

HIV Prevention Ambassador Training Package



This training package was developed by the Optimizing Prevention Technology Introduction On Schedule (OPTIONS) Consortium, the Meeting Targets and Maintaining Epidemic Control (EpiC) project, the Reaching Impact, Saturation, and Epidemic Control (RISE) project, and the Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE). The OPTIONS, EpiC, RISE and CHOICE partners who contributed to the development of the training package include FHI 360 in Eswatini and Kenya, AVAC, LVCT Health in Kenya, Pangaea Zimbabwe AIDS Trust in Zimbabwe, and Wits Reproductive Health and HIV Institute in South Africa. A critical component of OPTIONS, EpiC, RISE and CHOICE's work is ensuring access and effective use of oral pre-exposure prophylaxis (PrEP) for HIV prevention. Therefore, empowering individuals with the knowledge, skills and agency to discuss HIV prevention with their peers, partners, families and communities is key to normalizing oral PrEP so that they can successfully use it to protect themselves from HIV. The content was also informed by consultations with representatives of ANOVA Health for Men and OUT Ten 81 in South Africa, and Transgender Equality Uganda in Uganda.

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This package is also informed by the collective knowledge and expertise of community-based 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 HIV prevention, gender equality and violence, sexual and reproductive health, and human rights, including the LINKAGES Peer and Outreach Worker Training: Preventing and Responding to Violence, 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 other OPTIONS resources.





Acronyms and Abbreviations

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AYP	Adolescents and Young People
CARE	Create a safe space, Actively listen, Reassure and Empower
CBOs	Community-Based Organisations
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHOICE	Collaboration for HIV Prevention Options to Control the Epidemic
EpiC	Meeting Targets and Maintaining Epidemic Control
FGC	Female Genital Cutting
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MSM	Men Who Have Sex with Men
OPTIONS	Optimizing Prevention Technology Introduction On Schedule
PBFW	Pregnant and Breastfeeding Women
PEP	Post-exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure Prophylaxis

Acronyms and Abbreviations (continued)

PWID	People Who Inject Drugs
RISE	Reaching Impact, Saturation, and Epidemic Control
SDC	Serodiscordant Couples
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
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

Oral PrEP has recently been made available as an additional HIV prevention option for people who are vulnerable to HIV. This training package has been developed by the OPTIONS Consortium, EpiC project, RISE project, and CHOICE activity for community-based organisations (CBOs) and other organisations and groups to train HIV Prevention Ambassadors. It is written for audiences in sub-Saharan Africa but could easily be modified for other geographic settings where PrEP is offered. The ultimate goal of the training package is to promote the meaningful engagement of communities and potential and current PrEP users in the rollout of oral PrEP for HIV prevention.

Specific examples and information are included for the following populations, in recognition that these groups are priority populations for PrEP in many countries:

- **Adolescent girls and young women (AGYW)** — girls and women between the ages of 15 and 24
- **Men who have sex with men (MSM)** — males who have sex with males, regardless of whether or not they also have sex with women or self-identify as gay or bisexual
- **People who inject drugs (PWID)** — people who inject substances for recreational use/to alter their mental state
- **Pregnant and breastfeeding women (PBFW)**
- **Serodiscordant couples (SDC)** — two people in a sexual relationship in which one partner is HIV-positive and the other is HIV-negative
- **Sex workers** — consenting female, male and transgender adults (ages 18 and over) who receive money or goods in exchange for sexual services, either regularly or occasionally
- **Transgender people** — people whose gender identity is different from their sex assigned at birth

There is often intersectionality among these groups, for example, AGYW who are sex workers or PBFW who inject drugs. While we use the terms like AGYW and MSM in this training package, when speaking with participants or Ambassadors, it is important to use the full terms (adolescent girls and young women; men who have sex with men) instead of the acronyms. Also, find out the most appropriate and acceptable terminology to use in your local setting.

If you are training only AGYW, we recommend that you use the HIV Prevention Ambassador Training Package and Toolkit for AGYW, which is the training package from which this one was adapted. If you are training any other population, or a mixed group that includes AGYW, we recommend that you use this version of the training package. If you are using this package with populations other than those listed above, we recommend that you have a good understanding of what makes the group vulnerable to HIV, what puts them at risk of violence, what key concerns and questions they have about PrEP, and what their primary barriers are to PrEP uptake. This will help you tailor the training material appropriately to the audience.

Due to the COVID-19 pandemic, many in-person trainings have been converted to online trainings. 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 for AGYW are available for Ambassadors to complete at <https://www.prepwatch.org/>. An interactive, virtual training of trainers is currently in development and should be available in 2021.

This version of the training package has not been formally adapted to online delivery, but CBOs could consider delivering the sessions via online platforms such as Zoom or WhatsApp.

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

- Give their peers detailed, accurate information about oral PrEP as part of a combination HIV prevention approach and address peers' questions and concerns
- Educate their peers about human rights and the importance of advocacy for the right to HIV prevention including oral PrEP, and advocate for their rights – including their right to oral PrEP
- Support their peers to make informed decisions, get access to oral PrEP, use it correctly as prescribed, continue using it while they are vulnerable to HIV and tell others about their oral PrEP use
- Raise awareness and build community support for oral PrEP
- Identify barriers to oral 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 some populations are particularly vulnerable to HIV
- Identify how some gender norms and inequalities contribute to vulnerability to HIV and gender-based violence
- 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?

Rates of HIV infection remain very high in many countries in sub-Saharan Africa. PrEP priority populations face many barriers to HIV prevention, including harmful social and gender norms, unequal access to education and information, limited agency, criminalisation and systemic rights violations. For these reasons, efforts are underway to expand access to oral PrEP among priority populations in many countries. Oral PrEP gives people an additional option to protect themselves from HIV, and decreased HIV incidence in these groups is key to ending the HIV epidemic.

There are many successful programs that engage and mobilise community members for the prevention of HIV. However, because oral PrEP is a new option for HIV prevention, few training materials include it as part of the package of HIV prevention options. This training package has been developed to fill this gap. It will also ensure individuals have the knowledge and skills to meaningfully inform the development of oral 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.



Individuals who complete this training will be called **“HIV Prevention Ambassadors”** because oral 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 among their peers and within their communities. Organisations should feel free to use their existing terminology for program participants (e.g., peer educators, peer outreach workers, community mobilizers, HIV prevention champions).

Who should use this training?

This training can be used by groups who are already working with populations affected by HIV, including CBOs, 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. Facilitators should have comprehensive knowledge of the population they are training and the skills to effectively work with that population. This training is most beneficial in settings where oral PrEP is already available or where there are plans to roll it out; however, parts of the training could be beneficial for advocates who are championing PrEP to be made available in their country or setting.

Using this training package

This training package is divided into three parts:

PART 1 Facilitator Preparation	Information for facilitators to read before implementing the training. It includes suggestions for identifying HIV Prevention Ambassadors, facilitation tips, and guidance about preparing information and materials for the training.
	
PART 2 Training Manual	A comprehensive manual for facilitators to train individuals to become HIV Prevention Ambassadors. The manual includes information about each topic, detailed session plans and training materials.
	
PART 3 Ambassador Toolkit	A separate book for participants that includes the materials they will use during the training, as well as tools they can use in their roles as Ambassadors.

PART 1

Facilitator Preparation

Identifying HIV Prevention Ambassadors

Before starting this training, you will need to identify individuals whom you will train to become HIV Prevention Ambassadors. 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 peer educators who can be trained to become HIV Prevention Ambassadors. Other organisations might need to identify individuals who may be interested in becoming HIV Prevention Ambassadors.

The following steps 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 peer educators, 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 Ambassadors 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 oral PrEP
 - Connecting their peers to sexual and reproductive health services, including HIV counselling and testing, oral PrEP services for HIV prevention, and HIV treatment services
 - Providing support to peers, such as helping them to decide if oral PrEP is right for them or creating a peer support group for those who are using oral PrEP
 - Raising awareness and advocating for oral PrEP as an HIV prevention option, such as through radio interviews, social media or community meetings
 - Engaging with ministry of health officials and oral PrEP providers to advocate HIV prevention services that meet the needs of particular populations
 - Training others 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. Ambassadors 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 partners.

2. Develop a process for selecting HIV Prevention Ambassadors

Unless you are already working with PrEP priority populations or have an existing peer education program, 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; people with disabilities; lesbian, gay, bisexual and gender-diverse people; and other marginalised groups.

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

- Are able to commit to the role for a specific period of time
- Are connected with peers in their communities, and ideally, are already role models or leaders
- 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 oral PrEP
- Have good communication skills and the confidence to engage others in discussion about sensitive topics related to HIV prevention
- Are social media influencers
- Are committed to continuous learning and personal development
- Are responsible, reliable and willing to be supervised
- Have a basic knowledge of HIV and oral PrEP 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 nonjudgmental 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 people at risk of being stigmatised or marginalised. It may even put them at risk of violence. Individuals are in the best position to understand these risks, and they should be

empowered to make an informed decision. Your role is to talk to each Ambassador about whether they have concerns about the impact of such responsibilities on their personal mental health or safety and ensure they have the necessary support in place to manage these risks (see Develop a Support Plan).

To help create a safe and comfortable training environment, we recommend that each group you train has similar demographics. For example, you may want to train a group of young sex workers, ages 18-24. If older sex workers are included, it may create a power differential that inhibits some from sharing freely. Similarly, AGYW may not feel comfortable having their male peers or older men engaged in the same training. This is a suggestion rather than a rule. Training has been successfully implemented with groups of mixed age and gender. Mixed groups usually work best if participants have had some sort of pre-existing relationship, such as peer educators in an existing program.

3. Develop a support plan

HIV Prevention Ambassadors will need ongoing support to undertake their roles. We recommend CBOs 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
- Answer any questions that emerge as Ambassadors implement their action plans
- Providing Ambassadors with information about local, stigma-free 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, family and partners to lay the groundwork for Ambassador activities
- Training Ambassadors in procedures for responding to critical incidents in the community and managing risks to their safety
- Recognizing and rewarding their work
- Providing Ambassadors with additional opportunities for professional development
- Providing logistical support, including resources, equipment and materials

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 around 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 oral PrEP:

- Where they can get oral PrEP – preferably at a stigma-free health care centre designed to meet the needs of that population
- Who can access oral PrEP
- Generic brands available in your location (if possible, bring some pills along for participants to see)

National guidelines for the use of oral PrEP, including:

- Number of days of use required for maximum effectiveness
- Minimum age for oral PrEP use
- Use during pregnancy

Testing required before starting oral PrEP, such as testing for hepatitis B, and local laws relevant to HIV prevention, sexual and reproductive health and oral PrEP, 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 safety
- Believe someone is at immediate risk of serious harm, 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 a local referral directory of existing organisations that offer stigma-free health, social and legal services, including:

- Sexual and reproductive services, including family planning, STI screening and HIV testing
- Counselling
- Support services for drug and alcohol abuse supportive services
- Crisis support services for people 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 link for clients to access the website or app download page. An existing global online bookings website is available called [Quickres.org](https://www.quickres.org) 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 template on page 234 to create one. Make sure to only include organisations and individuals that provide quality, stigma-free services to the populations you are working with. 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 oral PrEP. You might also consider inviting people with specialised expertise to co-facilitate, such as sexual health professionals.

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

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.

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 participating in the training without being distracted by children. Leave it up to individual participants whether they 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 and conducive to children. If women in your setting prefer to breastfeed in private, try to arrange a space where they can do so, but also make it a comfortable environment for women 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 on page 235. 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 on page 18 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 oral PrEP, gender, sexual and reproductive health and rights and HIV. No one is an expert in every area, so do not worry if a 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 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 5

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 would like people to use to refer to them (she/her/hers, he/him/his, they/them/theirs) when they introduce themselves.

TIP 4

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**Encourage open and honest communication about sex.**

Talking about sex openly and in a nonjudgmental way will help ensure participants 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 behaviour 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
7**Prepare to support participants through personal and difficult topics.**

In almost any group 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, stigma-free health, social and legal services (see **Training Preparation**).

TIP
8**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, repeating what you heard but with different words and inviting feedback; this helps you check that you have understood

TIP
9**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
10**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.

PART 2

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 an 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 oral PrEP sessions that provide participants with the knowledge and skills to:

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

If you are already training peer educators with a different curriculum, you can integrate these oral PrEP sessions into your existing training.

The manual also includes sessions that can be added to the **Oral PrEP** 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.

If you plan on only using the **Oral PrEP** 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**.

2. Choose how to deliver the training

This training manual includes 18 sessions. Each session will take between 90 and 120 minutes to complete. 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.

Selected content	All sessions	Oral PrEP and Ambassador Skills sessions	Oral PrEP sessions
Time needed to deliver all-day training (including lunch and tea breaks)	5–6 days	4–5 days	3–4 days
Time needed to deliver individual sessions	18 two-hour training sessions	13 two-hour training sessions	11 two-hour training sessions

3. Review session plans

Session plans provide detailed instructions to guide you to facilitate 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 between 10 and 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**).



Training Introduction

Introduction

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

Foundational Knowledge

1 Human Rights

2 HIV and AIDS - The Basics

3 Biological Vulnerability to HIV

4 Gender-based Stigma, Discrimination and Violence

5 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.

Oral PrEP

1 Combination Prevention and Oral PrEP

2 Finding Out about Oral PrEP

3 Deciding to Use Oral PrEP

4 Getting Oral PrEP

5 Taking and Staying on Oral 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.

7 Awareness Raising

8 Advocacy

9 Action Planning

These sessions focus on the knowledge and skills Ambassadors will need to create a supportive environment for oral 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. This includes 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

1 Human Rights

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and oral PrEP. 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 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.

3 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 vulnerability to HIV and identify ways to reduce this vulnerability.

4 Gender-based Stigma, Discrimination and Violence

Participants will learn about core concepts related to sex assigned at birth, gender identity, gender expression, sexual orientation and sexual partnerships. They will also explore how gender norms can lead to stigma, discrimination and violence and make it harder for PrEP priority populations to protect themselves from HIV.

5 Responding To Disclosures of Violence

Participants will learn how to respond to disclosures of violence from their peers. They will examine messaging about gender-based violence, and they will learn to question messages that work to excuse or justify gender-based violence. They will also learn **CARE** (**C**reate a safe space, **A**ctively listen, **R**eassure and **E**mpower) for responding to disclosures of violence.

Oral PrEP

Oral PrEP Essential Knowledge

1 Combination Prevention and Oral PrEP

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

2 Finding Out about Oral PrEP

Participants will begin working on the Oral PrEP Journey Map. The Journey Map outlines the steps their peers may follow when deciding to use oral PrEP, the first being Finding Out about Oral PrEP. In this and the next four sessions, each participant will create a character and support their character through the journey. Participants will also identify the information they will need as Ambassadors to educate their peers about oral PrEP and strategies for communicating this information.

3 Deciding to Use Oral PrEP

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

4 Getting Oral PrEP

Participants will work through the third step of the Oral PrEP Journey Map – Getting Oral PrEP. Participants will identify barriers that may prevent their peers from getting oral PrEP. 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 Oral PrEP

Participants will work through the fourth step of the Oral PrEP Journey Map – Taking and Staying on Oral PrEP. Participants will learn about the reasons their peers may find it difficult to take oral PrEP as prescribed and continue taking it while they are vulnerable to HIV. They will then identify strategies for supporting their peers to take and stay on oral PrEP.

6 Telling Others

Participants will work through the final step of the Oral PrEP Journey Map – Telling Others. They will examine the reasons their peers may choose to tell or not tell their partners and/or family about their use of oral 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 oral PrEP.

7 Awareness Raising

Participants will learn ways to build support for oral 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.

8 Advocacy

Participants will explore how a community can influence people's ability to use oral PrEP. They will then learn to plan an advocacy strategy for removing barriers and creating an enabling environment for oral PrEP use.

9 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 **CARE** response (**C**reate a safe space, **A**ctively listen, **R**eassure and **E**mpower) 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

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.

PREPARATION



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 “icebreaker” 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 their 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
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.

- 4 Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions (the "SWIT")**
 World Health Organization (WHO) et al.,
 2013
www.who.int

A tool that provides practical advice on how to implement HIV and STI programmes with sex workers.

- 5 Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions (the "MSMIT")**
 United Nations Population Fund et al.,
 2015
www.unfpa.org

A tool that provides practical advice on how to implement HIV and STI programmes with men who have sex with men. It is based on recommendations in the Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, published by WHO in 2014.

- 6 Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (the "TRANSIT")**
 United Nations Development Programme et al.,
 2016
www.undp.org

A tool that provides practical advice on how to implement HIV and STI programmes that are acceptable and accessible to transgender people. It is based on recommendations in the Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations published by WHO in 2014.

7 Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions (the “IDUIT”)

United Nations Office on Drugs and Crime et al.
2017

www.unodc.org

A tool that provides practical advice on how to design and implement programs and approaches for and with people who inject drugs, across the full continuum of HIV and hepatitis C virus prevention, diagnosis, treatment and care. It is aligned with United Nations guidance.

8 Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations

FHI 360, International HIV/AIDS Alliance
2018

www.fhi360.org

A toolkit to help program implementers identify and address safety and security concerns in HIV programs for and with key populations affected by HIV.

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 of 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
- Right to due process before the law
- 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 being 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. PrEP priority populations, which include AGYW, MSM, PBFW, PWID, serodiscordant couples, sex workers, and transgender people, often experience direct violations of their rights, such as when others use violence against them. MSM, PWID, sex workers, and trans people are particularly vulnerable to human rights violations because of their criminalised status in many countries. For example, in some settings, transgender people are detained for “impersonating another gender” and homosexuality, a charge often used against transgender people in contexts where sexual orientation and transgender identity are conflated. These discriminatory laws foster an environment in which stigma, discrimination and violence against transgender people are normalized.

PrEP priority populations also experience many barriers to exercising their rights, such as discrimination based on age, gender, race, sexual orientation, disability or other characteristic or identity and a lack of social power. These barriers have been recognised within the human rights system, and as a result, specific human rights commitments and laws have been created to protect the rights of certain marginalised populations such as the Convention on the Elimination of all Forms of Discrimination Against Women (or CEDAW for short), the Yogyakarta Principles, and the Resolution for the Protection Against Violence and Discrimination based on Sexual Orientation and Gender Identity.

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. The term SRHR does not refer to a specific set of human rights. It is used to highlight that:

- The right to health includes **sexual and reproductive health**.
- The achievement of good sexual and reproductive health depends on the realisation of other rights (**sexual and reproductive 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 sexual and reproductive health. 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 sexual and reproductive health depends on their ability to exercise other rights, including the right to:

- Access stigma-free information, services and resources related to sexual and reproductive health and sexuality
- Have control over, and the ability to make informed decisions about, their own bodies
- Freely define their own sexual orientation, gender identity and gender expression
- 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
- Access services that are gender-affirming, which includes being called by a name and pronouns that align with their gender identity; receiving desired medical care such as hormone therapy, surgery or silicone injections; and receiving care that is responsive to their needs, such as being able to talk about how hormones may interact with PrEP, or discussing sex work as a survival strategy

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 make an individual vulnerable to 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 have 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.

Oral PrEP will make it easier for people to exercise their rights. For now, oral PrEP is the only HIV prevention tool that people can decide to use without telling anyone else, including their partners, about their decision. This makes it easier for them to protect themselves from HIV, which is their right.

Educating members of PrEP priority populations about their rights is very important. It empowers them 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 PrEP priority populations to protect themselves from HIV are listed below.

Human rights	How these rights help us to protect ourselves 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>We have the right to consensual, safe, satisfying and healthy sexual relationships.</p> <p>We have the same right as any other person to access sexual health services and HIV prevention options. We should not be discriminated against because of our age, gender, race, sexual orientation, disability or any other characteristic or identity.</p> <p>We have the right to a nondiscriminatory work environment.</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>We have the right to make decisions about and access HIV prevention options.</p> <p>We have the right to identity documents that provide legal recognition of our names and gender identities.</p>

Human rights	How these rights help us to protect ourselves from HIV
<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>We have the right to choose if, when and how we have sex.</p> <p>We have the right to access HIV prevention options that will protect us from harm.</p> <p>We have the right to access medical care such as hormone therapy, surgery or silicone injections that affirms our gender identity.</p>
<p>The right to education</p> <p>We have the right to go to school and get an education.</p>	<p>We have the right to sex education. This includes information about sex, sexual health, HIV prevention and oral PrEP.</p>
<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. 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>We have the right to access the information, services and resources we need to protect ourselves from HIV.</p> <p>We have the right to a safe and consensual sex life.</p> <p>We have the right to stigma-free sexual health services.</p> <p>We have the right to use oral PrEP.</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>We have the right to benefit from new technologies such as oral PrEP that can help us protect ourselves from HIV. This means it must be affordable and easy for us to get.</p>
<p>The right to privacy and confidentiality</p> <p>We have the right to choose whom we share our information with. This means that people we share information with should not share this with others without our permission.</p>	<p>We have the right to privacy and confidentiality when accessing services. If health care providers know we are using oral PrEP, the providers should respect our confidentiality by not telling our partners, family members, or other community members we are taking it.</p> <p>We have the right to choose whom we share personal information with, such as our sexual practices or an experience of violence.</p> <p>We have the right to keep our use of oral PrEP 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>

Human rights	How these rights help us to protect ourselves from HIV
<p>The right to be free from abuse, degrading treatment and exploitation</p> <p>No one, including our parents, partners, relatives, teachers, health care providers or state actors (such as law enforcement officers), 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>We have the right to live our lives free from all forms of violence.</p> <p>We have the right to use oral PrEP without fear of violence.</p> <p>We have the right to access quality justice services if we experience violence or abuse.</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 a transgender woman with a university degree may have more power than transgender women who have a lower level of education. HIV Prevention Ambassadors may have more power than peers in their community. In these times, they have an extra responsibility to protect the rights of those with less power.



Your Notes

SESSION OVERVIEW

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and oral PrEP. 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 sexual health 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.
- Everyone has a right to access HIV prevention.

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 information, education or communication materials on human rights. See Useful Resources for sample materials on human rights.

Before the session, make sure to familiarize yourself with the country's laws that are relevant to the populations you are training so you are able to answer participant questions.

SESSION INSTRUCTIONS

PREPARATION

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

- 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

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 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 oral PrEP.
2. Use the following example to explain the activity: *Everyone* has the right to equality and nondiscrimination. This is relevant to HIV prevention because it means everyone also has the right to access sexual health services and oral PrEP without being discriminated against because of their age, gender, race, sexual orientation, disability, or any other characteristic or identity.
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 oral PrEP.
5. Repeat this activity with each right.

FACILITATION TIPS

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 oral PrEP.

If working with minors, 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

ACTIVITY: Exercising our rights

1. Explain that in this activity, participants will consider how these rights can have an impact on the lives of their peers.
2. Divide participants into two groups and give each group a piece of paper.
3. Ask one group to create a character of a peer who can exercise their rights.
4. Ask the other group to create a character of a peer who is unable to exercise their 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).

FACILITATION TIPS

Encourage participants to draw their characters and give them names.

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

- How old are they?
- Where do they live?
- What do they do for money?
- Did they finish school?
- Are they in a relationship?



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 (can exercise her rights)	Character 2: Destiny (cannot exercise her rights)
Right to education	
She understands how HIV is transmitted and how she can have safer sex.	She has heard about HIV from her friends. She tried to find out more but keeps getting told that she doesn't need to worry about HIV since she's married.
Right to privacy and confidentiality	
She uses oral PrEP and has decided not to tell anyone. She knows it's her right.	She went to the health facility once to ask about oral PrEP and they told her husband. She won't go again.

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

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



REFLECT

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

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

FACILITATION TIPS

Bringing attention to human rights can lead to backlash and violence against members of PrEP priority populations. For example, sex workers who know their rights and stand up for themselves to law enforcement officers may be targeted for their perceived noncompliance. Ambassadors can encourage peers who are learning about their rights to think about the safest ways to articulate those rights to power holders. For example, “know your rights” cards can include the contact information of a lawyer or community-based organization, demonstrating that the peer with the card is supported by others.



Useful Resources

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| <p>1 Compendium of Key Documents Relating to Human Rights and HIV in Eastern and Southern Africa
 United Nations Development Program
 2008
 www.undp.org</p> | <p>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 AIDS response in Eastern and Southern Africa.</p> |
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| <p>2 A Time to Lead: A Roadmap for Progress on Sexual and Reproductive Health and Rights Worldwide
 Guttmacher Institute
 2018
 www.guttmacher.org</p> | <p>A policy brief that defines sexual and reproductive health and rights and describes an essential package of sexual and reproductive health interventions.</p> |
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| <p>3 Rights-Evidence-ACTION (REAct) User Guide
 Frontline AIDS
 2019
 https://frontlineaids.org</p> | <p>A guide for organisations interested in documenting and responding to human-rights-related barriers that individuals experience in accessing HIV services.</p> |
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| <p>4 It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education
 Volume 1: Guidelines
 Volume 2: Activities
 International Planned Parenthood Federation
 2011
 https://advocatesforyouth.org</p> | <p>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.</p> |
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| <p>5 Sexual, Reproductive and Maternal Health: Community Workshop Series Facilitator's Manual
 Care International in Papua New Guinea
 2016
 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> |
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| <p>6 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/</p> | <p>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.</p> |
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| <p>7 What Are LGBQ Rights?
 Gay and Lesbian Coalition of Kenya
 No Date
 www.galck.org</p> | <p>A webpage that defines lesbian, gay, bisexual and queer (LGBQ) rights and answers questions about LGBQ rights, the constitution and laws in Kenya.</p> |
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| <p>8 Sex Workers' Rights Are Human Rights: A Training Manual
 Leitner Center for International Law and Justice,
 Kenyan Sex Workers Alliance
 2013
 www.leitnercenter.org</p> | <p>A training manual to facilitate a one-day training of sex workers on their rights.</p> |
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| <p>9 AMA'RIGHTS: Understanding, Supporting and Accessing Human Rights for Transgender and Gender Diverse Persons in South Africa
 Gender Dynamix
 2016
 www.genderdynamix.org.za</p> | <p>A booklet that defines key terms related to human rights and transgender and gender-diverse people; describes the rights of transgender and gender-diverse people under South African laws; and provides contact information for social, education, legal and workplace services.</p> |
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2

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**yndrome. 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:



One HIV-positive person and one HIV-negative person



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



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 fluid, 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. Young girls are more vulnerable to HIV because the lining of their vagina is even more delicate and more likely to tear.
 - 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- or silicon-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

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 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 them 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 1 HIV and AIDS – Get the Facts!

TOOLKIT PAGE 8

TOOL 2 HIV Transmission and 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

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.

FACILITATION TIPS

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.



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.



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! A Facilitator's Guide for Empowering Girls and Young Women in Adopting Positive Behavior**
 SSDI – Communication/Johns Hopkins Center for Communication Programs
 No date
www.k4health.org

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
 2020
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

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

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 Facts About Sex Workers and the Myths that Help Spread HIV

The Lancet

2014

www.thelancet.com/infographics/HIV-and-sex-workers

An infographic that highlights misconceptions about sex workers that hinder effective HIV prevention programmes and presents the HIV burden on sex workers.

9 Guidance on Couples HIV Testing and Counselling Including Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples

WHO

2012

www.who.int

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

SESSION MATERIALS

HIV and AIDS – Get the Facts!

TOOL 1

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 oral PrEP means you don't trust your partner.

Adolescent girls and young women, gay men and other men who have sex with men, sex workers and transgender people are more at risk of HIV because they are promiscuous.

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

If I use lubricant, I'm protected against HIV.

Among men who have sex with men, only the bottom partner can get 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 fluid, 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 oral PrEP.

Actually, there are many biological reasons that these groups are vulnerable to HIV. It's easier for HIV to enter through the walls of the vagina than it is through the penis, and unprotected receptive anal sex makes people the most vulnerable to HIV. It's also harder for these groups to protect themselves from HIV because society doesn't treat them equally, and they have less power in their relationships to negotiate safer sex. **Oral PrEP can help people 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.

Using water-based or silicone-based lubricant can reduce HIV vulnerability by keeping condoms from breaking or slipping, but using lubricant alone does not provide much HIV protection.

It's true that HIV vulnerability is higher for receptive anal sex (bottom) compared to insertive anal sex (top), but someone can get HIV through either insertive or receptive anal sex.

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 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

Oral PrEP

If you don't have HIV you can protect yourself by taking anti-HIV medication called oral PrEP

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
- Treating their baby with HIV medication
- HIV-positive people who do not wish to become pregnant can use family planning to prevent unintended pregnancy
- If you are HIV positive 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 HIV POSITIVE

3

Biological Vulnerability to HIV

ESSENTIAL KNOWLEDGE

By the end of 2018, 37.9 million people were living with HIV, about 1.7 million of whom were newly infected that year. PrEP priority populations, including AGYW, MSM, PBFW, PWID, serodiscordant couples, sex workers and transgender people, are particularly vulnerable to HIV. For example, the vulnerability of getting HIV is:

- 14 times higher among AGYW than their male peers
- 22 times higher among MSM than for men ages 15-49 years in the total population
- 3-4 times higher among PBFW than their nonpregnant counterparts
- 22 times higher among PWID than for people who do not inject drugs in the total population
- 21 times higher among sex workers than people ages 15-49 years in the total population
- 12 times higher among trans people than people ages 15-49 years in the total population
- 40 percent higher among serodiscordant couples not on any HIV treatment than couples where the partner with HIV is on treatment

This vulnerability is often communicated using the language of risk. For example, *PBFW are more at risk of HIV than their nonpregnant 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 judgmental. It can send the message that if a person is doing something “risky”, it is their fault if they get HIV.
- It suggests that someone can reduce the likelihood of getting HIV if they avoid all “risky” behaviours. In reality, people do not always have the power to reduce these risks. For example, it is often difficult for AGYW and sex workers to negotiate condom use, or PWID may not have access to a needle and syringe exchange program.
- Many people do not consider themselves to be “at risk”, even when they are engaging in activities that may expose them to HIV. People may also think they are not “at risk” if they do not belong to a PrEP priority population. However, in some areas prevalence of HIV is high in the general population.

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

This session aims to educate participants about their biological vulnerability to HIV during sex. The social drivers of vulnerability to HIV are explored in the **Gender-based Stigma, Discrimination and Violence** session.

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 pregnancy, childbirth and breastfeeding?

Transmission rates of HIV from an HIV-positive mother to her infant during pregnancy, childbirth and breastfeeding range from 15% to 45% without any intervention. However, antiretroviral therapy (ART) and other interventions can reduce this transmission rate to less than 5%. During pregnancy, HIV can pass through the placenta, which is an organ that develops in the uterus during pregnancy to help nourish the fetus. HIV can be transmitted to an infant during childbirth by being exposed to the mother's blood and other fluids. An infant can also get HIV from breastmilk. Women who become HIV-positive during pregnancy and breastfeeding are more likely to transmit HIV to their infant than women who were HIV-positive before pregnancy.

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

HIV-positive people 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.

How likely is it that HIV will be transmitted through injecting drug use?

In terms of HIV transmission, sharing unsterile or used injection equipment makes people highly vulnerable, second only to unprotected receptive anal sex. HIV can be transmitted when an HIV-negative person uses injection equipment that an HIV-positive person has used. HIV is transmitted through blood, and needles, syringes and other injection equipment may have blood

in them. HIV can remain in a used syringe for as long as 42 days. Injection drug use also increases HIV vulnerability because people may be more likely to engage in unprotected sex, have sex with multiple sex partners, and exchange sex for money or drugs when they are under the influence of drugs.

The most effective ways to prevent HIV transmission through injection drug use are to (1) stop injecting drugs (for example, through participation in opioid substitution therapy or other evidence-based drug-dependence treatment) and (2) never share needles, syringes or other injection equipment (for example, through participation in needle and syringe exchange programmes where people can get free sterile needles and syringes and safely dispose of used ones).

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

The likelihood that HIV will be transmitted through sexual contact is different for different sexual activities. A person's vulnerability to HIV during these activities also changes depending on their role in the activity. It is important that people understand how their vulnerability to 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 how vulnerable they make a person to HIV are described below.

Abstinence (choosing not to have sex)



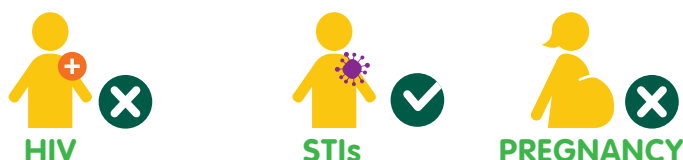
Completely safe!

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

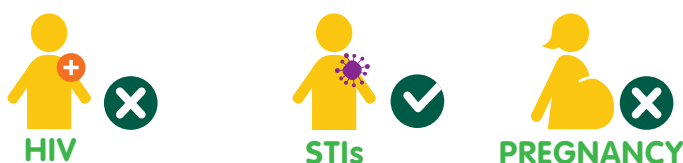
While abstaining from sex is completely safe, it can be hard for many to abstain for some period of time.

Giving a hand-job/getting fingered/fisting/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 (and lubricant) 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.
- There is no vulnerability to HIV from fingering or fisting unless you have open cuts or sores on your hands. However, fingering and fisting can tear the lining of the vagina or rectum, which can increase vulnerability if you have anal, vaginal or oral sex later. Trimmed fingernails and hand washing can help prevent damage to the vagina or rectum. Latex gloves are also important for protection.

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-vagina)



HIV can be transmitted through vaginal fluid, so while it is possible to get HIV when giving oral sex to an HIV-positive person if the person giving it has 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.

Giving oral sex (mouth-penis)



HIV can be transmitted in semen and pre-seminal fluid, but it must be able to enter the bloodstream first. If an HIV-positive person ejaculates in someone's mouth, that person could get HIV if they have cuts or sores in their mouth. 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.

Giving oral sex



The likelihood of getting or transmitting HIV from rimming or oral contact with the anus is small.

It is still possible to get hepatitis A and B, intestinal parasites like Giardia, and bacteria like E. coli.

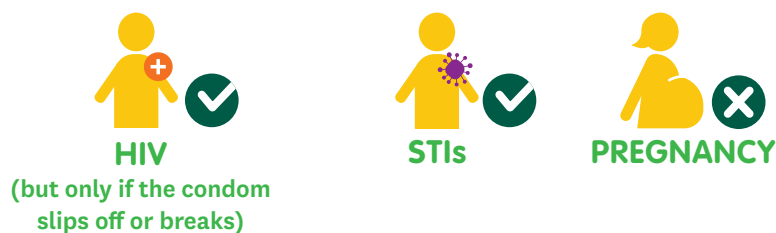
Vaginal sex with either a male or female condom



When used correctly, both male and female condoms are very effective at protecting against HIV and most STIs during vaginal sex. 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.

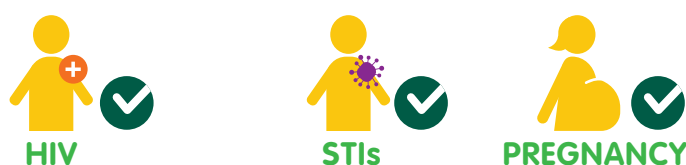
Anal sex with a male condom



When used correctly, male condoms are very effective at protecting against HIV and most STIs during anal sex. 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.

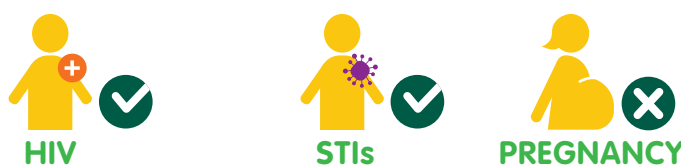
Unprotected vaginal sex



Both women and men are vulnerable to HIV when having sex without protection (such as without oral 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 only reduces vulnerability – it does not prevent transmission.

Rough or dry vaginal sex (when there is not enough lubricant — either a person's natural lubricant or a water- or silicone-based lubricant) can also increase vulnerability to HIV because it can cause the lining of the vagina to tear.

Insertive anal sex without protection



It is possible for either the insertive partner (person inserting the penis) or receptive partner (person receiving the penis) to get HIV through anal sex from certain body fluids—blood, semen, pre-seminal fluid (pre-cum) or rectal fluids—containing HIV. For the insertive partner, HIV may enter the insertive partner's body through the opening at the tip of the penis (or urethra) or through small cuts, scratches or open sores on the penis.

In addition to HIV, an insertive partner can get other STIs like chlamydia and gonorrhea from anal sex without condoms, and herpes and genital warts from contact between the skin around the genitals.

Receptive anal sex without protection



It's possible for either the insertive or receptive partner (partner receiving the penis) to get HIV through anal sex from certain body fluids—blood, semen, pre-seminal fluid (pre-cum) or rectal fluids—containing HIV. However, receptive anal sex makes someone much more vulnerable to HIV than insertive anal sex does. The receptive partner's vulnerability to HIV is very high because the lining of the rectum is thin and tears easily, making it easier for HIV to enter the bloodstream.

Rough or dry anal sex (when there is not enough lubricant — either a person's natural lubricant or a water- or silicone-based lubricant) can also increase vulnerability to HIV because it can cause the lining of the rectum to tear.

In addition to HIV, a receptive partner can get other STIs like chlamydia and gonorrhea from anal sex without condoms, and herpes and genital warts from contact between the skin around the genitals.



Your Notes

A series of horizontal dotted lines for taking 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 and other forms of HIV transmission. They will then explore peers' vulnerability to HIV and identify ways to reduce this vulnerability.

By the end of this session, participants should:

- Feel more confident talking about HIV transmission, including transmission during sex; pregnancy, breastfeeding and childbirth; and injecting drug use
- Understand the biological drivers of PrEP priority populations' increased vulnerability to HIV
- Understand how biological vulnerability to HIV transmission differs depending on which activities they might engage in
- Be able to identify ways peers can reduce their vulnerability to HIV

KEY MESSAGES

- The likelihood that HIV will be transmitted through sexual contact is different for different sexual activities.
- There are many ways peers can protect themselves from HIV, including:
 - Abstinence
 - Only engaging in sexual activities that do not make them vulnerable to HIV
 - Using condoms with water- or silicone-based lubricant during sex
 - Using oral PrEP as an additional method (it is important to always share information about the range of available options to protect against STIs and pregnancy, including condoms and contraception)
 - Avoiding contact with other people's blood
 - Never using a needle or syringe that has been used by someone else
- There are ways HIV-positive women can protect their babies from HIV:
 - Taking HIV medication during pregnancy, birth and breastfeeding
 - Treating their infant with HIV medication
- HIV-positive people who do not wish to become pregnant can use family planning to prevent unintended pregnancy.
- If peers are not having protected sex (and this is not something they are able or willing to change) they can still make small changes to their sexual activities to 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

PREPARATION

EXPLORE

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

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 are listed in order of ones in which peers will be the *least vulnerable to HIV to 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	Rimming	Receiving oral sex	
Giving oral sex (mouth-vagina)	Giving oral sex (mouth-anus)			
Giving oral sex (mouth-penis)				
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			
Insertive anal sex without a condom				
Vaginal sex without a condom				
Vaginal sex without a condom with no lubrication				
Injecting drugs using equipment (needle, syringe) that someone else has used				
Receptive anal sex without a condom but the man pulls out before ejaculating				
Receptive anal sex without a condom				
Receptive anal sex without a condom with no lubrication				

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; pregnancy, childbirth and breastfeeding; and injecting drug use with a shared needle.
 - Even though it can be uncomfortable to talk about topics like sex and drug use in a group, it is important that participants understand exactly how HIV is transmitted. 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 nonjudgmental.
 - 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 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.

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.



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?

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



APPLY

ACTIVITY: HIV Vulnerability Continuum

1. 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 as well as other sources of HIV transmission.
2. Put up a piece of flip chart paper at the front of the room.
3. 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.
4. Read through the answers with the group and combine similar responses.
5. Explain the next step in the activity by noting:
 - You have written an activity/behavior 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 peers will be the *least vulnerable to HIV* to activities where they will be the *most vulnerable to HIV*.
6. 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”.
7. Give each person a card and ask them to work together to put the cards in order.
8. When they have finished, ask each person to read out their card and explain why they think it belongs in that order.
9. If any are out of order, use prompting questions to guide participants in putting their card in the correct place.
10. Ask participants to put their hands up if a person is vulnerable to the following when engaging in the activity on their card:
 - HIV
 - STIs
 - Pregnancy

FACILITATION TIPS

Use the **Essential Knowledge** and **Key Messages** to guide participants to identify the reasons for 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.



11. Ask if anyone can suggest how a person engaging in the activity on each card can reduce their vulnerability to HIV, STIs and pregnancy.
12. Lead a discussion by asking participants to consider the following questions:
 - Why might your peers be engaging in 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?
 - How can you and your peers protect yourselves from HIV, STIs and pregnancy?
13. Once the activity has come to an end, bring participants into a circle for reflection.

OPTIONAL ACTIVITY

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.

People can reduce their vulnerability to HIV with condoms and oral PrEP, but if they are unable to do that, they can also make small changes to sexual activities, such as by using lubricant.



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.

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.

SUGGESTED REFLECTION QUESTIONS

- **How did you feel talking about vulnerability to HIV?**
- **How can you support your peers to feel more comfortable talking about their vulnerability to HIV?**
- **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?**



Useful Resources

- 1 HIV Risk Reduction Tool**

Centers for Disease Control and Prevention
No date
www.cdc.gov

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.

- 2 Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum**

Program for Appropriate Technology in Health
2006
www.path.org

A life skills curriculum developed in Kenya for young people ages 10 to 19. Session topics include sexual health, gender, HIV and HIV risk.

- 3 SHAZ! Life Skills: A Facilitator's Guide for Discussion Groups**

Pangaea Zimbabwe AIDS Trust (PZAT)
2009
ambassadortraining@PrEPNetwork.org

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.

- 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
www.fhi360.org/resource

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 that can be used in a variety of settings.

- 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

A systematic review of mentoring interventions and their impact on the reproductive health of adolescent girls and young women, mainly in the United States.

- 6 Living with HIV & Breastfeeding Fact Sheet**

Avert HIV
2018
www.avert.org

A fact sheet summarising how HIV-positive mothers can safely breastfeed.

- 7 Option B!: Lifelong ART for All Pregnant and Breastfeeding Women with HIV**

Avert HIV
2017
www.avert.org

An infographic summarising the updated WHO guidelines on ART treatment for pregnant and breastfeeding women living with HIV.

4

Gender-based Stigma, Discrimination and Violence

ESSENTIAL KNOWLEDGE

Core concepts

Gender is different from sex assigned at birth. Sex assigned at birth is biologically defined, whereas gender is culturally defined.

- **Sex assigned at birth** refers to the classification of people as male, female, intersex or another sex based on a combination of sexual and reproductive organs, chromosomes and hormones.
- **Gender identity** is one's sense of self as being male, female, nonbinary or another gender, which may or may not correspond with the sex assigned at birth.
- **Gender expression** is how one chooses to express their sense of being male, female, nonbinary or another gender through appearance and social behavior.
- **Sexual orientation** is an enduring emotional, romantic or sexual attraction to people of another gender or sex, the same gender or sex, or more than one gender or sex.
- **Sexual partnerships**, in the context of this training, refers to whom one has sex with. Sexual orientation will not always align with sexual partnerships.



SEX ASSIGNED AT BIRTH



Female



Intersex/Other



Male

Many people are accustomed to thinking that everyone is either male or female, and babies are usually assigned a sex based on their sexual and reproductive organs, chromosomes and hormones.

However, when scientists consider all of the aspects that determine sex, up to 2% of people are intersex. This means they are born with sexual or reproductive organs, chromosomes or hormones that do not fit the typical definition of female or male.



GENDER IDENTITY

Woman



Man



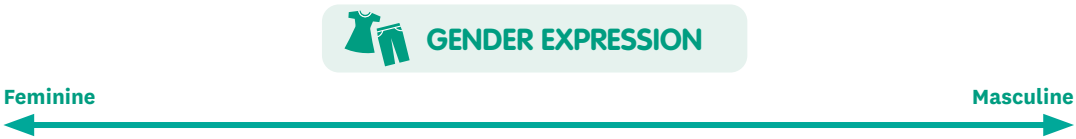
Gender identity exists on a continuum. Some people feel strongly that they are a man or a woman, and some feel that they are both, neither, or another gender.

People may identify their gender as:

- Cisgender: gender identity is the same as sex assigned at birth
- Transgender (trans): gender identity is different from sex assigned at birth
 - Trans woman: assigned male at birth and identifies as female
 - Trans man: assigned female at birth and identifies as male
- Nonbinary: Identify as both or neither gender

In some cultures, people may have multiple genders, such as mashoga (Kenya), ashtime (Ethiopia), ankoke (Uganda), hijra (India), two-spirits (Native American), and travesties (Latin America).

Being cisgender, transgender, nonbinary or multiple genders is not a choice; each of us has a gender identity that we feel deeply about. Our gender identity is not determined by how our parents raised us. People of all gender identities want to be accepted by their families, partners and friends. Acceptance and support can promote good mental and physical health.

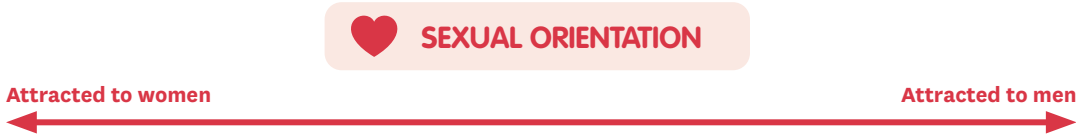


Gender and expressions of gender vary among cultures. In some places it is masculine to have long hair; in other places long hair is considered feminine. This also changes over time. A person's gender expression may or may not be consistent with social norms about gender.

Like gender identity, expressions of gender exist on a continuum. Some people like to dress and act in a hyper masculine way, others in a hyper feminine way. Most of us are somewhere in between.

Examples of gender expression and sex assigned at birth (these will vary depending on the context)

	MAN/MASCULINE	WOMAN/FEMININE
Sex Assigned at Birth	Strong arms, taller than women, a penis and testicles, and facial hair	Breasts, vagina, wider hips
Gender Expression	Short hair, short nails, pants, flat shoes	Jewelry, skirt or dress, long hair, long nails, high heels, a purse



As with the previous dimensions, sexual orientation exists on a continuum and so each person's sexual orientation is unique. However, four categories are commonly used to understand a person's sexual orientation:

- Attraction to members of one's own sex or gender (homosexual, may identify as gay or lesbian)
- Attraction to members of the opposite sex or gender (heterosexual, may identify as straight)

- Attraction to members of more than one sex or gender (bisexual, may identify as bisexual or pansexual)
- Absence of sexual attraction (asexual, may identify as ace)

Around the world different communities divide the continuum into other categories. Some societies or cultures prefer not to think of sexual orientation as definitive categories and instead view sexual orientation as more fluid.

Who someone is attracted to is not a choice. Therapies to change gay children or adults to make them heterosexual have been shown to cause emotional and psychological trauma and are not effective. Furthermore, the way someone is raised does not determine who they will be attracted to. While a parent's acceptance of their children could make their children more likely to be open about their sexual orientation and therefore less likely to experience depression or commit self-harm, it will not change to whom they are attracted.



Sexual orientation will not always align with sexual partnerships. A female sex worker may be attracted only to other women but have male clients. Or, a man may be attracted only to men but feel the need to marry a woman because of societal pressures or a desire to have children. He may consider himself heterosexual but also have sex with other men from time to time. In addition, specific sex acts are not limited by sexual orientation. For example, both same sex and different sex couples may have anal sex.

Why is the difference between sex, gender identity, gender expression, sexual orientation and sexual partnerships important?

Each of these characteristics is different and unique. It is important to think about them separately so that we do not make assumptions about people. For example, just because someone was assigned female at birth does not mean this person will identify as a woman or have a feminine gender expression. Showing each characteristic on a separate line helps us understand that we cannot assume that one will predict another.

For each characteristic, there are more than two options. Using continua helps us think about all the options. The continua do not perfectly represent every unique option, so feel free to adapt them as you use them. The most important thing is not to make assumptions and to respect each person as an individual.

Gender norms

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.

Examples of “rules” for men and boys versus women and girls (these will vary depending on the context)

	MEN/BOYS	WOMEN/GIRLS
Toys	Blocks, trucks, balls, guns, sticks	Dolls, babies, kitchen toys
Emotions	Calm, stoic, angry when needed	Happy, sad, scared, more emotive (“hysterical”)
Traits	Strong, powerful, dominant, smart	Quiet, submissive, caring and gentle, obedient
Professions	Professors, doctors, lawyers, engineers, construction workers, drivers, plumbers, law enforcement officers	School teachers, nurses, child care providers, maids, housewives, receptionists
Contributions to family	Earn money, discipline children	Take care of the children, provide children and husband with affection, housework, cooking, shopping

Gender norms are taught at an early age

We are generally expected to align our gender identity with the sex that was assigned to us at birth and then to act in ways deemed appropriate to this gender. For example, a baby may be assigned female at birth and is expected to wear dresses and bows. We learn what is expected of us at a young age and then we see those expectations play out when we are adults. For example, a female child may be given kitchen toys and dolls and is expected to grow up to take care of the house. Because we all grow up being taught how we should look and behave, we can forget that these are not natural differences.

Gender norms can be harmful because they unnecessarily restrict how we can behave.

Examples of the effects of gender norms (these will vary depending on the context)

GENDER NORMS ABOUT...	MEN	WOMEN
Family	Men may be kept from being caring parents because that is viewed as being a woman’s role.	Women may do all the (unpaid) work in the home, limiting time for education or skills building.
Work	Men who are unable to provide for their families may be looked down upon and adopt harmful coping strategies like substance abuse or violent behavior.	Women may have few options for occupations outside the home, limiting their ability to earn money and live independently. Women may be encouraged to quit their jobs when they become pregnant or give birth.
Sex	Men may take risks, such as having as many partners as possible, to prove their masculinity.	Women may be encouraged to be quiet and submit to their husbands, even when abuse occurs.

Emotions	Men may be kept from sharing their emotions, which can have a negative impact on their emotional well-being.	Women's feelings may be ignored because they are seen as overly emotional.
Help seeking	Men may not ask for help when it's needed, including accessing health services	Women may take care of everyone around them, forgoing care for themselves.

Gender norms can lead to gender inequality

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) are the root cause of **gender inequality**—the unequal treatment and unequal distribution of power and resources based on gender.

In many contexts, gender norms place men above women. For example, the roles that men are encouraged to do—professional roles and leadership positions—give them social status, power and money while women's roles are restricted to the home and afford them fewer opportunities and less access to positions of power and resources. Further, gender norms can create inequality within a gender. For example, a woman who is a teacher may get better treatment at a health clinic than a female sex worker, and a man who is married to a woman may receive a promotion over a gay man. In some contexts, gender norms can place certain women above men. For example, a pregnant woman who was beaten by her boyfriend may receive better treatment from a law enforcement officer than a man who was beaten by his boyfriend.

Gender-based stigma, discrimination and violence

When an individual or group is perceived to be acting in a way that does not conform to gender norms, they may experience stigma.

Stigma refers to the strong negative feelings or disapproval that is linked to a specific person, group, or trait. When individuals are stigmatized, that is, they are shamed or disgraced because they are perceived as socially unacceptable or not conforming to norms, it is easy to see them as “less than” others and not valued as human beings who deserve respect. Many people have been taught to stigmatize others; to judge or devalue others because they are seen as somehow outside of the norm. Many people use gender norms to decide what is “normal” and then feel comfortable judging those who fall outside of these categories or norms. When we do this, we are stigmatizing others. And, when people are stigmatized by others, it makes them more vulnerable to discrimination and violence, as well as other human rights violations. Stigma directed at people based on their actual or perceived sexual orientation is often called homophobia, and stigma directed at people based on their actual or perceived gender identity or gender expression is often called transphobia.

Discrimination occurs when a person or group of individuals are treated unjustly or unfairly because of a specific trait they possess.

We can think about stigma as being the negative feelings or beliefs toward a person or a group, and discrimination and violence as the actions or behaviours taken as a result of stigma.

Stigmatization process: Rigid gender norms can lead to stigma, discrimination and violence.

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4
Distinguishing and labeling differences using gender norms	“That boy cried in front of his friends. Boys are not supposed to cry.”	“That man dresses like a woman. He is not acting the way a man should act.”	“That woman questions the boss in meetings. She’s not following his lead.”	“That girl has sex with a lot of guys. She isn’t acting the way a woman should.”
Associating negative attributes	“He’s pathetic.”	“He is shameful and disgraceful.”	“She’s too assertive. She doesn’t know her place.”	“She’s immoral. She’s promiscuous.”
Separating “us” from “them”	“He’s not strong like I am.”	“He is not a moral person like me.”	“She’s not a good team member like me.”	“I’m not like that. I’m a good person. She is not.”
Discrimination and violence	“He deserves to be beaten.”	“He doesn’t deserve to receive good medical care.”	“She should be taken off the team.”	“It’s ok for me to call her names like ‘whore’ and ‘slut’. She deserves it.”

Some people experience internalized stigma or self-stigma when they believe the negative ideas and stereotypes that others apply to them. Internalized stigma can lead to shame, isolation, negative health behaviours and mental health issues. For example, internalized homophobia and internalized transphobia may lead LGBTQI people to experience low self-esteem and self-loathing, and they may isolate themselves from others. This can contribute to their vulnerability to mental health issues, including depression, anxiety and suicide.

Gender norms are just one reason that stigma, discrimination and violence may occur. Many people experience stigma, discrimination and violence because of their identity or experience. This creates additional barriers to resources and opportunities. Some examples of people who experience stigma, discrimination and violence include:

- Young people and older people
- People who identify as part of the LGBTQI community
- People living in poverty
- People belonging to racial, ethnic, caste, or religious minority groups
- People with disabilities
- People living with HIV
- People who use drugs
- People who engage in sex work or transactional sex
- People who have low literacy

- Migrants and refugees
- People who are incarcerated

Access to resources and opportunities can be especially difficult for an individual who belongs to multiple groups that experience inequality. 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.
- An immigrant sex worker who does not speak the local language, has limited financial resources, and is afraid of deportation will be more vulnerable to discrimination by law enforcement than a sex worker who is a citizen and has the connections and financial resources to find and hire a lawyer if discrimination should occur.

Our opinions of others—which can be based on gender, race, class, religion, etc.—can affect how we treat them. We need to be aware of our biases and act in a way that allows all people to reach their full potential.

Gender-based violence

When violence is used to reinforce power differences based on sex assigned at birth, gender identity, gender expression, or the idea that a person does not conform to gender norms, it is known as gender-based violence, or GBV for short.

People usually think of violence in terms of physical or sexual 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
- Kidnapping someone, holding them against their will, or physically restraining them
- Forcing someone to consume drugs or alcohol
- Subjecting someone to invasive body searches

Sexual abuse, such as:

- Rape, including gang rape (unwanted sexual acts by multiple people that are committed without consent) and marital rape (unwanted sexual acts by a spouse that are committed without consent)
 - Traditionally, sex was recognized as a husband's right within marriage. However, many countries now recognize women's rights over their bodies, even within marriage. More than 150 countries have laws criminalising marital rape or laws that do not distinguish rape by one's husband from rape by another person.
- 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 harm or take away children
- Threats to “out” someone by sharing something personal about them
- 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

Other human rights violations, such as:

- Refusing services to someone
- Taking their condoms/injecting equipment
- Arbitrarily detaining them without due process
- Subjecting them to coercive health procedures or treatments such as forced STI and HIV testing, drug-dependence treatment, reparative therapy (to change someone’s sexual orientation), or sterilization

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

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, police officers or other people with authority. When violence occurs inside romantic relationships, it is called intimate partner violence or domestic violence.

Forms, prevalence and types of perpetrators of violence differ by population and location. For example, studies at the global and regional level show the following trends:

- Men who have sex with men and trans people experience high levels of physical and sexual violence motivated by perceived sexual orientation or gender identity.

- Men who have sex with men and trans people often experience emotional violence, including verbal abuse by law enforcement officers, health care providers, and government officials; rejection by one's family; and blackmail and extortion.
- Female and trans sex workers experience high levels of physical and sexual violence at the workplace, including violence by law enforcement officers, sex work clients and third parties that facilitate sex work.
- Pregnant women face high levels of intimate partner violence, and intimate partner violence during pregnancy and after birth are associated with negative outcomes for infants such as low birth weight, preterm birth, under-nutrition and mortality; and negative physical and psychological outcomes for women.
- Globally, 15 million adolescent girls aged 15 to 19 have experienced forced sexual intercourse or other sexual acts. The most common perpetrators are current/former husbands, partners or boyfriends. Approximately 1% ever sought professional help.
- Female and trans sex workers face widespread economic violence, such as having to pay money to law enforcement officers to avoid arrest and not being paid by their sex work clients.
- Trans people and women who inject drugs experience high levels of intimate partner violence.
- In countries that lack anti-discrimination laws and social protections, violence against LGBTQI individuals and sex workers is often perpetrated with impunity, and survivors struggle to access violence response services because they fear further violence and discrimination.

Links between gender norms, gender-based violence and HIV

Within any culture, some gender norms can cause harm when people conform to them and when people are punished or marginalised for not conforming. For PrEP priority populations, we see that the negative impacts of gender norms can be quite severe and include an increased vulnerability to HIV infection.

Examples of how gender norms increase HIV vulnerability among PrEP priority populations

GENDER NORMS	IMPACT ON HIV VULNERABILITY
It is shameful for women to enjoy sex and talk about sex.	<p>Women, including AGYW, female sex workers, PBFW, trans women and women who inject drugs, may find it difficult to talk about sex with their partners, including how to negotiate safe sex and reduce their vulnerability to HIV.</p> <p>Women may find it difficult to find out information about how to keep themselves safe from HIV.</p> <p>Women may not use sexual health services because they fear being judged.</p> <p>AGYW may fear that if their parents or community members find out they are on oral PrEP, it will reveal they are sexually active and they will be labeled promiscuous. They may feel the need to hide oral PrEP, making it difficult to take it regularly.</p> <p>Sex workers may be seen as immoral, which can be used to justify violence against them. Sexual violence is more likely to be unprotected and involve rough or dry sex, which increases vulnerability to HIV transmission.</p> <p>Sex workers may not be able to seek help from law enforcement in case of sexual violence, especially in a context where sex work is criminalised.</p>

Sex is a sign of manhood, so men should have sex with as many partners as possible.	<p>A man may have multiple partners, which could make both him and his partners vulnerable to HIV and other STIs.</p> <p>In some places, there is a cultural practice of women abstaining from sex during pregnancy and post-partum, and some women return to their family homes during this time. It is acceptable for men to have sex with other women during this time, potentially exposing themselves and their partners to HIV.</p>
<p>It is immoral for men to have sex with other men.</p> <p>It is shameful for people assigned male at birth to identify as women and/or have a feminine gender expression.</p>	<p>Men who have sex with men and trans women may be unable to move freely due to fear of harassment, limiting their access to information or services that can help prevent HIV.</p> <p>Men who have sex with men may not use sexual health services because they fear breaches in confidentiality by health care providers, including having their sexual practices, PrEP use, or HIV status disclosed to community members, or fear receiving poor or discriminatory services.</p> <p>Trans people may not use sexual health services because they fear being jeered at or being refused service altogether.</p> <p>Male sex workers may face sexual violence, which increases their vulnerability to HIV.</p> <p>Trans women may be conflated with men who have sex with men, which limits their access to information and services.</p> <p>Men who have sex with men and trans people may be forced to leave home as children or adolescents because their families reject them, increasing their risk of low self-esteem and homelessness. They may also engage in sexual behaviours that make them vulnerable to HIV and other STIs.</p>
Women should be submissive and obedient to their partners, and it is a man's right to use violence to punish his partners if they do not obey.	<p>Women who inject drugs may inject after men, making them more likely to be the receptive partner in sharing needles or syringes.</p> <p>Fear of violence, rejection and abandonment may prevent people from negotiating condom use and can stop them from seeking prevention, testing and treatment services and information.</p> <p>Sexual violence, both inside and outside of relationships, is more likely to be unprotected and involve rough or dry sex, which increases vulnerability to HIV transmission.</p> <p>People who perpetrate violence are more likely to engage in behaviours that increase their vulnerability to HIV, such as having multiple partners, alcohol and drug use and having unprotected sex.</p> <p>Financial violence and control limit a person's options to access services and leave relationships.</p>
Only women and girls experience intimate partner violence.	<p>Violence against people in LGBTQI relationships may not be acknowledged or may be labeled abnormal, particularly in countries where domestic violence is defined exclusively as violence against women.</p> <p>People who are criminalised, including sex workers and LGBTQI individuals in some contexts, may not be able to safely seek support and services from law enforcement.</p>

<p>Educating and employing women and girls is a lower priority than educating and employing men and boys.</p>	<p>Adolescent girls and young women 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.</p> <p>Women – including trans 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.</p> <p>Women – including trans women – who cannot support themselves are more likely to engage in sex work or 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.</p>
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Your Notes

A series of 20 horizontal dotted lines for taking notes.

SESSION OVERVIEW

Participants will learn about core concepts related to sex assigned at birth, gender identity, gender expression, sexual orientation and sexual partnerships. They will also explore how gender norms can lead to stigma, discrimination and violence and make it harder for members of PrEP priority populations to protect themselves from HIV.

By the end of this session, participants should:

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

! 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 survivors 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, in the case of intimate partner violence, do not tell them they should leave the relationship or report the violence to the local authorities. You can ask them about these options and help them find ways to enhance their safety, 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

- Sex refers to biological aspects. Gender expression is how one chooses to express their sense of being male, female, or nonbinary. Gender identity is one’s sense of self as being male, female, or nonbinary. Sexual orientation is an enduring emotional, romantic, or sexual attraction to a person of another gender or sex, the same gender or sex, or both sexes and more than one gender. Sexual partners are individuals with whom one has sex. Since each of these characteristics exists on its own continuum, we cannot assume that one will predict another.
- Gender norms are social ideas and attitudes about the way women and men should look and behave. They are influenced by culture, religion, politics and other social factors. They change over time and in different contexts.
- Within any culture, some gender norms can cause harm when people conform to them and when people are punished or marginalised for not conforming.
- Everybody has the right to live a life free from violence.
- Gender inequality and violence make it harder for members of PrEP priority populations to protect themselves from HIV.
- Oral PrEP is an additional way for people 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 3	Sex, Gender Identity, Gender Expression, Sexual Orientation and Sexual Partnerships	TOOLKIT PAGE 10
TOOL 4	Gender Inequality Problem Tree	TOOLKIT PAGE 11
WORKSHEET 1	Sex, Gender Identity, Gender Expression, Sexual Orientation and Sexual Partnerships	TOOLKIT PAGE 24

SESSION INSTRUCTIONS



EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.

ACTIVITY: Sex and Gender: What's the Difference?

1. Divide participants into two or more groups.
2. Instruct each group to select an artist. The artist, taking directions from the group about what to include, will draw either a woman or a man.
3. Assign the groups "woman" or "man" and give them 5–10 minutes to draw their woman or man. Instruct them to add details that clearly distinguish the figure as a woman or a man using body shape, clothing, and anything else they can think of.
4. Ask each group to present the man or woman drawing to the group, describing what makes them clearly a man or clearly a woman.
5. Ask participants if they know the difference between sex and gender. Then instruct them to classify some aspects of each drawing as sex and others as gender.
6. Provide a brief overview of sex assigned at birth, gender expression, gender identity, sexual orientation and sexual partnerships using the information provided in the **Sex, Gender Identity, Gender Expression, Sexual Orientation and Sexual Partnerships Tool**.
7. Direct participants to the **Sex, Gender Identity, Gender Expression, Sexual Orientation and Sexual Partnerships Worksheet**.
8. Share an example of the first character on the worksheet and show where the character falls on each continua. Then, share the second and third characters and show where they fall on each continua.
9. [OPTIONAL] Ask participants to create a character and draw where their character falls on each continua.
10. Once you have a good collection of norms for girls/women and boys/men, lead a discussion using the following prompting questions:
 - What were the consequences for the character?
 - Why is it important to know the difference between sex assigned at birth, gender identity, gender expression, sexual orientation and sexual partnerships?

FACILITATION TIPS

Use the **Essential Knowledge** and **Sex, Gender Identity, Gender Expression, Sexual Orientation and Sexual Partnerships Tool** as a guide to explain gender norms to the group.

This activity is usually a lot of fun, and participants might want to name their man or woman to make it easier to refer to them throughout the session.

Use the **Essential Knowledge** to guide participants to classify examples of gender expression and sex correctly.

CHARACTER STORIES

Mercy's Story

Mercy is a 24-year-old transgender woman. She has a vibrant personality, and she wants to become an Ambassador for her local health center. At the health center, Mercy asks a social worker for information about the Ambassador program. While the social worker collects Mercy's personal information for the program, she expresses surprise at Mercy's feminine name. The social worker looks at Mercy's ID and consistently calls Mercy "he," "him" and "sir" and emphasizes that she needs to use Mercy's "real" name. Mercy lowers her head and becomes disengaged and quiet.

Martin's Story

Martin is a 27-year old gay man. Martin recently started dating Dennis, and Dennis shared that he is HIV positive. Martin would like to learn more about how to stay HIV negative, and he decides to talk to an outreach worker. The outreach worker assumes that Martin dates women, and only shares information about vaginal sex. Martin tries to correct the outreach worker, but the outreach worker says, "You're too manly to be gay."

Kennedy's Story

Kennedy is a 22-year-old woman. Growing up, Kennedy's parents playfully called her a tomboy because she liked playing sports and having short hair. Now that she's older, Kennedy has kept her hair short and is more comfortable in trousers and a T-shirt. Sometimes when she's at the market people call her "sir" until they realize she's a woman. Concerned, her parents tell her she needs to start "acting like a woman to find a husband." Kennedy is worried about coming out to her family because they'll assume that she's a lesbian, but she's attracted to both women and men.

ACTIVITY: Rules for Boys and Rules for Girls

1. Ask for volunteers to refer back to their drawings of a woman and a man.
2. Hang them up side by side somewhere where 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.

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

- What messages do you hear about adolescent girls and women who have sex?
- Are those messages the same for adolescent boys and men?

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
 - Who they're supposed to have relationships with
 - 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, 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 our peers if they follow them?
 - What are some ways these rules might be harmful to our peers if they don't conform to them?

ACTIVITY: Stigma, Discrimination and Intersectionality

1. Explain that when an individual or group is perceived to be acting in a way that doesn't conform to rules about gender, they may experience stigma.
2. Define stigma and discrimination using information provided in **Essential Knowledge**.
3. Write one example from the "Stigmatization process" on flip chart paper.
4. Ask the group to come up with one or two more examples that most are relevant to their peers.
5. Ask participants to name groups of people who experience stigma and discrimination.
6. Discuss what happens when someone belongs to two or more stigmatized groups.

If a participant suggests a behaviour is natural because of their sex assigned at birth, 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?
- How do we learn these behaviours?
- Does it seem fair?

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

STIGMATIZATION PROCESS	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4
Distinguishing and labeling differences using gender norms	“That boy cried in front of his friends. Boys are not supposed to cry.”	“That man dresses like a woman. He is not acting the way a man should act.”	“That woman questions the boss in meetings. She’s not following his lead.”	“That girl has sex with a lot of guys. She isn’t acting the way a woman should.”
Associating negative attributes	“He’s pathetic.”	“He is shameful and disgraceful.”	“She’s too assertive. She doesn’t know her place.”	“She’s immoral. She’s promiscuous.”
Separating “us” from “them”	“He’s not strong like I am.”	“He is not a moral person like me.”	“She’s not a good team member like me.”	“I’m not like that. I’m a good person. She is not.”
Status loss and discrimination	“He deserves to be made fun of.”	“He deserves to be beaten.”	“She should be taken off the team.”	“It’s ok for me to spread rumors about her. She deserves it.”



APPLY

ACTIVITY: Gender Inequality Problem Tree

1. Explain that in this activity, 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 members of PrEP priority populations 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 survivors 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.
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.

FACILITATION TIPS

Refer to the **Gender Inequality Problem Tree** to guide this activity. Depending on the group you are training, you could use only examples that are relevant to that group (e.g., AGYW, MSM, PBFW, transgender women).

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

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 gender inequality and violence.
14. Place the sticky note, or write the norm, at the roots of the tree.
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 members of PrEP priority populations 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 oral PrEP is the first HIV prevention tool that can be used without a partner’s involvement. Ask them to think about how this could help them 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.

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.

Reinforce that these barriers do not mean it is impossible for members of PrEP priority populations to protect themselves from HIV. They can and do find lots of ways to protect themselves. Oral PrEP is an additional method they 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

- 1 LINKAGES Peer Educator Training: Preventing and Responding to Violence against Key Populations**
 FHI 360
 2019
<https://www.fhi360.org/resource/linkages-violence-programming>

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.

- 2 Interagency Gender Working Group Training Facilitators User's Guide**
 Interagency Gender Working Group
 2017
<https://www.igwg.org>

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.

- 3 SASA! Start Training Module**
 Raising Voices
 2013
<http://raisingvoices.org>

A training manual to explore the meaning of and connections between power, violence, and HIV and AIDS.

- 4 SASA! Awareness Training Module**
 Raising Voices
 2013
<http://raisingvoices.org>

A training manual to explore the implications of men's use of power over women. This manual has a skill-building exercise for raising awareness about the prevention of violence against women and HIV.

- 5 RESPECT Women: Preventing Violence against Women**
 World Health Organization (WHO)
 2019
www.who.int

A framework that outlines how to implement and scale up seven key strategies to prevent violence against women.

- 6 Youth Changing the River's Flow: A Facilitator's Guide**
 SAlAIDS; Sonke Gender Justice
 2016
<https://genderjustice.org.za/publication>

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.

- 7 African Transformation: Malawi Facilitators Workshop Guide**
 National AIDS Council
 No date
www.k4health.org

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.

- 8 A Map of Gender-Diverse Cultures**
 Public Broadcasting Service
 2015
www.pbs.org

An interactive map that allows users to click on different parts of the map and provides them with information about gender-diverse cultures in that location.

SESSION MATERIALS



5

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-based Stigma, Discrimination and Violence** session.

- Violence used to reinforce gender-related power differences is known as gender-based violence, or GBV for short.
- Gender-based violence reinforces gender inequality. Some men use violence as a tool to show and keep their power over women.
- 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 romantic relationships. When it occurs inside relationships, it is called intimate partner violence (or domestic violence).

Messages used to justify and excuse gender-based violence 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. Victims 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. • Everyone has 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 commit rape. • Men who commit rape do not do it in response to something the victims have done or what they are wearing. We know this because many people who have been raped were not drinking, were not out at night and were not wearing revealing clothing. • Men commit rape 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. Victims 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.
<p>Victims 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. • Everyone has 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"> • Many victims choose not to tell anyone because they fear they will be blamed. • 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 intimate 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 victims feeling too ashamed and worthless to leave them.</p>

Message/myth	What are the facts?	How does this message maintain violence?
Violence between couples is a private matter that should not be discussed.	<ul style="list-style-type: none"> Intimate partner violence is a violation of human rights and, in many cases, it is against the law. Raising awareness of violence is a starting point to end intimate partner violence. 	<p>This message maintains violence by silencing victims and preventing others from intervening. As a result:</p> <ul style="list-style-type: none"> Victims may feel guilty asking for help or even talking to their friends/family about the violence they are experiencing. Victims 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.
Victims often make up being raped for attention.	<ul style="list-style-type: none"> The majority of people 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. Victims are often blamed and judged. Even if they are able to overcome these barriers, perpetrators are rarely convicted of rape. This means that victims will have put themselves through blame and judgment but will not get justice. 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. 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. The brain may also turn off someone's emotions so they can cope better. 	<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?
If the violence was serious, the victim would leave their partner/husband.	<p>It is not always easy for victims to leave abusive partners. There are many reasons that people 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 or harm their children 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"> • People 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.
Violence does not occur in same-sex relationships.	<p>People in same-sex relationships have an equal or higher prevalence of experiencing intimate partner violence as heterosexual couples.</p>	<p>Violence against people in same-sex relationships may not be acknowledged or may be labeled abnormal, particularly in countries where domestic violence is defined exclusively as violence against women.</p> <p>People may feel too ashamed to report the violence or ask for help.</p>
Men cannot be raped	<p>Corrective rape—the rape of lesbian, gay, or bisexual people to “cure” them of their sexual orientation—is committed against men, women, boys and girls.</p> <p>Boys, particularly those who do not conform to traditional gender norms for boys, are especially vulnerable to GBV.</p>	<p>Men may feel too ashamed to report the violence or ask for help.</p>

Supporting Ambassadors to respond to disclosures of violence

The CARE response has been developed to guide Ambassadors to respond to disclosures of violence from their peers, adapted from the WHO LIVES approach (Listen, Inquire, Validate, Enhance safety and Support).

The CARE 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, sexual orientation, disability, religion, nationality, ethnicity or any other characteristic or identity
- 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

Using the CARE response

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

CARE Response - Disclosures of Violence

STEP	How do I do this?	What does this look like in practice?
Create a safe space	A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.	<p>"Would you like to talk?"</p> <p>"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>
Actively listen	Show them you're listening and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.	<p>Listening deeply and focusing your full attention on them, not on what you are thinking.</p> <p>Showing you are listening by nodding and giving small acknowledgements like "mm hm".</p> <p>Giving them space to talk and allowing silences.</p> <p>Communicating your empathy: "I'm sorry that happened to you."</p>
Reassure	Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them. it's not their fault.	<p>"I believe you."</p> <p>"You're not to blame. You have the right to be safe. What he did/is doing is a crime."</p> <p>"I hear you're blaming yourself, I want you to know it's not your fault, even if it doesn't feel that way at the moment."</p> <p>"There's no right or wrong way to feel. They are your feelings and they are valid."</p>
Empower and support	Let them know they're in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.	<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>



Your Notes

A series of horizontal dotted lines for taking notes.

SESSION OVERVIEW

Participants will learn how to respond to disclosures of violence from their peers. They will examine messaging about violence, and they will learn to question messages that work to excuse or justify gender-based violence. They will also learn CARE (Create a safe space, Actively listen, Reassure, Empower) for responding to disclosures of violence.

By the end of this session, participants should:

- Be aware of myths and messages that work to justify and excuse gender-based violence
- Know how to respond to peers who share experiences of violence with them

! We recommend delivering the **Gender-based Stigma, Discrimination 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, stigma-free 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.



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	CARE Response	TOOLKIT PAGE 12
WORKSHEET 2	CARE Response – Disclosures of Violence	TOOLKIT PAGE 25

KEY
MESSAGES

- There are many messages about gender-based violence that excuse or justify it. These messages contribute to higher rates of violence.
- Even though they are very common, messages that excuse or justify gender-based violence are not based on facts. They are myths.
- Challenging these myths and messages can help prevent gender-based violence.
- 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, validating their feelings and empowering and supporting them to connect with support.
- Violence is about power and control, and people who have experienced violence can often feel disempowered. Empowering them can help 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 peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next.

SESSION INSTRUCTIONS

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 oral PrEP.
 - As discussed in earlier sessions, violence from families, partners, community members, and state actors such as law enforcement officers makes it more difficult for individuals to protect themselves from HIV.
 - Unfortunately, gender-based violence is very common in many parts of the world – including sub-Saharan Africa.

If you have not delivered the **Gender-based Stigma, Discrimination and Violence** session, use the **Essential Knowledge** from that session to explain gender norms and the relationship between gender inequality and gender-based violence.



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.

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 gender-based violence.

Messages about Violence against Women and Girls

People who wear revealing clothing are asking to be raped.

People sometimes provoke their partners to beat them.

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

People often make up being raped for attention.

If the violence was serious, the victim would leave their partner.

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 gender-based violence, 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.
2. Explain the survivor-centred approach, highlighting that survivors of violence 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, sexual orientation, disability, religion, nationality, ethnicity or any other characteristic or identity
 - 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 people 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. Ask participants to contribute their thoughts about what someone could say or do that would negatively affect someone who is sharing their experience of violence.

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



5. Ensure that all the following are mentioned:
 - Being judgmental
 - Questioning their behaviour or blaming them
 - Giving advice or telling them 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 them up: *"Don't cry, it's not so bad."*
 - Justifying or minimising violence: *"At least they apologised."*
6. 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 CARE Response

1. Direct participants to the **CARE Response – Disclosures of Violence Worksheet** and go through each step.

STEP 1: Create a safe space

1. Write "safe space" on a piece of flip chart paper and put it up where 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 to identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about their experience of violence (or anything else of a sensitive nature).
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 for each pair to share one thing they could do to create or demonstrate a safe space for their peers.

Help participants to identify the following characteristics of a safe space:

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

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



STEP 2: Actively listen

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. Introduce the activity by explaining that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.

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



10. 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”.
11. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper.
12. When participants run out of ideas, read through the notes and summarise.
13. 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).
14. Ask participants to write down their answers on their worksheets.
15. Let participants know they have five minutes to do this.
16. 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 3: Reassure

1. Remind participants of the activity at the beginning of this session and the messages that are used to blame and silence people who experience violence. These messages can be so powerful that people who experience violence blame themselves, which can cause them to feel ashamed.
2. It is also common for people who have experienced violence to be fearful that people will think they are lying. Some victims may even question their own memory and doubt themselves.
3. This shame and fear can stop victims 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: Empower and support

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.
2. Explain that the final step, *Empower and support*, 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 their 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.
6. Share copies of a **Local Referral Directory** of existing organisations that offer stigma-free health, social and legal services for victims of violence.
7. Lead a discussion with participants about this exercise by asking for participants to share what they think of the CARE response.
8. 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.
9. Direct participants to the **CARE Response Ambassador Tool**, which they can use to prepare for these conversations.
10. Once the activity has come to an end, bring participants into a circle for reflection.

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 victims of violence report that being able to talk to someone they can trust is a big relief. It also increases the chance that they will reach out for other support and access services.



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 gender-based 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 CARE response will help you support your peers who are experiencing violence?
- How can supporting peers who have experienced violence enable them to access services to obtain oral PrEP or other HIV prevention methods?

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

- 1 Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines**
WHO
2017
www.who.int

Clinical guidelines to help health care workers provide trauma-informed care to children and adolescents who have experienced violence.

- 2 Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook**
WHO
2014
www.who.int

A clinical handbook to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.

- 3 LINKAGES Peer Educator Training: Preventing and Responding to Violence against Key Populations**
FHI 360
2019
<https://www.fhi360.org/resource/linkages-violence-prevention-and-response-series>

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.

- 4 SASA! Support Training Module**
Raising Voices
2013
<http://raisingvoices.org>

A training manual to build skills in providing support to women, men and activists affected by violence and HIV and AIDS.

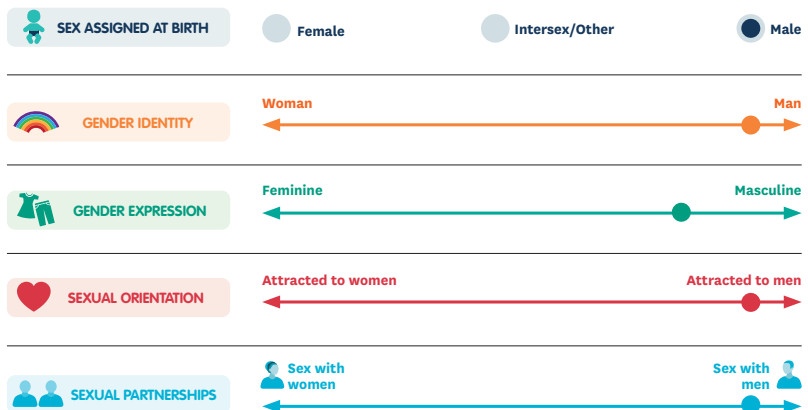
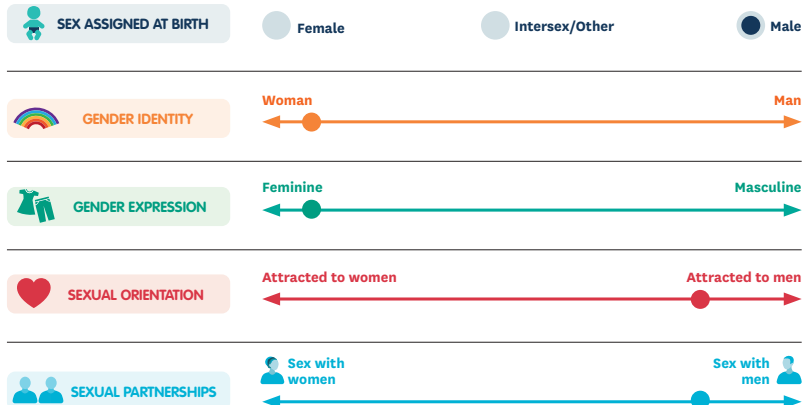
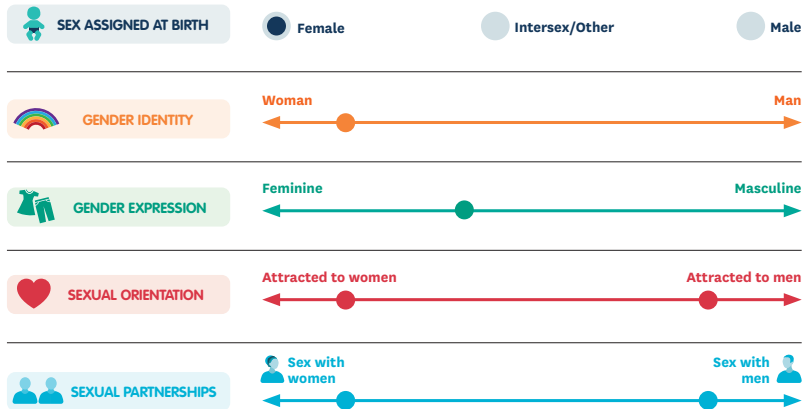
- 5 Caring for Women Subjected to Violence: a WHO Curriculum for Training Health-Care Providers**
WHO
2019
www.who.int

A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.

SESSION MATERIALS

TOOL 3

Sex, Gender Identity, Gender Expression, Sexual Orientation & Sexual Partnerships



10



CARE Response

Create a safe space

A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.

Actively listen

Show them you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.

Reassure

Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them and it's not their fault.






Empower and support

Let them know they are in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.

WORKSHEET 1

24

Sex, Gender Identity, Gender Expression, Sexual Orientation & Sexual Partnerships

<p>SEX ASSIGNED AT BIRTH:</p> <p> SEX ASSIGNED AT BIRTH</p> <p>Female Intersex/Other Male</p>	<p>SEX ASSIGNED AT BIRTH: The classification of people as male, female, intersex or another sex based on a combination of sexual and reproductive organs, hormones and chromosomes when they are born.</p>
<p>GENDER IDENTITY:</p> <p> GENDER IDENTITY</p> <p>Woman Man</p>	<p>GENDER IDENTITY: One's sense of self as being male, female, nonbinary or another gender, which may or may not correspond with the sex assigned at birth.</p>
<p>GENDER EXPRESSION:</p> <p> GENDER EXPRESSION</p> <p>Feminine Masculine</p>	<p>GENDER EXPRESSION: How one chooses to express their sense of being male, female, nonbinary or another gender through appearance and social behavior.</p>
<p>SEXUAL ORIENTATION:</p> <p> SEXUAL ORIENTATION</p> <p>Attracted to women Attracted to men</p>	<p>SEXUAL ORIENTATION: An enduring emotional, romantic or sexual attraction to people of another gender or sex, the same gender or sex or more than one gender or sex.</p>
<p>SEXUAL PARTNERSHIPS:</p> <p> SEXUAL PARTNERSHIPS</p> <p>Sex with women Sex with men</p>	<p>SEXUAL PARTNERSHIPS: Who one has sex with. Sexual orientation will not always align with sexual partnerships.</p>

CARE Response - Disclosures of Violence

STEP	How do I do this?	What does this look like in practice?
Create a safe space	A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.
Actively listen	Show them you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.
Reassure	Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them, and it's not their fault.
Empower and support	Let them know they're in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.

Oral PrEP

Oral PrEP

Essential Knowledge

Oral PrEP Essential Knowledge

Combination Prevention and Oral PrEP

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.

PrEP stands for *pre-exposure prophylaxis*. This means:

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

Oral PrEP is an additional option for HIV prevention. It is designed to contribute to the existing package of HIV prevention options—including abstinence, condoms (and lubricant), STI screening and treatment, and reducing number of sexual partners—not replace them. Each method has its benefits and challenges, and the best approach varies by individual and relationship. People need to think about what method will work best for them given their own particular needs. For example, they may need to think about protection from HIV, STIs 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 (and lubricant), STI screening and treatment, and oral PrEP, to maximise protection from HIV and other unwanted sexual health outcomes.

There are many ways people can protect themselves from HIV or prevent the spread of the virus to others.

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

- Abstaining from sex
- Using oral PrEP
- Using post-exposure prophylaxis (PEP)
- Using male or female condoms every time they have sex, including vaginal, anal and oral sex
- Using lubricant (water- or silicone-based) to help prevent condoms from breaking.
- Reducing their number of sexual partners
- Regularly testing for HIV
- Regularly screening for STIs and treating them immediately

- Undergoing voluntary medical male circumcision
- Knowing their partners' HIV status
- Having sexual partners use antiretroviral therapy (ART) if they are living with HIV

Someone can reduce their vulnerability to getting 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

HIV-positive people 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 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 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.

Finding Out about Oral PrEP and Deciding to Use It

Who is oral PrEP for?

WHO recommends oral PrEP for anyone who is vulnerable to HIV as an additional prevention option within combination HIV prevention. However, determining who is most vulnerable to HIV can be complicated. Research shows that people 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.

In many parts of sub-Saharan Africa, the following groups are considered priority populations for oral PrEP because they are more vulnerable to HIV than other populations: serodiscordant couples when the partner living with HIV is not virally suppressed, AGYW, MSM, PBFW, PWID, sex workers and transgender people.

Presenting oral PrEP as an option for only the most vulnerable groups may contribute to the stigma surrounding it. In reality, it is very unlikely that people who are not vulnerable to HIV will try to get PrEP. Research shows that rebranding oral PrEP as an option for anyone who wants to take control of their health and protect themselves from HIV makes oral PrEP more appealing. Therefore, it is important that HIV Prevention Ambassadors are encouraged to promote oral PrEP as an option for all sexually active people who want to protect themselves from HIV, regardless of how vulnerable they think they are. This will help to normalise oral PrEP use and make it easier to access.

Oral PrEP can give people more power and control over their sexual health and their ability to protect themselves against HIV infection, especially those who find other HIV prevention methods difficult to use.

While the final decision to use oral PrEP should be made by individuals in conversation with their health care providers, the following information may be useful when identifying which people would benefit from using it as part of their combination HIV prevention strategy. Someone 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

Women may be at increased vulnerability of acquiring HIV during pregnancy and breastfeeding because of biological factors (e.g., hormonal changes, lowered immunity), behavioural factors (e.g., less condom use if condoms (and lubricant) were being used to prevent pregnancy, increased risk of intimate partner violence), and cultural practices (e.g., practice of sexual abstinence during pregnancy and post-partum is imposed on women, while it is acceptable for their male partners to have sex with other women). In places where HIV rates are high, oral PrEP can be used with other HIV prevention strategies for PBFW. It can also be a good prevention option for women who are trying to get pregnant and do not know their partner's HIV status or have an HIV-positive partner who is not virally suppressed. WHO guidance states that there are no safety-related reasons for pregnant and breastfeeding HIV-negative women who are vulnerable to HIV not to use PrEP. Talking with a health care provider can help a woman understand the risks and benefits of using oral PrEP during pregnancy.

In serodiscordant couples, oral PrEP may be a good bridging strategy for the HIV-negative partner until the HIV-positive partner achieves viral suppression, meaning there is not enough of the virus in their blood to transmit HIV to their sexual partners.

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

It is very important that Ambassadors know that **oral PrEP 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 does oral PrEP work?

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 oral PrEP, PEP and ART (see “Oral PrEP, PEP and ART – what’s the difference?” below for more detail).

When HIV enters the body of an HIV-negative person who is **not** taking oral PrEP, 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 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. Before training, find out the most common brands of oral PrEP in your country and what combination of ARVs they contain.

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

Oral PrEP, PEP and ART all contain ARVs. It is important that Ambassadors understand the differences between these medications, 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 oral PrEP, PEP and ART.

It is important for Ambassadors to understand that oral 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, oral PrEP is **only** for people who are HIV negative. The differences between oral PrEP, PEP and ART are summarised below.

- **Oral PrEP (pre-exposure prophylaxis)** is for **HIV-negative** people to use *before* they are exposed to HIV. The ARVs used in oral PrEP work by creating a shield around CD4 cells to protect them from being infected by HIV.
- **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.
- **ART (antiretroviral therapy)** is for **HIV-positive** people. The ARVs used in ART slow down or stop the virus from multiplying and spreading to new cells. It 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 **Oral PrEP, PEP, and ART Ambassador Tool** for a summary on how oral PrEP, PEP and ART differ, including whom they are for, how they work, when they are used and how effective they are.

How effective is oral PrEP?

When oral PrEP is taken every day as prescribed, the amount of ARVs in the body builds up and reduces HIV vulnerability by more than 90%, although this may be less (closer to 75%) among PWID.

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 lubricant) and contraception in combination with oral PrEP.

How often should oral PrEP be taken?

There are two ways to take PrEP: daily and on demand (2+1+1). In 2016, WHO recommended daily PrEP for anyone at substantial risk of HIV. In 2019, the WHO recommendation was updated to include the option of on-demand PrEP for gay, bisexual and other MSM who meet specific criteria.

Before training, check your national guidelines to see if they include on-demand PrEP. It is important for information shared with Ambassadors to be consistent with national guidelines and for everyone being trained to understand the importance of taking PrEP as prescribed by a health care provider.

Daily use

Daily PrEP works for anyone who is vulnerable to HIV. Daily use means taking a single pill every day for as long as someone is vulnerable to HIV. Additional details about how long someone must take PrEP before they are protected and how long they must continue taking it after their last potential HIV exposure are included in the "Taking and Staying on Oral PrEP" section below. If a health care provider prescribes daily PrEP, it must be taken every day for ARV levels to be high enough to protect against HIV infection. It is important to emphasise this point, because studies show that many people struggle with daily use of oral PrEP.

Refer to the [Daily PrEP](#) Tool for a summary of who it is for, how it is taken and how long it needs to be taken.

Daily PrEP

PrEP

Daily PrEP is for anyone who is vulnerable to HIV. It is important that anyone who is prescribed daily PrEP takes it every day. If it is not taken every day, the drug levels will not be high enough to protect them from HIV, and they will remain vulnerable to HIV.

WHO IS IT FOR?

Anyone who is vulnerable to HIV can take daily PrEP.

HOW IS IT TAKEN?



Each day for as long as someone is vulnerable to HIV

HOW LONG DOES IT NEED TO BE TAKEN BEFORE IT IS EFFECTIVE

Men who have sex with men:



2 to 24 hours before sex

Everyone else:



Each day for 7 days

HOW LONG DOES IT NEED TO BE TAKEN AFTER THE LAST POTENTIAL HIV EXPOSURE?

Men who have sex with men:



Each day for 2 days

Everyone else:



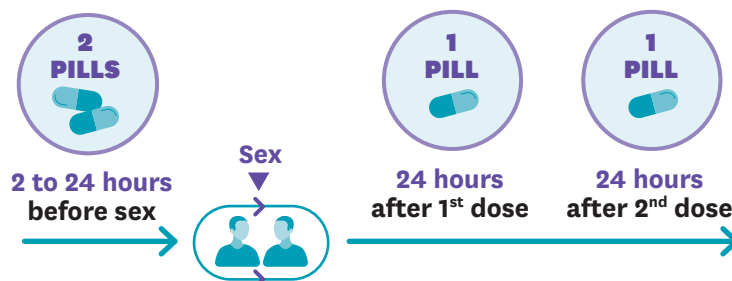
Each day for 28 days

"Men who have sex with men" refers to gay, bisexual and other men who have sex with men.

"Everyone else" refers to men who have vaginal or anal sex with women; cisgender women; and transgender women and transgender men who have vaginal/frontal sex.

On-demand use (2+1+1)

MSM can either take PrEP daily or on demand. On-demand PrEP use is also referred to as “2+1+1” or “event-driven” PrEP. The first dose (called the loading dose) of two pills is taken between two and 24 hours before sex. The second dose is a single pill taken 24 hours after the first dose. The third dose is one pill taken 24 hours after the second dose. If he has sex again in the next few days, he should take one pill each day that the sex continues. After the last sex act, he should take a single pill each day for two days.



Source: Adapted from WHO. What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Geneva: World Health Organization; 2019.

The choice between daily and on-demand PrEP depends primarily on how often a man who has sex with men expects to have sex. If he has sex two or more days per week on average, daily PrEP use is recommended. Also, if he cannot predict the timing of sex, daily PrEP use is likely the better option.

On-demand use can be easier for some MSM who are having sex infrequently (one day per week or less on average) because it involves taking fewer pills and also costs less. On the other hand, on-demand use can be more challenging to take correctly compared to daily PrEP.

If on-demand PrEP is approved in your country, MSM who are interested in on-demand use should talk with a health care provider to see if it may be a good fit for them. There is no evidence that on-demand PrEP use works in other populations, so anyone who does not meet the specific criteria for on-demand PrEP must take PrEP daily for it to be effective.

FOR WHOM IS ON-DEMAND PREP (2+1+1) APPROPRIATE?	FOR WHOM IS ON-DEMAND PREP NOT APPROPRIATE?
<p>A man who has sex with another man who:</p> <ul style="list-style-type: none"> (1) Has sex infrequently (one day per week or less on average) (2) Can predict when sex will happen (at least two hours in advance or can delay sex for at least two hours) (3) Does not have chronic hepatitis B 	<ul style="list-style-type: none"> (1) Men who have vaginal or anal sex with women (2) Cisgender women or transgender women (3) Transgender men having vaginal/frontal sex (4) People with chronic hepatitis B infection

Source: Adapted from WHO. What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Geneva: World Health Organization; 2019.

Refer to the **PrEP for Men Who Have Sex with Men Tool** for a summary on how oral daily PrEP and on-demand PrEP can be used by MSM.

Are there other ways to take PrEP?

Because different people have different HIV prevention needs and product preferences, and because needs and preferences may change over people's lifespan, researchers are always looking for new HIV prevention products. Other options **being developed** include:

- **Vaginal ring** – a silicone ring that is inserted into the vagina and worn continuously to slowly release PrEP medication. A vaginal ring containing an ARV called dapivirine has been shown to reduce the risk of HIV with no safety concerns. Other rings are being developed that could prevent both HIV and pregnancy.

- **Injectable** – different types of PrEP injections are still being developed and tested to see if they work to prevent HIV. A PrEP injection could provide long-term protection against HIV.
- **Rectal microbicides** – products that reduce a person’s vulnerability to HIV from anal sex. These products are still undergoing research and are not yet available. Products include gels, douches, suppositories or fast-dissolving rectal tablets called inserts.
- **Multipurpose prevention technologies** – products designed to prevent both HIV and unintended pregnancy. These products are still undergoing research and are not yet available. Products include vaginal rings, vaginal gels, intrauterine systems, micropatches, diaphragms, oral pills, vaginal films and implants.

The time span from initial product development to rollout into the community is long. Products 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 products may be approved or available in your location.

Getting Oral PrEP

Before someone can start using oral PrEP, they will need to see a health care provider who can prescribe it and conduct regular HIV tests. This can be a barrier to oral PrEP. For example, individuals may be concerned about:

- Being judged by the health care provider
- Being stigmatized and discriminated against because of their sexual practices, sexual orientation, gender identity or gender expression
- Being tested for HIV and finding out they are HIV positive
- Being afraid of blood draws
- Having to discuss their sex lives
- Being seen attending the service by their parents, partner or other people
- Fearing the health care provider will break confidentiality and tell others they are using oral PrEP

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

- Telling them about the process so they know what to expect
- Giving them information about stigma-free services in their area where they can get oral PrEP
- Ensuring that they know their rights as a client
- Talking through any concerns they might have, such as getting an HIV test
- Helping them see their health care provider, such as by making an appointment, identifying 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)

Taking and Staying on Oral PrEP

Taking oral PrEP

How is oral PrEP taken?

Oral PrEP needs to be taken for a certain amount of time before there is enough medication in the body to protect against HIV. For MSM, the first dose of PrEP should be a double dose (two pills). Within two to 24

hours of the double dose, the amount of PrEP in the body reaches levels that are protective against HIV. This is true for both MSM who are using daily PrEP and MSM who are using on-demand PrEP (2+1+1). For everyone else (women, men who have sex with women), the amount of PrEP in the body reaches levels that are protective against HIV after they take one pill each day for seven days in a row.

Oral PrEP can be taken with or without food, and taking it at the same time each day may help someone remember to take it. If it is not taken at exactly the same time each day, that is okay. As discussed previously, there are two ways to take oral PrEP – daily or on demand (2+1+1). For more information about daily and on-demand PrEP, see page 125.

POPULATION	TYPE OF PREP USE	HOW LONG DO THEY NEED TO TAKE PREP BEFORE THEY ARE PROTECTED FROM HIV?	HOW LONG DO THEY NEED TO TAKE PREP AFTER THEIR LAST POTENTIAL HIV EXPOSURE?
MSM	Daily or on demand (2+1+1)	2 pills taken at the same time, 2-24 hours before sex	1 pill per day for 2 days following last potential HIV exposure
All other populations	Daily	1 pill per day for 7 days	1 pill per day for 28 days following last potential HIV exposure

What are the barriers to PrEP use?

People can struggle with taking oral PrEP as prescribed for a number of reasons, including:

- Fearing that if people find out they are taking oral PrEP, they will think they are HIV positive or discriminate against them
- Fearing that if their parents find out they are on oral PrEP, it will reveal they are sexually active
- Not fully accepting that they are sexually active, and therefore not wanting to “plan for sex”
- 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
- Underestimating their vulnerability to HIV; research shows that people who think they need HIV protection are more likely to adhere to oral PrEP
- Finding it challenging to take a medication when they are not sick
- Low awareness of and support for oral PrEP in the community, including from parents, partners, religious leaders, health care providers, and among 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 using PrEP and managing side effects
- Changes in routine, such as being away from home
- For transgender people, fear that PrEP might interfere with hormonal therapy

Are there any side effects?

Taking oral PrEP is similar to taking any other medication. Some people have 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
- Weight loss
- Nausea
- Vomiting
- Abdominal discomfort

These side effects usually lessen with time or by changing the time of day the pill is taken. If peers 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, nor does it affect a fetus during pregnancy or an infant during childbirth or breastfeeding. This is a common concern.

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

Oral PrEP does not interact with most other medications, and there are no known interactions with contraceptives, recreational drugs or alcohol. Anyone who is considering PrEP or using PrEP should let their provider know about all the medications they are taking.

How is oral PrEP stored?

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

How can Ambassadors support their peers to use oral PrEP?

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

- Taking the pill at the same time every day
- Incorporating the pill into daily activities, such as their morning routine or when a favourite TV show comes on
- Setting a phone alarm, or a reminder with a motivating message
- Encouraging trusted partners, family members or friends to remind them
- Using daily pill boxes
- Keeping pills in a place that is easy to find
- Taking it at the same time as other daily medications (for example, many pregnant women take iron pills and antimalarial medication daily)
- Keeping a back-up supply of oral PrEP
- 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. For people who are prescribed daily PrEP, if they miss a pill, they can take it as soon as they remember and continue to take it daily as before. It is safe to occasionally take two pills in one day. If someone is not sure whether they took their pill on a certain day, it is okay to take another pill. If they take oral PrEP daily, they will still have high levels of protection if they occasionally miss a pill. If they usually miss more than one pill per week, they should think about other ways to help them take oral PrEP every day.

For MSM who are prescribed on-demand PrEP (2+1+1), it is important not to miss any doses. If they miss a dose, the effectiveness of PrEP is reduced. They should take a pill as soon as they remember and may want to contact their health care provider to consider taking PEP.

Staying on Oral PrEP

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

If someone no longer feels vulnerable to HIV or wants to stop using oral PrEP for other reasons, they should speak to a health care provider. People taking daily PrEP should continue taking one pill each day for 28 days after their last possible HIV exposure. MSM taking on-demand PrEP (2+1+1) should take one pill each day for two days following the last potential HIV exposure.

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

While peers 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, WhatsApp and in person
- Suggesting they get oral PrEP refills through outreach services
- Recognising milestones (like giving the title “Oral PrEP Champ” after taking the pill as prescribed for three months)

Telling Others

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

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

There are many reasons why people choose to tell or not tell their **partners** about their use of oral PrEP. They 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 they did not tell their partner, but the partner found out anyway.
- They do not want their partner to have misconceptions about oral PrEP (e.g., that PrEP is for HIV-positive people or that anyone who is taking it is “promiscuous”).
- Their partner can help them use PrEP by taking them to clinic appointments, reminding them to take the pill, and providing emotional support to deal with side effects or other challenges.
- Among PBFW, they feel they should make joint decisions with their partner since the mother’s health also affects the health of the fetus or infant.

Other people 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 oral PrEP.
- They worry their partner will want to stop using condoms.
- 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.

There are many reasons why young people choose to tell or not tell their **parents** about their use of oral PrEP. They 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 their parents, but their parents found out anyway.
- They are under 18 and require the consent of their parents to access oral PrEP.
- They need their parents’ help to access health services and resources, or they rely on their parents for advice during pregnancy and breastfeeding.
- Their parents can help them use PrEP by taking them to clinic appointments, reminding them to take the pill, and providing emotional support to deal with side effects or other challenges.
- They do not want their parents to have misconceptions about oral PrEP.

Other young people 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 will find out about their sexual orientation.
- They worry their parents may force them to stop using oral 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 oral PrEP. Ambassadors can also help their peers to identify strategies for either telling people about their use of oral 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 oral 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 oral PrEP use
- Using role-plays to practice telling their parents, partner or peers they are using oral PrEP
- Providing them with information about oral 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 oral 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 oral 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 influential people – including family members, partners, traditional leaders, religious leaders, health care providers and peers – can influence an individual's decision to use oral PrEP and make it harder or easier for them to use it. Different people will have different levels of influence over an individual's decisions, depending on several factors such as how well respected and trusted they are and how much power they hold in the community.

Social stigma, fueled by lack of awareness and misinformation about PrEP, is one of the biggest barriers to using it. Individuals using PrEP may experience stigma because oral PrEP was originally approved for MSM and female sex workers. So, PrEP use could reveal that an individual is sex worker or a man who has sex with men, or people might assume PrEP users are members of these stigmatized groups. A major cause of stigma for unmarried women and girls who want to use PrEP is that sex is considered to be shameful for unmarried women. There are strong social norms in many parts of sub-Saharan Africa that stigmatise women for having sex outside of marriage and for talking about sex. These two factors combined have created the view that women who use PrEP are promiscuous.

There are lots of myths about oral PrEP that also contribute to stigma and misinformation (see the next page).

To increase oral PrEP use, it is important to change the way people think and talk about it. Fear of being stigmatised is a very powerful influence. Educating the community about oral PrEP and correcting myths is an important strategy. Partners are particularly influential over an individual's decision of whether to use oral PrEP. The support of partners can also help individuals use it correctly and stay on it while they are still vulnerable to HIV. Parents and other family members can also strongly influence whether individuals start using PrEP and use it correctly.

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

Key messages for gaining the support of parents and other family members include:

- Many people find it difficult to negotiate safer sex with their partners.
- Oral PrEP is safe – it will not affect fertility. It is also safe to use oral PrEP during pregnancy, childbirth, breastfeeding, and while trying to get pregnant. In fact, helping a pregnant or breastfeeding mother stay HIV negative also helps their babies stay HIV negative.
- Using oral PrEP does not result in people having more sex or riskier sex.
- Supporting your child to use oral PrEP will help keep him or 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. Oral PrEP is one way your partner can protect their health.
- Using oral PrEP does not mean your partner does not trust you or that they are having an affair.
- If your partner is using oral PrEP, it will not affect you in any way. It will not protect you from HIV.
- You will still need to use condoms to protect each other from other STIs and for contraception.

Myths about Oral Prep

MYTHS	FACTS
Oral PrEP is for people who are HIV positive.	Oral PrEP can only be used by people who are HIV negative. The medication used in oral PrEP is similar to the medication used to treat people who are HIV positive, but they work in different ways. Oral PrEP protects HIV-negative people from getting the virus.
Oral PrEP is only for sex workers and people who are promiscuous.	Oral PrEP is for anybody who is vulnerable to HIV. In areas where HIV rates are very high, all sexually active people are vulnerable. 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 and may lack power in their relationships. Oral PrEP can help change this!
Oral PrEP is for people who have been raped.	Oral PrEP only protects someone who has been raped if they were already taking it as prescribed before they got raped. If they were not already taking oral PrEP, they would need to take PEP.
Like ART, oral PrEP only works if taken for life.	Oral PrEP only needs to be taken while someone is vulnerable to HIV. Some people use oral PrEP during periods of vulnerability and then decide to stop using it when they are no longer vulnerable.
A person is protected from HIV as soon as they start taking oral PrEP.	Oral PrEP has to build up in a person's system before it will protect them from HIV. People should talk to their health care providers to find out how long they will need to take it before it will protect them from HIV.
Oral PrEP can only protect someone if they are having anal sex.	Oral PrEP targets HIV. It is effective no matter how the virus is transmitted.
If a person takes oral PrEP and becomes HIV positive, then ART will not work; oral PrEP leads to ART resistance.	The risk of developing HIV drug resistance is very small (<0.1%), especially if clients take oral PrEP as instructed and get tested for HIV regularly.

MYTHS	FACTS
Oral PrEP has terrible side effects.	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.
Oral PrEP will make a person infertile.	This is not true. It has been proven that oral PrEP has no effect on fertility (a woman's ability to get pregnant or a man's ability to get a woman pregnant).
Oral PrEP reduces a person's sex drive.	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.
Oral PrEP reduces the effectiveness of contraception.	Oral PrEP has no effect on any methods of contraception.
Oral PrEP does not work if taken with alcohol and drugs.	Alcohol and drugs will not affect oral PrEP. However, alcohol or drug use may make it more difficult to remember to take oral PrEP as prescribed or may lead to riskier sex.
Oral PrEP interferes with other HIV prevention methods like condoms and lubricants.	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 strengthens prevention.
If someone is taking oral PrEP, they do not need to use condoms.	Oral PrEP can be more than 90% effective, but it does not protect against STIs and pregnancy, so it is better if someone uses condoms with oral PrEP. PrEP does not provide any protection to a person's sexual partners.
Since the oral PrEP pill is so big, it is okay to crush it or break it in half.	It is definitely not advisable to crush the pill. It is also not advisable to break it in half, as the dosage may be compromised (i.e., some of the pill may be lost). Some health care providers say that if the pill cannot be swallowed (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.
People can share oral PrEP pills with others.	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.

MYTHS	FACTS
Anyone can decide whether to take PrEP daily or on demand.	On-demand PrEP use, also referred to as 2+1+1, is only effective for MSM who (1) have sex one day a week or less on average, (2) can predict when they will have sex, and (3) do not have chronic hepatitis B. Your health care provider can help determine if on-demand PrEP is a good fit for you.
PrEP reduces hormone levels in transgender people on hormone therapy.	More research is needed on this topic but there are no known drug conflicts or interactions between PrEP and hormone therapy. There is no known scientific reason why PrEP and hormone therapy cannot be taken at the same time. If you are worried that PrEP will affect your hormone therapy, ask your health care provider to check your hormone levels. Follow-up PrEP visits could be combined with hormone therapy appointments. The effect of hormone therapy on PrEP is unclear. One study found that hormone therapy reduced the amount of PrEP in the body, while another study found that hormone therapy had no effect on PrEP.
Women who are pregnant, breastfeeding or trying to get pregnant shouldn't take PrEP because it could harm their baby.	Some women are concerned about PrEP causing miscarriage, birth defects, premature labor, low birth weight or decreased milk supply, but these are myths. PrEP is safe to use during pregnancy, breastfeeding and while trying to get pregnant.
Only one partner needs to take PrEP.	PrEP only protects the person who is taking it.
In a serodiscordant relationship, the HIV-negative partner does not need to take PrEP if the HIV-positive partner is on ART.	If the partner living with HIV is on ART but not virally suppressed, the HIV-negative partner can use PrEP to reduce their HIV vulnerability.

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, conversing 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 a community to improve people's ability to use oral PrEP to protect themselves from HIV. Environmental factors that make it harder for people to use oral PrEP are called barriers, while things that make it easier are called enablers.

What are the barriers to oral PrEP?

The ability of people to use oral 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 oral PrEP or contribute toward an enabling environment for its use. Ambassadors can try to influence this environment to remove barriers and strengthen enablers.

Barriers will be different in each context. Some common barriers are listed below:

Harmful social and gender norms, gender inequality and unequal power dynamics (these are explored in detail in the [Gender-based Stigma, Discrimination and Violence](#) session)

- Power imbalances and violence in relationships make it more difficult for many PrEP priority populations – including AGYW, MSM, PBFW, sex workers, serodiscordant couples, transgender women and PWID – to negotiate safer sex in their relationships; to discuss HIV prevention options, including oral PrEP; and to access sexual health services.
- Members of PrEP priority populations also 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 women and girls for having sex and talking about sex. This makes it more difficult for women and girls, particularly those engaged in sex work or transactional sex, to get information about HIV prevention and to access services.
- Gender norms promote stigma, discrimination and violence against people who identify as or are perceived to be part of the LGBTQI community, including MSM and transgender people. They may not feel safe telling a health care provider about their sexual behaviours. This is particularly true in countries where same sex relationships or practices are criminalised.
- Some social and gender norms related to masculinity promote the expectation that men and boys demonstrate their manhood by having multiple sex partners, not using protection and not asking questions or seeking information about HIV and other health issues.

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 (and lubricant), contraception, harm reduction equipment (e.g., sterile needles and syringes), HIV testing and oral 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

Discriminatory laws and policies create many barriers for criminalised populations (e.g., MSM, PWID, transgender people, sex workers) attempting to access services they need related to sexual and reproductive health and rights. Fear of police violence limits their freedom of movement, and providers of health and social services may refuse to serve them or provide substandard care.

Health care facilities that are not accessible and inclusive

- Staff are not trained to provide stigma-free services to PrEP priority populations
- Health care facilities are too expensive or difficult to get to, or their opening hours do not meet the specific needs of PrEP priority populations
- Health care facilities are not private, or they have poor confidentiality standards
- Staff stigmatise and discriminate against PrEP priority populations
- If services are not integrated, it may be difficult for individuals to separately access the different health services they need (e.g., antenatal care, family planning, STI testing and treatment)

Politicians, local leaders and other people with influence not prioritising the rights of PrEP priority populations

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

How can Ambassadors reduce barriers to oral 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 oral PrEP use.

Ambassadors are not expected to remove barriers to oral 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 priority populations, including their right to use oral 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 PrEP priority populations. Advocacy activities that Ambassadors could do to contribute to creating an enabling environment include:

- Creating and maintaining a social media presence to mobilise peers to claim their rights. Use Facebook and Instagram for creating a social media presence and generating a following, and then WhatsApp for engaging in longer form discussion with groups or individuals who show interest in PrEP
- Collaborating with peers and advocates in campaigns to promote sexual and reproductive health and rights, including their right to oral PrEP
- Seeking out leadership opportunities to create a platform for advocating for sexual and reproductive health rights, including oral PrEP
- Talking to health care providers about the barriers to services and providing recommendations for creating more inclusive spaces and services
- Using their personal experiences to advocate for the importance of oral PrEP
- Getting involved in existing advocacy groups and campaigns
- Connecting peers with advocacy organisations to ensure their work is informed by the experiences of PrEP priority populations

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 story on Instagram asking an ambassadors' followers what questions they have related to PrEP access. The PrEP ambassador can then post story replies to these questions and tabulate and share with the program team to learn more about people's experience.



Your Notes

Oral PrEP

Sessions

1

Combination Prevention and Oral PrEP

SESSION OVERVIEW

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

By the end of this session, participants should:

- Understand key information about oral PrEP
- Be able to correct myths about oral PrEP
- Be aware of the different methods people can use to prevent HIV
- Understand that oral PrEP is an additional method of HIV prevention that can be used along with condoms (and lubricant)

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 Oral PrEP sessions for your reference.

TOOL 6 Test and Prevent

TOOLKIT PAGE 13

TOOL 2 HIV Transmission and Prevention

TOOLKIT PAGE 9

KEY MESSAGES

- Combination HIV prevention involves the use of multiple prevention methods to maximise protection from HIV and other unwanted sexual health outcomes. These methods include oral PrEP, condoms with lubricant and STI screening and treatment.
- The prevention of HIV is everyone's responsibility. There are many ways people can protect themselves from HIV or prevent the spread of the virus to others.
- Oral PrEP is an additional method of prevention that can give individuals more power and control over their sexual health and their ability to protect themselves from HIV.
- Using more than one method as part of a combination prevention strategy can maximise protection from HIV.
- When choosing which HIV prevention method(s) to use, people need to think about HIV, STIs and pregnancy. Oral PrEP does 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 (and lubricant) while taking oral PrEP to get the most protection against HIV and other STIs.
- Daily 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.
- If approved in your country, some MSM can take PrEP on demand, also referred to as 2+1+1. This will be discussed in more detail in a later session.
- Regular HIV testing is crucial to the prevention of HIV because most HIV transmissions come from people who do not know they are HIV positive.
- One advantage of oral PrEP is that it can be used without the knowledge of one's family, partners or anyone else.
- PrEP is safe to use during pregnancy, childbirth and breastfeeding.

SESSION INSTRUCTIONS

PREPARATION

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

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, with lubricant)
- Oral pre-exposure prophylaxis (oral PrEP)
- Post-exposure prophylaxis (PEP)
- 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 oral PrEP.
3. Refer to **Oral PrEP Essential Knowledge** to provide a brief overview of oral PrEP.

ACTIVITY: Fact or Myth

1. Ask participants to write down something they have heard about oral PrEP (either a fact or a myth) on a sticky note and to stick it up on the piece of flip chart paper with the heading “Things people say about oral PrEP”.
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.

Participants may not have seen oral PrEP before. If possible, bring some samples to show them what it looks like.

If participants are slow to start, begin the activity by telling them some common myths about oral PrEP.

4. Some statements may be partly correct; participants may need help to decide if they are myths or facts. For example, someone might 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.
5. Once participants have chosen, refer to **Oral PrEP Essential Knowledge** to reveal if the statement is a myth or a fact.
6. 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.
7. If the volunteer has missed any important information in their explanation, use the information in **Key Messages** and **Oral PrEP 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.
 - Oral PrEP is an additional method of prevention, but it is not the only one. 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 may like to bring some chocolates or another prize to give to the winning team.

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 name of the groups on a piece of flip chart paper so you can keep score during the game.

Try to create groups of seven so each person has their own card.



4. Explain to participants that you will be reading out 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.
9. Direct participants to the **Test and Prevent Ambassador Tool** and the **HIV Transmission and Prevention Ambassador Tool** and summarise key messages about combination prevention.
10. Note that unintended pregnancy is very common. People need information about contraceptive methods, including injectables, implants, intrauterine devices and oral contraceptive pills. People also need to know how to access stigma-free 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 at preventing the transmission of most STIs.	Abstinence Condoms STI screening and management
These prevention methods reduce your vulnerability to HIV during sex.	Condoms Oral PrEP 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 (except for MSM who may be eligible for on-demand use, also referred to as 2+1+1) PEP is partially correct as it is used every day for four weeks. ART

If participants do not have a lot of existing knowledge about oral PrEP, you can direct them to the **Test and Prevent Ambassador Tool** to help them with this exercise.

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 they may have. STI screening includes **STI testing**, which specifically refers to testing samples for the presence of sexually transmitted infections.

ART can reduce a person's viral load so that HIV is not transmissible. This is referred to as Undetectable = Untransmissible, or U=U.

STATEMENT	ANSWER
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
These prevention methods should be used by everyone who is sexually active.	Condoms HIV testing STI screening and management
These methods use antiretroviral medication to stop HIV from copying itself and spreading to new cells.	PEP ART

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 are key steps in HIV prevention.



REFLECT

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?
- Who would oral PrEP be a good option for?
- Why is it important to use oral PrEP and condoms (and lubricant) together?

FACILITATION TIPS

Keep in mind that some participants may be using, or considering using oral PrEP. Others may have used it previously and stopped taking it.

If you think it is appropriate, invite participants to share if they have a personal experience of using oral PrEP. Highlight that it 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.

2

Finding Out about Oral PrEP

SESSION OVERVIEW

Participants will begin working on the Oral PrEP Journey Map. The Journey Map outlines the steps their peers may follow when deciding to use oral PrEP, the first one being Finding Out about Oral PrEP. In this and the next four sessions, each participant will create a character and support the character through the journey. Participants will also identify the information they will need as Ambassadors to educate their peers about oral PrEP and strategies for communicating this information.

By the end of this session, participants should:

- Be able to explain how oral PrEP works to prevent HIV
- Be able to explain the differences between oral PrEP, PEP and ART
- Know how to communicate key information about oral PrEP to their peers



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 Oral PrEP sessions for your reference.

WORKSHEET 3	Oral PrEP Journey Map	TOOLKIT PAGE 26
WORKSHEET 4	Character Profile	TOOLKIT PAGE 27
TOOL 7	Oral PrEP, PEP and ART	TOOLKIT PAGE 14
TOOL 8	Daily PrEP	TOOLKIT PAGE 15
TOOL 9	PrEP for Men Who Have Sex with Men	TOOLKIT PAGE 16

KEY
MESSAGES

- The process of deciding to take oral PrEP is complex. People may need both time and support to decide whether it is right for them.
- The word PrEP stands for pre (before) exposure (coming into contact with the HIV virus) prophylaxis (medication to prevent an infection from happening).
- Oral PrEP is a pill that is taken once a day by an HIV-negative person (or on-demand by some MSM) to protect themselves from getting HIV. The medication does not protect a person straightaway. It needs time to build up in the body to reach maximum effectiveness.
- When HIV enters the body, it attacks and enters immune cells known as CD4 cells. Oral PrEP creates a shield around these cells to protect them from HIV. If a person is taking oral PrEP as prescribed and they are exposed to HIV, the virus will not be able to infect their blood cells. The virus will die, and the person will not get HIV.
- Oral PrEP contains antiretrovirals (ARVs). These are a type of medication that stops HIV from copying itself and spreading to other cells.
- There are many types of antiretrovirals that all work in different ways to fight HIV. PrEP, PEP and ART contain different combinations of antiretrovirals to fight the virus at different stages of reproduction.
- Oral PrEP, PEP and ART cannot be swapped – they only work when used as prescribed.
- Daily 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.
- If approved in your country, some MSM can take PrEP on demand, also referred to as 2+1+1. This type of PrEP use is only for MSM who (1) have sex infrequently (one day per week or less on average), (2) can predict when sex will happen (at least two hours in advance or can delay sex for at least two hours), and (3) do not have chronic hepatitis B.
- If someone wants to stop taking PrEP, they must keep taking it for a certain amount of time after their last potential HIV exposure.
- Everyone should take PrEP as prescribed by their health care provider.



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 oral PrEP
 - Decide to use oral PrEP
 - Get oral PrEP
 - Take oral PrEP correctly and continue to take it while they are vulnerable to HIV
 - Tell others they are using oral PrEP
3. Show participants the **Oral PrEP Journey Map Worksheet**. Explain that it shows the different steps their peers might take when deciding to use oral PrEP.
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 oral PrEP but not start taking it for weeks or months.
 - Some people start taking oral 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 their journey with oral PrEP.

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 MSM who are engaged in sex work or AGYW who are pregnant.

Who are they?

24 years old

Goes to school

Identifies as MSM but passes as straight

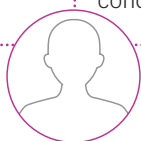
Lives with his boyfriend who is 35

Are they vulnerable to HIV?

How do they protect themselves?

He is having unprotected sex with his boyfriend.

He occasionally picks up other partners when he goes out, but always uses a condom with them.



What do they know, think and feel about HIV?

He is very aware of HIV and is somewhat worried about it.

He doesn't want to use condoms with his boyfriend because he wants to have an open and trusting relationship, but he doesn't know what his boyfriend does on the side.

What do they know, think and feel about oral PrEP?

He knows oral PrEP is a new HIV prevention option but has questions about how it works.

He is concerned about going to the clinic because he doesn't think it's safe to tell a provider about having sex with men.

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.

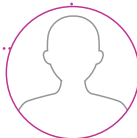


Who are they?

16 years old
Goes to school
Lives at home with her parents
Her boyfriend is 18 years old

Are they vulnerable to HIV? How do they protect themselves?

She's having sex with her boyfriend.
He wears condoms sometimes but not when he's been drinking.



What do they know, think and feel about HIV?

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.

What do they know, think and feel about oral PrEP?

She doesn't know much about oral PrEP, 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 it in case people think she's cheating on her boyfriend.

8. Explain that in the next activity, they will start supporting their character on their journey toward using oral PrEP. Direct participants to the **Oral PrEP Journey Map Worksheet** and give them a few minutes to draw their character in the centre of the map.

APPLY

ACTIVITY: Journey Map Step One – Helping Your Peers Find Out about Oral Prep

1. Explain to participants that educating their peers about oral PrEP is an important first step. It is normal for people to worry about taking 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.

Guide participants to create their character using the following questions:

- What is their name?
- Where do they live?
- How old are they?
- Are they in school?
- What do they do for money?
- Who are their sexual partners?

Encourage the group to consider their peers who may be particularly vulnerable to HIV or have more difficulty using oral PrEP, such as

- Adolescents
- People with disabilities
- People living in poverty
- Sex workers
- Transgender people

FACILITATION TIPS

To facilitate this session, you will need a good understanding of the way oral PrEP works. If you need to refresh your knowledge, revisit **Oral PrEP Essential Knowledge**.



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 oral PrEP 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 oral PrEP.
7. In the third column (*What we need to find out*) they will write the things from the first list that they will need to learn about oral PrEP 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. Ask participants if anyone would like to try and address the gaps in knowledge listed under “*What we need to find out*”.
15. Using the **Oral PrEP Essential Knowledge, Key Messages, Oral PrEP, PEP and ART Ambassador Tool, Daily PrEP Tool**, and **PrEP for Men Who Have Sex with Men Tool**, help participants fill in their knowledge gaps about oral PrEP. Direct participants to their **Oral PrEP Journey Map Worksheet** and explain that they will now be identifying the key messages they want to communicate to their characters.
16. Ask participants to form pairs by talking with other participants and finding someone whose character will need similar key messages.
17. Give participants five minutes to identify the key messages they want to communicate to their characters.
18. Once everyone has finished, go around the circle and ask each pair to share one key message.
19. Once the activity has come to an end continue to the reflection activity below.

Help participants to think about how oral PrEP works by using prompting questions such as:

- How does HIV affect the body?
- What medication is in oral PrEP?
- Why do most people have to take oral PrEP every day?



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

- Did you understand how oral PrEP worked before this session?
- Do you think this information is important for your peers to know?
- What do you think about oral PrEP 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 oral PrEP.

3

Deciding to Use Oral PrEP

SESSION OVERVIEW

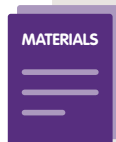
Participants will work through the second step of the Oral PrEP Journey Map – Deciding to Use Oral PrEP. Participants will identify concerns their peers may have about using oral PrEP and strategies for supporting their peers to overcome these concerns. They will also learn how to help their peers identify their main motivating factor for using PrEP. Participants will then practice answering key questions about oral PrEP in a group role-play.

By the end of this session, participants should:

- Understand concerns their peers may have about using oral PrEP
- Know the answers to key questions about oral PrEP
- Understand that the role of an Ambassador is to empower their peers to make their own decisions about using oral PrEP

KEY MESSAGES

- It is normal for people to have concerns about starting a new medication. Ambassadors can play an important role by addressing these concerns and supporting their peers to make informed decisions about using oral PrEP.
- Common concerns people have about using oral PrEP include:
 - Worrying how taking PrEP could affect their relationships with their partner, family and peers
 - 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
 - Being afraid of blood draws
 - Not wanting to take the medication forever
- People should be empowered to make their own decisions about using oral PrEP. An Ambassador's role is to provide their peers with the information and support they need to make informed decisions.
- Helping a peer identify their main motivating reason to use PrEP may help them be more successful using it.



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 Oral PrEP sessions for your reference.

WORKSHEET 3
TOOL 10

Oral PrEP Journey Map
Oral PrEP: Answering Your Questions

TOOLKIT PAGE 26
TOOLKIT PAGE 17



SESSION INSTRUCTIONS

EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **Oral PrEP Journey Map Worksheet**.
3. Remind them that in the previous session, they identified key messages their character needs to know about oral PrEP.
4. While these key messages will create awareness about oral PrEP, 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 oral PrEP 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 oral PrEP. This session will focus on identifying how participants can support their peers to make informed decisions about using oral PrEP and help their peers identify their main motivation for using PrEP.

ACTIVITY: Addressing Your Peers' Concerns

1. Direct participants to step two of the **Oral PrEP Journey Map Worksheet**.
2. Explain that they will choose a concern that their character may have about using oral PrEP.
3. Facilitate a brainstorming session about the different concerns their peers might have that could stop them from considering using oral PrEP. Write their ideas on a piece of flip chart paper or whiteboard.
4. Next, brainstorm different factors that may be motivating their peers to take oral PrEP. Try to focus on factors other than HIV vulnerability.

If participants are having trouble identifying concerns, provide an example from the Key Messages on the previous page.



5. Highlight to participants that it is not their job to tell their peers if oral PrEP is right for them. Instead, they should empower their peers to make their own decisions about using oral PrEP.
6. Ask participants to break into pairs.
7. Ask each person in the pair to introduce their character to their partner.
8. Ask participants to complete their Journey Maps by identifying:
 - One concern their character may have about using oral PrEP
 - Ways they can help their character overcome their concerns and support them to make an informed decision about using oral PrEP
 - Their character's main motivating factor for using PrEP (not HIV vulnerability)
9. Once participants have finished, bring the group back together.
10. Ask each pair to give a short presentation to explain the concern they discussed, how they addressed it to support their characters to make an informed decision about using oral PrEP, and their character's main motivation for using PrEP.

If they choose concerns about getting oral PrEP or about their partners or family finding out, let them know that these are really important points and will be the focus of future sessions.

Many PrEP users have found that identifying their main motivation for using PrEP 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 the **Oral PrEP: Answering Your Questions** Ambassador tool.
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 play the role of an HIV Prevention Ambassador and to stand in the middle of the circle.
7. Ask for another volunteer to play the role of a peer, come into the circle, and ask the HIV Prevention Ambassador a question about oral PrEP.
8. The person playing the role of the peer will then become the Ambassador. Ask another volunteer to step into the circle and ask them a question.
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.

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 for using oral PrEP in these discussions with their peers.



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 oral PrEP.

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 oral PrEP with them?

4

Getting Oral PrEP

SESSION OVERVIEW

Participants will work through the third step of the Oral PrEP Journey Map – Getting Oral PrEP. Participants will identify barriers that may prevent their peers from getting oral PrEP. 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 oral PrEP
- Know how to support their peers to get oral PrEP

KEY
MESSAGES

- Before people can start taking oral PrEP, they will need to see a health care provider who can prescribe their medication and provide regular checkups. This can be a barrier to using oral PrEP.
- People must have an HIV test before getting oral PrEP. This can be a barrier for those who are worried they may be HIV positive.
- Ambassadors play an important role in supporting their peers to get oral 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 Oral PrEP sessions for your reference.

WORKSHEET 3 Oral PrEP Journey Map

TOOLKIT PAGE 26

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION



1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **Oral 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 oral PrEP.
4. Explain that they will now be imagining that their characters have decided to use oral PrEP, and they have progressed to the next step of the journey – getting oral PrEP.

ACTIVITY: Supporting Your Peers to Get Oral PrEP

1. Direct participants to step three of the **Oral PrEP Journey Map Worksheet**.
2. Explain that before someone can start taking oral PrEP, they will need to see a health care provider who can prescribe their medication and provide regular checkups. This can be a barrier and prevent people from using oral PrEP.
3. Facilitate a brainstorming session about the barriers that might prevent their characters from going to a health care provider to get oral PrEP and write these on a piece of flip chart paper.
4. Ask each person to select a barrier from the list that they think could prevent their character from getting oral PrEP.
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 and get oral PrEP.
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 there.

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.

 <h2>APPLY</h2> <ol style="list-style-type: none"> 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 their peers. In the role-play, the peer will tell the Ambassador what barrier they are facing to getting oral PrEP, and the Ambassador will offer support to help 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. 	<h3>FACILITATION TIPS</h3>
 <h2>REFLECT</h2> <p>ACTIVITY: Reflection Circle</p> <ol style="list-style-type: none"> 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. <p>SUGGESTED REFLECTION QUESTIONS</p> <ul style="list-style-type: none"> • Do you know where to get oral PrEP in your community? • Have you heard of people in your community finding it difficult to get oral PrEP? • Do some people in your community face more barriers than others? 	<h3>FACILITATION TIPS</h3> <p>Invite participants to share if they have personally experienced a barrier to getting oral PrEP and if they were able to overcome it.</p>

5

Taking and Staying on Oral PrEP

SESSION OVERVIEW

Participants will work through the fourth step of the Oral PrEP Journey Map – Taking and Staying on Oral PrEP. Participants will learn about the reasons their peers may find it difficult to take oral PrEP as prescribed and continue taking it while they are vulnerable to HIV. They will then identify strategies for supporting their peers to take and stay on oral PrEP.

By the end of this session, participants should:

- Be able to explain the importance of taking oral PrEP as prescribed (for most people, this means taking it daily) and continuing to take it while they are vulnerable to HIV
- Be able to identify the reasons their peers may find it difficult to take oral PrEP as prescribed
- Be able to identify the reasons their peers may choose to stop taking oral PrEP while they are still vulnerable to HIV
- Know how to support their peers to take and stay on oral 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 Oral PrEP sessions for your reference.

WORKSHEET 3
TOOL 11

Oral PrEP Journey Map
10 Tips for Using Oral PrEP

TOOLKIT PAGE 26

TOOLKIT PAGE 18

KEY
MESSAGES

- Oral PrEP can be used during periods in people's lives when they are vulnerable to HIV. They can stop using it when their circumstances change. If people are vulnerable to HIV and they do not take oral PrEP as prescribed (for most people, this means taking it daily), their ARV levels will not be high enough to protect them from HIV.
- Many people struggle to take oral PrEP as prescribed. Common reasons include:
 - Not understanding how oral PrEP works and the importance of taking it as prescribed
 - Worrying people will see them taking the pills
 - Getting tired of taking it
 - Experiencing side effects
 - Forgetting to take it
- People may stop taking oral PrEP altogether for many reasons, including:
 - Experiencing side effects
 - Worrying people will find out and judge them or think they are HIV positive
 - Underestimating their vulnerability to HIV
 - No longer being vulnerable to HIV
 - Missing a pill and being unsure what to do
 - For people who are prescribed daily PrEP, they can take it as soon as they remember and continue to take it daily as before. It is safe to occasionally take two pills in one day.
 - For MSM who are prescribed on-demand PrEP, it is important not to miss any doses. If they miss a dose, the effectiveness of PrEP is reduced. They should take a pill as soon as they remember and may want to contact their health care provider to consider taking PrEP.
- MSM who meet certain criteria can choose between daily use and on-demand use (2+1+1). On-demand use can be easier for some MSM because it involves taking fewer pills and costs less. On the other hand, on-demand use can be more challenging to take correctly compared to daily PrEP. MSM who are interested in on-demand use should talk with a health care provider to see if it may be a good fit for them. Whichever they choose, it is very important to take PrEP as prescribed for it to be effective. There is **no evidence** that on-demand PrEP use works in **other populations**.



SESSION INSTRUCTIONS

EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the [Session Overview](#).
2. Direct participants back to their [Oral PrEP Journey Map Worksheet](#).
3. Remind them that in the previous session, they supported their characters to get oral PrEP.
4. Explain that getting oral PrEP is not the last step. Many people start taking oral PrEP but do not take it as prescribed (for most people, this means taking it daily). They may also stop taking it while they are still vulnerable to HIV. Ambassadors play an important role in supporting their peers to take oral PrEP as prescribed and to continue taking it while they are vulnerable to HIV.
5. Highlight that oral PrEP only needs to be used during periods in people's lives when they are vulnerable to HIV. People can choose to stop taking it when they are no longer vulnerable. However, it is important for them to talk to their health care provider before stopping oral PrEP.

ACTIVITY: Supporting Your Peers to Take and Stay on Oral PrEP

1. Ask participants why it is important for their peers to take oral PrEP as prescribed (for most people, this means taking it daily) and continue taking it while they are vulnerable to HIV.
2. Facilitate a brainstorming session about the different reasons their peers might find it difficult to take oral PrEP as prescribed and continue to take 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 take oral PrEP correctly and continue to take it. They will also be identifying strategies for providing ongoing support, which their peers may need to continue taking oral PrEP 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 take oral PrEP as prescribed. Ask the other half to focus on supporting their peers to continue taking oral PrEP while they are vulnerable to HIV.

To effectively facilitate this session, you need to understand the reasons people may find it difficult to take oral PrEP as prescribed and the reasons they might stop taking it. In addition, it's helpful to be aware of the unique challenges that priority populations (e.g., AGYW, MSM, PFBW, PWID, serodiscordant couples, sex workers and transgender people) face regarding taking PrEP. It will also be helpful if you are aware of different strategies Ambassadors can use to support their peers to take and stay on oral PrEP. If you need to refresh your knowledge, refer back to [Oral PrEP Essential Knowledge](#).

If participants need help identifying strategies, you can find examples in [Oral PrEP Essential Knowledge](#).



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. Point out that everyone is likely to face challenges taking oral PrEP. Ambassadors can help their peers identify early on where they might get off track and have a plan for what to do when that happens. This approach may be more helpful to peers than waiting until a challenge comes up.
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

If you think it is appropriate, you might provide feedback to the groups after they present to help them build their presentation skills.



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

- What did you learn today that will help you in your roles as Ambassadors?
- Do you think your peers understand the importance of taking oral PrEP as prescribed (for most people, this means taking it daily) and continuing to take 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 taking PrEP?

FACILITATION TIPS

Invite participants to share if they have personally found it difficult to take oral PrEP as prescribed or if they have started and stopped taking oral PrEP. You might also ask them to reflect on the type of support that could have helped them.

6 Telling Others

SESSION OVERVIEW

Participants will work through the final step of the Oral PrEP Journey Map – Telling Others. They will examine the reasons their peers may choose to tell or not tell their partners and/or families about their use of oral 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 oral PrEP.

By the end of this session, participants should:

- Be able to explain the reasons why peers might want to tell their families and partners about their use of oral PrEP and the reasons they might want to keep this information private
- Understand that people have the right to make their own decisions about disclosing their use of oral PrEP
- Know how to support peers to decide whether they will disclose their use of oral PrEP

! This session requires participants to understand why it may be difficult or unsafe for people to tell their families or partners they are using oral PrEP. It is important to note that oral PrEP use is not a root cause of violence. If participants do not have this knowledge, we recommend you do the **Gender-based Stigma, Discrimination 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**.

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 Oral PrEP sessions for your reference.

WORKSHEET 3	Oral PrEP Journey Map	TOOLKIT PAGE 26
TOOL 12	Telling Others Role-Play 1: Deciding	TOOLKIT PAGE 19
TOOL 13	Telling Others Role-Play 2: Telling Your Partner	TOOLKIT PAGE 20
TOOL 14	Telling Others Role-Play 3: Keeping Your Oral PrEP Use Private	TOOLKIT PAGE 21

KEY
MESSAGES

- People can use oral PrEP without telling their families, partners or anyone else.
- Individuals have the right to decide whom they tell about their use of oral PrEP. Using oral PrEP is a health decision, and everybody has the right to make their own decisions about their health.
- Peers may find it easier to use oral 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.
- Oral PrEP may be particularly useful for people 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 people in abusive or controlling relationships to tell their partners they are using oral PrEP. Ambassadors can play an important role in supporting their peers to develop strategies for keeping their oral PrEP use private.



SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **Oral PrEP Journey Map Worksheet**.
3. Remind them that in the previous session, they learned strategies to support their characters to take and stay on oral PrEP.
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 families and/or partners they are using oral PrEP.
5. Explain that one of the unique things about oral PrEP is that individuals do not need to involve their partners or anyone else in their decision to take it.
6. Explain that individuals have the right to decide whom they tell about their use of oral PrEP.
7. Ask participants to consider the following questions:
 - What are the reasons people might choose to tell their partners and/or families?
 - What are the reasons people might choose **not** to tell their partners and/or families?
 - Is there a right or wrong choice?
 - What is your role as an Ambassador when supporting your peers with this decision?

FACILITATION TIPS

This session focuses on disclosures to partners, but peers may also need support to consider if they should disclose their use of oral PrEP to their families or other people in their lives. Adapt the role-plays, as necessary, for the group being trained. Also, review the Essential Knowledge section to familiarize yourself with the reasons why people may choose to tell or not to tell their parents/family and partners about their PrEP use.

Emphasise that people have the right to make their own decisions about their health. The role of an Ambassador is to provide the information and support peers to make an informed 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. For example, in heterosexual relationships, men/boys have more power than women/girls. In transactional relationships, the sugar daddy/blesser has more power than the sugar baby/lessee. Partners or mothers-in-law of PBFW may exert more control during pregnancy and after the baby is born. This can make it difficult or even unsafe for some people to talk to their others about using oral PrEP.
9. In some relationships, the partner with more power expects to have control over the decisions their partner makes, particularly when it is about their sexual health. This is a form of violence.
10. In violent relationships, it can be unsafe for someone to negotiate safer sex or to tell their partners they are using oral PrEP. This is not the only reason people may choose not to tell their partners, but it is an important consideration when supporting peers 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:
 - **Telling Others Role-Play 1: Deciding**
 - **Telling Others Role-Play 2: Telling Your Partner**
 - **Telling Others Role-Play 3: Keeping Your Oral PrEP Use Private**
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.

Refer to the **Gender-based Stigma, Discrimination and Violence** session for more information.

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.



APPLY

FACILITATION TIPS

ACTIVITY: Role-Plays

1. Invite the group doing the **Telling Others Role-Play 1: Deciding** to come to the front to present their role-play to the group.
2. When the first group has finished, invite the second group to the front to act out the **Telling Others Role-Play 2: Telling Your Partner**.
3. When the second group has finished, invite the third group to the front to act out the **Telling Others Role-Play 3: Keeping Your Oral PrEP Use Private**.
4. When the third group has 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 family?
5. Ask the group to consider whether they think their character would tell their partner and/or families about using oral PrEP.
6. Once the activity has come to an end, bring participants into a circle for reflection.

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 peers might not always make decisions that they as Ambassadors would make, and this is okay. It is important for Ambassadors to treat peers as the experts in their own relationships.



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 your peers know they can use oral PrEP without telling their families or partners?
- How do you feel about supporting your peers to use oral PrEP in private?
- If you were in the position of one of the people in the role-plays, do you think you would choose to tell your partner or families? Why/why not?
- What are the advantages and disadvantages of telling your partner or families about using oral PrEP?

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 family or partners about oral 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.

7

Awareness Raising

SESSION OVERVIEW

Participants will learn ways to build support for oral 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.

By the end of this session, participants should:

- Understand the way different people influence an individual's decision to use oral PrEP
- Understand the common concerns of community members, including families and partners, and have the information they need to address these concerns
- Be able to communicate effectively with people who oppose oral PrEP to increase their knowledge and gain their support

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 Oral PrEP sessions for your reference.

WORKSHEET 5**My Circles of Influence**

TOOLKIT PAGE 28

TOOL 15**Awareness Raising Role-Play**

TOOLKIT PAGE 22

KEY
MESSAGES

- One's decision to use oral PrEP can be influenced by the attitudes of other people, making it either harder or easier for them to use.
- Different people have different levels of influence over the decisions of an individual. Some people have influence because they are respected and trusted people. Other people have influence because they have more power. These types of people use their power to control the decisions of an individual at risk of HIV.
- When partners and family members are supportive of oral PrEP, an individual is more likely to use it. The support of partners/family can also help someone use oral PrEP correctly and keep taking it while they are vulnerable to HIV. Parental support is particularly important for adolescents and young people.
- 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 sexual activity, gender, and using oral PrEP are a key barrier to the use of oral PrEP and the prevention of HIV.
- Ambassadors can use social media to increase awareness for PrEP in their communities.

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 oral PrEP.
3. Explain that in this session, they will be exploring how they can help build support for oral PrEP in their communities. This will reduce barriers to oral PrEP use and make it easier for people 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 oral 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.
5. Lead a discussion about the influence of community attitudes and norms by asking the following questions.
 - What are the strongest attitudes about [*choose the population most relevant to the peers being trained: AGYW, MSM, PBFW, PWID, serodiscordant couples, sex workers or transgender people*] using oral PrEP in your communities?



- Do these attitudes and norms influence what your peers think about using oral 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.

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 oral PrEP.
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 to 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.

Use the **Oral PrEP Essential Knowledge** and **Key Messages** to explain the influence of social norms.

Highlight that some people have influence because they are respected and trusted. Other people will influence an individual's choices because they have more power and use that power to control their decisions.



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 oral PrEP and influencing the attitudes of people in their inner circle could ripple out to change attitudes 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.



APPLY

FACILITATION TIPS

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, such as parents, partners and community leaders. Highlight that partners usually have the most influence over someone's PrEP use. Adolescents and young people are also greatly influenced by their parents.
2. Lead a discussion about the reasons some partners support the use of oral PrEP and the reasons other partners do not.
3. Repeat the discussion, but this time focus on another group that has a lot of influence over the population you are training.
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.
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

Potential concerns you can use for your example:

- Oral PrEP will lead to girls and women having more sex
- If PBFW take oral PrEP, it can harm the baby
- Oral PrEP will make it easier for MSM to have "gay" sex

If a participant gets stuck trying to respond, invite other members of the group to try another approach.



- 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 oral 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 oral 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 oral 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 oral 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.

8

Advocacy

SESSION OVERVIEW

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

By the end of this session, participants should:

- Understand the barriers and enablers to oral 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 around their peers can make it easier or harder for them to choose and use oral PrEP. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.
- The ability to use oral 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 - via 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 Oral PrEP sessions for your reference.

WORKSHEET 6 Removing Barriers to Oral PrEP

TOOLKIT PAGE 29

WORKSHEET 7 Advocacy Planning

TOOLKIT PAGE 30

SESSION INSTRUCTIONS



EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **Oral PrEP Journey Map Worksheet**.
3. Remind them that in the Journey Map activities, they focused on supporting their peers to overcome barriers to oral 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 oral PrEP.
4. Explain that the environment around their peers can make it easier or harder for them to choose and use oral PrEP. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.

ACTIVITY: Removing Barriers to Oral PrEP

1. Ask participants to think back to the barriers they identified that made it harder for their character to find out about oral PrEP, decide to use it, get it, take 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.
3. Direct participants to the **Removing Barriers to Oral 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 oral PrEP.
4. 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.
5. 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 oral PrEP.
6. Bring participants back together and ask each group to present their answers. Write their answers on a piece of flip chart paper or whiteboard.
7. Facilitate a discussion about the enablers they identified, highlighting any overlap between the different areas.

Use **Oral PrEP Essential Knowledge** to help participants to identify the key barriers to oral PrEP use.

This activity is designed to let participants decide at which level 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 oral PrEP use.

The groups should be driven by the interests of participants.

It is okay if there are some areas that are not included in this activity. If there are large numbers of people in one group, you might consider breaking them into two groups.



APPLY

ACTIVITY: Advocating for Change

- Using the **Oral PrEP Essential Knowledge** and **Key Messages**, explain that:
 - Participants are not expected to directly remove these barriers to oral PrEP.
 - Removing barriers within the environment requires the support of decision-makers who can 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.
- Direct each group to their **Advocacy Planning Worksheet**.
- Go through the worksheet questions, explaining that these questions will help them decide what actions they can take to create an enabling environment for oral PrEP use in their communities. Once they have finished the worksheet, they will use the information to create a strategy for achieving their objective.
- Give the groups five minutes to identify the problem (or barrier) they want to address, and what they want to achieve (their objective).
- 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.
- 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.
- 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?
- 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.
- Give them five minutes to identify the support and resources they have, and those they will need to effectively influence change.

FACILITATION TIPS

Use the **Oral PrEP Essential Knowledge** to help participants to 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: ART services do not provide referrals for HIV-negative partners to PrEP.

Objective: Ministry of Health to provide tools and resources on oral PrEP to facilitate referrals

Who has the power? Ministries of Health, facility managers, health care providers

Opportunities: Ministry of Health will hold a public forum at the Community Hall for young people to have their say on issues around sexual and reproductive health

Allies: The facility manager of a local clinic is a family friend who is interested in supporting referrals for oral PrEP

Support and resources we need: Information, education, and communication materials on oral PrEP, support from facility managers, list of facilities providing oral PrEP

EXAMPLE 2

Problem: People 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



10. Ask the groups to use this information to decide what activities they can do to work toward their objective.
11. 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.
12. Give participants 10 minutes to do this.
13. Bring the group back together and ask each group to share a quick overview of their strategy.
14. Once the activity has come to an end, bring participants into a circle for reflection.

You can give participants more time to create their strategy and present back to the group if you have extra time.



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

- **Are you aware of groups or organisations that are working to create an enabling environment for HIV prevention or oral PrEP?**
- **Was it easy for you to identify allies?**
- **How can you work together to strengthen your influence?**

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 Facebook, Twitter, and other social media platforms to engage with these groups or organisations.

9

Action Planning

SESSION OVERVIEW

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:

- 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 Oral PrEP sessions for your reference.

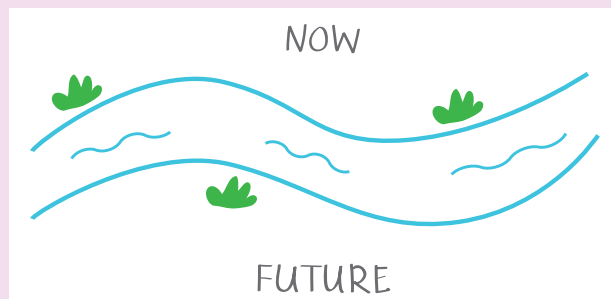
WORKSHEET 8 My Personal Action Plan

TOOLKIT PAGE 31

SESSION INSTRUCTIONS

PREPARATION

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”.



EXPLORE

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.

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 their peers' vulnerability to HIV and the reasons it is difficult for them to protect themselves from HIV. Think about the factors in the lives of their peers, the community and the environment around them. Remind them to think about all the issues they have explored in this training, including:
 - Human rights
 - Gender inequality and violence
 - Vulnerability to HIV
 - Myths about oral PrEP
 - Barriers to getting oral PrEP
 - Community attitudes about oral PrEP
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.

FACILITATION TIPS

If participants are from different communities or different populations, you could divide them into smaller groups. If they are from many different communities or populations, you could give different coloured sticky notes to each community or population group. This allows everyone to contribute to the joint picture, while also differentiating among the communities and populations.

It might be helpful to give some examples:

- Many girls are dating older men because they give them money and buy them things.
- Laws, policies and social norms discriminate against MSM, PWID, sex workers and transgender people, putting them at risk of violence and making it difficult to access the services they need.
- The church is influential and teaches that abstinence is the only way for unmarried people to prevent HIV.
- Widespread myths about the effects of oral PrEP on babies make PBFW unwilling to use PrEP.



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

FACILITATION TIPS

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 timeframes. 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.
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 up on the piece of flip chart paper.
7. Once the activity has come to an end, bring participants into a circle for reflection.

Encourage participants to include Ambassador tools in their action plans where they could be useful.

Support may range from being practical or emotional 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 Ambassadors.

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?

This is the last of the Oral PrEP sessions so you might like to ask participants to reflect on the oral PrEP training.



Useful Resources

Oral PrEP Information and Tools

- 1 QuickRes - global online reservation and case management app**
FHI 360
2020
<https://quickres.org>

A simple web tool people can use to assess their HIV service needs and find and book local HIV and related services, currently available in several countries across the Caribbean, Africa, and Asia.

- 2 HIV Prevention Ambassador Training: Interactive virtual oral PrEP sessions**
Wits RHI
2020
<https://myprep.co.za/ambassador>

An online version of the oral PrEP modules found in the HIV Prevention Ambassador Training Package and Toolkit.

- 3 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 11: PrEP Users**
WHO
2017
www.who.int

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.

- 4 PrEP Introduction to Young People**
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.co.za> (PrEP Road map)

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.

- 5 Preventing HIV During Pregnancy and Breastfeeding in the Context of PrEP**
WHO
2017
www.who.int

A technical brief summarising existing data and describing the rationale and considerations for the use of oral PrEP in PBFW, as well as women who conceive while taking PrEP.

- 6 What's the 2+1+1? Event-Driven Oral Pre-Exposure Prophylaxis to Prevent HIV for Men Who have Sex With Men: Update to WHO's Recommendation on Oral PrEP**
WHO
2019
www.who.int

A technical brief updating the WHO guidance on PrEP dosing for MSM. Summarises current evidence on event-driven PrEP (or "on demand") and rationale and considerations for offering event-driven PrEP to MSM.

- 7 Oral PrEP eLearning Resource Package**
WHO and Jhpiego
www.hivoralprep.org

An online resource package for health care providers to introduce them to oral PrEP. Includes eLearning courses for clinicians and an accompanying Oral PrEP Implementation Tool App.

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| <p>8 South Africa PrEP Information, Education, and Communication Materials and Job Aids
 OPTIONS Consortium; Wits RHI
 2018
 https://myprep.co.za (website)
 www.prepwatch.org (PrEP Posters)
 www.prepwatch.org (Oral Pre-Exposure Prophylaxis [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> |
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| <p>9 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 everything oral PrEP. The videos cover HIV testing, combination prevention, taking PrEP daily, side effects, and stigma.</p> |
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| <p>10 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 mobilization activities through LEARN ambassadors and peer mobilizers.</p> |
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| <p>11 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> |
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| <p>12 Jipende JiPrEP
 Kenya National STI & AIDS Control Programme
 2019
 https://prep.nascop.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> |
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| <p>13 Multipurpose Prevention Technologies
 AVAC
 www.avac.org</p> | <p>Resources on multipurpose prevention technologies, including summary of completed and current clinical trials testing MPTs.</p> |
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| <p>14 Rectal Microbicides Fact Sheet
 Microbicide Trials Network
 2020
 https://mtnstopshiv.org</p> | <p>A fact sheet describing rectal microbicides and summarising completed and current clinical trials testing rectal microbicides.</p> |
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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. Sessions cover peer education, life skills, and facilitation skills.</p> |
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| 2 PZAT PrEP Literacy Sessions Guide
Pangaea Zimbabwe AIDS Trust
2018
ambassadortraining@PrEPNetwork.org | 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. |
| 3 Launching V
CONRAD; USAID
2018
www.prepwatch.org | 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. |

Adherence

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| 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 | 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. |
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Awareness Raising

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| 1 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 2: Community Educators and Advocates
WHO
2017
www.who.int | 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. |
| 2 Training for Community Mobilization for VMMC: Trainer's Slide Deck
AIDSFree
2019
https://www.malecircumcision.org/ | Training to increase knowledge of voluntary medical male circumcision (VMMC) for HIV prevention and build skills and confidence in promoting VMMC in communities and mobilising men for services. |
| 3 Voluntary Medical Male Circumcision Demand Creation Toolkit
Population Services International
2014
www.psi.org | A toolkit containing guidance and tools to conduct communication and outreach activities to drive demand for VMMC. |

Advocacy

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| 1 U-Report
UNICEF
2011
https://ureport.in/ | A data collection and social messaging tool to foster citizen action, inform leaders, and create positive change. |
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| <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> |

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> |
| <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> |

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> |

Resources for service providers

- 1 The CHARISMA Toolkit: Empowerment Counseling to Improve Women's Ability to Use PrEP Safely and Effectively**
 RTI International; Wits RHI; FHI 360
 2020
info@charismaproject.org

A comprehensive set of tools to support integration of the CHARISMA intervention — addressing relationship dynamics including intimate partner violence — into PrEP programs.

- 2 OPTIONS Provider Training Package: Effective Oral PrEP Delivery for AGYW**
 OPTIONS Consortium
 2019
www.prepwatch.org

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.

- 3 WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 12: Adolescents and Young People**
 WHO
 2017
www.who.int

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.

SESSION MATERIALS

9 TOOL

Test and Prevent

Everybody has a responsibility to contribute to the prevention of HIV in our community!

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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.



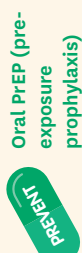
PREVENT

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. Using lubricant (water- or silicone-based) will help prevent condoms from breaking.



Oral PrEP (pre-exposure prophylaxis)

Oral PrEP is a medication that an HIV-negative person can take to protect themselves from HIV. It creates a shield around a person's blood cells to protect them from HIV. When a person takes oral PrEP every day and they're exposed to HIV, it can't infect their blood cells. The virus will die, and the person won't get HIV. Oral PrEP doesn't protect you against STIs, so it's best to always use a condom.

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.

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

Oral PrEP

If you don't have HIV you can protect yourself by taking anti-HIV medication called oral PrEP



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



HIV-positive people who do not wish to become pregnant can use family planning to prevent unintended pregnancy



If you are HIV positive 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 HIV POSITIVE



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Oral PrEP Journey Map

WORKSHEET 3

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 them?

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

How can you support them to feel more comfortable using oral PrEP?

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

How can you help them 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 them to take oral PrEP as instructed and continue to use it while they are vulnerable to HIV?

5 Do I need to tell my partner or family?

How can you support them with the decision about whether to tell their partner or family about taking oral PrEP?

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

Draw your character here

WORKSHEET 4

Character Profile

Name

Who are they?

Are they vulnerable to HIV?
How do they protect themselves?

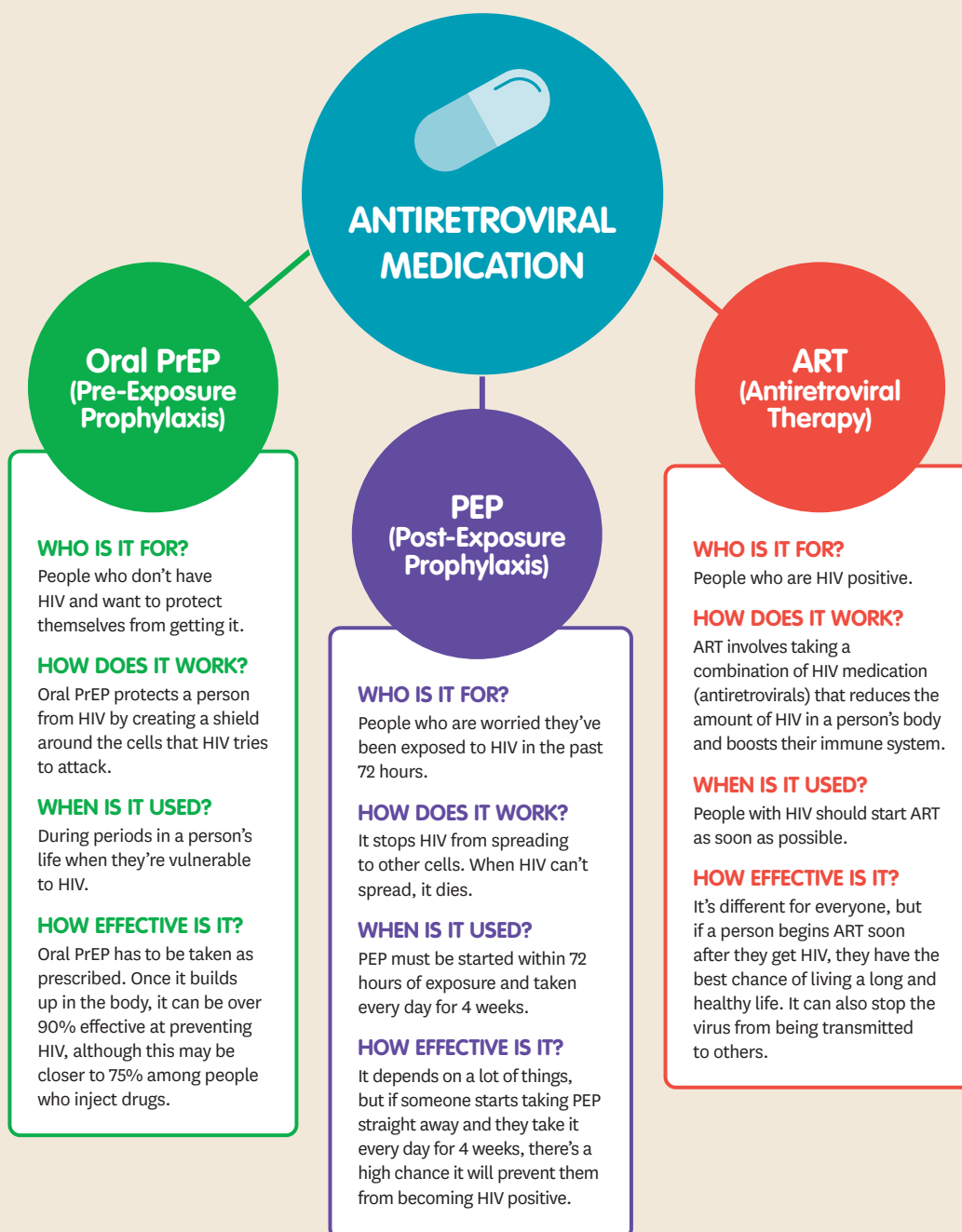
What do they
know, think and
feel about HIV?

What do they
know, think
and feel about
oral PrEP?

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Oral 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 to spread to other cells. Oral PrEP, PEP and ART contain different combinations of antiretrovirals that work in different ways to fight the virus at different stages. Oral PrEP, PEP and ART cannot be swapped – they only work when used as prescribed.



PrEP

Daily PrEP

Daily PrEP is for anyone who is vulnerable to HIV. It is important that anyone who is prescribed daily PrEP takes it every day. If it is not taken every day, the drug levels will not be high enough to protect them from HIV, and they will remain vulnerable to HIV.

WHO IS IT FOR?

Anyone who is vulnerable to HIV can take daily PrEP.

HOW IS IT TAKEN?



Each day for as long as someone is vulnerable to HIV

HOW LONG DOES IT NEED TO BE TAKEN BEFORE IT IS EFFECTIVE

Men who have sex with men:



2 to 24 hours before sex

Everyone else:



Each day for 7 days

HOW LONG DOES IT NEED TO BE TAKEN AFTER THE LAST POTENTIAL HIV EXPOSURE?

Men who have sex with men:



Each day for 2 days

Everyone else:



Each day for 28 days

"Men who have sex with men" refers to gay, bisexual and other men who have sex with men.

"Everyone else" refers to men who have vaginal or anal sex with women; cisgender women; and transgender women and transgender men who have vaginal/frontal sex.

PrEP for Men Who Have Sex with Men

There are two ways that gay, bisexual and other men who have sex with men can take oral PrEP: on demand (2+1+1) and daily. On-demand PrEP is for gay, bisexual and other men who have sex with men who meet certain criteria, while daily PrEP is for anyone who is vulnerable to HIV. It is important that anyone who begins taking oral PrEP speaks to their health care provider about which type of PrEP use is right for them and that they use it as prescribed. If it is not taken as prescribed, the drug levels will not be high enough to protect them from HIV, and they will remain vulnerable to HIV.

On-demand use (2+1+1)*

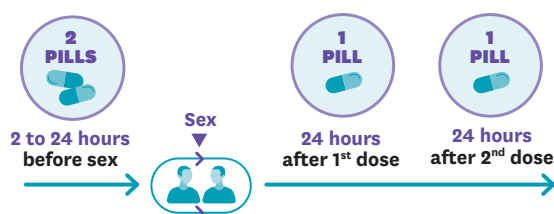
WHO IS IT FOR?

Men who have sex with men who are vulnerable to HIV and:

1. have sex infrequently (one day per week or less on average)
2. can predict when sex will happen (at least 2 hours in advance or can delay sex for at least 2 hours)
3. do not have chronic hepatitis B

On-demand use is **not** appropriate for transgender women or transgender men who have vaginal/frontal sex.

HOW IS IT TAKEN?



If he has sex again in the next few days, he should take one pill each day that the sex continues. After the last sex act, he should take a single pill each day for two days.

*Check national guidelines to see if they include on-demand PrEP.

Daily use

WHO IS IT FOR?

Anyone who is vulnerable to HIV – including gay, bisexual and other men who have sex with men – can take PrEP daily.

HOW IS IT TAKEN?



Each day for as long as someone is vulnerable to HIV

HOW LONG DOES IT NEED TO BE TAKEN BEFORE IT IS EFFECTIVE?



2 to 24 hours before sex

HOW LONG DOES IT NEED TO BE TAKEN AFTER THE LAST POTENTIAL HIV EXPOSURE?



Each day for 2 days

TOOL 10

Oral PrEP – Answering Your Questions

Hi! I'm an HIV Prevention Ambassador.
Do you have any questions about oral PrEP?



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 as prescribed, it will build up in your system and become over 90% effective at preventing HIV, although this may be closer to 75% among people who inject drugs. Talk to your health care provider to find out how long you need to take it before it will protect you from HIV. Oral PrEP only protects you from HIV while you are taking it. If you took it in the past but are not taking it now, you are not protected.



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. Oral PrEP only needs to be taken during periods in your life when you are vulnerable to HIV.



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.



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 lubricant) and contraception with oral PrEP.



Can I take oral PrEP if I'm pregnant or breastfeeding?

Yes! It is safe to take oral PrEP during pregnancy, while breastfeeding or when trying to get pregnant.



How do I take oral PrEP?

Oral PrEP can be taken with or without food, and taking it at the same time each day may help someone remember to take it. If it is not taken at exactly the same time each day, that is okay.



Can I take oral PrEP if I'm taking other medications, including hormone therapy?

Yes. Oral PrEP does not interact with most other medications, including hormone therapy. 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.

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10 Tips for Using Oral PrEP

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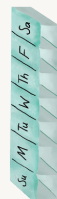
1 Keep your pills in a place that's easy to find

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

Try to take the pill at the same time each day, like when you brush your teeth or at bedtime.



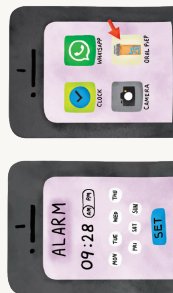
5 Try different ways of swallowing the pill

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 people taking PrEP, so you can support each other. Some support groups meet in person, others use social media or WhatsApp.



Taking your pill as prescribed will keep you protected from HIV



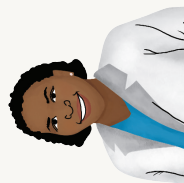
9 Try not to run out of pills

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.



TOOL 12

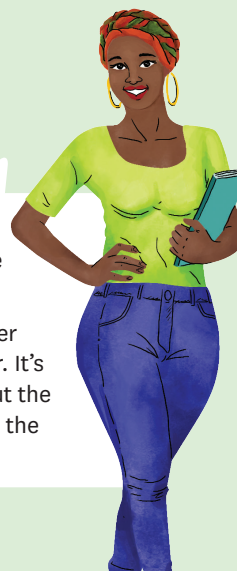
Telling Others Role-Play 1: Deciding



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 people 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 your partner and the reasons you don't want to.



Well, it would be nice to have my partner's support.

Lots of people 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 my partner, I might feel guilty or worried about them finding out.

I understand why you might worry about that. It's normal to feel guilty about keeping something a secret. We grow up being told that keeping secrets is a bad thing. 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 your partner, I can support you to keep it private.

Are there any reasons you don't want to tell your partner?

I'm not sure if my partner will be supportive! What if my partner thinks I'm cheating on them or that I don't trust them? What if my partner doesn't want me to use it?

These are really common concerns. You could try talking to your partner about oral PrEP without telling them you're thinking about using it. For example, you could explain that other people your age are using it. This might give you an idea of what your partner thinks about oral PrEP and whether they're likely to be supportive. If you do decide to tell your partner, we can practice responding to their concerns.

Don't forget, if you tell your partner and they're not supportive, you can still make your own decision about whether you want to use it.

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Telling Others Role-Play 2: Telling Your Partner

TOOL 13



I've decided to tell my partner about oral PrEP. Do you have any advice about how I should do that?

I'm glad to hear you're interested in talking to your partner. Many people say it's helpful to have their partner's support. Partners are most likely to be supportive if they have accurate information about oral PrEP. Without it, they may believe some of the myths, which might make them less supportive. Do you know if your partner knows much about oral PrEP?

I don't think so.

It might be helpful to talk to your partner about oral PrEP before you tell them you're using it. Try mentioning it casually a few times to start a conversation so you can provide them with accurate information. These conversations might also help you understand what your partner thinks about oral PrEP.

Okay, great I'll try that. When I'm ready to tell my partner, what should I say?

The first decision you'll need to make is whether you'll say that you're considering using oral PrEP, or you're using oral PrEP.

I'm not sure yet.

If you choose to tell your partner that you're considering using oral PrEP, you could think about saying:

- Did you know that HIV rates in our community are very high?
- I've been thinking about using oral PrEP just to make sure I'm protected against HIV.
- It's being recommended 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 people my age are getting HIV, so I want to be as protected as I can be.

What if I choose to tell my partner after I start using it?

You can think about saying:

- Using oral PrEP is just like using any other medication that protects your health – it's not a big deal.
- 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.
- I take it because many people my age are getting HIV, and I want to know I'm protected no matter what.

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 my partner thinks I'm cheating on them, or that I don't trust them?

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 your partner. 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 your partner is in a good mood, you're both sober and you have some privacy.
- If you're worried that they 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.

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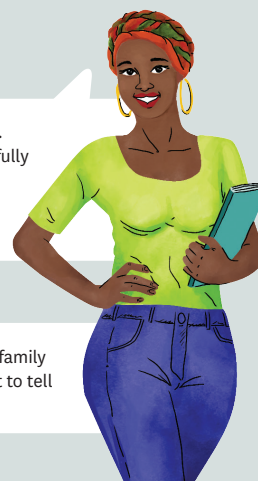
TOOL 14

Telling Others Role-Play 3: Keeping Your Oral PrEP Use Private



I've decided not to tell my partner.

It's great you've made a decision that works best for you. Many people make the same decision, and they successfully use oral PrEP without telling their partners. Do you have any questions about keeping your oral PrEP use private?



How do I make sure my partner 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 or backpack in a little pouch
- (Women) Keeping them with your tampons or pads

People 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 as prescribed.

Other people don't hide the pills and instead pretend they're something else, like pills for period pains, contraception or headaches.

What if my partner finds out?

Although many people use oral PrEP without their partner finding out, it's a good idea to plan what you will say if they do.

You can think about saying:

- Using oral PrEP is just like using any other medication that protects your health – it's not a big deal.
- 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.
- I take it because many people my age are getting HIV, and I want to know I'm protected no matter what.

You could also say you were just trying it and were going to let them know if you decide to take it.

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. Your body belongs to you, and you have the right to make your own decisions about your health. You're not alone. Many people 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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Awareness Raising Role-Play



**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.

Oral PrEP creates a shield around a person's blood cells to protect them from HIV. If a person is taking oral PrEP every day and they're exposed to HIV, it won't be able to infect their blood cells. The virus will die, and the person won't get HIV. Oral PrEP does not protect against other STIs. It is important to take oral PrEP as instructed, and it only protects you from HIV while you are using it. You are not protected if you used PrEP in the past but are not using it now.



Isn't oral PrEP only for sex workers and people who are promiscuous?

Oral PrEP is for anybody who's vulnerable to HIV. Rates of HIV infection in this country are very high. Oral PrEP can help change this! If we all do our part to prevent HIV, we can help end HIV in our country.



My daughter-in-law is breastfeeding. If she takes PrEP, will it harm the baby?

This is a very common myth, but it's not true. PrEP is safe to use during pregnancy, childbirth and breastfeeding, and it does not affect future fertility.



There is no need for oral PrEP. Everyone should practice abstinence until they are married.

Abstinence is one way for people to protect themselves from HIV, but abstinence doesn't work for everyone. HIV is increasing, so it's best to have different options so that everyone can choose what works best for them. You don't have to worry that oral PrEP will encourage people to have more or riskier sex; there have been lots of studies and they all show that this is not true.



If my partner wants to use oral PrEP, does that mean they don't trust me or that they're having an affair?

Using oral PrEP doesn't mean your partner doesn't trust you or that they're having an affair. It just means they want to be in control of their health. Oral PrEP is like any other medication people take to protect their health. Many people in relationships take oral PrEP. Also, just because your partner is using oral PrEP doesn't mean that you are protected from HIV. Talk to a health care provider about how to protect yourself and consider taking PrEP.



If someone uses oral PrEP and becomes HIV positive, will ART still work for them?

ART should still work for them. The risk of developing HIV drug resistance is very small (<0.1%), especially if clients take oral PrEP as instructed and get tested for HIV regularly.



Since PrEP contains ARVs, does that mean it's for people who are HIV positive?

It's true that PrEP contains ARVs, but PrEP is only for people who are HIV negative, and anyone taking PrEP has to get tested for HIV regularly to make sure they are still HIV negative. If you see someone with a bottle of ARVs, don't assume they are HIV positive.



What can we do to prevent HIV in our community?

Supporting people to use oral PrEP is an important way you can help prevent HIV. If people use oral PrEP, 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 HIV positive. If you are HIV positive, there's medication that can keep you healthy and prevent you from passing it on to others.

Removing Barriers to Oral PrEP

WORKSHEET 6

What would make it easier for your peers to use oral PrEP?

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.....

What would make it easier for your peers to get oral PrEP?

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What would make it easier for your peers to find out about oral PrEP?

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What would make it easier for your peers to take oral PrEP as prescribed and continue taking it?

.....

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What would make it easier for your peers to tell their partners and family about using oral PrEP?

.....

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.....

.....



Advocacy Planning

**What is the problem
you want to address?**

**What do you
want to achieve
(your objective)?**

**Who has the
power to do this?**

**What opportunities
are there to influence
them?**

**Who are your allies
that you can work
with to strengthen
your influence?**

**What support or
resources do you have,
and what will you need?**

My Personal Action Plan

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?

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 their peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next. Because Ambassadors and peers may have similar experiences, peers are more likely to feel comfortable talking with Ambassadors than with professional counsellors. Many peers do not have someone to talk to about their personal issues and challenges, so Ambassadors are helping simply by listening to them. When peers need more support, it's also important for Ambassadors to have information about local, stigma-free counselling and support services they can pass on.

This session uses the CARE response (shown in full below), adapted from the WHO LIVES approach (Listen, Inquire, Validate, Enhance safety and Support), to guide participants through the process of providing peer support. This approach guides participants to:

- **C**reate a safe space
- **A**ctively listen to their peers
- **R**eassure them that they are not alone, that all feelings are valid, and they will not always feel this way
- **E**mpower and support them to identify their needs and access more support

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 an Ambassador, including HIV prevention and oral PrEP. 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 they want to use oral PrEP, but they are worried about their partner finding out. The Ambassador reassures them by sharing an experience of another peer.
- An Ambassador sees a peer they want to follow up with. The Ambassador approaches them 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 them to stigma and discrimination
- Putting them at risk of violence
- Causing emotional distress
- Reducing the likelihood they 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 their 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 the Ambassador to have a conversation with someone they trust 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).

Using the CARE Response

CARE Response - Peer Support

STEP	How do I do this?	What does this look like in practice?
Create a safe space	A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.	<p>"Would you like to talk?"</p> <p>"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>
Actively listen	Show them you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.	<p>Listening deeply and focusing your full attention on them, not on what you are thinking.</p> <p>Showing you are listening by nodding and giving small acknowledgements like "mm hm".</p> <p>Giving them space to talk and allowing silences.</p> <p>Communicating your empathy: "I'm sorry that happened to you."</p>
Reassure	Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them and it's not their fault.	<p>"You are not alone."</p> <p>"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>
Empower and support	Let them know they are in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.	<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>



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 practice using the CARE response (Create a safe space, Actively listen, Reassure and Empower) to support their peers. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

By the end of this session, participants should:

- Know how to support their peers using the CARE response
- Understand the importance of protecting their peers' confidentiality



This session teaches participants to use the CARE response to support their peers to deal with a range of personal topics. The CARE 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 CARE response, the Facilitation Tips in the session plan will guide you to adapt the activities.

If you have not done **Responding to Disclosures of Violence**, we recommend that you read the session before doing this one. Many members of PrEP priority populations 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, stigma-free 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.

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 HIV Prevention Ambassador Toolkit. They are also included at the end of the session for your reference.

TOOL 5 CARE Response

TOOLKIT PAGE 12

WORKSHEET 9 CARE Response – Peer Support

TOOLKIT PAGE 32

Ambassador Certificate (see **PREPARATION** page 17 of this package)

SESSION INSTRUCTIONS



EXPLORE

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 oral PrEP.
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 CARE response to listen and respond to peers 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: CARE Response

1. Divide the group into pairs and direct them to the **CARE Response – Peer Support Worksheet**, going through each step.
2. Ask each pair to select one of the issues they identified that their peers may discuss with them.
3. Explain that they will be identifying how they can use the CARE approach to support their peers with this issue.

STEP 1: Create a safe space

1. Write “Safe space” on a piece of flip chart paper or a whiteboard.
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 personal issues or problems they are experiencing.
4. Ask them to write their ideas down on sticky notes and put them up on the piece of flip chart paper or whiteboard.

FACILITATION TIPS

If you have already done the **CARE Response – Disclosures of Violence Worksheet**, remind participants about the CARE 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 to identify the following characteristics of a safe space:

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



5. 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.
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 for each pair to share one thing they could do to create or demonstrate a safe space for their peers.

STEP 2: Actively listen

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. Explain that we can achieve these goals by:
 - Listening deeply. We do this by staying focused on what the other person is 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 “hmm”.
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. Ask participants to remember if they were able to talk to someone about this experience.
7. 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 we feel comfortable talking to. We often choose not to talk to anyone if we cannot identify the right person to talk to.

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.



8. Explain to the group that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.
9. Draw a line down the middle of a piece of flip chart paper or whiteboard. On the left side, write “Qualities you look for”, and on the right side, write “Things you worry they will do or say”.
10. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper or whiteboard.
11. When participants run out of ideas, read through the notes and summarise them.
12. 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 a personal issue or problem.
13. Ask participants to write down their answers on their worksheets.
14. Let participants know they have five minutes to do this.
15. 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 3: Reassure

1. Ask participants to work in their pairs to identify how they would reassure a peer. The aim is to reassure their peers so they feel hopeful and less alone and know they will be supported.
2. Ask participants to write down their answers on their worksheets.
3. Let participants know they have five minutes to do this.
4. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to reassure their peers.

STEP 4: Empower and support

1. Explain that the final step, *Empower and support*, 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.
2. Ask participants to work in their pairs to identify how they would empower and support a peer and write their answers on their worksheets.
3. Let participants know they have five minutes to do this.
4. 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.



5. If you have time, you might like to include a short role-play at the end of this activity. This will give participants the opportunity to practice the CARE response. The instructions are below. If you are short on time, skip ahead to the APPLY activity.
6. Direct participants to the **CARE Response Ambassador Tool**, which they can use as a reference and to prepare for these types of conversations.

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 CARE response would work in practice.
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.
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.

Let participants know that the role-play does not need to be long – a minute or so is fine.



APPLY

FACILITATION TIPS

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.

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.

Reassure participants that no one is going to read it.



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?

ACTIVITY: Confidentiality In Practice

1. 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?
2. Give the pairs 10 minutes and then bring the group back together. Ask each pair to present their scenario to the group.
3. 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.
4. 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

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 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

1 YouthPower AGYW Mentoring Program Toolkit

FHI 360
2018

www.youthpower.org

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.

2 Girl Consultation Research Toolkit

The Girl Effect; Nike Foundation; 2CV
2013

<https://youthrex.com/toolkit/the-girl-consultation-toolkit-for-girls-in-poverty/>

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.

3 Enhanced Peer Outreach Approach (EPOA) Training Curriculum for Peer Outreach Workers

FHI 360
2017

www.fhi360.org

A detailed curriculum for training peer outreach workers to implement the enhanced peer outreach approach to increase HIV testing yield, link HIV-positive key population (KP) members with treatment and care, and connect HIV-negative KP members with services that will help them remain HIV negative.

4 Peer navigation training core modules

FHI 360
2017

www.fhi360.org

A toolkit to train HIV-positive peers to engage and retain people living with HIV (PLHIV) in the health care system.

5 South-to-South Mentoring Toolkit for Key Populations

FHI 360
2016

www.fhi360.org

A toolkit to support and guide existing mentors from KP-led organisations (KPOs) in the global South to enhance the quality of mentoring support available to other KPOs in the global South.

6 Caring for Women Subjected to Violence: a WHO Curriculum for Training Health-Care Providers

WHO

2019

www.who.int

A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.

7 Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook

WHO

2014

www.who.int

A clinical handbook to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.

SESSION MATERIALS

TOOL 5

CARE Response

Create a safe space

A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.

Actively listen

Show them you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.

Reassure

Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them and it's not their fault.

Empower and support

Let them know they are in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.

12

WORKSHEET 9

CARE Response - Peer Support

STEP	How do I do this?	What does this look like in practice?
Create a safe space	A safe space is both physically and emotionally safe. Make sure you're somewhere private, where they feel physically safe. Explain that you're just there to listen – you won't judge them or tell them what to do. Let them know they can trust you to protect their confidentiality.
Actively listen	Show them you're listening deeply and with empathy. Use your body language to communicate that you're paying attention. Give them space to talk, and acknowledge and validate their feelings.
Reassure	Reassure them by letting them know they're not alone, you're there for them and their feelings are valid. If they've shared an experience of violence, let them know that you believe them and it's not their fault.
Empower and support	Let them know they are in control of what happens next. Help them to identify their needs and consider their options. Be ready to provide them with information about support services they can access.

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
- Practicing 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 practice 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, such as art, gardening or cooking.
- **Taking a moment for ourselves.** When we are feeling overwhelmed, taking a moment for ourselves to breathe deeply and relax can make all the difference. It is even better if we can do this while doing something calming such as 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

A series of horizontal dotted lines spanning the width of the page, intended for handwritten notes.

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 you 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

PREPARATION

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.



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.
 - 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.

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.



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 they want to take oral PrEP but cannot afford the bus to the clinic. They ask to borrow the money.
- A peer is experiencing violence and asks if they can stay at your house.
- A peer gets kicked out of their home after their parents find out they are using oral PrEP. They say that it's your fault and want you to talk to their parents for them.
- A peer is worried they have HIV and comes to your house late at night to talk to you.
- A peer wants to use oral PrEP but is worried about keeping it at their house. They ask if they can keep it at your house.
- A peer wants to use oral PrEP and asks you to talk to their partner for them.

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

1. Using the **Essential Knowledge** and **Key Messages**, explain self-care to participants.
2. 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.
3. Ask participants to share things they do when they feel stressed, sad or exhausted.
4. Explain that in this activity, they will be using art as a tool to explore how they are feeling about their roles as Ambassadors.
5. 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
6. 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.

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.



7. 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.
8. Keep track of time and regularly notify participants so they have enough time to finish their work.
9. When the group has finished, bring everyone back together into a circle and invite them to present their artwork to the group.
10. Once everyone has presented, summarise the common themes among the group members.
11. 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

- How do you feel about putting boundaries in place?
- What can you do to remind yourself to practice 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, as well as to 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](#) page 17)

SESSION INSTRUCTIONS

PREPARATION

Write the following on separate pieces of flip chart paper and hang them up together:

- Knowledge
- Skills
- Attitudes



EXPLORE

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.

FACILITATION TIPS

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

ACTIVITY: Ambassador Agreement and Graduation

1. Explain to participants that this is the final exercise in the training, and that 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” means 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.

FACILITATION TIPS

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
- Nonjudgment
- 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
- Treat everyone equally and fairly
- Ask for help when I need it
- Support my peers to make their own decisions about using oral PrEP
- Respect the rights of my peers
- Provide nonjudgmental 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 needs for support and the best way to communicate with them. One option is to form WhatsApp 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 Facebook group as a platform for trained Ambassadors to share information, updates, and challenges may also be beneficial. For WhatsApp and Facebook 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, stigma-free services that they can share with their peers discreetly or that they can use themselves, 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 Facebook and WhatsApp groups are effective at connecting peer workers.

Facilitating community engagement activities with community leaders, health care providers, family 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 and managing risks to their safety, 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)	SOCIAL SERVICES (such as crisis counselling and support groups, financial aid, community-based organisations that may provide accompaniment)	LEGAL SERVICES (such as legal information and contact information of trained law enforcement officers when they can be safely engaged)
[Name of Organisation/Facility] <div></div>	[Name of Organisation/Facility] <div></div>	[Name of Organisation/Facility] <div></div>
Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:
[Name of Organisation/Facility]	[Name of Organisation/Facility]	[Name of Organisation/Facility]
Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:
[Name of Organisation/Facility] <div></div>	[Name of Organisation/Facility] <div></div>	[Name of Organisation/Facility] <div></div>
Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:	Hours: Location: Focal point: Phone: Email: Services available:

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 oral PrEP)

Taking oral PrEP every day

Antiretrovirals (ARVs)

Medication that stops HIV from entering a cell and multiplying

Antiretroviral therapy (ART)

A combination of antiretrovirals taken by HIV-positive people 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 (and lubricants), STI screening and treatment, and oral 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 take oral PrEP while an individual is vulnerable to HIV

D

Digital engagement

The use of digital tools like social media, blogs, or websites to involve people in online conversations

F

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 expression

How one chooses to express their sense of being male, female, nonbinary or another gender through appearance and social behaviour

Gender identity

One's sense of self as being male, female, nonbinary or another gender, which may or may not correspond with the sex assigned at birth

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

Homophobia

Stigma directed at people based on their actual or perceived sexual orientation

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

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 lining inside the vagina and anus that is vulnerable to tearing; HIV can pass through mucous membranes more easily than skin

O**Oral pre-exposure prophylaxis (PrEP)**

A type of antiretroviral medication that is taken by HIV-negative people to protect themselves from HIV; works by creating a shield around their CD4 cells

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

Post-exposure prophylaxis (PEP)

A type of antiretroviral medication that stops HIV from spreading to other cells

S**Serodiscordant couple**

Two people in a sexual relationship in which one partner is HIV-positive and the other is HIV-negative

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

Sexual orientation

An enduring emotional, romantic or sexual attraction to people of another gender or sex, the same gender or sex, or more than one gender or sex

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 media

Forms of electronic communication (such as websites and mobile applications) through which users create online communities to share information, ideas, personal messages, and other content

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

Transphobia

Stigma directed at people based on their actual or perceived gender identity or gender expression

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, they cannot transmit HIV

Untransmittable

HIV cannot be transmitted through sexual acts when the viral load is below 200 copies/mL

V**Vicarious trauma**

A person experiences someone else's trauma to the extent that they experience similar symptoms

Viral load

A measure of the amount of HIV in the body

Resources

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