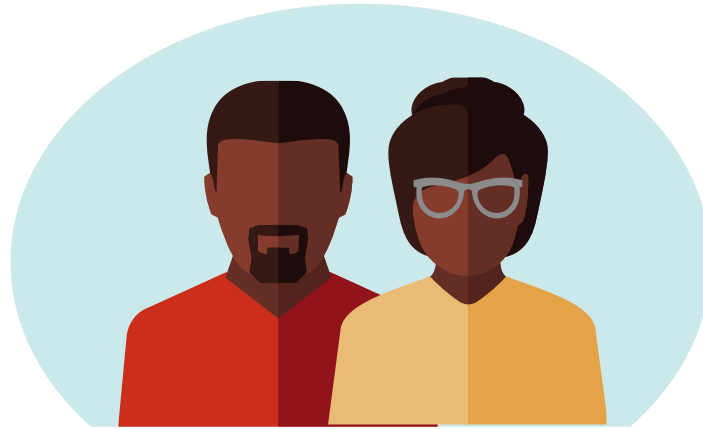
Awareness	Uptake and Evaluation	Early Use (0-3 months)	Persistence (>3 mos., pause, restart)	Discontinuation
▪ Dialogue with partners in support of PrEP use	▪ Open communication ▪ Actively support use and offer financial support	▪ Emotional support ▪ Adherence support (e.g. pill reminders) ▪ Open communication	▪ Emotional support ▪ Open communication ▪ Financial support ▪ Adherence support	▪ Support method switching

Facilitators of and barriers to male partner support for PrEP use

	Capability	Opportunity	Motivation
FACILITATORS	▪ Correct knowledge/awareness of contraceptive methods and HIV prevention from credible sources ▪ Effective communication skills play a role in willingness to discuss reproductive healthcare	▪ Social support from the community regarding reproductive healthcare and AGYW	▪ Acceptance of women's decision-making power and agency within the household and relationships ▪ Positive beliefs about consequences of AGYW's use of reproductive healthcare products
BARRIERS	▪ Incorrect knowledge of sexual health information, products and services for AGYW can limit support (e.g. misconceptions) ▪ A lack of communication skills among couples	▪ Social influences including restrictive gender norms inhibit male partner acceptance (e.g. men seeing themselves as 'protectors')	▪ Negative beliefs about consequences of AGYW's use of reproductive healthcare products ▪ Male emotions including beliefs male partners have about infidelity and relationship distrust, could discourage PrEP support

Parents and caregivers in the user journey

Parents have a strong influence over adolescent health behaviors, but most AGYW don't actively seek reproductive health information from their parents for fear of being considered promiscuous.



Desk review & expert consultation suggest several desired action(s) of parents/caregivers, across PrEP adoption:

Awareness	Uptake and Evaluation	Early Use (0-3 months)	Persistence (>3 mos., pause, restart)	Discontinuation
	▪ Voice approval ▪ Consent/permission ▪ Refer for service	▪ Voice approval ▪ Consent/permission ▪ Refer for service	▪ Actively support adherence (reminders, storage) ▪ Communicate openly support for PrEP use ▪ Provide financial support by offering transport/money for services	▪ Support method switching

Facilitators & barriers of parental support for PrEP use

	Capability	Opportunity	Motivation
FACILITATORS	▪ Correct knowledge/awareness of contraceptive methods and HIV prevention from credible sources ▪ Effective communication skills and close/open relationships with AGYW supports willingness to discuss reproductive health	▪ Social support from the community for healthy behaviors like HIV prevention	▪ Parents with goals for a great future for their children want them to remain HIV-negative
BARRIERS	▪ Incorrect knowledge of sexual health information, products and services for AGYW can limit support (e.g. misconceptions) ▪ Lack of strong communication skills and limited skills in starting discussions about HIV with their children	▪ Social taboos to discuss sexual health with parents ▪ Lack of parental role models for open conversation around reproductive healthcare issues	▪ Stigma and gender norms limit parent acceptance (e.g. belief that AGYW should not be sexually active) ▪ Environmental influences, including a lack of physical proximity to AGYW to facilitate discussion

Peers in the user journey

Peers (same-sex friends, same-generation relatives) are a primary source of reproductive healthcare information and can have significant influence along the PrEP journey.



Desk review & stakeholder consultation suggest several desired action(s) of peers, across PrEP adoption:

Awareness	Uptake and Evaluation	Early Use (0-3 months)	Persistence (>3 mos., pause, restart)	Discontinuation
▪ Share information ▪ Advocate for PrEP	▪ Share information ▪ Advocate for PrEP	▪ Share information ▪ Provide support to facilitate disclosure to parents or partners ▪ Facilitate PrEP delivery at the community level	▪ Actively encourage adherence (especially via support groups and their own behavior) ▪ Give advice, tips, referrals ▪ Provide support to facilitate disclosure to parents or partners ▪ Facilitate PrEP delivery at the community level	▪ Remind peers to take PrEP

Facilitators and barriers to peer support for PrEP use

	Capability	Opportunity	Motivation
FACILITATORS	▪ Correct knowledge/awareness of contraceptive methods and HIV prevention ▪ Effective communication regarding reproductive health	▪ Social support experienced by peers in the community can increase support of healthy behaviors (e.g. Peer AGYW using or supporting PrEP)	▪ Positive beliefs about consequences of AGYW's use of reproductive healthcare products ▪ Feeling empowered to make decisions about one's reproductive healthcare ▪ Personal experience, such as recent HIV infection or PrEP experience
BARRIERS	▪ Incorrect knowledge about oral PrEP can result in suspicion/skepticism about PrEP	▪ Stigma can lead peers not to support AGYW PrEP use (e.g. fear of how healthcare workers will respond to PrEP use/support) ▪ Limited time and financial resources can limit AGYW attendance at peer support groups ▪ Delivery points with limited accessibility to PrEP	▪ Negative beliefs about consequences of AGYW's use of PrEP (e.g. promotes promiscuity) ▪ Focus on risk/responsibility to motivate PrEP use, rather than relationships and future desires

Thank you. Questions?



To access the full report, interventions inventory, and sources, please visit [prepwatch.org](https://www.prepwatch.org):

<https://www.prepwatch.org/resources/building-community-acceptance-for-prep-use-among-adolescent-girls-and-young-women-in-sub-saharan-africa/>



Q & A

2

Parents as influencers: Project PrEP

NAKITA SHEOBALAK, WITS RHI

Project PrEP

Engaging parents to support AGYW on their oral PrEP journey

Rationale & overview

Project PrEP aims to improve the understanding of uptake and continuation of PrEP among AGYW and vulnerable groups in real world settings and inform delivery models for service integration into comprehensive sexual and reproductive health services.

- The goal is to meaningfully engage parents/caregivers of AGYW to encourage support and approval of their daughters' health-seeking behaviours, specifically HIV prevention services.
- Equip parents/caregivers on how to support AGYW in the continued use of oral PrEP.

Social mobilisation for community entry is a vital component of the Project PrEP implementation approach.

Government Partner



Funder



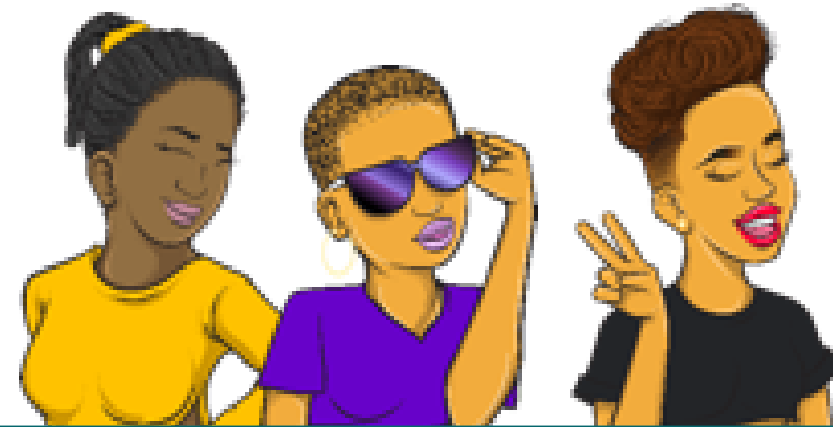
CBO partner



Intervention approach



The Eita! Model conceptualised by Project PrEP



The Eita model was conceptualized by Project PrEP and used for the intervention approach. The model is underscored by meaningful youth engagement, credibility and trust and a holistic approach that places communities at the centre of it all.

- Firstly, we educate or create awareness, and this is where young women can say, "ah this is something new, what is it?"
- Secondly, there is interest or desire, and she can say, "mmmm this is interesting, I think I want to know more!"
- Thirdly, she wants to try it!
- Lastly, she says, "Yes! This is something I can do!"

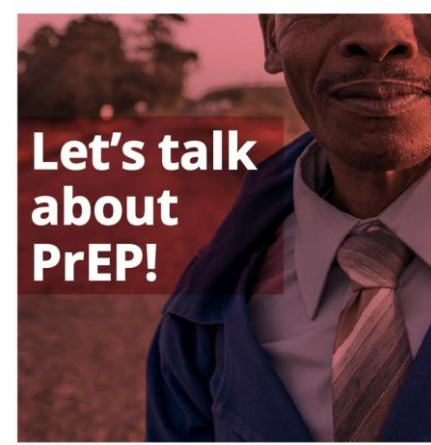
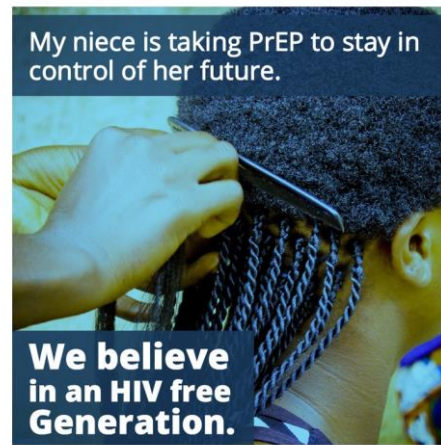
Intervention format

PARENT/ CAREGIVER DIALOGUES

MOTHER DIALOGUE PRAYER DAYS

SOCIAL MEDIA

A HOLISTIC INTERVENTION



Intervention description

WHAT?	HOW?	WHAT WAS SAID?	DURATION	FORMAT
Parent/ Caregiver dialogues Mother and grand-mother prayer days	- Parent and caregivers of AGYW residing around healthcare facilities/mobile clinics in Tshwane, were mobilized, by community-based organizations, to attend. - These small events were supported by a radio campaign, printed materials and social media targeted to AGYW, men and women. - Scripts were developed by programmers and site-level staff, adapted based on CBO feedback - All staff including the CBO were trained on oral PrEP and community sensitisation.	- Highlighted the rising number of AGYW HIV infections and unintended pregnancy, and the potential reasons. - Focussed on the opportunity for parents to be agents of positive change in their children's lives. - Incorporated prayer for HIV prevention, those infected and affected by HIV. - Discussed supporting AGYW to access SRH services including oral PrEP to reduce high incidence in the community for that cohort. - Requested support to encourage service uptake.	- This is ongoing and Project PrEP aims to have at least 2 parent dialogues per quarter in all its implementing clusters. - Prayer days/other special events: If major obstacles to initiation or continuation emerge in a specific cluster these are strategically designed to challenge the obstacle.	- Dialogue script (used as guidance for both interventions) - Comfortable community space and catering provided by CBO.

Intervention description

WHAT?	HOW?	DURATION	WHAT WAS SAID?	FORMAT
Social media	Social media posts were inspired by parent/caregiver engagements and developed by head office staff.	- Project PrEP shared 12 posts on MyPrEPSouthAfrica's Facebook page for 1 month - Boosted 6 posts for 1 week among male and females aged (18-65+) in all Project PrEP's clusters, including Tshwane.	- Messages encouraged parents to talk about PrEP and empowered them to teach young women how to prevent HIV. - The call to action directed people to either chat via Facebook messenger or to visit the myprep.co.za website.	Posts were designed using a graphic and a short headline in English and vernacular.



Emerging results

Monitoring and evaluation:

- Dialogues and prayer day attendance is captured on project registers and verified through group photos and videos.
- Emerging themes, ideas, FAQs and concerns are noted for reporting purposes and to address any potential gaps.
- Facebook analytics for each specific post is collected and analysed over a 28-day period.

Mother's prayer days:

Three mother and grandmother prayer days were conducted with 100 participants.

Parents and caregivers discussed AGYW SRHR and HIV prevention topics in detail and made the connection between empowered AGYW and religious beliefs.

"When I was young, no-one spoke of these things. But now we know, and our daughters don't have to make the same mistakes and they don't have to live with what we've had to live with." Mother of AGYW during a Sunday Dialogue

Parent/caregiver dialogues:

Nine parent/caregiver dialogues were conducted with 447 parents/caregivers

Some parents were hesitant to engage deeply in a group but did commit to supporting their daughters to access services. After the dialogues, parents routinely approached the team during teatime (vital to create engagement opportunities) to ask further questions and advice on how to further support their daughters.

Facebook:

The average Facebook post reached approximately 1 637, 25+ year olds in Tshwane and there were 88 post engagements during a 28-day period.

Key learnings & recommendations

- Parents/caregivers require **ongoing holistic** engagements and **skill building workshops** on how to support their daughter's health seeking behaviours.
- Engagement strategies need to be **varied in format** to ensure they are appealing to a wide range of people.
- The idea of **social media campaigns** should be to **invite parents to join in on the online conversation** and will get an opportunity to talk to experts and leaders in the community.
- Social media campaigns should also feature **"testimonials" of parents who have supported their daughters** to either try or continue on oral PrEP.
- Offline activities such as mural paintings, dialogues or small events **should advocate for an end to HIV stigma and normalize HIV prevention** among AGYW and the communities they live in.



The background of the slide is a complex, low-poly geometric pattern in various shades of teal and blue. The pattern consists of numerous triangles and polygons of different sizes, creating a textured, crystalline effect. The colors range from a deep, dark teal to a lighter, more vibrant blue-green.

Q & A

3

Partners as influencers: Husband Schools

**SUSAN IGRAS, INSTITUTE FOR REPRODUCTIVE HEALTH,
GEORGETOWN UNIVERSITY**

Husbands' Schools: Fostering Change in Gender Dynamics to Improve Women's Use of Reproductive Health Services in Niger

Susan Igras, Georgetown University

SongES Niger



USAID
FROM THE AMERICAN PEOPLE

PaSSages





SongES Niger

Husbands' Schools

A Strategy by UNPFA and the Government of Niger to Partner with Men in Promoting Reproductive Health

Schools were first developed and tested in the mid-2000s in Zinder, NIGER

Diversity of school membership: married, pro-RH, good citizens, whose spouses move **outside the house**

There are now thousands of Husbands Schools operating in rural communities around Niger

Many communities now link interventions –Safe Spaces for Adolescent Girls, and Future Husbands Clubs for Adolescent Boys

Foundations of Husbands' Schools

- Schools initially tested in Zinder Region: some of the worst reproductive health indicators
- Common practice of *koubli*, the confining of women in their homes
- Reduced and late-seeking of health services due to the dominant power and behaviors of men
- Husbands reject women's use of health services
- Women are not consulted on decisions to bear children or the timing between pregnancies

Main obstacle identified

The power and behavior of men is one of the main obstacles to women's use of reproductive health services

NIGER HUSBANDS' SCHOOLS

IMPROVING WOMEN'S USE OF REPRODUCTIVE HEALTH SERVICES

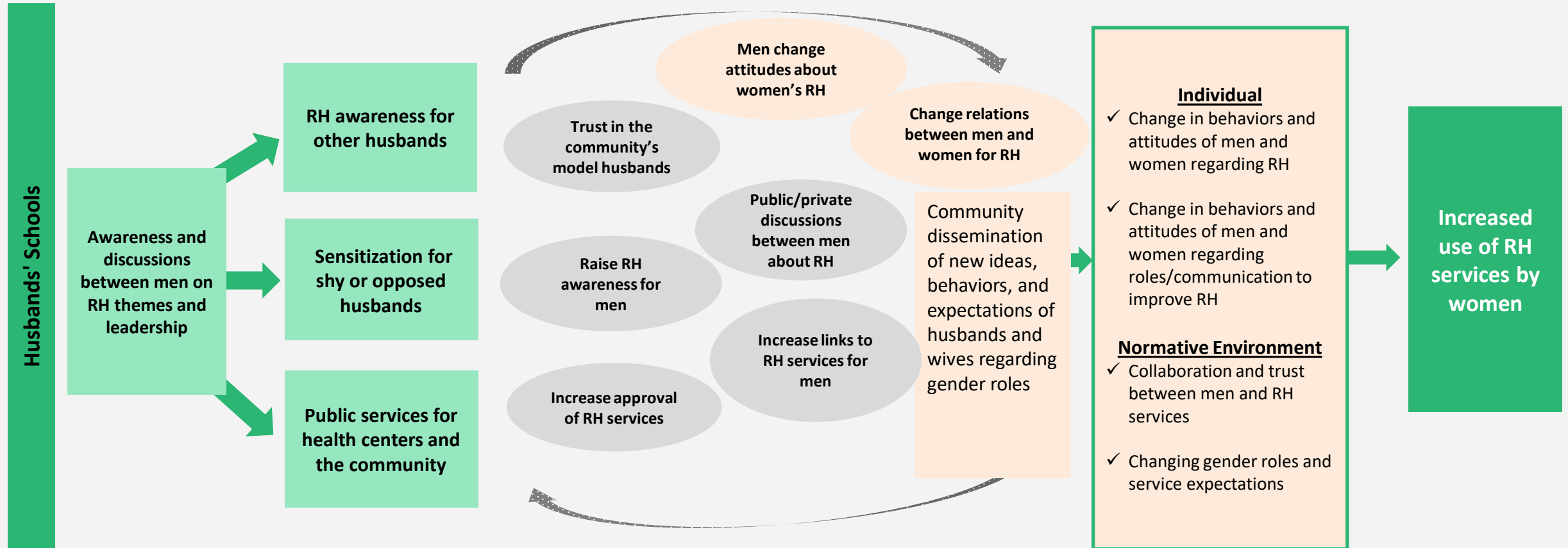


INTERVENTION COMPONENTS

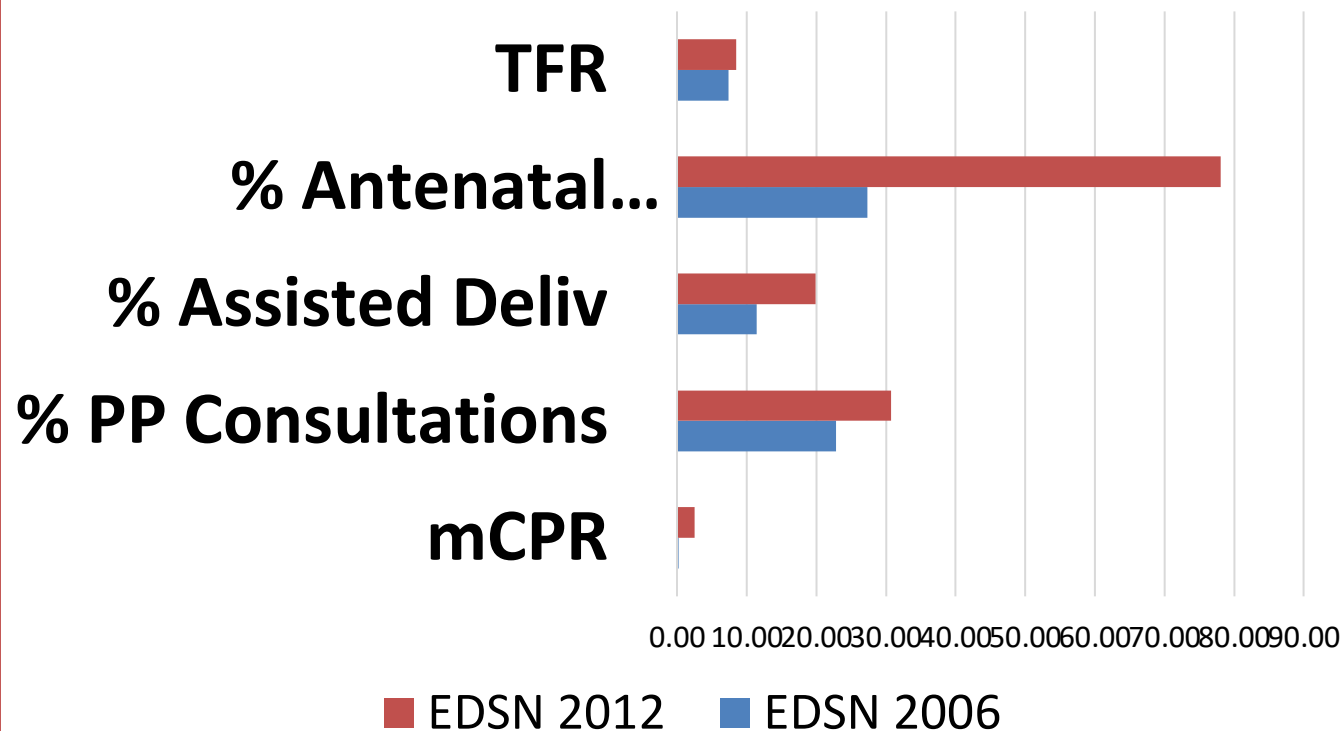
1. **Training Model Husbands:** NGO coaches train on leadership, citizenship, reproductive health and male engagement
2. **Model Husbands Sensitize and Do One-on-One Outreach:** Model husbands support other husbands and community, with NGO coaching support
3. **School linkage services:** School members coordinate and collaborate with health centers on RH and other health issues

NOTE: NGOs support Schools technically and in linking services.

Theory of Change – Husbands' Schools



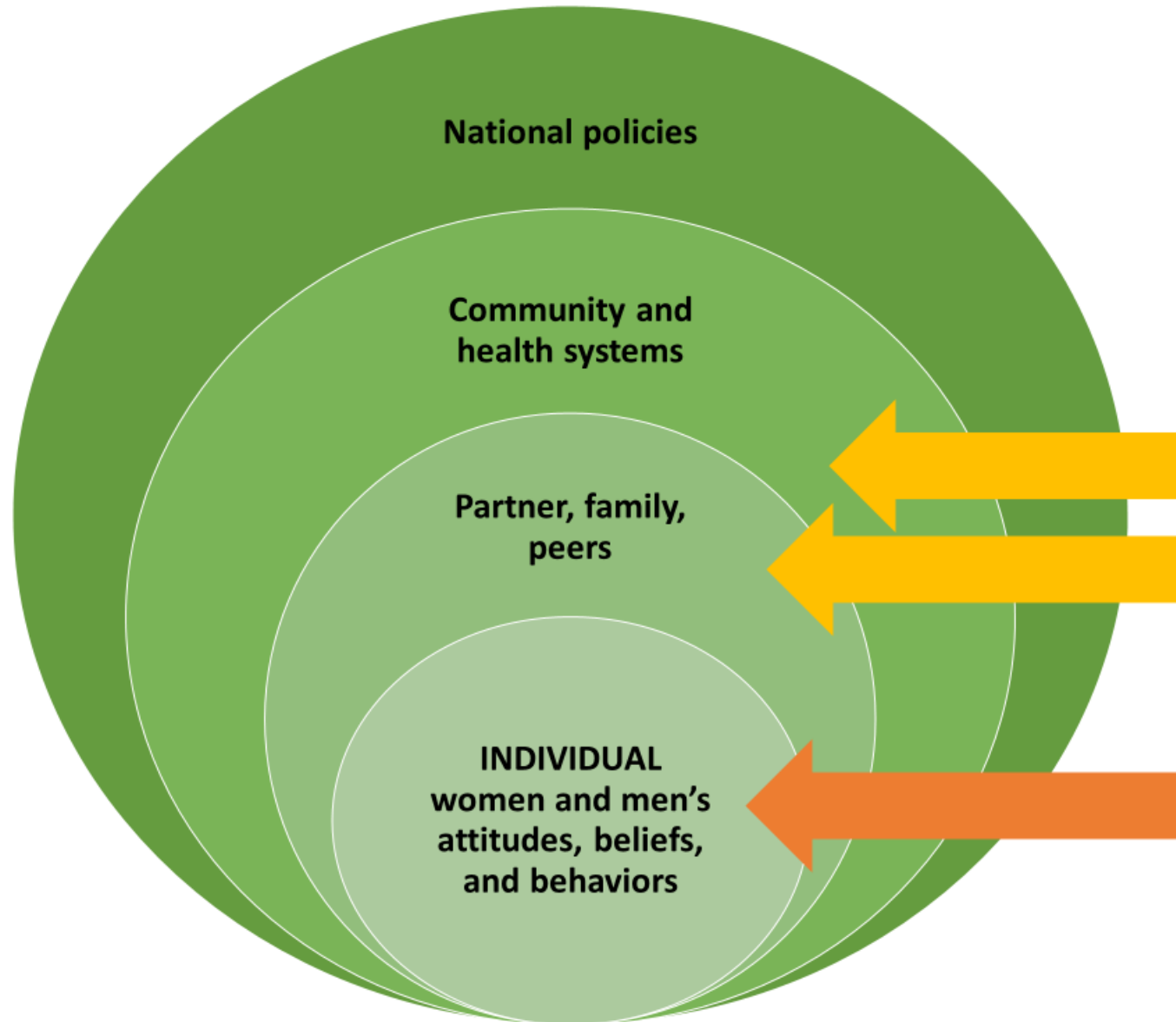
**Graph 1 : Reproductive Health
Service Indicators and Total
Fertility Rate, Dosso**



HOW HUSBANDS SCHOOLS SHIFT NORMS AND ENABLE COMMUNITY SUPPORT FOR RH

Qualitative Study to Understand

Do Husbands' Schools positively affect Gender Dynamics? How are new ideas diffused to the Broader Community? How do the new ideas affect how people see their roles in ensuring good RH?



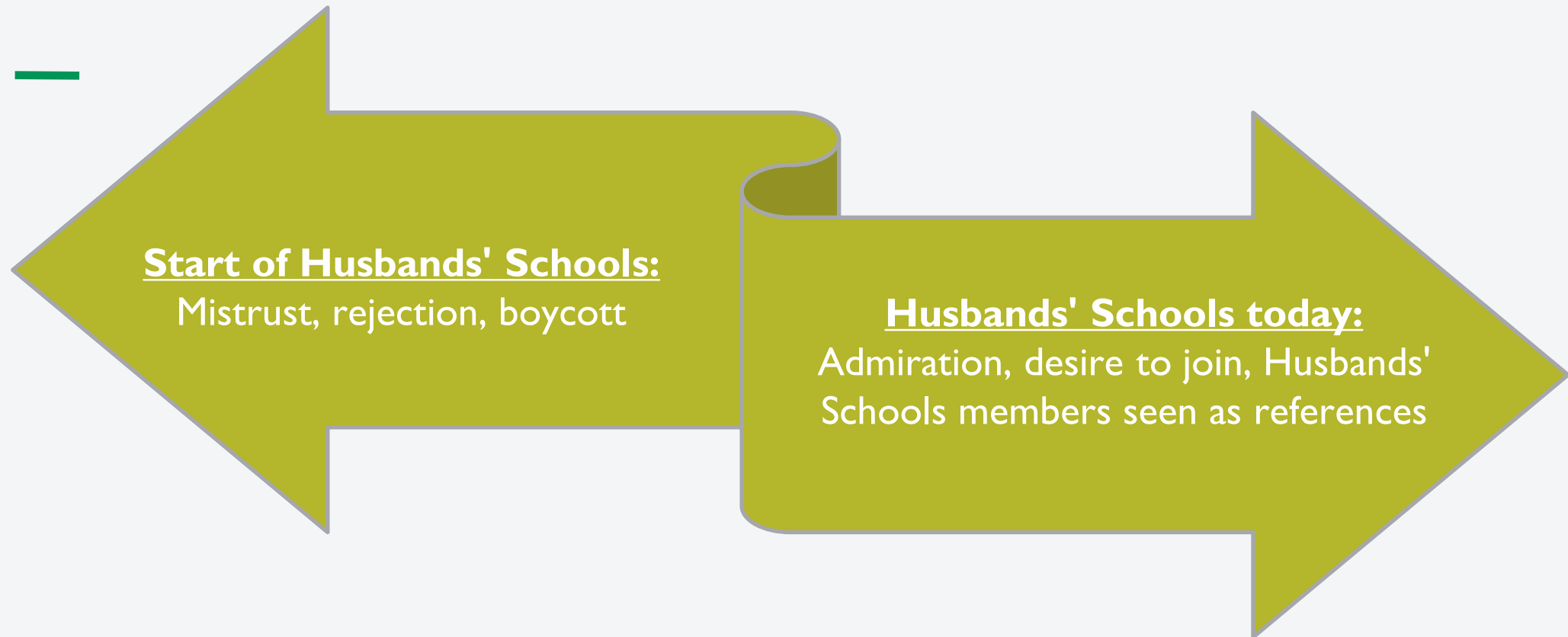
KEY FINDING

Husbands Schools' outreach influences shifts in community environment

These normative shifts support and sustain individual behavior change

What supports these changes?

Acceptability: Communities value Husbands' Schools contributions



Men's Perception of Importance of RH Service Use Becomes Supportive

Start of Husbands' Schools:

Skepticism and mistrust, lack of
information on RH services,
prejudice and taboos

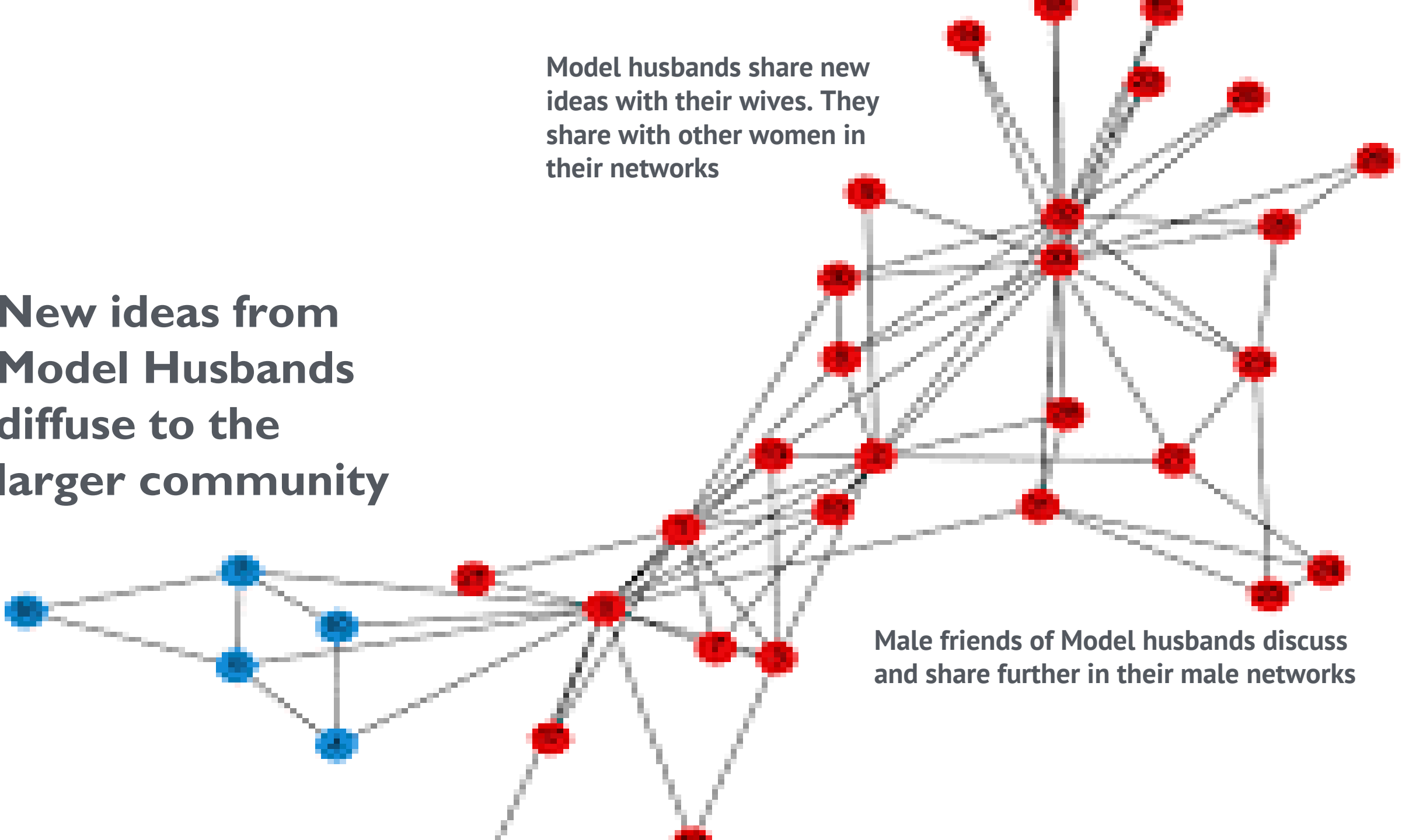
Husbands' Schools today:

Acceptance and admiration

**New ideas from
Model Husbands
diffuse to the
larger community**

Model husbands share new
ideas with their wives. They
share with other women in
their networks

Male friends of Model husbands discuss
and share further in their male networks



There are Visible Changes in Gender Dynamics

Relations between men and women are changed with regards to **power, communication, husbands' support to wives, mutual trust**

Greater **couple and community communication**, and RH is no longer a taboo topic

A woman's decision-making power is **more visible**

Women have more freedom of choice (FP method and pregnancy)

Women participate in deciding where to deliver

Men are playing **expanded roles** in their homes and in supporting services use

Some husbands (both model and non-model husbands) help with housework

More men accompany their wives to prenatal consultations and delivery

The man remains the final decision-maker (but is no longer the ONLY decision-maker)

How does the intervention design support norms shifting?

What supports create conditions for success?

Characteristics Of Norms-Focused Interventions

(See Learning Collaborative to Advance Normative Change 2017 brief https://www.alignplatform.org/sites/default/files/2019-11/lc_nsi_attributes_brief_final_08262019_eng.pdf)

Husbands' Schools have these norms-shifting attributes

SEEKS COMMUNITY-LEVEL CHANGE

Shifts social expectations, not just individual attitudes and behaviors and clearly articulates social change outcomes at the community-level.

ENGAGES PEOPLE AT MULTIPLE LEVELS

(Ecological Model) Uses multiple strategies to engage people at different levels: individual, family, community, and policy/legal

CORRECTS MISPERCEPTIONS OF HARMFUL BEHAVIORS

Individuals may engage in a harmful behavior because they mistakenly think it is common (“everyone does it,” when in reality they don’t).

CONFRONTS POWER IMBALANCES, PARTICULARLY RELATED TO GENDER & OTHER SOURCES OF MARGINALIZATION

Within sexual and reproductive health and programs focused on adolescent and youth development, usually of crucial importance

CREATES SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS

Deliberately promotes sustained, critical reflection that goes beyond trainings, one-off campaigns or ad-hoc outreach, often in small group settings.

ROOTS THE ISSUE WITHIN COMMUNITY’S OWN VALUE SYSTEMS

Identifies how a norm serves or contradicts a community’s own values, rather than labeling a practice within a given community as bad.

ACCURATELY ASSESSES NORMS

Identifies which norms shape a given behavior and which groups uphold the norm. Also the proper reference groups or influencers important to an individual when making a decision.

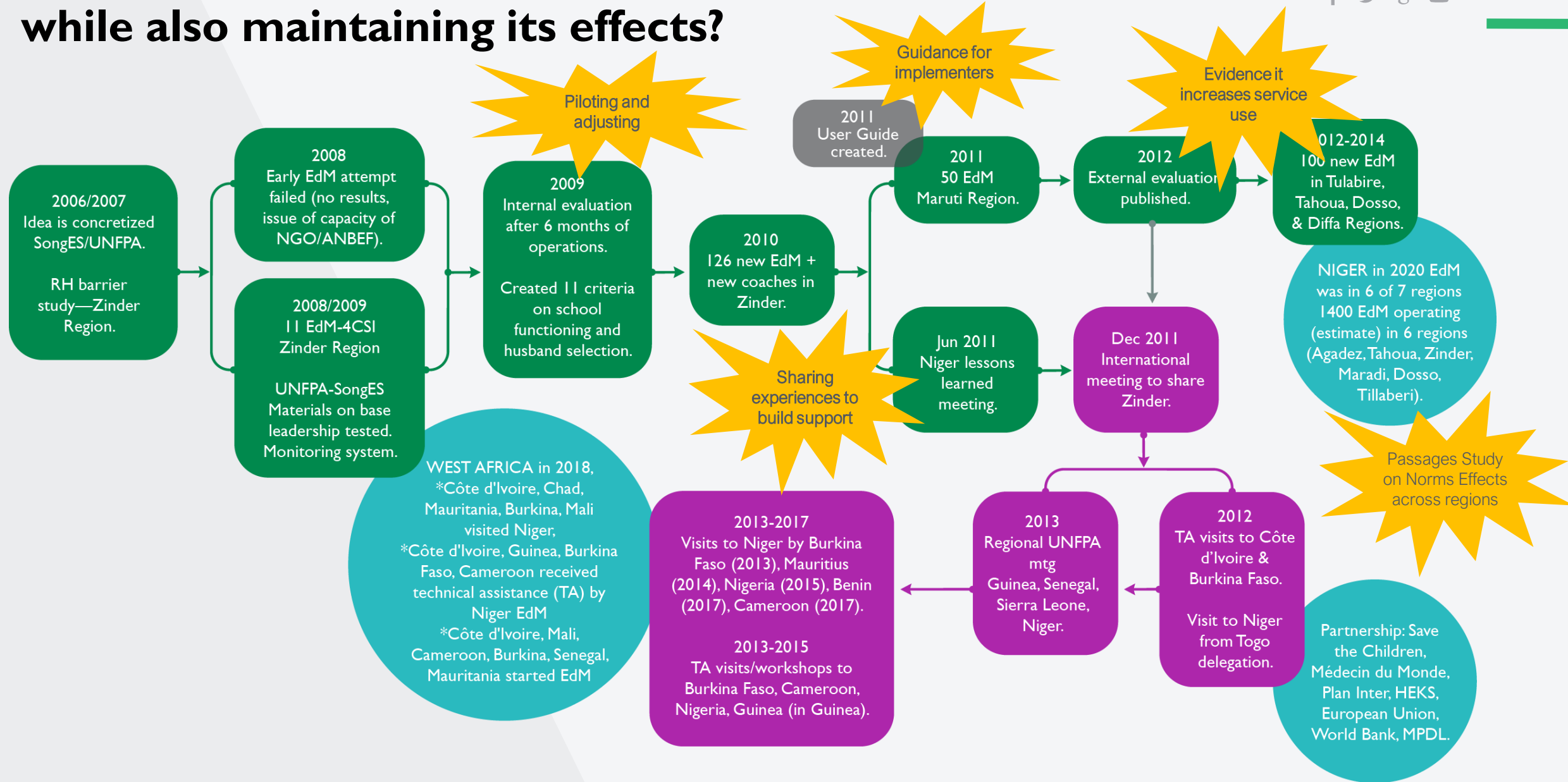
USES “ORGANIZED DIFFUSION”

Sparks critical reflection to change norms first within a core group, who then engage others to have community-level impact.

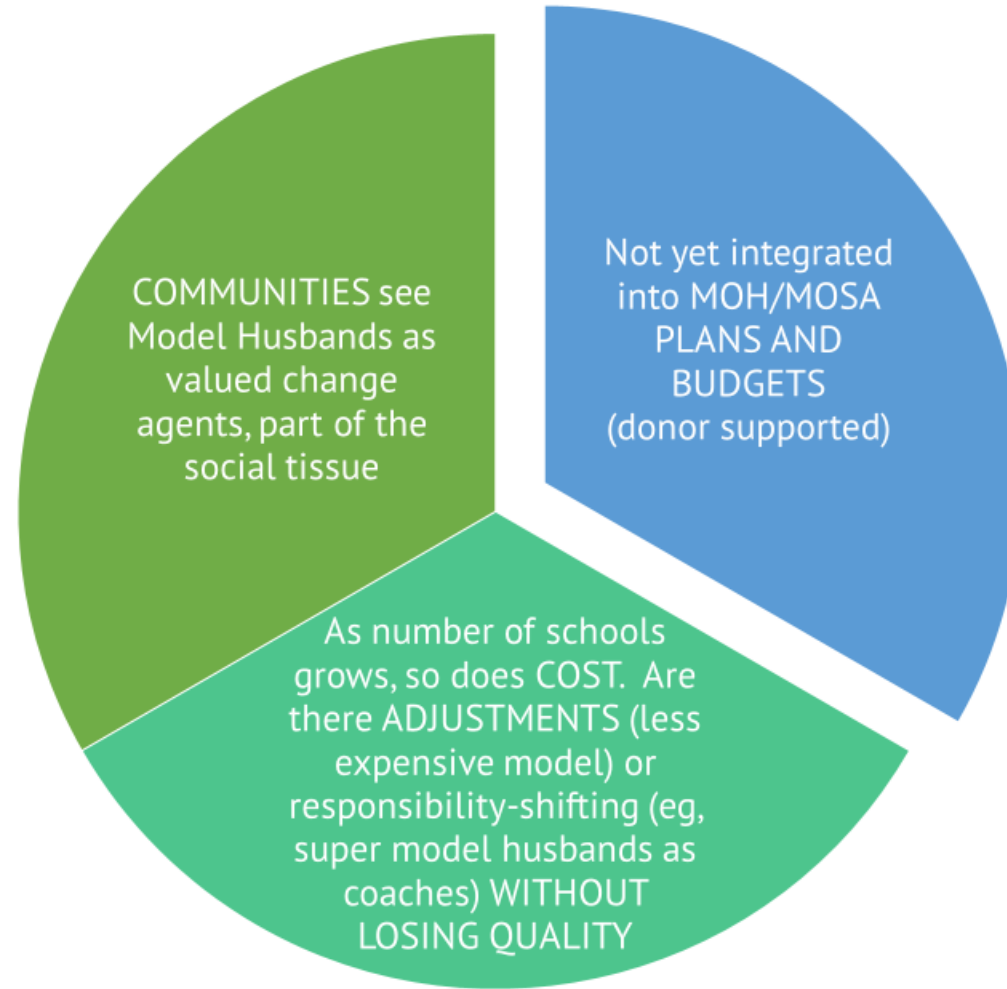
CREATES POSITIVE NEW NORMS

Creates new, shared beliefs when harmful norms have strong support within groups. Some focus on negative consequences of a behavior, but this can reinforce a behavior by making it seem widespread.

What supports Husbands Schools expansion to new regions while also maintaining its effects?



Sustainability – successes and challenges





Testing New Adaptations of Husbands Schools

- Approach adapted to address other practices strongly influenced by social norms and culture – Female Genital Cutting
- Trying out Schools in urban contexts
- Broadening the intervention effect by pairing with complementary interventions - Girls' Safe Spaces & Future Husbands Clubs



SO HOW DOES THIS RELATE TO PrEP?

1) Husbands Schools emphasize community and individual sensitization.

- PrEP may be focused on young people as individuals, but continuation of PrEP likely depends on peers, family, religious leaders, and others in their social sphere.
- How does the PrEP program reach these influencers who can motivate, encourage or support PrEP users?

2) Husbands School are offered in parallel to Safe Spaces Future Husband's Clubs.

- This strategy allows outreach to different influencers of young women, men, and couples.
- But it also broadens norms-shifting effects. Norms-shifting activities deepen and broaden community expectations of what is good PrEP and other preventive behaviors.



MOSAIC NextGen Squad youth advocates



Q & A

4

Peers as influencers: HIV Prevention Ambassadors

**MERCI NIYIBESHAHO, LVCT HEALTH
HAVANA MTETWA, PZAT**

HIV Prevention Ambassador Training Package

for Adolescent Girls and Young Women

2ND EDITION



The HIV Prevention Ambassador Training: *A Peer-Led Intervention*

PRESENTERS:

HAVANA MTWETA
(YOUTH REPRESENTATIVE-PZAT)

NIYIBESHAHO MARIE MERCI
(YOUTH REPRESENTATIVE-LVCT HEALTH)



Intervention Overview

The [HIV Prevention Ambassador Training for Adolescent Girls and Young Women](#) prepares young people to become ambassadors who share information and support their communities in the uptake of PrEP through interactive activities, discussion, and action planning.

Created by:

- [LVCT Health](#)
- [Wits Reproductive Health and HIV Institute](#)
- [PZAT](#)
- [AVAC](#)
- [Collective Action](#)
- [FHI 360 US, Uganda, & Zimbabwe](#)

TOOL 14a

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!

TOOL 11b

Tips for Using the Ring

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. Check with your provider to see more than one.

5

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

TOOL 14c

Tips for Using CAB PrEP

1

Set a reminder to attend your clinic visit one month after your first injection, and then every two months.

- Reminders could be on your phone, diary, or a note in a place where you look often, such as on a mirror.
- You can also use your phone to keep notes about things you want to tell or ask your health care provider.
- The visual below can help you understand the CAB PrEP follow-up visits.

2

Work with your health care provider to manage side effects.

- Your health care provider may have tips to help you minimize side effects from your CAB PrEP injection. For example, you may be able to use pain-reducing medicine before an injection, or ice the area after an injection, to reduce pain or swelling.
- Write down any side effects you have after your CAB PrEP injection so that you remember to ask about them at your next visit. If the side effects are worrying or distressing, please contact your health care provider immediately.

3

Find a CAB PrEP buddy.

- Ask a friend or someone else you trust to help you remember and plan for your clinic visits. If you have a friend who is also using CAB PrEP, you can support each other to stay on it!

4

Join or start a CAB PrEP support group with friends.

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

5

Work with your health care provider to schedule all your health needs.

- You can work with your health care provider to minimize your visits to the clinic by scheduling your contraception services and refills, child immunization days, and CAB PrEP injections at the same time. Talk to your provider about how you can do this!

6

Plan ahead for your CAB PrEP visits.

- A few days before your CAB PrEP visit, make sure you have a plan for how to get there. You may need to identify public transport that you can take or work with a friend who has a vehicle or any other form of transport that you use.
- Confirming your public transport plan before your visit can help you avoid being late for a dose of CAB PrEP.

7

Getting your CAB PrEP injection every two months will keep you protected from HIV.

What is available NOW?



Training for Priority Populations

Oral PrEP only

Relevant for:
transgender people,
men who have sex
with men, pregnant
and breastfeeding
people and sex
workers

**Released in 2020,
available in English
and French**

Developed by CHOICE



Online Oral PrEP Module for AGYW

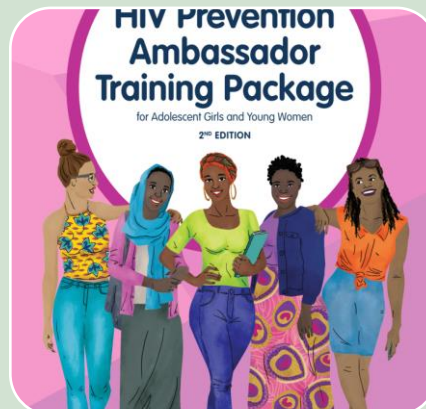
Oral PrEP only

Online content
addressing the key oral
PrEP content only,
intended for use by
cisgender AGYW

Released in 2020

**Will be updated based
on 3rd Edition**

Developed by Wits RHI under
OPTIONS/CHOICE



Training for AGYW - 2nd Edition

*Oral PrEP & the PrEP
ring*

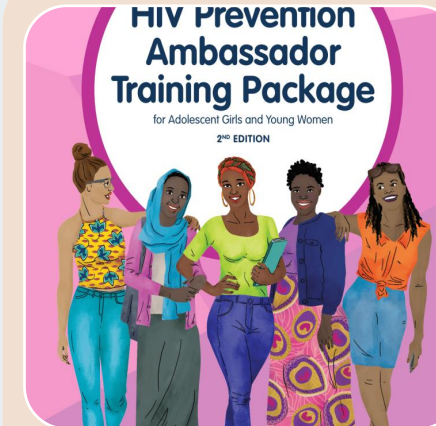
Relevant for:

cisgender AGYW

Released in 2021

Developed by PROMISE

New releases!



Coming soon!

Training for AGYW – 3rd Edition

*Oral PrEP, the PrEP
ring, & CAB PrEP*

Relevant for: cisgender
AGYW with
modifications to
include trans AGYW
and people assigned
female at birth

To be released Q4 2022

Developed by MOSAIC



Coming in 2023!

Training for Priority Populations – 2nd Edition

*Oral PrEP, the PrEP
ring, & CAB PrEP*

Relevant for:
transgender people,
men who have sex with
men, pregnant and
breastfeeding people
and sex workers

To be developed in 2023

TBD by MOSAIC

Likely to be evaluated in 2024

Meet the AGYW HIV Prevention Ambassador

Who is an “Ambassador”?

- Typically age 15–24; usually identifies as female
- Usually based in East and Southern Africa
- Typically have other responsibilities including jobs, school, and family support
- Some are trained by other ambassadors
- Typical activities include one-on-one support, group education and sensitization, and accompaniment for PrEP services

What kind of support do they receive?

- The [training package](#) includes *recommended* support for organizations to provide to ambassadors, such as ongoing check-ins, connections to referral organizations, recognition of their work, and logistical support



What does the training package include?

Facilitator instructions

- How to use this manual
- Selecting and supporting ambassadors
- Tips for tailoring and conducting the training with *your* participant group

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 of 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 nonjudgmental 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 depersonalised and do not connect well to their lived experiences, 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 participating openly and honestly.

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

What does the training package include?

Training sessions

The sessions:

- Foundational Knowledge
- PrEP Methods Knowledge & Sessions
- Ambassador Skills

	Foundational Knowledge	33
1	Human Rights	34
2	Getting to Know Our Bodies	46
3	HIV and AIDS – The Basics	58
4	Biological Vulnerability to HIV	67
5	Gender Inequality and Violence	78
6	Responding to Disclosures of Violence	91

	PrEP Methods	131
1	PrEP Methods and Combination Prevention	132
2	Oral PrEP Essential Knowledge	139
3	PrEP Ring Essential Knowledge	146
4	CAB PrEP Essential Knowledge	
5	Talking About PrEP Methods	

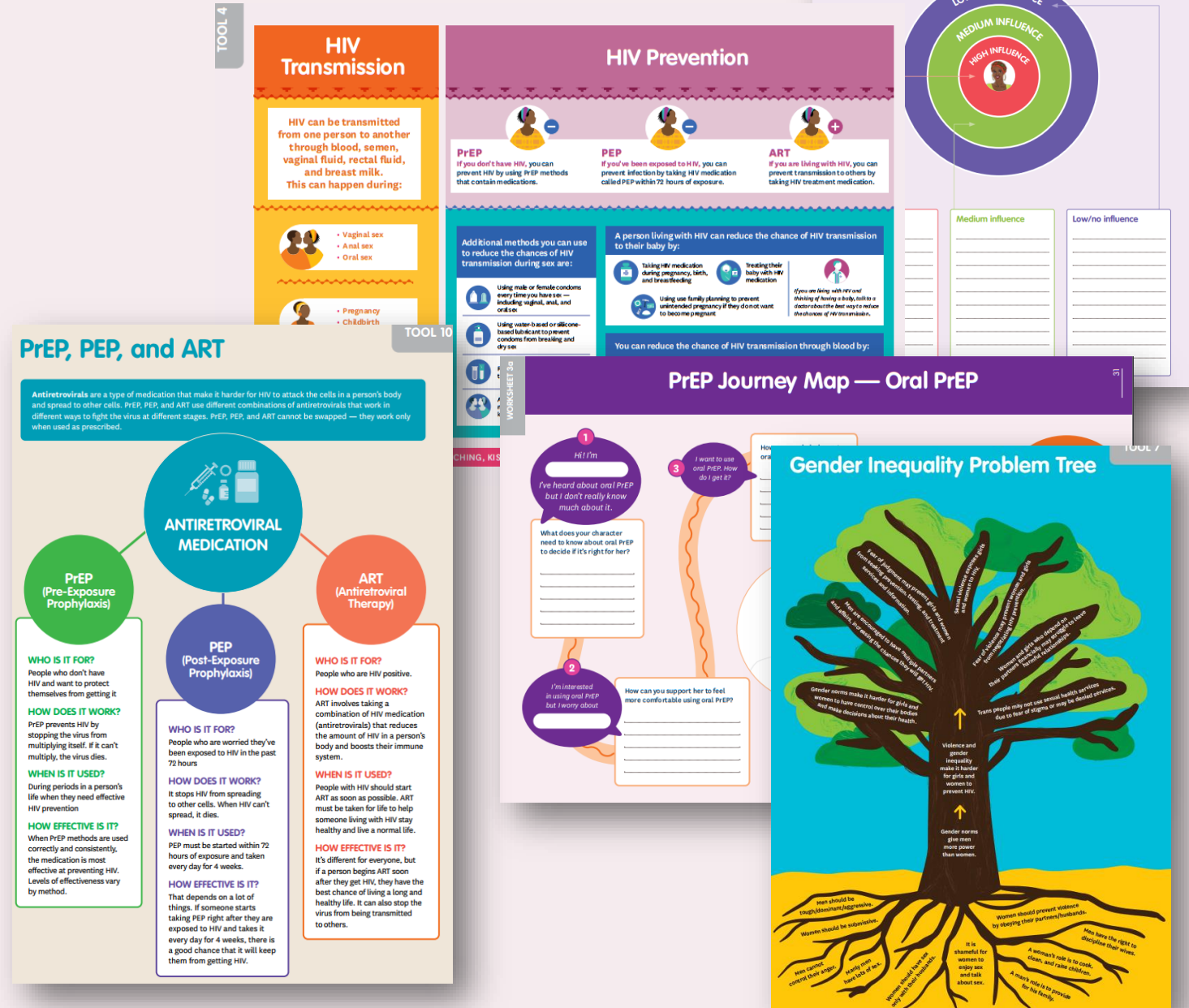
	PrEP Methods Sessions	147
1	Combination Prevention	148
2	Finding Out about PrEP Methods	158
3	Deciding to Use PrEP Methods	168
4	Getting PrEP Methods	177
5	Taking and Staying on PrEP Methods	182
6	Telling Others	190
7	Making a Choice	203
8	Awareness Raising	209
9	Advocacy	216
10	Action Planning	222

	Ambassador Skills	233
1	Peer Support Skills	234
2	Boundary Setting and Self-Care	250

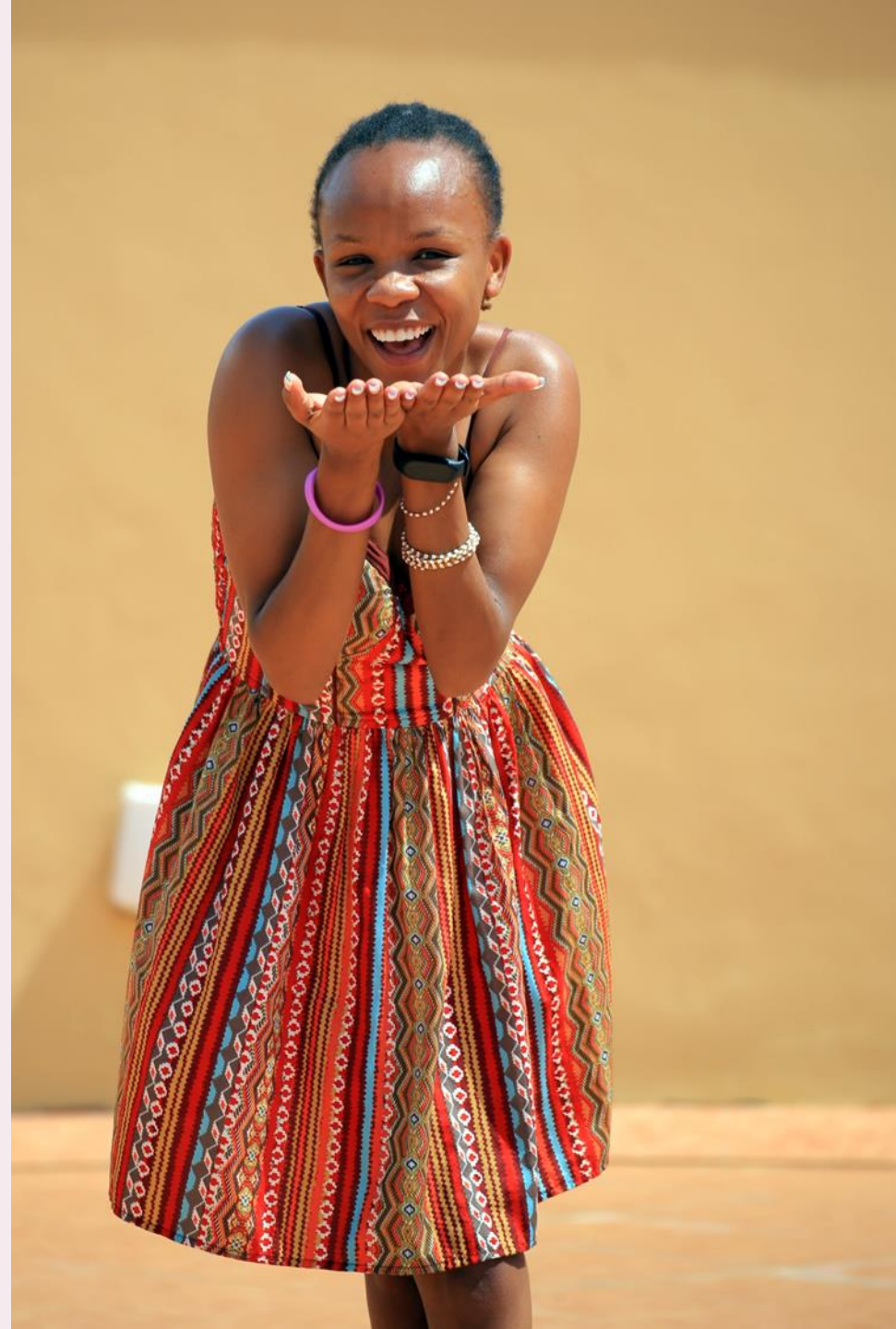
What does the training package include?

Ambassador toolkit

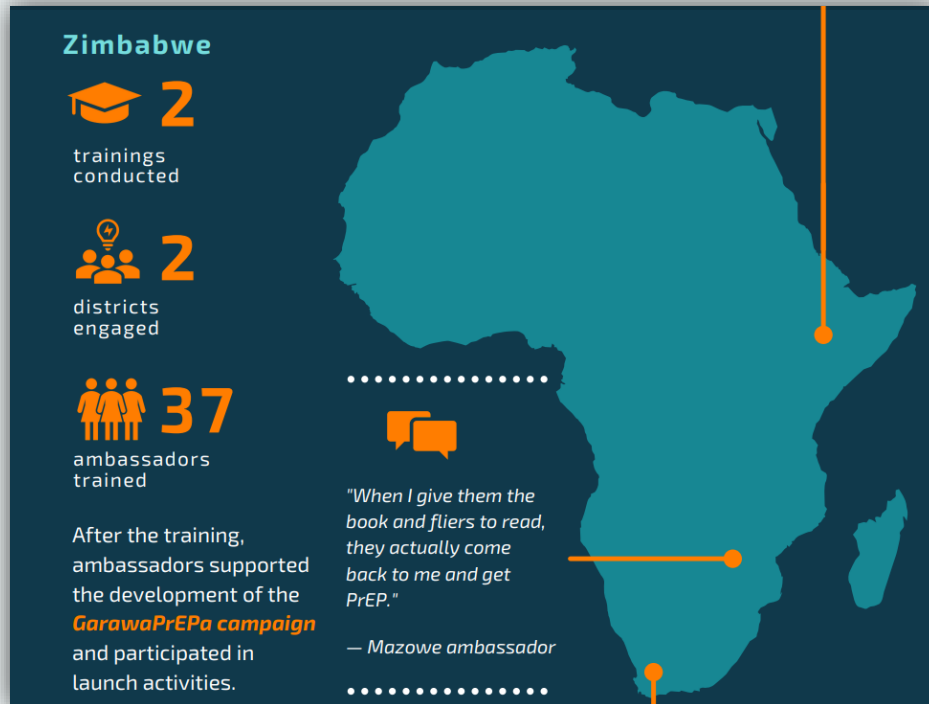
A collection of resources and worksheets for ambassadors to use while working in communities



HPAT-Experience



Ambassador Training in Action (OPTIONS)



- 3 countries (Kenya, South Africa, Zimbabwe) piloted the training package from 2019–early 2020.
- In all countries, pre- and post-tests showed improvements in knowledge and attitudes

Field testing the Ambassador Training: Mazowe

- A rapid, [non-research, field test](#) was conducted with **17 participants** in Mazowe, Zimbabwe to collect:
 - Knowledge change and qualitative input from ambassadors
 - PrEP uptake data
- Pre- and post-test responses showed an **approximate 24% improvement in oral PrEP knowledge among Ambassadors**



Gender	Age					Total
	20–24	25–29	30–34	35–39	40+	
Female	6	4	1	2	1	14
Male	2	0	0	0	1	3
Total	8	4	1	2	2	17

*Information about participants' sexual orientation and sex assigned at birth were not collected

Changes in oral PrEP uptake in Mazowe

- **AGYW oral PrEP uptake increased by 59%** at the original facilities after the training
- Trained Ambassadors also supported the initiation of PrEP service delivery at 10 new facilities.
 - Five new Ambassadors were trained in early 2020 to help cover all facilities in the district.

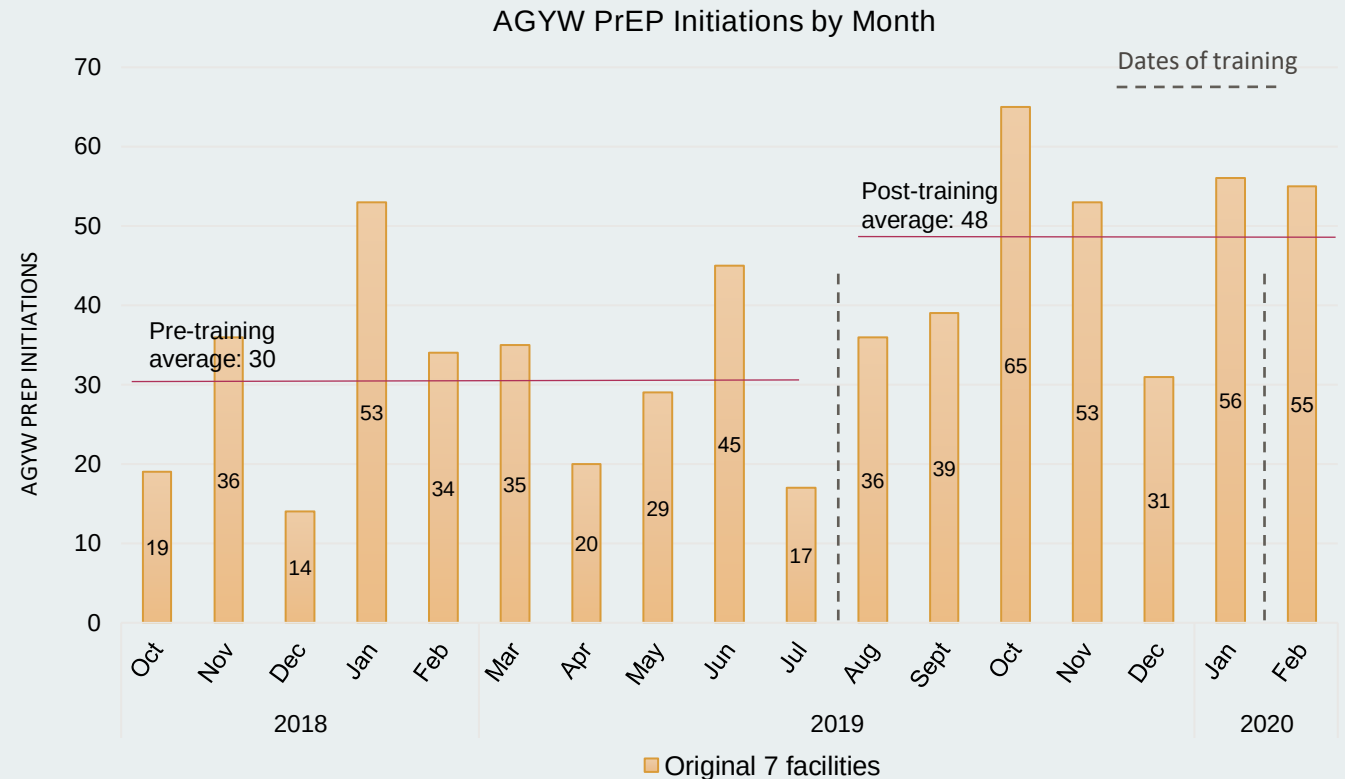


Figure 1

Thoughts from the Mazowe Ambassadors

- Qualitative discussions were carried out with Ambassadors at six weeks and four months following the training.
- Knowledge gained increased their confidence and helped expand the number of AGYW they were able to connect with and refer for oral PrEP initiation.
- Ambassadors reported making regular phone calls and home visits to support AGYW with continuation.
- Ambassadors recounted using their new, in-depth oral PrEP knowledge to support AGYW to reinitiate oral PrEP after they had stopped taking it due to side effects.

“

When I give them the book [toolkit] and fliers to read, they actually come back to me and [we go to the clinic together to] get PrEP.

Male Ambassador, age 21

Sometimes during literacy sessions, clients would think I am sharing my own opinion or what I think about PrEP, but I would then refer them to the facts in the book, and that would help them understand and believe what I have taught them.

Female Ambassador, age 55

For example, I helped this girl who is from the apostolic sect, and now she is on PrEP and the husband and other wives will never know.

Female Ambassador, age 29

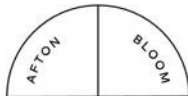
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Thank you!



ACKNOWLEDGMENTS

Havana Mtetwa, Marie Merci, Shyla Napier, Morgan Garcia



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

Photo Credit: MOSAIC Consortium





Q & A

5

Panel Discussion: Adapting Interventions to Reach Influencers

MODERATED BY PATRICIAH JECKONIA, LVCT HEALTH

Panelists



Polo Motsoari

Jhpiego



Ellen Mubanga

Zambian National AIDS Council

- 1 Which influencer populations has your country prioritized in your current demand generation activities? Why?
- 2 Please describe how you have approached efforts to address these influencer groups.
- 3 What facilitators/barriers to PrEP support have been most critical to address in your activities?

Visit PrEPWatch

All webinars are **recorded** and will be accessible on PrEPWatch within a week.

Complementary resources including relevant articles and tools plus **registration for upcoming webinars** can also be found on PrEPWatch.

Visit <https://www.prepwatch.org/global-prep-learning-network/> for more.

Global PrEP Learning Network

Presentations from PrEP Experts

The Global PrEP Learning Network, hosted by MOSAIC, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up around the world. Prior to February 2022, the Global PrEP Learning Network was hosted by CHOICE, OPTIONS, EpiC and RISE.

Upcoming sessions

The MOSAIC Global PrEP Learning Network takes place **quarterly**.

The next session is planned for **March 2022**.



Stay connected



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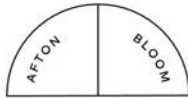


<https://www.mosaicproject.blog/>



<https://mailchi.mp/prepnetwork/prep-learning-network>

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