HIV Prevention Ambassador Training Package

Diverse Version

3RD EDITION

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The HIV Prevention Ambassador Training Package and Toolkit – Diverse Version (3rd edition, 2026) was created by Root to Rise with support from the Elton John AIDS Foundation. This edition, adding injectable lenacapavir for prevention, is the second update to what was originally entitled the HIV Prevention Ambassador Training Package and Toolkit for PrEP Priority Populations (2020), developed by the Optimizing Prevention Technology Introduction On Schedule (OPTIONS) Consortium, the EpiC project, the Reaching Impact, Saturation, and Epidemic Control (RISE) project, and the Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE). The 2020 edition was updated in 2024 by the Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project to include injectable cabotegravir for prevention.

Content for the original PrEP priority populations training package and toolkit was informed by consultations with representatives of ANOVA Health for Men and OUT Ten 81 in South Africa and Transgender Equality Uganda in Uganda. Consultations with key and priority population community members and local community and technical partners continue to inform updates to this resource. We are grateful for the valuable contributions of workshop participants in Kenya, Nigeria, South Africa, and Uganda whose insights and discussions helped shape the design and development of the 3rd edition of this training.

All versions of the HIV Prevention Ambassador Training Package and Toolkit represent the commitment and dedication of the impacted communities, technical experts, and instructional and graphic designers who have led the development and updates to these resources over the years. Our shared vision is that the communities and population groups most impacted by HIV will serve as leaders in HIV prevention product rollout locally and globally. The aim of the training package and toolkit is to support end users of PrEP products to make informed decisions about HIV prevention options and to access and effectively use their chosen method(s). Empowering end users with the knowledge, skills, and agency to discuss sexual and reproductive health with their peers, partners, families, and communities is key to normalising HIV prevention methods so that people can take charge of HIV prevention for themselves.

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We would love to hear how you have used this training package.
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3RD EDITION

ELTON JOHN AIDS FOUNDATION

Root to Rise

PEPFAR

USAID FROM THE AMERICAN PEOPLE

MOSAIC
Maximizing Options to Advance Informed Choice for HIV Prevention

EpiC Meeting Targets and Maintaining Epidemic Control

AVAC
Global Advocacy for HIV Prevention

fhi360

lvct health
healthy societies

PZ
PANGAEA ZIMBABWE

University of the Witwatersrand
WITS RHI

collectiveaction
the social impact specialists

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Acknowledgments

The developers of this package would like to acknowledge the leadership, determination, and resilience of people who are working towards the prevention of HIV in their communities throughout Africa and globally. It is through their leadership that HIV will be eliminated in Africa. We would particularly like to acknowledge the multiple contributors from Eswatini, Kenya, South Africa, Uganda, the United States, Zambia, and Zimbabwe who shared their knowledge and experiences to inform the development and continuing modification of this training package.

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

This training package builds on the strong foundation of existing resources on youth and community engagement, HIV prevention, gender equality and violence, sexual and reproductive health, and human rights, including the LINKAGES Peer and Outreach Worker Training, the YouthPower Action AGYW Mentoring Program Toolkit, the Wits RHI Oral PrEP Adherence Counseling Triangle, The CHARISMA Toolkit: Empowerment Counseling to Improve Women's Ability to Use PrEP Safely and Effectively, the International Treatment Preparedness Coalition PrEP Key Population Activist Toolkit, the MOSAIC HIV Prevention User Journey Tool, and many more. It also draws on World Health Organization guidance on oral pre-exposure prophylaxis (PrEP), the PrEP ring, CAB PrEP, LEN PrEP, gender-based violence response, and other resources.

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Acronyms and Abbreviations

AFAB	Assigned Female at Birth
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AMAB	Assigned Male at Birth
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAB PrEP/CAB LA	Cabotegravir Long-acting Injectable for HIV Prevention
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
Cis	Cisgender
ED-PrEP	Event-Driven PrEP
FGM	Female Genital Mutilation
GBMSM	Gay, Bisexual, and Other Men Who Have Sex with Men
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LEN PrEP	Lenacapavir Long-acting Injectable for HIV Prevention
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
LIVES	Listen, Inquire, Validate, Enhance safety and Support
MPT	Multipurpose Technology
MSM	Men Who Have Sex with Men (see GBMSM)
PBFP	Pregnant and Breastfeeding People
PEP	Post-exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure Prophylaxis
PWID	People Who Inject Drugs
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
Trans	Transgender
U=U	Undetectable Equals Untransmittable
USAID	U.S. Agency for International Development
UVL	Undetectable Viral Load
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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About this Training Package

Multiple HIV prevention methods, including methods using medications called antiretrovirals, are in various stages of development and market rollout. These methods are known collectively as pre-exposure prophylaxis (PrEP) and are referred to as PrEP or PrEP methods in this training package. The training package has been developed to support the meaningful engagement of the diverse groups of people who want to prevent HIV with the use of all available PrEP methods, which currently include oral PrEP and, in some countries, the dapivirine vaginal ring (aka the ring or PrEP ring), and/or long-acting injectables for PrEP, such as cabotegravir (aka CAB LA or CAB PrEP) and lenacapavir (aka LEN PrEP or LEN).

This training package is intended for use by community-based organisations and other organisations and groups to train potential PrEP users and peer leaders from diverse groups to become HIV Prevention Ambassadors.

Specific examples of the types of people who may benefit from access to PrEP who are represented in this training package include:

- **Adolescent girls and young women (AGYW)** – cisgender and transgender girls and women ages 15 to 24
- **Gay, bisexual, and other men who have sex with men (GBMSM)** – males who have sex with males — both cisgender and transgender — regardless of whether they also have sex with women or identify as gay or bisexual
- **People who inject drugs (PWID)** – people who inject substances for recreational use or to alter their mental state
- **Pregnant and breastfeeding people (PBFP)**
- **Serodifferent couples** – two people in a sexual relationship in which one partner is living with HIV and the other is not
- **Sex workers** – consenting adults (ages 18 and older) who receive money, goods, or favours in exchange for sexual services, either regularly or occasionally
- **Transgender people** – people whose gender identity is different from their sex assigned at birth

It is very important to understand and respect the terminology that is most acceptable to these communities in your context. Make sure to ask participants what they prefer and respect their choices. There is often intersectionality among these groups. Examples include young women who are sex workers or pregnant people who inject drugs. Although we use acronyms, such as AGYW or GBMSM, in this training package, it is important to use the full terms (i.e., adolescent girls and young women or gay, bisexual, and other men who have sex with men) when speaking with participants or Ambassadors.

If you are training only AGYW, we recommend that you use the HIV Prevention Ambassador Training Package and Toolkit for AGYW, 4th edition, which is the training from which this one was adapted. If you are training members of 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 training package with groups other than those listed above, we recommend that you have a good understanding of why the group needs access to HIV prevention options, what puts them at risk of violence, the key concerns and questions they may have about PrEP, and their primary barriers to PrEP uptake. This understanding will help you tailor the training material appropriately to your audience.

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

- Understand and feel comfortable talking about the reproductive system, including an introduction to intersex bodies intersex bodies
- Educate their peers about human rights and how to advocate for their rights — including their right to access PrEP
- Give their peers detailed, accurate information about PrEP methods as part of a combination HIV prevention approach and address peers' questions and concerns
- Support their peers to make informed decisions, get access to PrEP, use a chosen method correctly, continue using it while they need HIV prevention, and tell others about their PrEP use
- Raise awareness and build community support for PrEP
- Identify barriers to PrEP use and develop and implement advocacy strategies to reduce those barriers
- Educate their peers about HIV and AIDS, including how HIV is transmitted and prevented and why some populations have a greater need for HIV prevention options
- Identify how some gender norms and inequalities contribute to gender-based violence and make it harder for some people to prevent HIV
- Support their peers who are experiencing violence by using active listening and by empowering them to access services
- Understand and encourage healthy relationship dynamics and communicate about how people in sexual and romantic relationships can support each others' PrEP use
- Ensure the confidentiality of their peers
- Set boundaries and practise self-care

Why is this training package needed?

Rates of HIV acquisition remain very high in many countries. Globally, some groups of people face significant 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 under way to expand access to multiple PrEP methods in many countries. Increasing the use of PrEP among people who need it is key to ending the HIV epidemic. Many successful programmes engage and mobilise community members as role models and leaders in the prevention of HIV.

However, PrEP methods are in various stages of development and rollout, and up-to-date training materials that include these methods as part of the package of HIV prevention options are needed. This training package has been developed to fill that gap. It will also ensure that people have the knowledge and skills to meaningfully inform the development of PrEP programmes in their own communities. It can be incorporated into existing HIV prevention programmes or used as a complete training package for a new programme.

People who complete this training are 'HIV Prevention Ambassadors' because PrEP is only one part of a combination HIV prevention approach. The role and title of HIV Prevention Ambassadors will vary among organisations and countries, but in general, Ambassadors will promote HIV prevention and informed decision-making among their peers and within their communities. Organisations should feel free to use their existing terminology for programme participants (e.g., peer educators, peer outreach workers, community mobilisers, or HIV prevention champions).

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Who should use this training?

This training can be used by groups that are already working with populations affected by HIV, including community-based organisations, government health departments, and nongovernmental organisations. 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 work effectively with that population. This training is most beneficial in settings where oral PrEP is already available and other PrEP methods are being rolled out. However, parts of the training could be beneficial for advocates who are working towards making PrEP methods available in their country or setting.

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/resource/ambassador-training-package**, as are supplemental resources to support training facilitation, including materials to conduct a training-of-trainers, plan an agenda, and create a pre- and post-test for participants.

Using this training package

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

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Facilitator Preparation

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Identifying HIV Prevention Ambassadors

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

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

The following steps can guide you through this process.

1. Develop a role description.

We recommend developing a role description to create a shared understanding of what will be expected of HIV Prevention Ambassadors in your context. If you are already working with 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 they will be supported to identify the activities they would like to do. Activities might include:
  - Sharing information with their peers and communities about HIV and HIV prevention methods
  - Connecting their peers to sexual and reproductive health (SRH) and HIV services, including HIV counselling and testing, pre-exposure prophylaxis (PrEP) services, and HIV treatment services
  - Providing support to their peers, such as helping them to decide which, if any, PrEP methods are right for them or creating a peer support group for people who are using PrEP
  - Raising awareness and advocating for PrEP methods as an important part of a comprehensive HIV prevention approach in their communities, such as through radio interviews, social media, or community meetings
  - Engaging with ministry of health officials and PrEP providers to advocate for SRH and HIV prevention services that meet the needs of specific populations
  - Training their peers to become HIV Prevention Ambassadors
- When a programme can support them, Ambassadors who are interested and feel capable can choose to be trained on using LIVES (Listen, Inquire, Validate, Enhance safety and Support) to provide first-line support to their peers who experience violence. Providing LIVES should never be a requirement to be an Ambassador. Role descriptions should clarify that it is optional and that Ambassadors can decide to take a break from providing this type of support at any time.
- The type of ongoing support or compensation that will be available to Ambassadors for carrying out their identified activities
- The professional and personal development opportunities that will be available to Ambassadors

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The role description is only a guide. Ambassadors should be empowered to decide which activities they are interested in and feel confident doing. You should also think about whether your organisation can support Ambassadors in more demanding activities, such as engaging with community leaders and other decision-makers.

2. Develop a process for selecting HIV Prevention Ambassadors.

Unless you are already working with peer leaders from the population you are trying to reach, you will need to develop a process for selecting HIV Prevention Ambassadors. This process 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 their community, including different ethnic groups; people with disabilities; lesbian, gay, bisexual, queer, intersex, and asexual (LGBTQIA) people; and other marginalised groups.

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

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

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

- Self-awareness and self-reflection, which means they are aware of their strengths and weaknesses, can reflect on and learn from experiences, and 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 and are therefore more likely to be able to engage with and influence others to learn about sexual health
- Trustworthiness and respect for the privacy of others, which 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 whether their involvement could cause them harm. If your programme plans to train Ambassadors to provide LIVES as first-line support to survivors of violence, you should clearly explain during the recruitment process that they will have

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the opportunity to learn this skill. Emphasise that learning LIVES can be a difficult process, including discussions of case studies involving violence, and some people may not be comfortable with completing the training or providing LIVES. Reassure potential participants that learning and providing LIVES is not a requirement to become an Ambassador. Potential Ambassadors who do not want to provide LIVES can still serve as Ambassadors and complete the training. If your programming will include supporting Ambassadors to provide the LIVES response, develop a plan to pair all Ambassadors who are not trained in LIVES, or who choose not to provide LIVES or to take a break from this type of work, with an Ambassador who is actively providing LIVES.

Beyond providing first-line support to survivors of violence, being an HIV Prevention Ambassador may still put some Ambassadors at risk of being stigmatised or marginalised. It may even put them at risk of violence, including possible arrest or detainment. Each individual participant is in the best position to understand their personal 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 mental health or safety and ensure they have the necessary support in place to manage these risks.

To help create a safe and comfortable training environment, we suggest that each group you train have 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 participants from sharing freely. Similarly, women may not feel comfortable having their male peers or older men participate in the same training. However, trainings have been successfully implemented with groups of mixed age and gender. Mixed groups usually work best if participants already have some sort of 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 that organisations working with HIV Prevention Ambassadors develop a support plan. This plan will create a shared understanding of the support Ambassadors can expect.

Support for Ambassadors includes:

- Checking in with Ambassadors regularly
- 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 develop their own support networks, including bringing Ambassadors together to problem solve and share best practices, where possible
- 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, including potential encounters with legal authorities
- Recognising and rewarding Ambassadors' work
- Providing Ambassadors with additional opportunities for professional development
- Providing logistical support, including resources, equipment, and materials
- Answering any questions that emerge as Ambassadors implement their action plans
- For Ambassadors trained on and using the LIVES response, additional support should be provided as described in the **Responding to Disclosures of Violence** session.

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- Ambassadors working with programmes that are supporting Ambassadors to provide LIVES who are not trained on or choose not to provide LIVES at any point should be paired with an Ambassador who is providing LIVES so that they are able to make referrals.

Further details on the types of support that may benefit Ambassadors can be found at the end of this training package under **Next Steps**. We also recommend paying attention to the needs expressed by participants during the training so that they can be included in your organisation's support plan.

Training Preparation

1. Read the entire package before beginning the training

This training package deals with complex topics that are related to one another. Reading the whole package before beginning will ensure that you understand all the topics and can select the appropriate sessions for your particular group, prepare for all sessions, and understand the tools you will be providing to Ambassadors. It is especially important to read the **Facilitation Tips** section. This section will guide you to create a safe, inclusive, and effective learning environment.

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

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

3. Prepare specific information about your location and context

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

Information about PrEP methods for HIV prevention

- Which PrEP methods are approved and available for use in your country (This would determine which methods would be relevant to include in your training. For example, if the ring or injectable PrEP methods such as cabotegravir [CAB PrEP] and/or lenacapavir [LEN PrEP] are not yet approved in your community, you may choose to focus only on oral PrEP until additional products are available.)
- Where they can get available PrEP methods — including community based distribution points
- Who can access available PrEP methods
- Generic brands available in your location
- If possible, bring some sample products along for participants to see)

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National guidelines about the various PrEP methods, including:

- Populations approved for use
- Minimum age for use
- Use during pregnancy and/or breastfeeding
- Testing requirements for starting or continuing each PrEP method, such as for HIV, kidney function, and hepatitis B

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

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

Information specific to priority populations collected from local priority population-led groups:

- Recommendations or guidance for managing interactions with clients or law enforcement
- Other resources for support that are specific to priority populations, such as safety and security tips
- Advocacy tools and resources that support rights and services for priority populations

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

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

Local and national educational fact sheets and handouts, such as:

- Frequently asked questions about PrEP and PrEP methods
- Fact sheets about testing requirements for PrEP use
- Handouts about available SRH services
- Basic information about HIV, SRH, and gender-based violence (GBV)

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

Make copies of an up-to-date local referral directory of existing organisations that offer confidential, stigma-free health, social, and legal services, such as:

- SRH services, including family planning, STI screening, and HIV testing
- Counselling and mental health services
- Supportive services for drug and alcohol use challenges
- Crisis support services for people experiencing violence, including GBV
- Gender-affirming and LGBTQIA-friendly services
- Supportive and stigma-free services for unhoused people

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

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If a local referral directory is not available or if it does not provide the necessary information, use the **Local Referral Directory Template** to create one. Make sure to include only organisations and individuals providing quality, stigma-free services to the populations you are working with. Once the directory 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 existing Ambassadors, advocates, or leaders involved in increasing access to available PrEP methods. You might also consider inviting people with specialist expertise to co-facilitate, such as: sexual health professionals; legal or health professionals with expertise in topics such as PrEP use during pregnancy and breastfeeding, drug use services, or LGBTQIA services; representatives from priority population-led organisations; or health care providers trained on the PrEP methods being covered. For the **Responding to Disclosures of Violence** and **Gender-based Stigma, Discrimination and Violence** sessions, you should plan to engage a health care provider trained in LIVES and/or a professional counsellor and a legal expert with knowledge of local mandatory reporting requirements to support the session. Overall, having two facilitators is ideal when conducting this training. Having an in-person counsellor is the best way to make sure participants can access the support they need to participate fully and safely.

6. Prepare the materials needed for the training

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

Packing checklist

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

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

7. Prepare name games and energisers

Name games and energisers allow participants to get to know each other, kick-start discussions, and help the group begin to feel comfortable in a space and with each other. Energisers are designed to get people moving around a 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.

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8. Arrange childcare

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

Some may be more comfortable keeping their children with them. You could arrange to have some books or toys in the training room and hold the training in a space that is safe for and conducive to children. If you will train participants who are breastfeeding, try to arrange a space where they can do so in private, but also make the training room a comfortable environment for breastfeeding for those who prefer to stay in the room.

9. Plan for restroom access

If possible, make sure that participants will be able to use the restroom that matches their gender identity. Gender-neutral restrooms are an easy way to do this. Regardless, make sure to share restroom information with participants at the start of the training so that they can make the choice that is right for them.

10. Consider accommodations to improve accessibility

Try to hold the training in a space that is as accessible as possible. For example, you could make sure there are ramps or other supports for participants with mobility challenges, and limit outside noise to make it easier for people with hearing or attention challenges to follow the content. In general, consider how you might make it easier for people who are often left out to participate in your training.

11. 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 where you downloaded this training package (**https://www.prepwatch.org/resources/ambassador-training-package-toolkit/**).

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

12. Review the key terms

The technical terms used in this training package are explained in the **Key Terms Appendix**. We recommend reviewing these terms before the training. It may be useful to write some of the terms on a whiteboard or flip chart that participants can refer to during the sessions. It is also important to use terms that are appropriate for your context and preferred by your participants.

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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 PrEP methods and a thorough introduction to gender, sexual and reproductive health and rights, and HIV. No one is an expert in every area, so do not worry if the topic is new to you. Just make sure you read the session's **Essential Knowledge** well in advance, so you have time to build your knowledge of and confidence with the subject.

Use the space provided to summarise the key points in your own words. This will help you understand and remember the information. You should also try to identify ways you can make the information more specific to your context, such as changing words so they are more relevant to your participants or coming up with local examples. If you do not feel confident in your knowledge or want to add more detail relevant to the population you are working with, 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, sex work, stigma, 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 practise 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. One way to do this is to keep track of participant questions and concerns, and make sure to answer as many as possible throughout the training.

TIP 4

Make it a conversation.

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

TIP 5

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

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

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Be inclusive and ensure that everyone can participate equally.

TIP 6

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

Encourage open and honest communication about sex.

TIP 7

Talking about sex openly and in a nonjudgmental way will help ensure that 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 sexual 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 for any behaviour
- 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
- Assure participants that they are in a safe space and emphasise that what is said should be kept confidential

Prepare to support participants through personal and difficult topics.

TIP 8

In almost any group of people who might benefit from PrEP, there will be participants who have been affected by HIV and/or GBV. 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**).

Use active listening to validate participant contributions.

TIP 9

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

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

Ask questions to encourage deeper thinking and challenge assumptions.

TIP 10

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.

Debrief with colleagues.

TIP 11

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.

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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, you can incorporate parts of it into existing training, or you can supplement it with sessions and modules from other trainings.

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

1. Choose what sessions to include

The training is centred around sessions about pre-exposure prophylaxis (PrEP) methods. These sessions provide participants with the knowledge and skills to:

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

If you are already training peer educators with a different curriculum, you can integrate these PrEP methods sessions into your existing training. The PrEP methods discussed in this training are oral PrEP, the PrEP ring, and the long-acting injectable methods: cabotegravir (CAB PrEP) and lenacapavir (LEN PrEP). You can choose to cover any or all of these methods in your training, based on which are available in your area and what previous training your Ambassadors have received. For example, you may choose not to include the ring or injectable PrEP in your training if these methods are not yet available in your area. On the other hand, you may choose to train only on the ring and/or LEN PrEP if your Ambassadors have previously completed trainings on other methods. The PrEP methods sessions are structured to accommodate any of these training scenarios. We recommend making sure Ambassadors are trained in all PrEP methods that are available in your context, even if they are not eligible for all methods. This will ensure they can support their peers to have informed choice among all available PrEP options.

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

- If you have a small group and time permits, you can complete the PrEP journey mapping sessions once with a focus on one method, and then repeat the PrEP journey mapping sessions focusing on each additional method. Make sure to complete the **PrEP Ring and the Body** session before completing the journey mapping sessions on the ring.
- If you have multiple facilitators and a large group, you can split the group and assign each a PrEP method to focus on when completing the journey mapping sessions, and then bring the groups together for a report back to allow the entire group to gain knowledge from their peers on all methods. You may want to do the **PrEP Ring and the Body** session with the entire group first before the journey mapping if the ring will be included in your training.

See the example agenda on the following pages for how to structure these options. You can also download an agenda template from the same place where you downloaded this training package (https://www.prepwatch.org/resources/ambassador-training-package-toolkit/).

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Within the **PrEP Methods** sessions, you will find a session about selecting a PrEP method called **Making a Choice**. This is an important session to include in any context where Ambassadors may be helping their peers make decisions among different PrEP methods. Make sure to cover this session if your training includes more than one method or if you are training participants on a second or third PrEP method. This session is included before the PrEP Journey Mapping activity to prepare participants to support their character's choices through journey mapping. Note that you will need to do the 'creating a character' activity from the **Making a Choice** session before starting the journey map.

The manual also includes sessions that can be added to the PrEP Methods sessions to educate participants about important core subjects, such as human rights. These sessions are included in the **Foundational Knowledge** section. Please note that the **Responding to Disclosures of Violence** session is an opt-out session for Ambassadors. The session instructions and the Ambassador selection information above explain the opt-out process and how to support Ambassadors regardless of whether they choose to complete the session or choose to provide LIVES (Listen, Inquire, Validate, Enhance safety and Support) for their peers. This session may take up to three hours and should include multiple self-care breaks for participants.

The **Ambassador Skills** section provides participants with the chance to learn and practise skills that are essential to the Ambassador role. We recommend that all participants complete these sessions, so they are prepared to protect their peers' confidentiality, provide referrals, and take care of themselves.

Each **Foundational Knowledge** and **Ambassador Skills** session contains all the information you need to deliver it, including essential knowledge for facilitators and session materials.

Whether you plan to use some or all of the PrEP Methods sessions, we recommend checking whether participants have the knowledge and skills covered in the Foundational Knowledge and Ambassador Skills sessions. We also recommend incorporating the **Introduction** and **Ambassador Graduation** sessions, and the **Boundary Setting and Self-Care** session, which teaches Ambassadors how to care for themselves as they carry out their work.

On the next page is an example of how you can order the sessions if you are training on all PrEP methods, as well as the other knowledge and skills-building sessions. You can also exclude some sessions but keep the same order. The full training, including all sessions, will take about 18–31 hours total, depending on the number of PrEP methods included and whether you can do simultaneous PrEP sessions. If you train only on PrEP methods and Ambassador skills, the training will take about 13–20 hours. Note that if you are not training on the PrEP ring, you can exclude the **PrEP Ring and the Body** session.

2. Choose how to deliver the training

This training manual includes 21 sessions. Each session will take 30 to 180 minutes to complete, depending on the session activities and experience of the participants. You can deliver all the sessions in the same week or divide the sessions over a number of days or weeks.

For example, if participants are in school or working during the day, you may choose to deliver one session every afternoon or one session per week. Depending on how knowledgeable participants are, you could select certain sessions to go through in detail. For instance, if participants are receiving the training as part of their job, such as peer educator jobs, and already have knowledge about PrEP methods, you may want to focus on other sessions, such as gender inequality. Ultimately, you can choose the most relevant sessions for your participants and determine how much time to spend on each session. The example below gives estimates of how long it will take to complete blocks of sessions. Remember to plan time for breaks as well. Planning for break time allows the training to be more inclusive for all participants, such as those who need time to breastfeed or rest if they have been working during nights.

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Session	Approximate Completion Time
Training Introduction	1 hour
Foundational Knowledge: Sessions 1–5	5.5 hours
1 Human Rights	1 hour
2 Gender-based Stigma, Discrimination, and Violence	1.5 hours
3 Getting to Know Our Bodies	1 hour
4 HIV and AIDS – The Basics	1 hour
5 HIV Transmission and Prevention 101	1 hour

Option A

PrEP Methods: Sessions 1–8

1 PrEP Methods and Combination Prevention	1 hour
2 Making a Choice	1 hour
3 PrEP Ring and the Body	1 hour
PrEP Journey Mapping *(Focus on oral PrEP)*	3 hours
4 Finding Out About PrEP Methods	
5 Deciding to Use PrEP Methods	
6 Getting PrEP Methods	
7 Using and Staying on PrEP Methods	
8 Telling Others	1 hour
PrEP Journey Mapping *(Repeat with focus on ring)*	3 hours
PrEP Journey Mapping *(Repeat with focus on CAB PrEP)*	3 hours
PrEP Journey Mapping *(Repeat with focus on LEN PrEP)*	3 hours

Option B

PrEP Methods: Sessions 1–3

1 PrEP Methods and Combination Prevention	1 hour
2 Making a Choice	1 hour
3 PrEP Ring and the Body	1 hour

PrEP Methods: Sessions 4–8

PrEP Journey Mapping *(Simultaneous with small groups assigned to each method)*	4 hours
4 Finding Out About PrEP Methods	
5 Deciding to Use PrEP Methods	
6 Getting PrEP Methods	
7 Using and Staying on PrEP Methods	
8 Telling Others	
Report back to entire group	1 hour

PrEP Methods: Sessions 9–11	2 hours
9 Awareness Raising	
10 Advocacy	
11 Action Planning	
Ambassador Skills Sessions	2–5 hours
1 Boundary Setting and Self-Care	
2 Responding to Disclosures of Violence	
3 Peer Support	
4 Healthy Relationships and Supportive Partners	
Closing (Ambassador Graduation)	1 hour

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3. Review session plans

Session plans provide detailed instructions for facilitating the session. They also include information about how to prepare for the session. Take note of the preparation required so you allow enough time to prepare before each session. *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*).

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

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

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

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

- The size of the group (the ideal size is 10 to 20 people)
- The knowledge and experience of participants
- The 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

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

Introduction

Foundational Knowledge: Sessions 1–5

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.

1. Human Rights
2. Gender-based Stigma, Discrimination, and Violence
3. Getting to Know Our Bodies
4. HIV and AIDS – The Basics
5. HIV Transmission and Prevention 101

PrEP Methods: Sessions 1–11

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.

Session 3 will introduce the PrEP ring to Ambassadors and focus on how the PrEP ring works inside the vagina. This session should be completed before delivering the ring-specific version of PrEP Methods sessions 4-7.

Sessions 4–7 are to be focused on each PrEP method you will cover in the training. Complete sessions 4-7 as a group for each method that you are training on.

Session 8 focuses on strategies for PrEP use disclosure and can be done once after completing sessions 4-7 for each PrEP method you are covering.

1. PrEP Methods and Combination Prevention
2. Making a Choice

3. PrEP Ring and the Body

PrEP Methods Sessions 4–7:

4. Finding Out About PrEP
5. Deciding to Use PrEP
6. Getting PrEP
7. Using and Staying on PrEP

8. Telling Others

PrEP Methods Sessions 9–11

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

9. Awareness Raising
10. Advocacy
11. Action Planning

Ambassador Skills

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

1. Boundary Setting and Self-Care
2. Responding to Disclosures of Violence
3. Peer Support Skills
4. Healthy Relationships and Supportive Partners

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.

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Training Introduction

Introduction

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

Foundational Knowledge: Sessions 1–5

1 Human Rights

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

2 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 people to prevent HIV.

3 Getting to Know Our Bodies

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

4 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 for correcting them.

5 HIV Transmission and Prevention 101

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 HIV transmission and how to take control of HIV prevention.

PrEP Methods Sessions

1 PrEP Methods and Combination Prevention

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

2 Making a Choice

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

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3 PrEP Ring and the Body

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

4 Finding Out About PrEP Methods

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

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

5 Deciding to Use PrEP Methods

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

6 Getting PrEP Methods

Participants will work through the third step of the **PrEP Journey Map: Getting PrEP Methods**.

Participants will identify barriers that may prevent their peers from getting PrEP methods. They will also learn strategies for supporting their peers to overcome these barriers and will present their strategies to the group.

7 Using and Staying on PrEP Methods

Participants will work through the fourth step of the **PrEP Journey Map: Using and Staying on PrEP Methods**. Participants will learn about the reasons their peers may find it difficult to use PrEP methods correctly and continue using them while they need HIV prevention. Participants will then identify strategies for supporting their peers to take and stay on PrEP.

8 Telling Others

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

9 Awareness Raising

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

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10 Advocacy

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

11 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 towards the goal, considering their passions, interests, strengths, and areas of influence. Participants will also identify how they can support each other.

Ambassador Skills

1 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.

2 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 violence. They will also learn the **LIVES** (**L**isten, **I**nquire, **V**alidate, **E**nhance safety and **S**upport) approach for responding to disclosures of violence.

3 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. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

4 Healthy Relationships and Supportive Partners

Participants will explore what a healthy relationship looks like and will learn how to share tips on effective communication with their peers. This session will also engage participants to identify and talk about ways that sexual or romantic partners can support each other to use PrEP.

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.

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Your Notes

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Training Introduction

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Introduction

SESSION OVERVIEW

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

By the end of this session, participants should:

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

SESSION INSTRUCTIONS

PREPARATION

EXPLORE ACTIVITY

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

APPLY ACTIVITY

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

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EXPLORE

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.

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.

FACILITATION TIPS

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.

To make the 'icebreaker' fun and interactive, consider activities such as singalongs or dance challenges/ battles.

When providing a detailed introduction about their roles as an HIV Prevention Ambassador, ensure participants know anyone can be an Ambassador, no matter their age or how they identify themselves.

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.

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APPLY

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 sharing 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 answers are similar, 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 answers are similar, 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 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 the information we feel comfortable sharing with others.
11. Ask participants if they can commit to the responsibilities they have identified.

FACILITATION TIPS

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.

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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 them 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.

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

SUGGESTED REFLECTION QUESTIONS

- What did you notice about the similarities and differences among 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?

Useful Resources

1 **Creating Safe Space for GLBTQ Youth: A Toolkit Girl's Best Friend Foundation**

Advocates for Youth
2005

A training manual for creating spaces that are safe for gay, lesbian, bisexual, transgender and queer (GLBTQ) youth, 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

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

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3	**Engaged and Heard! Guidelines on Adolescent Participation and Civic Engagement** UNICEF 2020	A set of guidelines to support the meaningful engagement of young people in civic programming. This document includes examples of different types of engagement as well as key principles to follow when working with adolescents and young people.
4	**A Youth Participation Best Practice Toolkit (Part one and Part two)** Save The Children 2016	A toolkit in two parts that provides recommendations for designing programmes that involve youth and shares tools, tips, and tricks for improving adolescent and youth engagement.
5	**Girl-Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs** Population Council 2010	A set of tools and guidelines for strengthening programmes for adolescent girls, including practical tools and case examples. Developed for the Kenya context but also available in Spanish and French.

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Foundational Knowledge

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1 Human Rights

ESSENTIAL KNOWLEDGE

What are human rights?

Human rights are ideas or principles about how everyone should be treated. The concept of human rights is based on the belief that all human beings are equal and deserve to be treated with dignity and respect, no matter their age, nationality, gender, race, religion, or any other characteristic. Human rights 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
- 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. Many people — including sex workers; gay, bisexual, and other men who have sex with men; pregnant and breastfeeding people;

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transgender (trans) and gender-diverse people; adolescent girls and young women (AGYW); people who are living with HIV or in serodifferent relationships; and people who inject drugs, who are incarcerated or have been involved in the criminal legal system — often experience direct violations of their rights, such as when others use violence against them. They also experience many barriers to exercising their rights, such as gender inequality; discrimination based on age, sexual orientation, disability, or other characteristic or identity; and a lack of social power.

Gay, bisexual, and other men who have sex with men, people who inject drugs, 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 homosexuality and 'impersonating another gender', a charge often used against transgender people in contexts where sexual orientation and gender identity are misunderstood. These discriminatory laws create an environment in which stigma, discrimination, and violence against transgender people are normalised. In criminal legal settings, where inmates are monitored and have no freedom, some institutions have been known to neglect those in their care and refuse them the basic needs of human life (i.e., food, health care, clean environment, and HIV prevention services). These violations and barriers have been recognised within the human rights system and, as a result, specific rights have been created to protect the rights of certain marginalised groups, such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), 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 (SRHR) is a term used a lot when talking about HIV prevention, especially among members of priority populations. 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 (SRH).
- The achievement of good SRH depends on the realisation of other rights.

Sexual and reproductive health

The right to the highest attainable standard of physical and mental health is one of the core human rights established in the Declaration. This core right includes the right to SRH. The right to health is about more than being free from disease. It includes everything a person needs to enjoy good health and well-being, such as clean drinking water, nutritious food, and good quality health services. This right is supported by many regional and national agreements. In Africa, some of these include the East African Community HIV & AIDS Prevention and Management Act, the Kenyan Constitution (chapter 4), the South African Constitution (section 27), Uganda's Constitution (article 33), and Zimbabwe's Right to Health Care (section 76).

Sexual and reproductive rights

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

- Have access to stigma-free information, services, and resources related to SRH, HIV, 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

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- Have pleasurable and safe sexual experiences free of coercion, discrimination, and violence
- Freely express their sexuality (including gender identity, 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 pronoun that aligns with one's gender identity
  - Receiving desired gender-affirming medical care, such as supportive counseling, hormone therapy, surgery, or other interventions
  - Receiving information and care that is responsive to one's needs, including how hormones may interact with HIV pre-exposure prophylaxis (PrEP) or how to more safely engage in sex work

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 lead to situations where a person is exposed 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 prevent HIV.** A person's ability to prevent 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 for all is dependent on the eradication of HIV.** HIV undermines global progress towards the right to health and other rights. It also contributes to poverty.

HIV prevention options such as condoms/lubricants, post-exposure prophylaxis (PEP) and PrEP methods will make it easier for everyone to exercise their rights. PrEP methods are tools that a person can decide to use without telling anyone else about their decision, including their partners. This makes it easier for them to prevent HIV, which is their right.

Educating people who want to prevent HIV about their rights and choices 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 HIV prevention are listed below.

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HUMAN RIGHTS	HOW THESE RIGHTS SUPPORT US TO PROTECT OURSELVES FROM HIV
The right to equality and nondiscrimination 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.	We have the same rights as every other person, including the right to consensual, safe, satisfying, and healthy sexual relationships. We have the same right as any other person to access SRH services and HIV prevention options. We should not be discriminated against because of age, gender, race, sexual orientation, disability, or any other characteristic or identity.
The right to freedom 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.	We have the right to decide what types of sexual behaviours we engage in and with whom. We have the right to identity documents that provide legal recognition of our names and gender identities. We have the right to make decisions about and have access to HIV prevention options.
The right to control our own bodies (often called bodily integrity) We have the right to control what happens to our bodies and to be protected from other people trying to harm us.	We have the right to choose if, when, and how we have sex. We have the right to access HIV prevention options that will protect us from harm. We have the right to access medical care, such as hormone therapy, surgery, or silicone injections, that affirms our gender identity. We have the right to decide for ourselves if and when to have non-lifesaving surgical procedures to change our anatomy or appearance to conform to sex or gender stereotypes.
The right to education We have the right to go to school and get an education.	We have the right to sex education. This includes information about sex, sexual health, and HIV prevention, including PrEP methods, PEP, and the prevention of perinatal transmission (transmission of HIV to a foetus or baby during pregnancy, birth, or breastfeeding).
The right to be as healthy as possible and able to access the best possible health services We have the right to a healthy life. This right includes access to safe drinking water, nutritious food, and personal safety. We also have the right to the highest possible standard of health services.	We have the right to access the information, services, and resources we need to prevent HIV. We have the right to a violence-free and consensual sex life. We have the right to stigma-free SRH services. We have the right to choose and use the HIV prevention method that is right for us.

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HUMAN RIGHTS	HOW THESE RIGHTS SUPPORT US TO PROTECT OURSELVES FROM HIV
The right to the benefits of social and scientific advancement We have the right to benefit from major technologies, discoveries, and inventions that can improve our lives.	We have the right to benefit from new technologies that can help us prevent HIV, including PrEP methods. This means PrEP methods must be accessible, available, affordable and easy for us to get.
The right to privacy and confidentiality We have the right to choose with whom we share our information. This means that people with whom we share information should not share it with others without our permission.	We have the right to privacy and confidentiality when accessing services. If health care providers know we are using PrEP methods, they should respect client confidentiality by not telling our partners, friends, family members, or other community members. We have the right to choose with whom we share personal information, such as information about our sexual practices or an experience of violence. We have the right to keep our PrEP use private. Note: Confidentiality might not apply in some situations, such as if a doctor believes somebody's life is at risk or if someone younger than 18 experiences violence. The doctor may have a responsibility to report this, but if they do report it, they also have a responsibility to tell the client first.
The right to be free from abuse, degrading treatment, and exploitation 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 towards us. The government should make sure we are protected from abuse and must take action if someone experiences violence or abuse.	We have the right to live our lives free from all forms of violence. We have the right to use PrEP methods without fear of violence. We have the right to access high-quality justice services if we experience violence or abuse.

How can human rights be protected?

Governments are required to make every effort to ensure their citizens and other people living within their countries 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 responsible only for creating an environment in which all people, including people who might benefit from PrEP for any reason, can live healthy lives.

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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 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 less education. HIV Prevention Ambassadors may have more power than their peers in the community. Those with power have an added responsibility to protect the rights of those with less power.

Your Notes

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SESSION OVERVIEW

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

By the end of this session, participants should:

- Know the core human rights that everyone is entitled to
- Be able to explain HIV prevention and SRH in the context of human rights
- Understand 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 choose and use PrEP methods.

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 from local organisations defending human rights or other educational materials on human rights. See **Useful Resources** for sample materials on human rights.

Before the session, make sure to familiarise yourself with your country's laws that are relevant to your participants so that you are able to answer their questions.

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PREPARATION

ADVANCE PREPARATION FOR THE **EXPLORE** ACTIVITY

Write each of the rights listed below on separate pieces of paper and post them where 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 advances
- The right to privacy and confidentiality
- The right to be free from abuse, degrading treatment, and exploitation

SESSION INSTRUCTIONS

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 in terms of HIV prevention and their roles as HIV Prevention Ambassadors.

ACTIVITY: The right to protect ourselves from HIV

1. Explain that in this activity, participants will be focusing on a selection of rights and identifying how they are connected to HIV prevention and access to and use of PrEP.
2. Use the following example to explain the activity: Everyone has the right to equality and nondiscrimination. This right is relevant to HIV prevention because it means that everyone also has the right to access sexual health services and PrEP methods 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 posted. Ask participants to explain what the right means (either on sticky notes or through discussion).

FACILITATION TIPS

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

If you are working with people younger than 18, refer to local guidelines to answer questions about the minimum age for 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 the rest during discussion.

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4. Next, ask participants to share their ideas about how the right is connected to HIV prevention and PrEP access and use.
5. Repeat this activity with each right.

APPLY

ACTIVITY: Exercising our rights

1. Explain that in this activity, participants will consider how human 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).
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).

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?

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

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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 some things 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 is married.
Right to privacy and confidentiality	
She uses PrEP and has decided not to tell anyone. She knows it is her right.	She went to the health facility once to ask about PrEP, and they told her husband. She will not 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?
- 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.

REFLECT

ACTIVITY: Reflection Circle

1. Using the questions below as a guide, engage participants in a discussion about what they have 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 to prevent HIV?
- What would it look like in your community if all your peers could fully exercise their human rights?

FACILITATION TIPS

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

Note that bringing attention to human rights can lead to backlash and violence against Ambassadors and their communities. For example, sex workers who know their rights and stand up for themselves to government authorities may be targeted by law enforcement. 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, peers can use 'know your rights' cards that include the contact information of a lawyer or community-based organisation, demonstrating that the person holding the card is supported by others.

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Useful Resources

1	**It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. Volume 1: Guidelines, Volume 2: Activities** Population Council 2011	Volume 1 contains guidelines for supporting a participatory approach to gender, HIV, and human rights education for youth and young people. Volume 2 includes 54 engaging sample activities.
2	**Compendium of Key Documents Relating to Human Rights and HIV in Eastern and Southern Africa** United Nations Development Programme 2008	A compilation of global, regional, subregional, and national human rights instruments, policies, legislation, and case law that are relevant to HIV and AIDS. It is intended to support implementation of human rights-based approaches in the HIV response in eastern and southern Africa.
3	**HIV, TB, and Human Rights in Southern and East Africa** AIDS & Rights Alliance for South Africa (ARASA) 2016	A report that examines the laws, regulations, and policies that protect and promote the rights of all people, including key populations, lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) people, sex workers, and people who use drugs, in the context of HIV, AIDS, and tuberculosis.
4	**A Time to Lead: A Roadmap for Progress on Sexual and Reproductive Health and Rights Worldwide** Guttmacher Institute 2018	A policy brief that defines SRHR and describes an essential package of sexual and reproductive health interventions.
5	**Rights-Evidence-ACTion (REACT) User Guide** Frontline AIDS 2019	A guide for organisations interested in documenting and responding to human rights-related barriers that individuals experience in accessing HIV services.
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	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 improved access to HIV services.

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7	**What Are LGBQ Rights?** Gay and Lesbian Coalition of Kenya No Date	A webpage that defines lesbian, gay, bisexual, and queer (LGBQ) rights and answers questions about LGBQ rights, the constitution, and laws in Kenya.
8	**AMA'RIGHTS: Understanding, Supporting, and Accessing Human Rights for Transgender and Gender Diverse Persons in South Africa** Gender DynamiX 2019	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.
9	**HANC Community Resources Online Portal** United States Office of HIV/AIDS Network Coordination Multiple dates	A collection of resources for inclusive community involvement in HIV prevention research, including a bill of rights and responsibilities for HIV research, an inclusive language guide, and resources for the inclusion of transgender and other priority populations in research.
10	**Assessment of the Integration of Sexual and Reproductive Health and Rights and Humanitarian Issues in East and Southern Africa** UNICEF, UNAIDS, UNFPA, and WHO 2024	A comprehensive report describing the incorporation of sexual and reproductive health and rights frameworks into national policies in East and Southern Africa.
11	**Briefing paper: Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services** Global Network of Sex Work Projects 2018	A short paper applying sexual health and rights frameworks to sex workers' access to comprehensive sexual health services.
12	Briefing paper: Sex Workers Who Use Drugs Global Network of Sex Work Projects 2015	A short paper outlining the needs and rights of sex workers who use drugs.

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2 Gender-based Stigma, Discrimination, and Violence

ESSENTIAL KNOWLEDGE

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 of disapproval that are linked to a specific person, group, or trait. When people are stigmatised, they are shamed or disgraced because they are perceived as socially unacceptable or not conforming to norms. They are often seen as 'less than' others and not valued as human beings who deserve respect. Many people have been taught to stigmatise 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 judge those who fall outside of these categories or norms. When we do this, we are stigmatising others. When people are stigmatised 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. 'Transmisia' is a word that some consider to be more accurate than 'transphobia' because it acknowledges that this type of stigma is not truly based in fear but rather in learned hatred.

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

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

Gender inequality

Gender inequality is a term used to explain the unequal treatment of someone because of their gender and the unequal distribution of power and resources between people who occupy different socially constructed gender categories, such as cisgender/transgender and men/women/nonbinary. Gender inequality is driven by gender norms that give cisgender men more access to resources (such as money), opportunities (such as education and employment), and social power (such as influence in decision-making).

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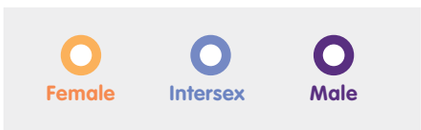
This session aims to educate participants about the gender norms, gender-based stigma, gender inequality, discrimination, and violence that are especially relevant to sex workers; gay, bisexual, and other men who have sex with men; transgender people; people who are pregnant or breastfeeding; and serodifferent couples, and how it can be even more difficult for these individuals if they also inject drugs.

Gender and sexuality: core concepts

Gender is different from sex assigned at birth. Sex assigned at birth is based on biology, whereas gender is based on culture.

- **Sex assigned at birth** refers to the classification of people as male, female, having intersex characteristics, or another sex based on their visible reproductive organs at birth.
- **Gender identity** is one's sense of self as being male, female, nonbinary, or another gender. Gender identity may or may not correspond with one's sex assigned at birth or the gender expected of someone in a given social context.
- **Gender expression** is how one chooses to express themselves through gendered appearance and social behaviour.
- **Sexual orientation** is one's sexual attraction to people of another gender or sex, the same gender or sex, or more than one gender or sex. It can also be related to one's emotional and romantic attraction, but it doesn't have to be.
- **Sexual partnerships**, in the context of this training, refer to whom one has sex with. Sexual orientation does not always align with sexual partnerships.
- **Gender norms** are the societal expectations placed on an individual according to their sex assigned at birth.

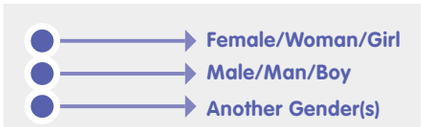
SEX ASSIGNED AT BIRTH



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.

However, when scientists consider all of the aspects that determine sex, up to 2 percent 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. Many different characteristics may give someone intersex traits, and these are not always visible at birth.

GENDER IDENTITY



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 (cis):** gender identity is the same as sex assigned at birth
- **Transgender (trans):** gender identity is different from sex assigned at birth:
  - Some trans people may be assigned male at birth and identify as female. Some may be assigned female at birth and identify as male. Other trans people may not identify as only male or female.

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  - Trans people use many words to describe themselves, including trans, trans diverse, trans man or masculine, trans woman or trans feminine, man, or woman.

- **Nonbinary:** an umbrella term for people who do not identify exclusively as men or women within the gender binary. There are limitless nonbinary gender identity terms such as genderfluid, genderqueer, and culturally specific terms such as Two-Spirit. Some nonbinary people identify as transgender while others do not.

Many cultures across the globe have traditionally included and celebrated multiple genders beyond female and male.

Being cisgender, transgender, nonbinary, or multiple genders is not a choice; each of us has a gender identity that can be experienced deeply. Our gender identity is not determined by how our parents raised us. People of all gender identities want to be accepted. It is important to seek to understand, respect, and learn how people describe themselves. Acceptance and support can promote good mental and physical health.

There is no wrong way to be transgender!

Being transgender does not always mean that a person is "transitioning". There are different ways to transition, and trans people may choose to transition in some, all, or none of these ways. Some examples of types of transitions are explained below.

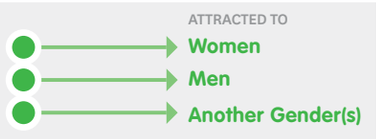
- **Social transition:** To change one's gender socially, such as changing the name and pronouns used among friends and within their community
- **Physical or medical transition:** To make changes to one's body, such as using gender-affirming hormones or getting gender-affirming surgeries
- **Legal transition:** To change one's official status, such as changing the name or gender listed on government identification documents or school registrations

GENDER EXPRESSION

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. Gender norms also change over time. A person's gender expression may or may not be consistent with social norms about gender or their gender identity.

Like gender identity, expressions of gender exist on a continuum. Some people like to dress and act in a very masculine way, others in a very feminine way, others in androgynous ways, and others still in ways that don't conform to a gender binary.

SEXUAL ORIENTATION



As with gender expression, sexual orientation is a diverse concept that can change over time, 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 (may identify as homosexual, gay, or lesbian)
- Attraction only to members of a different sex or gender (may identify as heterosexual or straight)
- Attraction to members of more than one sex or gender (may identify as bisexual or pansexual)
- Absence of sexual attraction (may identify as asexual or ace)
- Terms like heterosexual, homosexual, bisexual, and pansexual often refer to the gender(s) that a person is attracted to. However, people may choose to identify in the way that feels right to them, and it is best to let each person identify for themselves.

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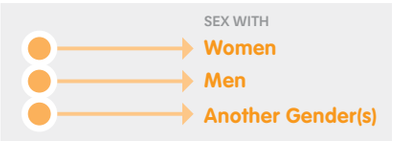
Around the world, different communities divide the continuum into other categories. Some societies or cultures prefer not to think of sexual orientation as definitive categories and instead view sexual orientation as more fluid.

Who someone is attracted to is not a choice. Therapies to change people's sexual attraction have been shown to cause emotional and psychological trauma, and some forms of these therapies are considered torture by the United Nations. In addition, the way someone is raised does not determine who they will be attracted to. Parental acceptance could make their children more likely to be open about their sexual orientation and therefore less likely to experience depression or hurt themselves; it will not change the attractions they experience.

SEXUAL PARTNERSHIPS



Sexual orientation does not always align with sexual partnerships. A female sex worker may be attracted only to other women but have male clients. A man who is attracted only to women but also injects drugs may have sex with other men in exchange for drugs. 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 mixed-sex couples may have anal sex.

Why are the differences among 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 is assigned female at birth does not mean this person will identify as a woman, have a feminine gender expression, or be sexually attracted to men. 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 a spectrum helps us think about all the options. The spectrums 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.

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Gender norms

Gender norms are social ideas and attitudes about the way people 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, toy guns, sticks	Dolls, babies, kitchen toys
Emotions	Calm, detached, angry when needed	Happy, sad, scared, more emotive ('hysterical')
Traits	Strong, powerful, dominant, smart, independent, decisive	Quiet, submissive, caring, gentle, obedient, nurturing, accommodating
Professions	Professors, doctors, lawyers, engineers, construction workers, truck drivers, plumbers, law enforcement officers	School teachers, nurses, childcare providers, maids, housewives, receptionists

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 be 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 be 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. We may face negative consequences when we follow — or conform to — gender norms, and we may face negative consequences if we choose not to conform to them.

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 may adopt harmful coping strategies, such as substance abuse or violent behaviour.	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.

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Gender norms about...	MEN	WOMEN
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 use violence to regain power and their masculine identity if their masculinity is called into question. Men may not ask for help when it is 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 cisgender 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 and cisgender people above transgender people. For example, the roles that men can be encouraged to do — professional roles and leadership positions — give them social status, power, and money, while women's roles can be more restricted to the home and afford them fewer opportunities and less access to positions of power and resources. Furthermore, gender norms can create inequality between people of the same 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 cisgender 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 romantic partner.

Gender norms are maintained because the people who benefit from them also have the power to reinforce them.

How does stigma happen?

Stigma can occur when a characteristic or group of people is not well understood by their broader community. The community may fear what is different and what they do not understand, and myths or rumours may fuel negative beliefs and behaviours, resulting in stigma. The table below gives some examples of how stigma can happen.

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

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4
Distinguishing and labelling 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 pure and 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 okay for me to call her names like "whore" and "slut". She deserves it.'

Some people experience internalised stigma, or self-stigma, when they believe the negative ideas and stereotypes that others apply to them. Internalised stigma can lead to shame, isolation, negative health behaviours, and mental health issues. For example, internalised homophobia and internalised transphobia may lead lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) 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 stigma 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 LGBTQIA community
- People living in poverty
- People belonging to racial, ethnic, caste, or religious minority groups
- People with disabilities
- People living with HIV and other sexually transmitted infections (STIs)
- People who use drugs
- People who engage in sex work or transactional sex
- People who are not members of the dominant ethnic or cultural group in their community
- People who have low literacy
- Migrants and refugees
- People who are incarcerated
- Widows
- Single parents

When people belong to multiple groups that experience inequality, their experiences of discrimination can multiply. For example, a cisgender 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

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a woman with a disability. However, she may also experience some privilege — advantages given to her by society — as a cisgender woman. The existence of multiple layers of one's identity is called intersectionality. Our experiences of discrimination are affected by the intersectionality of our identities. Other examples of discrimination that highlight intersectionality include:

- A man who is attracted to other men may also inject drugs. He may experience stigma as a gay man, as a person who injects drugs, and as a gay man who injects drugs. The stigma and discrimination he experiences may make him even less likely to try to get pre-exposure prophylaxis (PrEP) because he may feel pressured to expose his sexuality and his injection drug use when speaking to a provider.
- A woman who is living with HIV may experience discrimination when trying to get pregnant if the health care provider does not think it is right for people living with HIV to have children. She may be less likely to get proper antenatal care and experience discrimination when she tries to access HIV treatment medication. At the same time, her HIV-negative partner may be discriminated against when he tries to access PrEP.
- In communities where some ethnic or cultural groups are treated poorly by health care providers, members of these ethnic or cultural groups may be less likely to seek out health care. If a sex worker or a gay or bisexual man belonging to these groups wants to get PrEP or get support to use PrEP, they might be treated poorly or denied access altogether.

Our opinions of others — which can be based on gender, race, class, religion, or other factors — 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.

Changing gender norms and reducing stigma is possible! As the box below shows, changing harmful gender norms can reduce stigma and lead to improvements for everyone. Programmes that seek to change gender norms and other social norms that create inequality and violence have been successful in many contexts. You will find some examples of these programmes and how to implement them in the **Useful Resources** portion of this session.

Gender norms are slowly changing around the world. Research shows that this benefits all people as individuals, as well as their communities and countries. For example:

- Partners who share responsibilities and work together within a relationship are more likely to be happy and stay together longer.
- Partners who share social roles — meaning they both work and take care of their families — have children with better overall health and well-being, and their families have more money.
- Governments that acknowledge and include people of all genders and sexualities are better able to address stigma and provide adequate health care to their citizens.
- Governments that include women as equal participants have reduced corruption and improved economic outcomes. This is also true within other institutions, such as companies.
- Countries that protect LGBTQIA communities experience stronger economic development than countries that do not.
- Communities with more equality between women and men have less conflict and better economic outcomes.
- Caregivers who reject violence as a form of discipline and replace it with practices that are understanding of gender needs and development experience less intimate partner violence and child mistreatment in their households.
- Encouraging understanding of and empathy for LGBTQIA people and their experiences and evaluating your own thoughts and beliefs reduces stigma against LGBTQIA people.

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Gender-based violence

When violence is used to reinforce power differences based on sex assigned at birth, gender identity, gender expression, sexual orientation, or the idea that a person does not conform to gender norms, it is known as gender-based violence, or GBV for short. GBV is not limited to men's violence against women. People of any gender can enact GBV, and GBV can be experienced by people of any gender.

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

Physical abuse, such as:

- Slapping
- Hitting
- Kicking
- Choking
- 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
- Removing the PrEP ring or contraceptive ring without permission

Sexual abuse, such as:

- Rape, including gang rape (unwanted sexual acts by multiple people that are committed without consent), marital rape (unwanted sexual acts by a spouse that are committed without consent), and rape of an LGBTQIA person to try to change their gender identity or sexuality
  - Traditionally, sex was assumed to be a husband's right within marriage. However, many countries now recognise people's rights over their bodies, including within marriage. More than 150 countries have laws criminalising marital rape or laws that do not distinguish rape by one's marriage partner from rape by another person.
- Unwanted sexual advances or sexual harassment, including at school, at work, or in public spaces
- 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 drugs and/or alcohol, asleep, or not intellectually capable of giving consent
- Sexual abuse of children
- Trafficking of people and children for sex

Emotional/psychological abuse, such as:

- Insults, belittling, humiliation, and manipulation
- Intimidation, such as destroying things
- Threats of harm
- Threats to harm or take away children or children's legal documents
- Threats to 'out' someone by sharing something personal about them
- Threats to turn someone in to law enforcement for conducting sex work or injecting drugs
- Threats to share, or actually sharing, private digital content, such as personal messages or photographs
- Controlling behaviours, such as isolating a person from family and friends or monitoring their movements or communications, including through stalking

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Economic violence, such as:

- Use of money, gifts, or resources to control an individual
- Blackmail
- Refusing the right to work or forcing someone to give up earnings
- Refusing pay for money that is earned/due
- Withholding resources as punishment

Other human rights violations, such as:

- Refusing housing or services based on someone's sexual orientation, gender identity, or occupation
- Taking someone's condoms/injecting equipment
- Detaining a person without following the correct legal procedures
- Removing access to or destroying important medication, including PrEP or contraceptives
- Subjecting a person to coercive health procedures or treatments, such as forced STI and HIV testing, drug-dependence treatment, trying to change someone's sexual attraction, or sterilisation

Some cultural practices may also amount to violence, including child marriage and genital mutilation, which may make it more difficult to prevent HIV; denial of the right to own property or land; and 'honour killings', which refers to the killing of a relative who is perceived to have 'dishonoured' the family in certain cultures, usually related to a failure to adhere to gender norms.

GBV can be perpetrated by anyone, although it is usually perpetrated by those who have more power than their victims, 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 (IPV) or domestic violence.

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

- People who are part of LGBTQIA communities often experience emotional violence, including verbal abuse by law enforcement officers, health care providers, and government officials, as well as rejection by their families, blackmail, and extortion.
- Young people transitioning from adolescence to adulthood may experience multiple types of violence — for example, they may continue to experience some forms of violence against children and also begin to experience common forms of violence against adults, including IPV.
- Sex workers may experience physical and sexual violence at the workplace, including violence by law enforcement officers, sex work clients, and third parties who facilitate sex work.
- Pregnant people may face IPV, and IPV during pregnancy and after birth are associated with negative outcomes for infants, such as low birthweight, preterm birth, undernutrition, and mortality, as well as negative physical and psychological outcomes for the birth parent.
- Sex workers may face 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 IPV.
- Trans people experience high levels of physical and sexual violence motivated by perceived sexual orientation or gender identity.
- In countries that do not have anti-discrimination laws and social protections, violence against LGBTQIA individuals and sex workers is often perpetrated without consequences for the perpetrators, and survivors struggle to access violence response services because they fear further violence and discrimination.

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- Globally, it is estimated that 15 million adolescent girls and young women (AGYW) ages 15–19 experience forced sexual intercourse or other sexual acts each year. The most common perpetrators are current/former husbands, partners, or boyfriends. Only about one percent ever seek professional help.

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 many people, we see that the negative effects of gender norms can be quite severe and create an increased need for HIV prevention options.

Examples of how gender norms make it more difficult for some people to prevent HIV

GENDER NORMS	IMPACT ON HIV PREVENTION NEEDS
It is shameful for women to enjoy sex and talk about sex.	• Women, including AGYW, may find it difficult to talk about sex with their partners, including how to negotiate safe sex and reduce their vulnerability to HIV. • Women may find it difficult to access information about how to prevent HIV. • Women may not use sexual health services because they fear being judged. • AGYW may fear that if their parents or community members find out they are using PrEP, it will reveal they are sexually active and they will be labelled promiscuous. AGYW may also fear their partners finding out they are using PrEP because this could contribute to suspicions of promiscuity and infidelity. They may feel the need to hide their PrEP use, making it difficult to use PrEP as prescribed and leading to the possibility that discovery of their PrEP use could be used to justify violence. • Female sex workers may be seen as immoral, which can be used to justify violence against them. Sexual violence is more likely to happen without a condom and involve rough or dry sex, which increases vulnerability to HIV transmission. • Sex workers may not be able to seek help from law enforcement in cases of sexual violence, especially in a context where sex work is criminalised.
Sex is a sign of manhood, so men should have sex with as many partners as possible.	• A man may have multiple partners, which could expose him and his partners to HIV and other STIs. • In some places, there is a cultural practice of women abstaining from sex during pregnancy and postpartum, and some women return to their family homes during this time. It is considered acceptable for men to have sex with other people during this time, potentially exposing themselves and their partners to HIV.
It is shameful for people assigned male at birth to identify as women and/or have a feminine gender expression.	• Trans women may not use sexual health services because they fear being ridiculed or being refused service altogether. • Trans women may be assumed to have the same needs as men who have sex with men, which limits their access to information and services. • Trans women 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 could expose them to HIV and other STIs.

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GENDER NORMS	IMPACT ON HIV PREVENTION NEEDS
Trans men are not really men and cannot be considered as men who have sex with men.	• Trans men may be denied PrEP because of assumptions about their sexuality based on their gender identity. • Trans men may experience stigma when trying to access birth control or antenatal care, which may lead to negative reproductive health outcomes.
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.	• Women who inject drugs may inject after men, making them more likely to be exposed to HIV when sharing needles or syringes. • 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. For example, fear of violence can stop women from initiating or continuing to use PrEP. • Sexual violence, both inside and outside of relationships, is more likely to involve unprotected and rough or dry sex, which increases the likelihood of HIV transmission. • If a woman has a male partner who is living with HIV, she may be expected to have sex with him without using any method to prevent transmission. • People who perpetrate violence are more likely to engage in behaviours that may expose them to HIV, such as having multiple partners, alcohol and drug use, and having sex without a condom or PrEP. • Financial violence and control limit a person's options to access services and leave relationships. • When men's violence against women in relationships is normalised, women may fear leaving a violent relationship or simply endure it, which could increase the possibilities that they are exposed to HIV.
Only women and girls experience intimate partner violence.	• Violence against people in LGBTQIA relationships may not be acknowledged or may be labelled abnormal, particularly in countries where domestic violence is defined exclusively as violence against women. • People who are criminalised, including sex workers and LGBTQIA individuals in some contexts, may not be able to safely seek support and services from law enforcement.
Educating and employing women and girls is a lower priority than educating and employing men and boys.	• AGYW are more likely to drop out of school when their education is not prioritised. This makes it harder for them to access information and make informed decisions, including about their sexual health. • Cisgender and transgender 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. • Cisgender and transgender women who cannot support themselves are more likely to engage in sex work or transactional sexual relationships. People who struggle to support themselves may be more easily pressured into transactional sexual relationships or become victims of human trafficking. All this can increase the chances that they might be exposed to HIV. Because men who engage in transactional sexual relationships are often older, they are also more likely to have been exposed to HIV.

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Your Notes

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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 some people 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 relationships among gender norms, gender inequality, and gender-based violence
- Be able to identify ways that gender norms make it harder for some people to prevent HIV
- Understand the relationship between gender inequality and GBV

! This session talks about gender and violence and may be distressing for participants. Monitor the space to ensure it remains safe, and encourage participants to take time out or ask for help if they find the session challenging. Make sure to review the session carefully to change or remove activities that may be too distressing for your participants, or add breaks where they may be needed. This is a good session to make sure you have multiple facilitators or a counsellor, including one person who can suggest a pause if conversations get too intense.

In addition, participants might talk about their own experiences of violence during this session or other sessions. It is critical that you are prepared to respond, and having a counsellor present will help with this.

Because survivors are usually blamed for the violence they experience, it can be difficult for them to talk about it, 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 IPV, 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. You may also want to review the **Responding to Disclosures of Violence** session for tools you can use to support participants who feel distressed during this session.

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KEY MESSAGES

- Sex refers to a person's biology. Gender identity is one's sense of self as being male, female, or nonbinary. Gender expression is how one chooses to express their gender identity. Sexual orientation is an enduring emotional, romantic, or sexual attraction to others based on their gender and/or sex. The people someone chooses to have sex with are their sexual partners. Since each of these characteristics exists on its own spectrum, we cannot assume that one will predict another.
- Gender norms are social ideas and attitudes about the way people 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 some people to engage in HIV treatment and prevention.
- PrEP is an additional way for people to prevent 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 6 Understanding Gender and Sexuality

Tool 7 Gender Inequality Problem Tree

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.

FACILITATION TIPS

Use the **Essential Knowledge** and **Understanding Gender and Sexuality** tool as guides to explain gender norms to the group.

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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.

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

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. As you lead this discussion, guide participants to identify how sex and gender may be tied to cultural or community expectations.

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

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 **Understanding Gender and Sexuality Tool**.

If time allows, you may consider repeating the 'drawing a woman and man' activity at the end of the session to help participants rethink how they apply sex and gender characteristics to define a 'man' or 'woman'.

7. One by one, read the character stories below and ask participants where the character might fall on each spectrum. As you discuss the characters, remind participants that there may not be enough information in the character story to know how the character identifies, and that is okay. When in doubt about a peer's needs, it is best to ask!

8. To close out this activity, ask participants for their thoughts on what might be the consequences of assuming a person's gender or sexual orientation, and how the people in that person's life could have been more supportive of them as individuals.

Note: The sexual orientation and gender identity charts for each character are an example only. For most of the case studies, not enough information is included to get a complete picture of each character.

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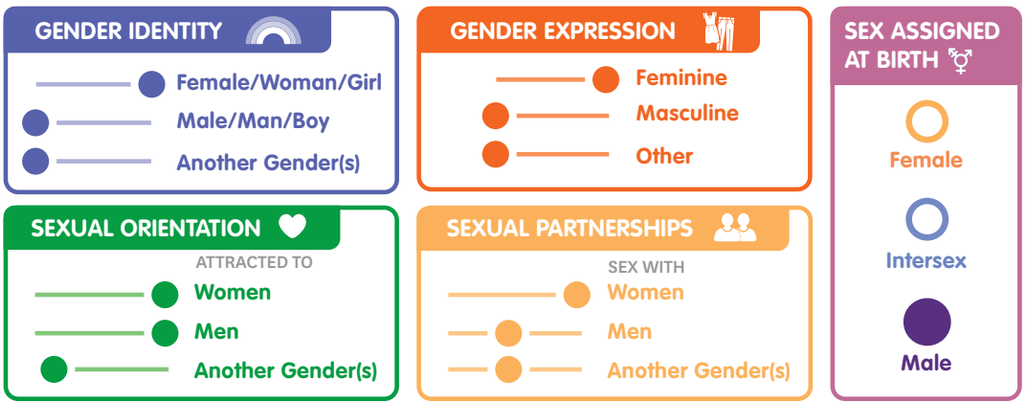
Mercy's Story

Mercy is a 24-year-old transgender woman. She has a vibrant personality, and she wants to become an Ambassador for her local health centre. At the health centre, Mercy asks a social worker for information about the Ambassador programme.

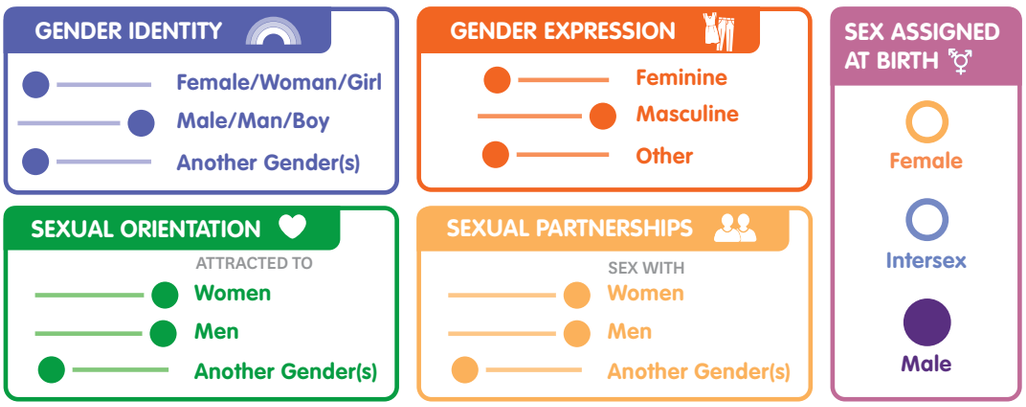
While the social worker collects Mercy's personal information for the programme, she expresses surprise at Mercy's feminine name. The social worker looks at Mercy's ID, consistently calls Mercy 'he', 'him', and 'sir', and emphasises that she needs to use Mercy's 'real' name. Mercy lowers her head and becomes disengaged and quiet.



Patrick's Story

Patrick is a 20-year-old cisgender man. He is attracted to, and has sex with, other men but is also in a relationship with an older cisgender woman who helps him pay some of his bills from time to time.

He regularly goes to see his health care provider for contraception and to get refills of oral PrEP, and one day he decides to ask about what he and his boyfriend can do to prevent STIs when they are together. When he asks his health care provider, the health care provider becomes angry and tells Patrick to leave the clinic. The provider says that he will not allow someone like Patrick in his clinic.



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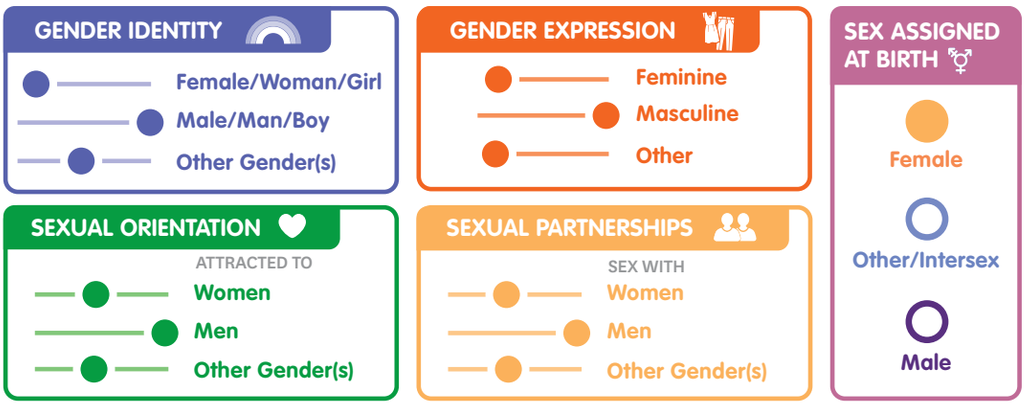
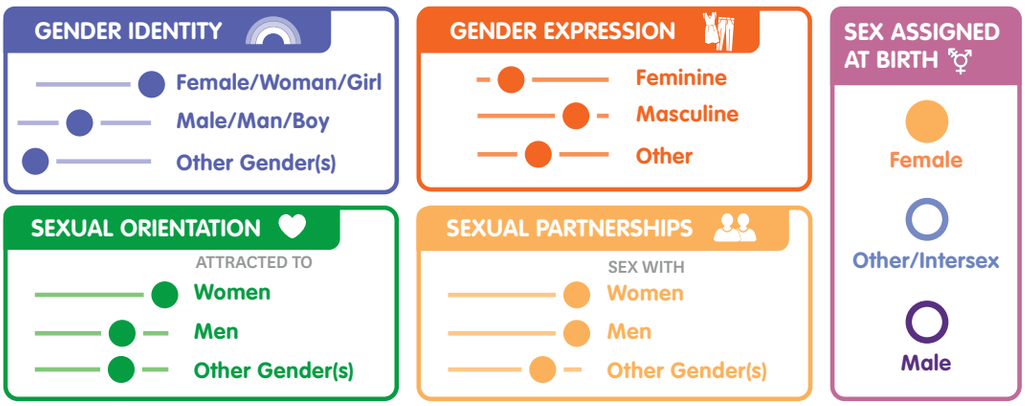
David's Story

David is a 23-year-old transgender man. David recently started dating a cisgender man and decided to visit his health care facility to get contraception. The health care worker assumes that David is a cisgender man and refuses to talk to David about his contraceptive options. David tries to correct the health care provider, but the health care provider refuses to take David seriously.



Kennedy's Story

Kennedy is a 25-year-old woman who injects drugs. She has a regular partner named Christopher, and they have been thinking about trying to get pregnant. Kennedy and Christopher go to the clinic together to talk about their plans, and the provider gives them information about vitamins and fertility. However, Kennedy and Christopher are afraid to tell the provider that they inject drugs and that they sometimes share injection equipment with other people. The provider never speaks to them about HIV prevention options.



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ACTIVITY: Rules for Boys and Rules for Girls

1. Ask for two volunteers to refer to their drawings of a woman and a man.
2. Hang up the drawings side by side somewhere where everyone can see them.
3. Ask participants to think about what messages girls/ women and boys/men are told about how they should behave. Write them on sticky notes (one message per sticky note) and stick them up on the flip chart paper of either the woman or the man.
4. Encourage participants to think about the messages (norms) related to:
    - How girls and boys are raised differently, including which toys they are expected to play with
    - How girls/women should behave to be feminine (womanly)
    - How boys/men should behave to be masculine (manly)
    - Girls'/women's and boys'/men's sexual activity
    - Who they are 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 do not conform to them?

Use probing questions to help participants 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?

Remind participants that while gender is a spectrum, gender norms are binary. If a participant suggests a behaviour is natural because of their sex assigned at birth, discuss how this idea is created by social attitudes that reinforce a gender binary. Ask questions such as:

- 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?

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, intersectionality, and discrimination using information provided in the **Essential Knowledge**.
3. Write one example from the "Stigmatisation process" on flip chart paper.

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4. Ask the group to come up with one or two more examples that are most relevant for their peers.
5. Discuss what happens when someone belongs to two or more stigmatised groups.

APPLY

FACILITATION TIPS

ACTIVITY: Gender Inequality Problem Tree

1. Explain that in this activity, participants will explore how gender norms contribute to gender inequality and violence. They will then explore how gender inequality and violence can make it harder for people to prevent HIV.

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, pregnant and breastfeeding populations, transgender women).

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.

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

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.

Remind participants that GBV can impact people of any gender. It is possible for women to use GBV to control their male partners, for example.

5. Remind participants of the group rules. Encourage them to think about how they can support each other through this session.
6. Ask participants if they know what gender inequality means and encourage them to explore the meaning.

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.

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.

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.

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.

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13. Ask for a volunteer to select a sticky note from the first exercise and explain how they think the gender norm written on it 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 priority populations to prevent HIV. Write these ideas on the branches.
17. Ask participants to reflect on whether the problem tree represents what they see in their communities.
18. Direct participants to the **Gender Inequality Problem Tree** Ambassador tool.
19. Explain to participants that PrEP is an HIV prevention tool that 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.
20. Once the activity has come to an end, bring participants into a circle for reflection.

Reinforce that these barriers do not mean it is impossible for priority populations to prevent HIV. They can and do find lots of ways to protect themselves. 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.
2. During the conversation, highlight to Ambassadors that there have been many successful efforts to change harmful gender and social norms. Let them know that you can share these resources with them if they want to learn more.

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. You may also choose to do a quick relaxation or decompression activity.

Be ready with gender and social norms change resources from the **Useful Resources** portion of this session to share with Ambassadors who are interested.

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?

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Useful Resources

1	**LINKAGES Peer Educator Training: Preventing and Responding to Violence against Key Populations** FHI 360 2019	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	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! Together Set Up Guide** Raising Voices 2020	A new and updated version of SASA! that incorporates benefits-based activism and a gender-power analysis to focus on the prevention of violence against women.
4	**RESPECT Women: Preventing Violence against Women** World Health Organization (WHO) 2019	A framework that outlines how to implement and scale up seven key strategies to prevent violence against women.
5	**Youth Changing the River's Flow: A Facilitator's Guide** SAfAIDS; Sonke Gender Justice 2016	A training manual developed in Zimbabwe for working with young people as well as parents and guardians to transform gender norms and reduce HIV, gender-based violence, and teen pregnancies.
6	**African Transformation: Malawi Facilitators Workshop Guide** National AIDS Council No date	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.
7	**A Map of Gender-Diverse Cultures** Public Broadcasting Service 2015	An interactive map that allows users to click on different parts of the map to find information about gender-diverse cultures in each location.
8	**Gender, Power and Progress: How Norms Change** ALIGN 2020	An interactive guide to understanding issues that are important to LGBTQIA communities and creating positive social norms change.

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9	**HANC Community Resources Online Portal** U.S. Office of HIV/AIDS Network Coordination Multiple dates	A collection of resources for inclusive community involvement in HIV prevention research, including a bill of rights and responsibilities for HIV research, an inclusive language guide, and resources for the inclusion of transgender and other priority populations in research.
10	**How to Identify and Advance Equitable Social Norms** USAID CARE-GBV 2021	A comprehensive guide to developing or incorporating a survivor-centred approach to GBV prevention and response programming, including a guide on advancing equitable social norms related to gender.
11	**Child, Early, and Forced Marriage and Unions Resources** USAID CARE-GBV 2021	A suite of resources to support programming that addresses child, early, and forced marriage, as well as female genital mutilation.
12	**What Works To Prevent Violence** South Africa Medical Research Council Multiple years	A collection of GBV prevention programming guides and related resources to support reducing violence against women and girls in multiple contexts.
13	**The INSPIRE Framework** UNICEF 2016	A selection of multiple strategies that have worked to reduce violence against children, collected and organised by UNICEF.
14	**Planned Parenthood Learn** Multiple years	An interactive guide to multiple topics related to sexual health, anatomy, pregnancy, gender identity, and sexual orientation.

The following articles provide more context to the LGBTQIA-related content in this module, for further reading.

- An article from Stonewall, an organisation supporting LGBTQIA rights and potential worldwide, describing the history of gender and sexuality in multiple African countries. https://www.stonewall.org.uk/about-us/news/african-sexuality-and-legacy-imported-homophobia
- A peer-reviewed article published in the Journal of the International AIDS Society about social inclusion of transgender people and its importance in development. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949312/

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SESSION MATERIALS

TOOL 6

Understanding Gender and Sexuality

Everyone is different when it comes to sex, gender, gender identity, and sexuality. People change over time, and it is best not to assume someone's identity based on their appearance.

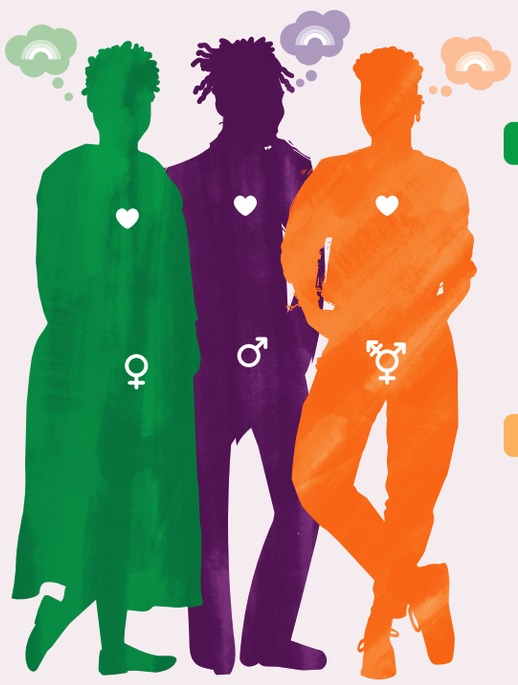
When thinking of how a person might fit on the spectrums listed, consider each arrow as a sliding scale of identity. If a person does not identify with the arrow at all, they would be placed on the circle, or the left side. If someone identifies very much with the label on the arrow, they might be placed on or near the pointed end of the arrow. A person can also be anywhere along the arrow that fits best for them.

USEFUL DEFINITIONS

Transgender: a person whose gender identity is different from their sex assigned at birth

Cisgender: a person whose gender identity is the same as their sex assigned at birth

Intersex: a person born with sex characteristics that do not fit typical definitions of "male" or "female"



GENDER IDENTITY

- Female/Woman/Girl
- Male/Man/Boy
- Another Gender(s)

A person's sense of self as being male, female, nonbinary, or another gender. Gender identity can be the same as or different from a person's sex assigned at birth.

GENDER EXPRESSION

- Feminine
- Masculine
- Another Gender(s)

How a person expresses themselves through gendered appearance and social behaviour

SEX ASSIGNED AT BIRTH

Female | Intersex | Male

How a person is classified at birth based on their visible reproductive organs

SEXUAL ORIENTATION

ATTRACTED TO

- Women
- Men
- Another Gender(s)

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

SEX WITH

- Women
- Men
- Another Gender(s)

Who a person has sex with. This may not always align with a person's sexual orientation.

Adapted from the Trans Student Educational Resources, 2015. "The Gender Unicorn." http://www.transstudent.org/gender.

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TOOL 7

Gender Inequality Problem Tree

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3 Getting to Know Our Bodies

ESSENTIAL KNOWLEDGE

This session is intended to provide a basic overview of the reproductive system to support positive sexual health practices. The session also provides background information to support understanding of how the PrEP ring works within the vagina. This session does not provide complete information about pregnancy or breastfeeding, or about hormonal transitions among trans people. For more information and activities on these topics, refer to the *Useful Resources* section.

Because many ways that people learn about their bodies are impersonal and do not connect well to their lived experience, this session is framed as a direct conversation between the facilitator and participants. We recommend that as you facilitate this session, you use the same approach. This will help participants connect to the material and give them a chance to learn and practice communicating directly about their bodies with their peers. Have the list of stigma-free referral services developed as part of step 4 of **Training Preparation** handy. Referring participants to stigma-free services is especially important for the safety of anyone who may be seeking gender-affirming care.

Talking about our bodies can be uncomfortable for many people, especially for people who are transgender, nonbinary, or have intersex characteristics. In this session, we avoid using terms like 'male and female anatomy' so that all participants can feel included. Remember to pay attention to the language that your participants use and respect the choices they make about how they talk about their bodies. If many of your participants are transgender or intersex, pay special attention to the callout boxes and consider using some of the tools listed in the **Useful Resources** section to make this session more relevant for your audience.

Getting to know our bodies

We all live with our bodies. As we develop, we notice our bodies changing, and we also learn about sex, sexual pleasure, sexual assault and abuse, getting pregnant or getting someone else pregnant, and childbirth. For many people, our bodies can be a bit of a mystery or a source of shame. A lack of understanding or feeling ashamed of our bodies may undermine our ability to make positive sexual health decisions and limit our partners' support for our sexual health choices.

This session reviews basic information about our bodies and the names and functions of key body parts. We will also take a closer look at how we can understand and enjoy our bodies, feel comfortable in them, and keep healthy. This knowledge and understanding can empower people to ask for what they need to stay healthy and enjoy their sexuality. It also gives them the tools to speak up for themselves and each other if the boundaries related to their bodies are crossed.

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What does intersex mean?

All bodies are different! Even bodies that fit into the typical physical binary of male and female sex at birth have lots of variations in their sex traits: in appearance, in the internal organs, and in genetic makeup. When people have sex traits that fall outside of what is usually defined as male and female bodies — for example, someone who is born with a large clitoris and no vaginal opening or a small penis and a divided scrotum that looks like labia (these body parts explained below!) — these traits may be called intersex. Some people may have intersex traits that are not visible at birth, such as ovaries in person who has a penis. These traits may not be known until later in a person's life.

However, different doctors have different ideas of what counts as an intersex trait; depending on how it is defined, as many as one in 50 people may have intersex traits. For this reason, it is important to listen to how people describe themselves and be specific about body parts without assuming that our anatomy always fits into neat categories.

What are hormones?

Most peoples' bodies produce chemicals called hormones. They travel in the bloodstream to tissues or organs to help them do their jobs. They work slowly, over time, and affect many different processes, including growth, metabolism (how the body gets energy from food), mood, sexual function, and reproduction.

The body produces various types of hormones, including hormones that support reproduction. For example, the ovaries release two types of hormones — oestrogen and progesterone. These hormones work together to signal the body to make physical changes that happen during puberty, such as increase in breast size, body hair, and the beginning of the menstrual cycle, and then continue to signal changes to the reproductive system during the menstrual cycle and pregnancy. In people assigned male at birth, the testicles typically produce testosterone, the hormone responsible for muscle and body hair growth, sperm production, voice changes, and sexual arousal.

Although different systems have different amounts of hormones, testosterone, oestrogen, and other hormones are typically found in most people, regardless of the sex they were assigned at birth. People who do not identify as the sex they were assigned at birth may choose to use hormones to help align their bodies to their gender identity. For example, a transgender man may use testosterone to increase his muscle mass and facial hair, while a transgender woman may use

Medical transitions and our bodies

Transgender and nonbinary people who are using gender-affirming hormones to transition may experience hormonal and physical changes that impact how they feel and care for themselves. Many people going through a medical transition may even feel like they are going through a second puberty! Although everyone is different, some common changes are listed below.

If you are using testosterone hormone replacement therapy (HRT):

- You may experience 'bottom growth' or an increase in size of the clitoris and the labia (or lips). Sometimes these areas can become very sensitive. People experiencing bottom growth can use dental dams or finger cots (also known as "finger condoms") to create a barrier to prevent HIV and other STIs during sex. Modern contraceptives and/or internal or external condoms should still be used to prevent unwanted pregnancy if the area may come into contact with semen. You may experience increased sensitivity in the 'front hole', also called "vaginal atrophy". The skin within the vagina can become thinner and make it more likely to tear or be painful during receptive sex. Using effective prevention for HIV and other STIs, and lube, is especially important if you are experiencing vaginal atrophy.
- You may stop menstruating or your 'trans-menstruation' may be much less frequent. →

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oestrogen to change her body fat distribution and decrease her body hair. Hormones used in this way are known as gender-affirming hormones. People who use gender-affirming hormones may have an experience similar to puberty as their body becomes used to the changes.

Although there is limited data on interactions between gender-affirming hormones and antiretroviral medication, what we do know is shown in the table below. Someone who is considering gender-affirming hormones should speak to a health care provider to learn more about the process, whether it is right for them, and any possible side effects.

PrEP Method	Can I use this PrEP method with gender-affirming hormones?	Who can use it?	Why?
PrEP Ring	Probably	Only for people assigned female at birth	There is not enough evidence around gender-affirming hormone use and the ring. Since the PrEP ring is inside the vagina, it is unlikely to interact with gender-affirming hormones.
CAB PrEP	Probably	Everyone	Research did not show any interactions between gender-affirming hormones and CAB PrEP.
LEN PrEP	Probably	Everyone	Research did not show significant interactions between gender-affirming hormones and LEN PrEP.
Oral PrEP	Yes	Everyone	Oral PrEP does not raise or lower levels of gender-affirming hormones. Based on evidence, oral PrEP still prevents HIV while using gender-affirming hormones.
Event-Driven Oral PrEP	No	Only for people assigned male at birth	Some gender-affirming hormones lower levels of the PrEP drug tenofovir. While this is okay in daily oral PrEP, ED PrEP is not recommended for people using gender-affirming hormones.

More information about PrEP methods and gender-affirming hormones can be found in the **PrEP Methods Essential Knowledge**.

According to the WHO, gender-affirming hormone therapy does not impact the efficacy of antiretroviral medication for HIV treatment. However, some antiretroviral drugs may impact the levels of gender-affirming hormones in the body. A healthcare provider can help manage this for people living with HIV.

If you are using oestrogen HRT:

- You may experience shrinking of the genitals, especially the testicles. If this happens, you can keep your genital area clean by making sure to use mild soap all around any loose skin that develops. Using a washcloth or face cloth to clean your genitals may also be helpful.
- You may have a reduced sperm count or lower fertility. However, you may still be able to release sperm, so contraceptives and condoms should be used to avoid pregnancy if your partner(s) can get pregnant.
- Your body fat distribution may change and you may begin to grow breasts. As the breasts grow, you may have discomfort or soreness in the chest or nipples. This is usually normal, but if the discomfort impacts your daily life, it is a good idea to check with your health care provider about solutions or alternatives.

Many other changes are possible! Check out the **Useful Resources** section for more information.

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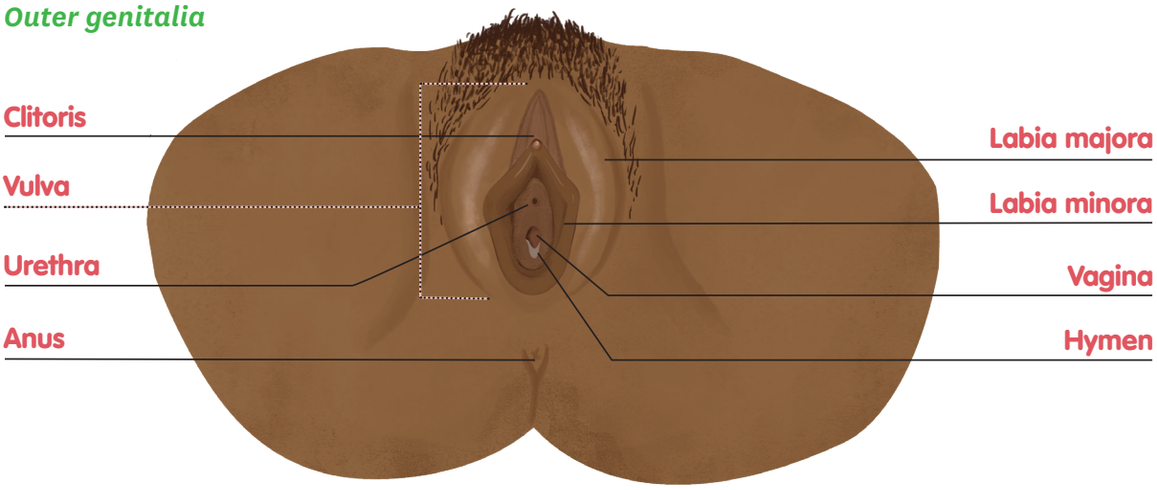
What is where: When someone is assigned female at birth

On the outside:

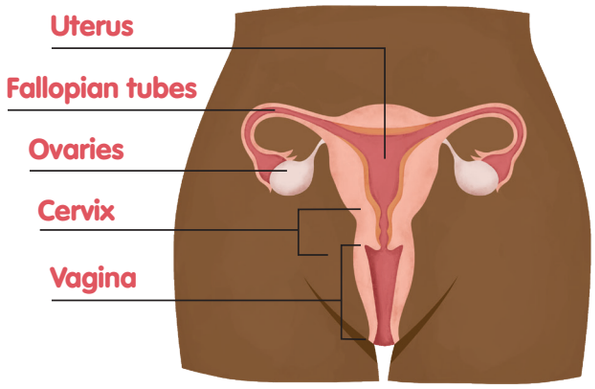
- There are three openings in or near the typical reproductive system of someone assigned female at birth: the **anus** (the opening of our digestive system, from which we release stool/poo); the **urethra** (from which we urinate/pee); and the **vagina** (from which we menstruate [monthly bleeding/periods] and give birth, through which we have vaginal/frontal sex, and into which we insert various products, such as some menstrual products, female condoms, and the PrEP ring).
- The **vulva** is the area that covers the opening of the vagina and is made up of the labia majora (the outer lips), the labia minora (inner lips), and the clitoris, which is a small, sensitive bulb where the inner lips meet that has a little hood, situated just above the vagina and urethra that extends under the surface of the lips. The clitoris is sensitive to touch and is often a source of sexual pleasure; its stimulation may result in an orgasm. The clitoris is made of spongy skin/membrane that becomes swollen, or erect, when aroused (turned on). It has thousands of nerve endings, and its only purpose is to make sex or masturbation feel good. Many people refer to the vulva as the vagina. This is a common misconception — the vagina is explained below!

Outer genitalia



On the inside:

- The **urethra** is the tube that runs from the bladder to an opening in the vulva area that carries urine from the bladder to the outside of the body.
- The **anus** is the opening into the rectum, located beneath the vaginal opening where the creases of the buttocks begin. The rectum is a tube-like chamber that holds stool/poo before it is released/pooped out of the anus. The anus is also the opening where the penis is inserted into the rectum during anal sex.
- The **vagina** is a soft, elastic canal, or tube, that extends from the vaginal opening to the cervix. It is collapsed like a sock in its natural state, preventing things like bathwater from getting inside. It swells during sexual arousal and stretches to get wider during childbirth. The vagina is lined with mucous membranes (a layer with cells), which keeps it clean, moist, and protected. There are also glands on the outside of the vaginal opening that produce a fluid that lubricates the vagina. The vagina has several functions — for sexual pleasure and sex, giving



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birth, and menstrual flow, as well as serving as a canal to the cervix and uterus. The vagina is where we insert menstrual cups, tampons, and rings, as we will learn later.

- The bottom of the uterus has a gateway into the vagina called the **cervix**, which is usually closed tightly so it is not possible for anything besides sperm/semen to move up through the vagina on its own and into the uterus (the womb). The cervix allows menstrual blood to exit the body through the vagina, and it provides safe passage for a baby to be born — from the uterus, through the cervix, and then through the vaginal passage/birth canal. The contraceptive intrauterine device (IUD) is placed in the uterus — a physician inserts it up through the vagina and cervix with a special tool.
- The **hymen** is a thin sheet of skin/membrane that partially covers the lower part of the vagina. For some people, the hymen tears during their first sexual intercourse and bleeds a little. But for many people, the hymen can stretch and tear naturally as they grow up, and some people are born without a hymen or have a hymen that is very thin. This is all very normal! The absence of a hymen is not necessarily an indication that a person has had sex.

Typical reproductive organs of someone assigned female at birth

- The **uterus (womb)** is pear-shaped and is only the size of a clenched fist in its normal state but can expand to hold a fully developed foetus. It is made of layers of muscle woven together. During the menstrual cycle, the inside lining of the uterus (endometrium) builds up a layer of tissue and blood where a fertilised egg can attach. If no fertilised egg attaches, the lining is shed, resulting in monthly bleeding.
- The bottom of the uterus is the muscular **cervix**, which is rubbery like the tip of the nose. The small opening at the centre is called the **os**, which leads from the cervical canal to the uterus. The os is as small as the tip of a match, but it can dilate (open) as wide as 10 cm to allow a baby to pass through. The os is measured during childbirth to see how ready the body is to give birth.

On the Inside

- The **fallopian tubes** connect the ovaries to the upper part of the uterus and provide a pathway for the egg cells to travel from the ovaries to the uterus.
- The **ovaries** are where eggs are produced, stored, and released when they get the hormonal messengers once a month (called ovulation).

Commonly asked questions

How are the bladder and rectum separated from the vagina?

- The opening to the bladder (urethra), vagina, and rectum (anus) share a common wall (the urethra at the top, with the vagina just underneath it, and the anus in the lowest position), separated by a layer of skin/membrane. Because they are close together, sometimes the separating skin can be torn from trauma — such as when giving birth or during accidents. It is very uncommon for this to happen during normal activities such as sex. The tearing can be treated by a doctor.
- However, because the openings are close together, there can be cross-infection. For example, bacteria from the rectum can get into the urethra and cause a bladder infection. This happens more commonly during sex.

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

- If someone has penile-vaginal sex without using contraception or a condom, sperm will travel from the vagina up through the cervix and uterus into the fallopian tubes, and then meet the egg released from the ovaries. The sperm and egg fuse together (fertilisation) and travel back to the wall of the

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uterus where they land and grow into a baby. The other sperm that do not fertilise the egg die within six days. Sperm that die inside the vagina begin to break down and are either absorbed into the female body or exit the body along with other vaginal secretions.

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

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

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

When should someone be concerned about changes in the vagina?

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

I have a vagina. How do I keep it healthy?

- The vaginal opening is close to the urethra (where the urine passes through) and the anus (where the poo comes out). This means that germs can travel between them and cause infections, such as urinary tract infections (UTIs). Wiping from front to back after pooping and peeing can help you avoid a urinary tract infection. Some health experts suggest urination (peeing) after sex to prevent bacteria from going into the urethra and causing a UTI.
- The vagina is self-cleansing. Gentle soap should be used on the outside — the vulva and labia. Avoid washing the inside of the vagina (called douching), inserting other substances, or spraying it with deodorant, as they can interfere with the balanced self-cleansing system. Pat the outside (vulva area) dry after washing.
- Change your menstrual pad, cup, tampon, or cloth when menstruating as often as you feel is necessary.
- Wash any cloth menstrual products and dry them completely before using them again. Wash your hands before and after changing menstrual products.
- Wear clean underwear, when available.
- Remember, if you are using the PrEP ring, you should keep it in place for a full month without removing it to maximise your HIV prevention. It is safe to use the PrEP ring for a full month, without removing it, until it is time to replace it with a new one.
- Wash your hands properly and encourage sexual partners to do the same before and after engaging in sex and sexual foreplay.

What can travel through the vagina into the uterus?

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

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Q&A on the menstrual cycle – *Optional section for those who would like additional information*

Who has periods?

Most people who are assigned female at birth — if they are not taking hormones for fertility management, gender affirmation, or to reduce hormonal symptoms — will begin menstruating at some point in their lives.

This means that trans men and nonbinary people can also have periods. For some people assigned female at birth who do not identify as women, having a period can be distressing. Some trans men and trans masculine people may refer to their periods as trans-menstruation. It may be possible to stop the menstrual cycle and avoid having periods by using hormonal birth control. People who are interested in this should speak to a health care provider.

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

This varies a lot. People can begin menstruating (sometimes called menarche) at anywhere from 9 to 16 years of age. The timing depends on many things, such as height, weight, and changes in hormones in the body. Some people may start their monthly cycle before or after most of their friends. This is completely normal and nothing to be ashamed of.

What is the menstrual cycle or menses?

The amount of time between monthly bleeding is called the menstrual cycle. (The cycle is counted from the start of one menses — some people call it a menstrual period or monthly bleeding — to the start of the next.) Some people find that their menstrual cycle lasts about one month with three to seven days of bleeding, but varying by several days is normal, especially for younger people. Not all people have regular cycles — sometimes the length of cycles can change from month to month or as we age. The menstrual cycle will eventually completely stop (menopause) after a certain age, usually any time from 45 to 55 years. When this happens at an earlier age, it is referred to as early menopause.

What is the purpose of the menstrual cycle or period?

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

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

The blood and tissue that leave the body is not dirty or harmful. The process of menstruation is completely normal and healthy, and not something to be ashamed of.

Why do moods change during the menstrual cycle?

During your menstrual cycle, reproductive hormone levels rise and fall, which can affect a person's mood, energy, sexual feelings, sleep quality, food cravings, and health. These hormone changes also cause many of the uncomfortable symptoms that occur before or during a period, such as cramps or abdominal pain, mood swings, stomach bloating, acne, aching breasts, and headaches.

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Menstrual symptoms like these are usually normal. However, if someone's menstrual symptoms start to interfere with their regular life or if they have unexplained symptoms like this at other times, it could be a signal that their body has a problem and it would be a good idea to talk to a health care provider. Very heavy bleeding, many and large blood clots, or severe menstrual pain are also signals that someone should speak to their health care provider.

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

- A lot of people notice body or mood changes around the time of their periods.
- Cramps are common and can be dull or intense. Sometimes you can feel cramps/pain in your back or belly area. Many people find that over-the-counter pain medicine (such as paracetamol or ibuprofen) can help with cramps or pain. Also, taking a warm bath or putting a warm heating pad on the lower abdomen can help. Exercising regularly and eating healthy foods throughout the monthly cycle may help lessen cramps.
- Some people find that they feel easily irritated during the few days or week before their periods. Others may get angry more quickly than normal or cry more than usual. Some people crave certain foods. These changes are called premenstrual syndrome (PMS). Understanding that PMS is the cause of these feelings can help with coping, as can talking about it with a trusted friend, eating healthy foods, exercising, and pampering and being gentle with oneself.
- Once a person begins menstruating, they will need to use something to absorb the blood. Many people use a pad or a tampon; menstrual cups are another option but are not recommended for use with the PrEP ring. As with PrEP methods, people should choose the method that works best for them! Someone who has started having periods will also need a safe, clean place where they can change and/or wash their menstrual products regularly.

How much blood is lost during a period?

- Even though it may feel like a large quantity of blood comes out of the body during a period, the average person bleeds only about 2–4 tablespoons. But the amount does vary. If someone has terrible cramps/pain, is bleeding between their periods, or feels they are bleeding excessively, they should see a health care provider.

How do contraceptives work to prevent pregnancy?

- Many contraceptive methods, such as the pill, patch, implant, hormonal IUD, and injectables (also known as DMPA or Depo and NetEn or the 'shot'), work by changing hormone levels in the body. These methods release alternative forms of reproductive hormones to change the body's regular hormone levels throughout the menstrual cycle. *Hormonal contraceptive* methods work in different ways.
- Some methods, such as the pill, contraceptive ring or patch, and injectables, prevent the ovaries from releasing eggs (ovulation), whereas others, such as the hormonal IUD and implant, inhibit ovulation much of the time and make the cervical fluid thicker, so that it is more difficult for sperm to travel into the uterus. They also keep the endometrium thin, so that the uterine environment is unfavourable for an egg to be fertilised.
- These changing hormone levels can cause changes to the menstrual cycle while a person using contraceptives, such as shorter or lighter bleeding, longer or heavier bleeding, irregular bleeding, or a pause in bleeding, called amenorrhoea. All of these changes are completely normal, but it is good to talk to a health care provider about any concerns.
- Changing the body's hormones with these contraceptive methods may seem unnatural, but they have all been well studied and proven safe and effective!

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Nonhormonal methods include the copper IUD and barrier methods such as internal and external condoms.

- The copper IUD affects and weakens the sperm as well as preventing fertilisation.
- Barrier methods, such as condoms, provide a barrier so the sperm cannot swim through. Barrier methods also prevent HIV and sexually transmitted infections (STIs) when used consistently and correctly.

Emergency contraception can prevent sperm from fertilizing an egg after penile-vaginal sex without any other contraceptive method — such as when contraceptive pills or injection appointments are missed, or if someone has experienced sexual assault — or when a condom has broken or come off. Emergency contraception can be taken within five days of unprotected sex, but the sooner it is taken, the better. Both the oral contraceptive pill and the copper or hormonal IUD can be used for emergency contraception. Emergency contraception pills are available in local clinics, some pharmacies or drug shops, and from doctors. Remember, emergency contraception does not prevent HIV or other STIs, so this might need to be discussed this with a health care provider as well. Anyone who might get pregnant can use emergency contraception to avoid unwanted pregnancy. More information on preventing HIV after unprotected sex by using post-exposure prophylaxis (PEP) can be found in the **PrEP Methods and Combination Prevention Essential Knowledge**.

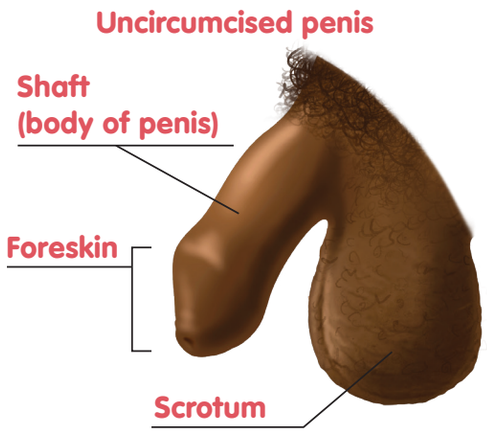
There are advantages and disadvantages to all contraceptive methods. Some are more effective for preventing pregnancy than others and some can prevent HIV and other STIs as well. In addition, contraceptive methods vary in side effects. They can affect bleeding patterns and moods. For some people, stopping menstrual bleeding can be a positive side effect and the main reason for using contraception. People need all the facts to make an informed decision about which methods are best for them.

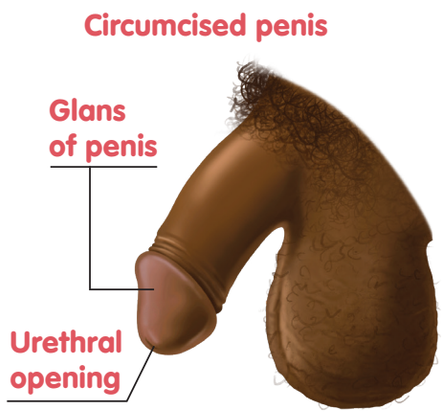
What is where: When someone is assigned male at birth

On the outside:

There are three main external organs in and around the typical reproductive system of someone assigned male at birth —the penis, the scrotum, and the anus.

- The **penis** is the main organ used in sexual intercourse. It is made up of several visible parts.
- The **glans** of the penis is also known as the head or the tip of the penis. This is often the most sensitive part of the penis and is where the opening of the urethra is. Urine, pre-ejaculate (pre-cum), and semen all come out of the glans.
- The **shaft**, also known as the body of the penis, is the longest part of the penis. The urethra, which allows urine to pass from inside to outside the body, is inside the shaft. The shaft consists of three circular shaped chambers made of sponge-like tissue. These tissues contain thousands of large spaces that fill with blood when aroused (turned on), making the penis rigid and erect. This is known as an erection, which allows for penetration during sexual intercourse. The skin of the





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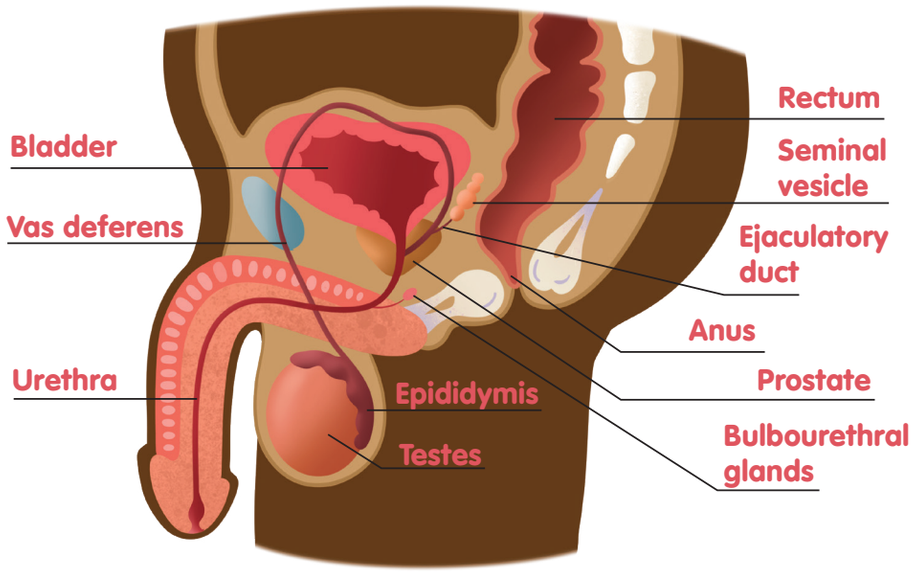
penis is loose and elastic to accommodate changes in penis size during an erection.

- The **foreskin** is the skin that covers and protects the tip of the penis. During an erection, the foreskin pulls back, and the tip of the penis is exposed. Removal of the foreskin is called circumcision, and a penis that has had the foreskin removed is called circumcised or 'cut'. A penis that still has its foreskin intact is called uncircumcised or is sometimes referred to as 'uncut'.
- The **scrotum** is the bag of skin that hangs behind and below the penis. The scrotum covers and protects the testicles (or 'testes'). There are special muscles in the wall of the scrotum that allow it to contract and relax to help regulate the temperate of the testes.
- The **anus** is the opening to the rectum. The rectum is a tube-like chamber that holds stool/poo before it is released/pooped out of the anus. The anus is also the opening where the penis is inserted into the rectum during anal sex.



On the inside:

- The **testicles** are two small organs that are inside of the scrotum. These oval organs are about the size of large olives, and they are responsible for making testosterone, the primary sex hormone in this reproductive system, and for generating sperm. For normal sperm development, the testicles must be at a temperature slightly cooler than body temperature. This is why they are held external to the body in the scrotum.
- The **epididymis** is a long, coiled tube that rests on the backside of each testicle. It moves and stores sperm from the testicles before ejaculation, when the semen comes out of the penis during an orgasm. It is also responsible for bringing the sperm to maturity.
- The **vas deferens** is a long tube that travels from the epididymis into the pelvic cavity just behind the bladder. The vas deferens moves mature sperm from the epididymis to the urethra. This is the tube that gets cut or sealed during a surgical process called vasectomy — a non-reversible form of contraception which prevents the release of sperm during ejaculation.
- The **ejaculatory ducts** connect the vas deferens and the seminal vesicles. Semen travels through the ejaculatory ducts into the urethra.
- The **seminal vesicles** produce semen, the fluid that contains the sperm and provides sperm with an energy source. The seminal vesicles are located behind the bladder.
- The **prostate** gland is located between the bladder and the rectum. It is similar in size to a walnut and creates additional fluid that helps nourish the sperm. It is known to be a sensitive, pleasurable spot that can be stimulated during anal sex.

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- The **bulbourethral glands** are pea-sized structures on the sides of the urethra below the prostate gland. These glands are responsible for creating pre-ejaculate fluid (also known as precum) during sexual arousal. This fluid serves to lubricate the urethra. The fluid also protects the sperm by neutralising any acidity that may be present due to drops of urine in the urethra.
- The **urethra** is the tube that carries urine, pre-ejaculate (precum), and semen to the outside of the body. It begins in the bladder and travels through the shaft to the urethral opening in the head of the penis.

Commonly asked questions

What causes frequent erections as a person matures?

- An increase of testosterone in the system may cause sexual thoughts and spontaneous blood flow to the penis, causing it to be erect. This is completely normal, and not a cause for shame. As time progresses, it becomes easier to control and manage in public.

Is it normal to ejaculate while sleeping?

- During puberty, some people wake up to white and sticky fluid on their underwear. This is semen that has been released from the body during sleep, an experience that is often called a 'wet dream'. Keeping an extra pair of boxers, trunks, or even a towel by the bed can help lessen the discomfort or annoyance of wet dreams. It is important to remember that this is completely normal and will occur less often as a person gets older.

Can pre-ejaculate fluid cause pregnancy or HIV? What about other STIs?

- Pre-ejaculate is a small amount of fluid, mainly for lubricant, that comes out of the penis when aroused. It is uncontrollable, and a person who is producing pre-cum may not even realise it is happening. Exposure to pre-ejaculate during sex may cause pregnancy, HIV, or other STIs.

What is a 'normal' penis size?

- It is not uncommon for someone to wonder how their penis size compares to others. There is a wide range of penis sizes, and the average size is 12–18cm. The size of a person's penis depends on their biology.

What's the difference between a circumcised penis and an uncircumcised penis?

- The difference between a circumcised penis and an uncircumcised penis is the presence of a foreskin that surrounds the head of the penis. When a penis has no foreskin, it is considered circumcised. Circumcision usually occurs during infancy, but uncircumcised adults can also request voluntary medical male circumcision (VMMC) as a way to reduce the chances of getting HIV.
- In general, there are no other differences between a circumcised and uncircumcised penis. However, it is especially important to wash an uncircumcised penis regularly to prevent infections because bacteria can easily get stuck under the foreskin.
- Among people who were circumcised during infancy or who had a VMMC procedure, the chances of getting HIV during sex are reduced by 60 percent. The foreskin is soft and can tear during sexual intercourse, which makes it easier to get HIV if the other sexual partner is living with HIV.

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I have a penis. How do I keep it healthy?

To avoid odours, irritation, and possible infection, it is important to know how to properly clean the penis and scrotum. Choose a mild, fragrance-free soap or body gel that will not irritate the sensitive skin of your penis or scrotum.

- For penises without foreskin (circumcised), apply a mild soap or body wash to your scrotum and the base and shaft of the penis. It is important to wash the head of your penis because bacteria and sweat can build up in the genitals during the day. Once you are done applying soap, rinse your penis with warm water and thoroughly dry yourself.
- For a penis with foreskin (uncircumcised), the cleaning process includes an extra step to make sure to wash off any bacteria that may be under your foreskin. Apply a mild, unscented soap or body wash to the scrotum, base, and shaft of your penis. Once that is complete, gently pull back your foreskin and apply some soap to that area, making sure that you are cleaning thoroughly and gently. Rinse underneath the foreskin to make sure you are getting any soap, bacteria, or debris from under the area, and then return your foreskin back to its normal place. After finishing your shower or bath, dry yourself thoroughly.

Your Notes

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SESSION OVERVIEW

Participants will gain a basic understanding of their sexual and reproductive anatomy. This information aims to enable participants to get to know their own bodies and support the sexual and reproductive health choices of others. It provides an important foundation for other sections in the Ambassador Training package — such as those on sexual and reproductive health and rights (SRHR), preventing HIV transmission, and using the ring.

By the end of this session, participants should:

- Be able to describe basic sexual and reproductive anatomy
- Understand basic information about the menstrual cycle, reproductive health and hygiene, and pregnancy prevention

KEY MESSAGES

- Understanding can be empowering — it encourages people to take more control, look after their health, seek help when required, and demystify and deal with myths. Also, when sexual partners understand each other's bodies, they are more likely to fully support their partners' choices about their sexual health.
- People should be encouraged to love and respect their bodies. Often people have negative, dirty, painful associations with normal body processes, as opposed to feelings of pride, respect, control, and autonomy.
- All too often, many people do not get to know about their bodies at all or get to know about their bodies through medical issues, such as STIs or childbirth, and not through self-discovery. Many biology and life skills lessons refer to our bodies as if they are machines, and we don't think about our feelings, sexuality, or self-care.
- Knowing about our bodies, understanding how they work, and feeling comfortable talking about them empowers us to ask for what we need to keep ourselves healthy, enjoy our sexuality, and speak up for ourselves and each other if our boundaries are crossed.

MATERIALS

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

Tool 1a	Getting to Know Our Bodies: What Is Where (When Someone is Assigned Female at Birth)
Tool 1b	Getting to Know Our Bodies: What Is Where (When Someone is Assigned Male at Birth)
Tool 2a	When Someone is Assigned Female at Birth: Answering Your Questions
Tool 2a	When Someone is Assigned Male at Birth: Answering Your Questions

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SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Begin by asking how we describe our sexual and reproductive body parts. Some people may say 'down there', 'water works', 'private parts', or other slang terms! Ask participants how it makes them feel to talk about their sexual and reproductive organs.

ACTIVITY: Words We Use about Our Bodies

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

Facilitators' note:

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

FACILITATION TIPS

People may feel shy or embarrassed discussing the information in this session. It is important for facilitators to be comfortable talking about this topic and be able to comfortably manage responses such as giggling or closed-off body language and acknowledge that it may be awkward. Emphasise that this information is important, that it serves as a good foundation for future sessions, and it will help them be effective HIV Prevention Ambassadors.

As with many sessions in this package, discussing these issues can bring up feelings of pain and discomfort or memories of past/present abuse and trauma. Be aware and sensitive. If you notice a participant feeling uncomfortable, take a quick break and check on them. Also mention that you will stay after the session to answer questions and hear if anyone has any concerns. Keep your resource and referral directory handy in case any participants need further support.

Explore why people find it difficult or embarrassing to talk about our reproductive and sexual body parts. We call a 'nose' a 'nose', but when it comes to vaginas, penises, and other parts, we use different words to hide behind — why is this so?

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APPLY

ACTIVITY: Getting to Know Our Bodies

1. Provide the **Getting to Know Our Bodies: What Is Where tools** (**a** and **b**) and **Getting to Know Our Bodies: Answering Your Questions tools** (**a** and **b**) and go through these with the group.
2. As you review the questions in the tools, ask participants if they have heard any myths related to these facts and discuss how they think these myths came to be.
3. Break participants into small groups and ask participants to put away the **Getting to Know Our Bodies: What Is Where** tools.
4. Break participants into groups. If you have participants of multiple gender identities, make sure each group has a mix of genders. Ask half of the groups to work together to try drawing the 'assigned male at birth' anatomy and the other half to try drawing the 'assigned female at birth' anatomy. Participants should draw from memory on a flip chart sheet and name as many body parts as they recall. Ask them to provide adjectives for each part (e.g., mighty vagina, prolific penis) and make little drawings and symbols — smiley face, little flowers, jewels, etc. — that reflect their feelings about the body.
   - Alternative approach: entire group guides facilitator to draw the anatomy diagrams.
5. Compare completed diagrams and ask participants to reflect on how these diagrams might be different for trans, nonbinary, or intersex people. Place them on floor or, if possible, on the wall.
6. Remind participants that all bodies are different. People who are intersex or trans people who are medically transitioning may have different internal and external organs from what is shown on the illustrations. Reassure participants that it is okay to be different!
7. Ask participants to join the circle.

FACILITATION TIPS

This should be a fun session; help participants relax and enjoy this activity.

You may choose to draw only the outer genitalia or inner reproductive system anatomy diagram if time is limited.

If your participants may work with peers who are using gender-affirming hormones, this is a good time to mention whether these hormones may interact with PrEP methods.

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REFLECT

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

Probe with participants:

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

Useful Resources

1	**Birth Control Method Explorer** Bedsider 2021	An online tool for learning about contraceptive methods; it helps users make informed decisions about which methods fit their lifestyle.
2	**Pocket Choice Book for Providers** PSI 2025	A manual for developing community understanding of and engagement in sexual and reproductive health, built on a rights-based framework. Includes tools to build leadership and role modelling skills.
3	**Grow and Know Books** Grow and Know No date	Country-specific books that offer information and resources about puberty and menstruation developed based on participatory research in each context.
4	**Sexual Health: Safer Sex and Our Health** LGBT Foundation 2018	A user-friendly brief handbook on multiple interconnected topics relevant to HIV prevention for LGBTQIA people and people who inject drugs. It also covers topics on contraception and gender-affirming surgery. Accessible via the LGBT Foundation Further Information Guide.

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5	**Menstrual Hygiene Matters** Water Aid 2017	The essential resource for improving menstrual hygiene for women and girls in low- and middle- income countries.
6	**InterACT Advocates for Intersex Youth** No date	A website with frequently asked questions, blogs, and resources to end shame and stigma for intersex youth and advocate for the human rights of children born with intersex traits.
7	**AGEP Health and Life Skills Curriculum** Population Council 2013	Comprehensive curriculum to increase adolescent girls' knowledge of reproductive health and sexuality, promote attitudes and behaviours that will lead to a better quality of life, and build skills to enable young people to overcome challenges.
8	**It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education** **Volume 1: Guidelines** **Volume 2: Activities** Population Council 2011	Volume 1 contains guidelines for supporting a participatory approach to gender, HIV, and human rights education for youth and young people, including unit 6 on the body, puberty, and reproduction. Volume 2 includes 54 engaging sample activities.
9	**How to Talk About FGM** End FGM 2019	A small, concise, and comprehensive guide on how to talk about female genital mutilation in a respectful and nonstigmatising way.
10	**Child, Early, and Forced Marriage and Unions Resources** USAID CARE-GBV 2021	A suite of resources to support programming that addresses child, early, and forced marriage, as well as female genital mutilation.
11	**Integrating HIV and SRHR in Southern Africa: A Toolkit** AIDS Accountability International 2021	A training toolkit that integrates HIV and SRH skills and knowledge with the goal of improving rights-based health care.
12	**Planned Parenthood Learn** Multiple years	An interactive guide to multiple topics related to sexual health, anatomy, pregnancy, gender identity, and sexual orientation.

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13	**Trans Bodies, Trans Selves** Edited by Laura Erickson-Schroth 2022	This book is a resource guide for transgender, nonbinary, and gender expansive populations covering health, legal issues, cultural and social questions, history, theory, and more. It is a resource for transgender, nonbinary, gender expansive, and gender questioning people, their partners and families.
14	**LGBTQIA+ Sexual Health Guide** FOLX Health 2023	A joy-affirming guide to sexual health topics for gender-expansive people, part of the FOLX Health resource library.
15	**Five Ways Your Sex Life Can Change After Testosterone HRT** FOLX Health 2022	An article written by nurses all about how testosterone can change a person's sex life, part of the FOLX health resource library.
16	**What Physical Changes to Expect on Estrogen Hormone Replacement Therapy, Explainedby FOLX** FOLX Health 2022	An article about the emotional and physical changes that may happen once someone starts oestrogen hormone replacement therapy (HRT), part of the FOLX health resource library.
17	**Testosterone HRT and Bottom Growth** FOLX Health 2022	An article about common physical changes that may happen when someone starts using testosterone HRT, part of the FOLX health resource library.
18	**Standards of Care for the Health of Transgenderand Gender Diverse People** World Professional Association for Transgender Health (WPATH) 2022	A guideline for health care professionals to provide care that supports trans and gender diverse people to access safe and effective ways to achieve physical, mental, and emotional comfort with their gendered selves.
19	**The Weeks of Pregnancy** NUK International No year	A week-by-week guide to the hormonal and physical changes someone may undergo during pregnancy.
20	**What to Expect** Everyday Health Group No year	A website with resources and community groups related to pregnancy changes and support.
21	**La Leche League International** La Leche League International No year	A website with resources, information, and support options for people who are breastfeeding.

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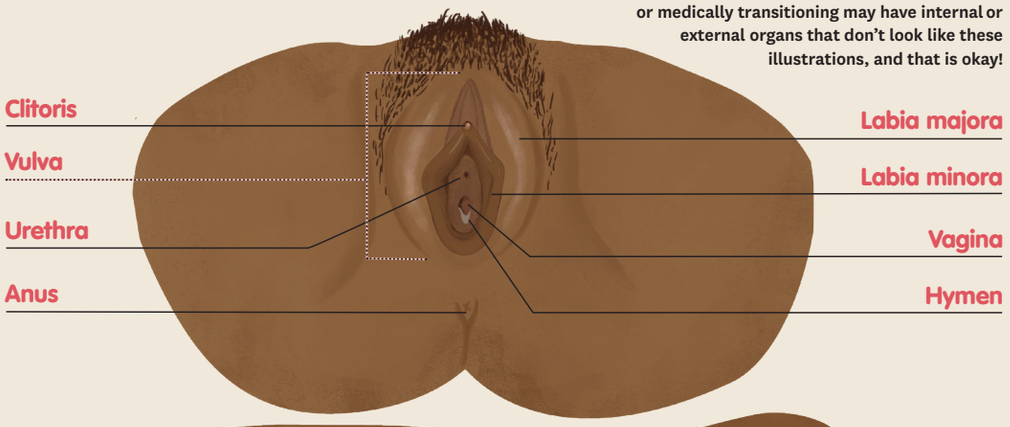
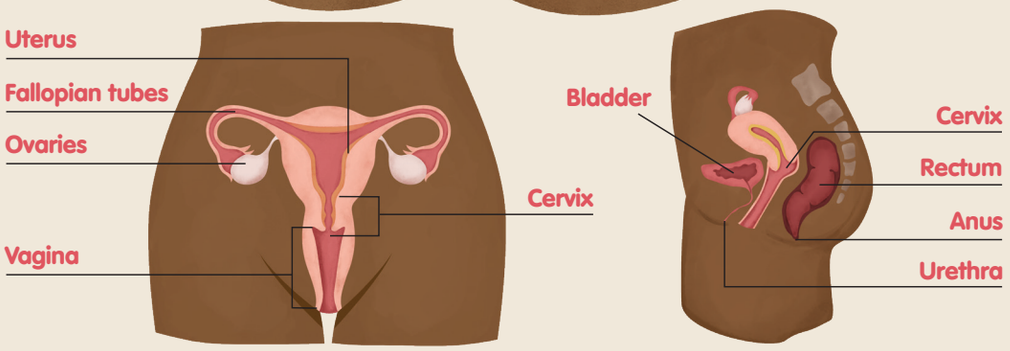
SESSION MATERIALS

TOOL 1A

Getting to Know Our Bodies — What Is Where: (When Someone is Assigned Female at Birth)

*All bodies are different. People who are intersex or medically transitioning may have internal or external organs that don't look like these illustrations, and that is okay!





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

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

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

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

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

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

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

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

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

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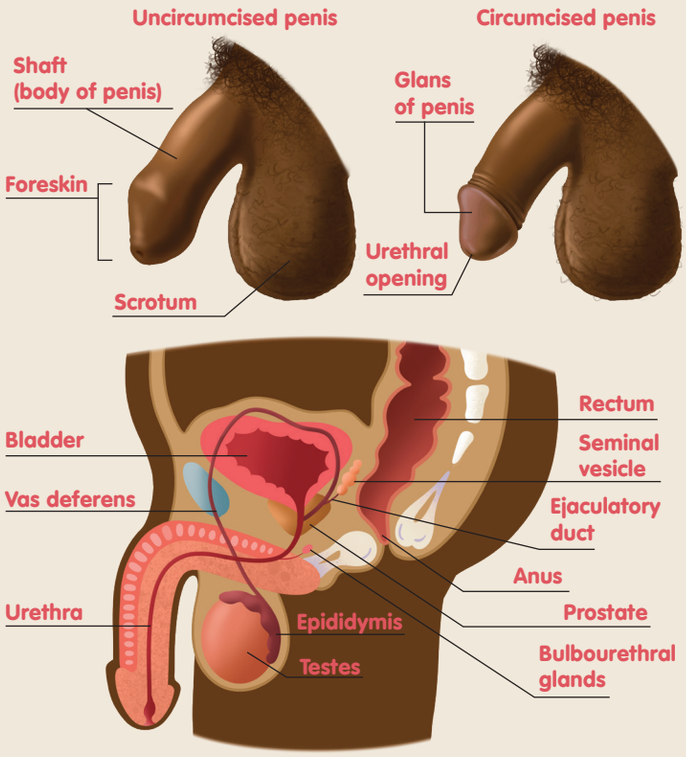
TOOL 1B

Getting to Know Our Bodies — What Is Where: (When Someone is Assigned Male at Birth)



Shaft (body of penis): The main organ used in sexual intercourse, and where urine/pee comes out during urination.

Foreskin: The skin that covers and protects the tip of the penis. Removal of the foreskin is called circumcision, and a penis that has had the foreskin removed is called circumcised or 'cut'. A penis that has not been circumcised is called uncircumcised or 'uncut'.

Scrotum: The bag of skin that covers and protects the testicles, which hangs behind and below the penis.

Glans: The tip of the penis, also known as the 'head'. This is often the most sensitive part of the penis, and it is where the urethral opening is. Urine, pre-ejaculate (or 'pre-cum'), and semen all come out of the glans.

Urethra: The tube that carries urine, pre-ejaculate (precum), and semen to the outside of the body. It begins in the bladder and travels through the shaft to the urethral opening in the head of the penis.

Vas deferens: The long tube that travels from the epididymis into the pelvic cavity just behind the bladder. The vas deferens moves mature sperm from the epididymis to the urethra. This is the tube that gets cut or sealed during a surgical process called vasectomy — a non-reversible form of contraception which prevents the release of sperm during ejaculation.

Bulbourethral glands: Pea-sized structures on the sides of the urethra below the prostate gland. These glands are responsible for creating pre-ejaculate fluid (also known as precum) during sexual arousal. This fluid serves to lubricate the urethra.

Epididymis: These long, coiled tubes rest on the back side of each testicle. It moves and stores sperm for ejaculation, when semen comes out of the urethral opening during an orgasm. It is also responsible for bringing sperm to maturity.

Testes: Two oval organs, about the size of large olives, that are responsible for making testosterone, the primary sex hormone in this reproductive system, and for generating sperm. They are held external to the body in the scrotum for temperature regulation.

Seminal vesicles: The organs that produce semen, the fluid that contains the sperm and provides sperm with an energy source. The seminal vesicles are located behind the bladder.

***All bodies are different. People who are intersex or medically transitioning may have internal or external organs that don't look like these illustrations, and that is okay!**

Ejaculatory ducts: Semen travels from the seminal vesicles through these ducts to the vas deferens.

Anus: The opening to the rectum, a tube-like chamber that holds stool/poo before it is released/pooped out of the anus. The anus is also the opening where the penis is inserted into the rectum during anal sex.

Prostate gland: The walnut-sized gland located between the bladder and the rectum, which creates fluid that nourishes sperm. It is known to be a sensitive and pleasurable spot that can be stimulated during anal sex.

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TOOL 2A

When Someone is Assigned Female at Birth: Answering Your Questions

Hi, I'm an HIV Prevention Ambassador. To better advocate for our peers to make informed choices about their sexual health, it is important to understand and be comfortable with talking about how the female body works. Do you have any questions?

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

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

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

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

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

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

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

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

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

Can things travel through the vagina into the uterus?

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

How do I keep my vagina healthy?

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

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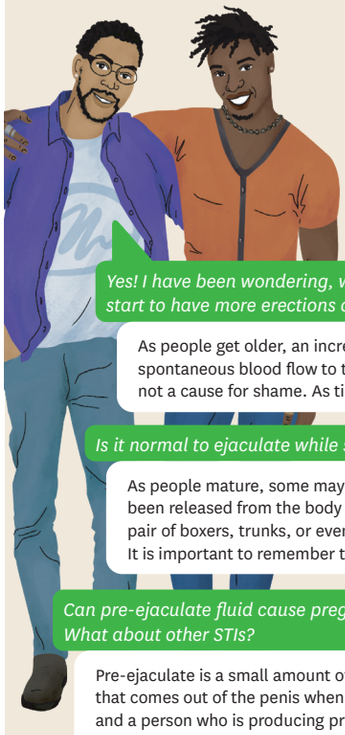
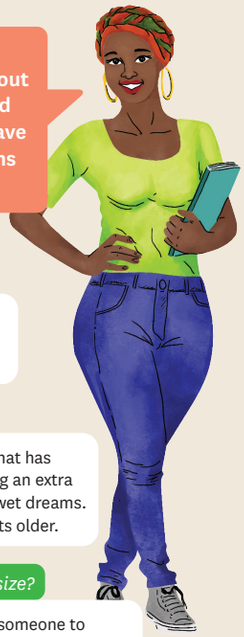
TOOL 2B

When Someone is Assigned Male at Birth: Answering Your Questions





Hi, I'm an HIV Prevention Ambassador. To better advocate for our peers to make informed choices about their sexual health, it is important to understand and be comfortable with how our bodies work. Do you have any questions about the characteristics and functions of the sperm producing anatomy?

Yes! I have been wondering, why is it that some people start to have more erections as they mature?

As people get older, an increase of testosterone in the system may cause sexual thoughts and spontaneous blood flow to the penis, which causes it to be erect. This is completely normal, and not a cause for shame. As time progresses, it becomes easier to control and manage in public.

Is it normal to ejaculate while sleeping?

As people mature, some may wake up to white and sticky fluid on their underwear. This is semen that has been released from the body during sleep, an experience that is often called a 'wet dream'. Keeping an extra pair of boxers, trunks, or even a towel by the bed can help lessen the discomfort or annoyance of wet dreams. It is important to remember that this is completely normal and will occur less often as a person gets older.

Can pre-ejaculate fluid cause pregnancy or HIV? What about other STIs?

Pre-ejaculate is a small amount of fluid, mainly for lubricant, that comes out of the penis when aroused. It is uncontrollable, and a person who is producing pre-cum may not even realise it is happening. Exposure to pre-ejaculate during sex may cause pregnancy, HIV, or other STIs.

What is a 'normal' penis size?

It is not uncommon for someone to wonder how their penis size compares to others. There is a wide range of penis sizes, and the average size is 12–18cm. The size of a person's penis depends on their biology.

What's the difference between a circumcised penis and an uncircumcised penis?

The difference between a circumcised penis and an uncircumcised penis is the presence of a foreskin that surrounds the head of the penis. When a penis has no foreskin, it is considered circumcised. Circumcision usually occurs during infancy, but uncircumcised adults can also request voluntary medical male circumcision (VMMC) as a way to reduce the chances of getting HIV.

In general, there are no other differences between a circumcised and uncircumcised penis. However, it is especially important to wash an uncircumcised penis regularly to prevent infections because bacteria can easily get stuck under the foreskin.

Among people who were circumcised during infancy or who had voluntary medical male circumcision, the chances of getting HIV during sex are reduced by 60%. The foreskin is soft and can tear during sexual intercourse, which makes it easier to get HIV if the other sexual partner is living with HIV.

I have a penis. How do I keep it healthy?

To avoid odours, and irritation, and possible infection, it is important to know how to properly clean the penis and scrotum. Choose a mild, fragrance-free soap or body gel that will not irritate the sensitive skin of your penis or scrotum.

- For penises without foreskin (circumcised), apply a mild soap or body wash to your scrotum and the base and shaft of the penis. It is important to wash the head of your penis because bacteria and sweat can build up in the genitals during the day. Once you are done applying soap, rinse your penis with warm water and thoroughly dry yourself.
- For a penis with foreskin (uncircumcised), the cleaning process includes an extra step to make sure to wash off any bacteria that may be under your foreskin. Apply a mild, unscented soap or body wash to the scrotum, base, and shaft of your penis. Once that is complete, gently pull back your foreskin and apply some soap to that area, making sure that you are cleaning thoroughly and gently. Rinse underneath the foreskin to make sure you are getting any soap, bacteria, or debris from under the area, and then return your foreskin back to its normal place. After finishing your shower or bath, dry yourself thoroughly.

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4 HIV and AIDS – The Basics

ESSENTIAL KNOWLEDGE

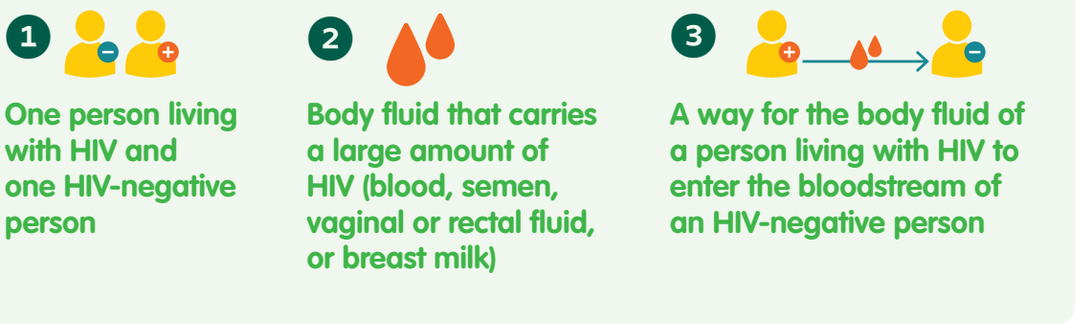
What is HIV?

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.

How is HIV transmitted?

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



1. One person living with HIV (even if they do not know their status) and one HIV-negative person
2. Body fluid that carries a large amount of HIV (blood, semen, vaginal or rectal fluid, or breast milk)
   - For transmission to take place, there must be a large enough quantity of the virus. If a person living with HIV is taking their treatment correctly and consistently, there will not be enough of the virus for transmission.
   - HIV can be found in large quantities in blood (including menstrual blood), semen, vaginal fluids, rectal fluid, and breast milk.
   - HIV can also be found in saliva, vomit, faeces, and urine, but in amounts too small to spread the virus.

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3. A way for the body fluid of a person living with HIV 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 without a condom 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. The vaginas of younger people are 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 silicone-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, blood that carries the virus can go directly into the bloodstream.
   - During pregnancy, childbirth, and breastfeeding, it is possible for a person living with HIV to pass HIV to their baby through bodily fluids such as blood or breast milk. This is sometimes called perinatal transmission.

What are the symptoms of HIV?

A person living with HIV does not always have symptoms and may be perfectly healthy. The only way to know if you or someone else is living with HIV is to get tested. If symptoms occur, they are often related to the three stages of HIV.

What are the three stages of HIV?

Acute HIV: Is the earliest stage of HIV, and it generally develops within two to four weeks after HIV has entered the body and started to make copies of itself. During this time, some people have flu-like symptoms, such as fever, headache, and rash.

Chronic HIV: During this stage, HIV continues to multiply in the body but at very low levels. People with chronic HIV may not have any HIV-related symptoms. Without antiretroviral therapy, chronic HIV usually advances to AIDS.

Acquired immunodeficiency syndrome (AIDS): Without treatment, HIV progresses to AIDS. AIDS is caused by HIV. A person develops AIDS when HIV has damaged their immune system so much that they are no longer able to fight off 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 tuberculous (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.

Is there a cure for HIV?

Although a handful of people have been cured of HIV, the cures have been complicated and were usually achieved through treatment for another disease, such as a bone-marrow transplant to treat cancer. For this reason, there is not yet a reliable or proven cure for HIV. However, there is a treatment. Antiretroviral medication, or ARVs for short, can stop HIV from spreading. To effectively treat HIV, a person needs to

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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 them to stay healthy and can prevent HIV from developing into AIDS.

If ART is taken as directed, it is possible to reduce the levels of HIV within a person's blood (their 'viral load') so that they can no longer transmit the virus. The only way to know for sure if someone's viral load is undetectable is if the person is regularly seeing a doctor to monitor the level of HIV in their blood. However, if ART is not taken as directed, there is a possibility of drug resistance, a higher viral load, and that HIV will progress to AIDS.

Your Notes

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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 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 prevent HIV.
- Correcting myths is necessary to prevent the spread of HIV. When correcting myths, it is important to emphasise the facts and not repeat the myth.

MATERIALS

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

Tool 3 HIV and AIDS — Get the Facts!

Tool 4 HIV Transmission and HIV Prevention

PREPARATION

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.

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SESSION INSTRUCTIONS

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 contract 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 a person living with HIV is on (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 whether 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, 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.

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10. When you have finished the exercise, bring participants together in a circle, 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. Explain to participants that when correcting myths in the community, it is important to repeat the facts only — and not repeat the myths. Repeating myths can reinforce them!
12. 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.

You can guide the conversation by pointing out behavioural and biological factors within the **Transmission and Prevention** tool.

APPLY

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.

FACILITATION TIPS

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

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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

- 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?

FACILITATION TIPS

Useful Resources

1	**My Dreams My Choice! Plus. A Facilitator's Guide for Empowering Girls and Young Women in Adopting Positive Behavior** Bantwana, Initiative of World Education 2019	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	A guide to starting an adult-led information and support group for adolescents living with HIV. Includes sessions on HIV, HIV prevention, and problem solving.
3	**Social Media to Improve ART Retention and Treatment Outcomes Among Youth Living with HIV in Nigeria – SMART Connections** FHI 360 2018	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	A peer educator booklet that includes information on HIV transmission, prevention, and testing, as well as family planning and violence.

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5	**Peer Educators Information Booklet for MSM** UNAIDS 2016	A peer educator booklet that includes information on HIV transmission, prevention, and testing for MSM (men who have sex with men).
6	**MTV Shuga** Unitaid 2017	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, youth-friendly website and peer education guides.
7	**Undetectable = Untransmittable Fact Sheet** FHI 360 2018	A brief overview of the U=U campaign and the evidence that an undetectable viral load leads to the inability to transmit HIV to sexual partners. This fact sheet includes links to additional resources and definitions of key terms.
8	**Preventing HIV During Pregnancy and Breastfeeding in the Context of PrEP** WHO 2017	A WHO technical brief summarising existing data on the safety and efficacy of oral PrEP use during pregnancy and breastfeeding. 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.
9	**Guidance on Couples HIV Testing and Counselling Including Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples** WHO 2012	A set of recommendations for practitioners on HIV testing, mutual disclosure, and treatment for couples, partners, and serodifferent couples.

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SESSION MATERIALS

TOOL 3

HIV and AIDS — Get the Facts!

Don't be fooled! Get the facts about HIV — 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 have HIV is to have your blood tested.
You cannot catch HIV like you catch a cold or the flu.	HIV can be transmitted only when body fluid — either blood, semen, vaginal or rectal fluid, or breast milk — enters the bloodstream of an HIV-negative person. You cannot get HIV through kissing, hugging, using the same utensils, using the same toilet, any other casual contact, or mosquito bites.
Preventing HIV is not about trust.	Anyone can have HIV — and many people do not know their status. People who are in loving and trusting relationships should all be involved in preventing HIV. This means using condoms or other prevention measures during sex, getting tested regularly, using anti-retroviral therapy for those who are living with HIV, and considering the use of PrEP methods.
Some people face more barriers to HIV prevention than others.	It is easier for HIV to enter the body through the walls of the vagina or the rectum than it is for the virus to enter the body through the penis. It is also harder for people who do not fit in typical gender norms, or who have same-sex relationships, do sex work, or inject drugs, to prevent HIV because society does not treat them equally, and they may have less power in their relationships to negotiate for HIV prevention. PrEP can help everyone take control of their health!
No herbs or natural remedies can prevent or cure HIV.	Inserting plants or herbs into the vagina or rectum can increase the possibility that HIV can enter the bloodstream. It can dry out the vagina or rectum, which can lead to tears and allow HIV to enter the body more easily.
There is no cure for HIV.	While there are many myths about curing HIV, and scientists are still working to find a cure, there is no known cure for HIV. People living with HIV who take their treatment regularly can achieve an undetectable viral load, which means they are not able to transmit HIV.
Having sex during a person's period does not prevent HIV.	If someone who is living with HIV has sex while on their period, it can increase the likelihood of HIV transmission because HIV can be found in menstrual blood.
Anyone can get HIV.	HIV does not discriminate based on gender, sexuality, age, what someone does for a living, or anything else.
Treatment can help people living with HIV live a long and healthy life.	Although 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 living with HIV can live a long and healthy life. These medications also help prevent the transmission of HIV to others.

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HIV Transmission & Prevention

HIV Transmission

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

- Vaginal sex
- Anal sex
- Oral sex

- Pregnancy
- Childbirth
- Breastfeeding

- Injecting drugs with a shared needle
- Direct contact with blood

HIV Prevention

PrEP
If you don't have HIV, you can prevent HIV by using PrEP methods that contain medications.

PEP
If you've been exposed to HIV, you can prevent infection by taking HIV medication called PEP within 72 hours of exposure.

ART
If you are living with HIV, you can prevent transmission to others by taking HIV treatment medication.

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

Using internal and external 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

A person living with HIV can reduce the chance of HIV transmission to their baby by:

Taking HIV medication during pregnancy, birth, and breastfeeding

Treating their baby with HIV medication

Using family planning to prevent unintended pregnancy if they do not want to become pregnant

Delivering the baby at a hospital or other equipped medical facility

If you are living with HIV and thinking of having a baby, talk to a doctor about the best way to reduce the chances of HIV transmission.

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

Avoiding contact with other people's blood

Never using a needle that has been used by someone else

HIV can be transmitted during blood transfusions, but most hospitals now test blood for HIV before using it in a transfusion. If you're worried, ask your doctor!

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

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5 HIV Transmission and Prevention 101

ESSENTIAL KNOWLEDGE

By the end of 2022, 39 million people were living with HIV, about 1.3 million of whom were newly diagnosed that year. Priority populations for pre-exposure prophylaxis (PrEP), including adolescent girls and young women; gay, bisexual, and other men who have sex with men; pregnant and breastfeeding people; people who inject drugs; serodifferent couples; sex workers; and transgender people, are disproportionately affected by HIV. For example, the chance of getting HIV is:

- 22 times higher among gay, bisexual, and other men who have sex with men than it is for other men ages 15–49 years in the total population
- 14 times higher among adolescent girls and young women compared to their male peers
- 3–4 times higher among pregnant and breastfeeding people than it is among their nonpregnant counterparts
- 22 times higher among people who inject drugs compared to people who do not inject drugs
- 40 percent higher among serodifferent couples when the partner living with HIV is not on antiretroviral treatment

In addition, while the median HIV prevalence among adults globally in 2022 was 0.7 percent, the median HIV prevalence was higher among certain populations, such as:

- 2.5 percent among sex workers
- 7.7 percent among gay, bisexual, and other men who have sex with men
- 5.0 percent among people who inject drugs
- 10.3 percent among transgender people

This session aims to educate participants about the biological factors that affect HIV transmission. The social drivers of HIV transmission are explored in the **Gender-based Stigma, Discrimination, and Violence** session.

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A note on language

HIV risk or HIV prevention needs?

The chance of being exposed to or getting HIV is often communicated using the language of risk. For example, sex workers; heterosexual couples; gay, bisexual, and other men who have sex with men; and transgender and pregnant people *are more at risk of HIV than other people*. The concept of 'risk' is also used when talking about behaviours that may expose someone to HIV, such as having sex without using PrEP or a condom. 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 people can reduce the likelihood of getting HIV if they avoid all 'risky' behaviours. In reality, people do not always have the power to change their behaviour. For example, it is often difficult to negotiate condom use, especially in sex work and injection drug use.
- Many people often do not consider themselves to be 'at risk', even when they are engaging in activities that may expose them to HIV.

We recommend talking about HIV prevention needs instead of 'HIV risk'. For example: Priority populations may have greater needs for HIV prevention than other people.

Using your participants' preferred terms

In this training, we use the terms 'insertive partner' and 'receptive partner' to describe the roles of people in sexual activities. The insertive partner 'inserts' their penis, other body part, or toy into the other partner, while the receptive partner 'receives' the penis, body part, or toy into their mouth, vagina, or rectum. These terms focus on the specifics of sexual activities to clarify the different factors that might make HIV transmission easier, rather than focusing on the gender of the people involved.

In addition, many trans people, people who inject drugs, sex workers, and other groups use different terms to describe their body parts, sexual activities, and injection practices. While we use certain terms in this manual for consistency, we encourage you to understand and use the terms used by your participants. Some examples are:

- **Top** – the insertive partner
- **Bottom** – the receptive partner
- **Front hole or bonus hole** – the vagina
- **Gear** – the equipment used to inject drugs
- **Shoot up** – the act of injecting drugs

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How is HIV transmitted?

HIV is transmitted when body fluid (blood, semen, vaginal fluid, rectal fluid, or breastmilk) from a person living with HIV that contains a large amount of HIV enters the bloodstream of an HIV-negative person. HIV can enter the blood through:

- Cuts and sores, including the cuts made when injecting drugs
- The skin inside the vagina and anus (mucous membranes)
- The urethra of the penis
- The skin under the foreskin of the penis
- The exchange of fluids between a foetus and a pregnant person during pregnancy and delivery

HIV can be transmitted from one person to another through sexual contact or by sharing needles used for injecting drugs. Infants can get HIV before or during birth or through breastfeeding. This is often called perinatal transmission.

How likely is it that HIV will be transmitted during pregnancy, childbirth, or breastfeeding (perinatal transmission)?

Without any intervention, perinatal transmission can occur in 15 to 45 percent of pregnancies in people living with HIV. However, antiretroviral therapy (ART) and other interventions can reduce this likelihood to less than five percent.

During pregnancy, HIV can pass through the placenta, which is an organ that develops in the uterus during pregnancy to help nourish the foetus. HIV can be transmitted to an infant during childbirth through exposure to a parent's blood and other fluids. An infant can also get HIV from breastmilk.

Perinatal transmission is also more likely to occur when a person gets HIV during pregnancy or breastfeeding than it is among people who already knew they were living with HIV when they became pregnant. This is likely because people living with HIV may already be on treatment, while people who do not know they have HIV may not be using an intervention to prevent perinatal transmission.

Members of priority populations can reduce the chance of perinatal transmission by:

- Taking HIV medication, PrEP, post-exposure prophylaxis (PEP), and having one sexual partner.
- Treating their infant with HIV medication

Sex workers and serodifferent couples who do not want to become pregnant can use modern contraception to prevent pregnancy. HIV-negative people who want to become pregnant can prevent perinatal transmission by using PrEP or other effective HIV prevention methods before, during, and after the pregnancy.

**** Note:*** In 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 people living with HIV who are taking ART correctly and consistently. Even when antiretroviral drugs are not available, exclusive breastfeeding (not giving the baby other foods) is recommended for at least six months. To determine whether formula feeding is a safe option, parents should speak with their health care providers.

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

HIV is transmitted very easily when someone injects drugs using shared, unsterile, or used injection equipment. This is one of the easiest ways that HIV is transmitted, second only to receptive anal sex without a condom or PrEP. HIV can be transmitted any time an HIV-negative person uses injection equipment that has been used by a person living with HIV. 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. In some contexts, people who inject drugs also use needles to share blood to get high, sometimes known as 'bluetooth.' HIV can be transmitted easily through this practice. Injection drug use also may increase the chances that someone will be exposed to HIV because they may have sex without a condom, have multiple partners, exchange sex for money or drugs, or have sex while under the influence of drugs.

If someone is unable to stop using injection drugs, the most effective ways for them to prevent HIV while injecting are:

- Never share needles, syringes, or other injection equipment. A person who uses drugs can participate in a needle and syringe exchange programme if one is available in their area.
- Use daily oral PrEP, which has been shown to reduce the chances of getting HIV during injection drug use by about 75 percent. Other PrEP methods that are systemic — or cover the whole body — like CAB PrEP and LEN PrEP, may also prevent HIV during injection drug use. More about PrEP methods and injection drug use can be found in the **PrEP Methods Essential Knowledge**.

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

The likelihood of getting HIV during sex depends on the type of sex. Some factors that contribute to HIV transmission are:

- The skin that is coming into contact with fluids that might contain HIV:
  - The skin in the rectum and the vagina is larger and more delicate than the skin on the penis. This skin is more easily broken, which may create a way for HIV to enter the bloodstream.
  - Sexual assault or sex without lubrication (the body's natural lubrication or a water-based lubricant) may create tears in the skin in the vagina or anus, which also can create a way for HIV to enter the bloodstream.
  - HIV can enter the body through the foreskin on an uncircumcised penis.
- How much HIV is within the body fluids of the person living with HIV:
  - If a person living with HIV is taking their ART correctly and has an undetectable viral load, there is not enough HIV in their body fluids to transmit the virus (undetectable=untransmittable, or U=U).
  - Saliva contains very little HIV, usually not enough to transmit HIV.
  - Semen contains more HIV than vaginal fluid.
  - Rectal fluid contains more HIV than any other body fluids.
- Whether someone has a sexually transmitted infection (STI):
  - STIs can increase inflammation in the genitals, making it easier for HIV to pass into the bloodstream.
- Having sex with multiple partners at the same time may make HIV prevention more complicated. Using new internal or external condom, or dental dam, with each new partner will help to prevent HIV and STIs.

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A note about dental dams

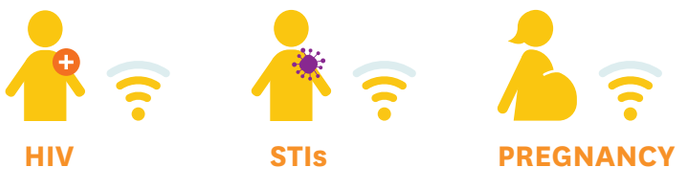
A dental dam is a thin latex film that is placed between the genitals and the mouth, preventing the exchange of fluids and acting as a barrier method to prevent most STIs during oral sex. Dental dams do not prevent herpes or genital warts because these STIs can spread through contact with the skin around the genitals. If someone wants a dental dam but does not have access to one, they can easily create a dental dam out of an unlubricated or flavoured condom by following these four steps:

1. Check the expiration date of the condom! It can be an internal or external condom, but it must not be expired!
2. Open and unroll the condom.
3. Using a pair of scissors, carefully cut off both ends of the condom, leaving a latex tube.
4. With the scissors, carefully cut one side of the condom tube, creating a latex rectangle. This is now a dental dam!

Dental dams should be used only once, and they should never be flipped during oral sex.

Understanding how the chance of getting HIV changes with different activities helps people make informed choices about HIV prevention. It also helps them make informed decisions about which activities they engage in. It will also help them consider how they can make their sexual activities safer. Different sexual activities and the possibility of getting HIV, STIs, or becoming pregnant are summarised below.

Abstinence (choosing not to have sex)



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

Although abstaining from sex is very safe, it may be hard to abstain for a long period of time or if partners do not agree.

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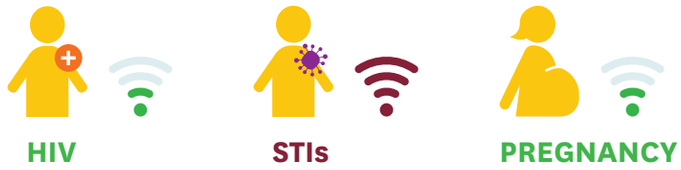
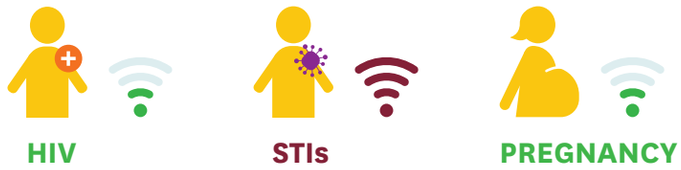
Giving a hand-job/getting fingered/mutual masturbation/ fisting



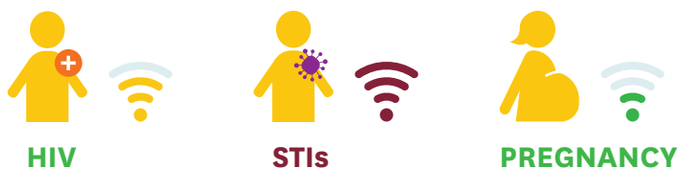
- Touching each other's genitals is very safe. It is not possible to get HIV or become pregnant this way.
- It is not possible to get HIV from contact between genitals or kissing, but you can get STIs (herpes). You can also get genital warts from contact between genitals.
- It is not possible to get HIV from mutual masturbation (masturbating together). It is also not possible to get HIV from using sex toys or strap-ons by yourself. However, HIV transmission can occur if you are using a sex toy or a strap-on that has come into direct contact with someone else's rectal or vaginal fluids or mucous membranes. Putting a condom on a sex toy or strap-on and washing it thoroughly with soap and hot water after each person uses it can help prevent HIV transmission.
- HIV cannot be transmitted by fingering or fisting unless there are open cuts or sores on your hands. However, fingering and fisting may tear the lining of the vagina or rectum, which can make it easier for HIV to pass into the bloodstream during other types of sex. **Therefore, trimmed fingernails, hand washing, and using latex gloves and water-based lubricant can help prevent HIV during fingering or fisting.**

Receiving oral sex



- HIV cannot be transmitted through saliva, so it is not usually possible to get HIV when receiving oral sex. Although it is very unlikely, HIV can be transmitted if the person giving oral sex is living with HIV and has sores or open wounds in their mouth.
- **It is possible to get chlamydia, herpes, gonorrhoea, syphilis, and genital warts when receiving oral sex. Using a dental dam will help prevent some STIs during this type of sex.**

Scissoring (vulva-to-vulva contact)



- Although HIV can be transmitted through vaginal fluid, the chances of getting HIV during vulva-to-vulva contact, also known as scissoring, are very low.
- **It is possible to get chlamydia, herpes, gonorrhoea, syphilis, and genital warts when scissoring. Using a dental dam will help prevent some STIs during this type of sex.**

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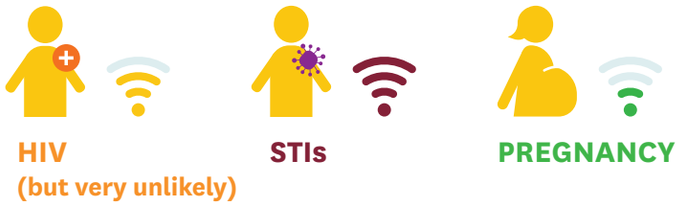
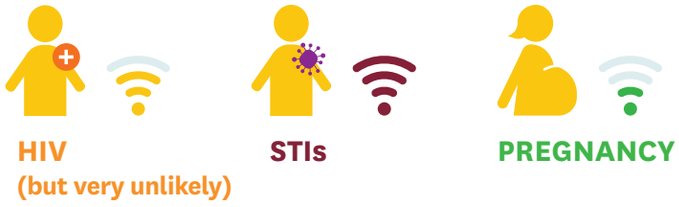
Giving oral sex (mouth to vagina)



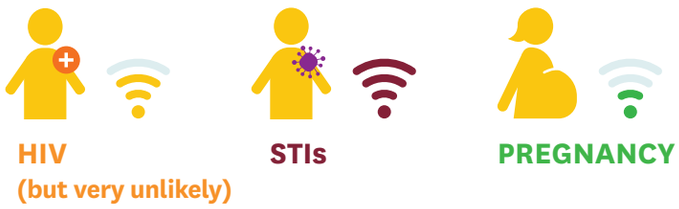
- HIV can be transmitted through vaginal fluid. Although it is possible to get HIV when giving oral sex to someone assigned female at birth who is living with HIV, it is very unlikely if the person giving it has no open sores in their mouth. It is possible for HIV to pass into the body through unhealed piercings on the lip or tongue, so it is important to wait for piercings to fully heal to prevent HIV.
- **It is possible to get chlamydia, herpes, gonorrhoea, syphilis, and genital warts by giving oral sex. Using a dental dam will help prevent some STIs during this type of sex.**

Giving oral sex (mouth to penis)



- HIV can be transmitted in semen and pre-seminal fluid, but it must be able to enter the bloodstream first. If someone living with HIV ejaculates in a person's mouth, that person could get HIV if they have cuts or sores in their mouth, but it is very unlikely. A person cannot get HIV from swallowing semen; the acid in the oesophagus and stomach will kill any HIV in the semen. It is possible for HIV to pass into the body through unhealed piercings on the lip or tongue, so it is important to wait for piercings to fully heal to prevent HIV.
- **It is still possible to get herpes, syphilis, gonorrhoea, chlamydia, and genital warts by giving oral sex. Using an external condom will help prevent some STIs during this type of sex.**

Giving oral sex (mouth to anus)



- HIV can be transmitted through rectal fluid. Although it is possible to get HIV through oral contact with the anus, also called rimming, it is unlikely if the person has no sores in their mouth. It is possible for HIV to pass into the body through unhealed piercings on the lip or tongue, so it is important to wait for piercings to fully heal to prevent HIV.
- **It is possible to get hepatitis A and B, intestinal parasites like Giardia, and bacteria like E. coli by rimming. Using a dental dam will help prevent some STIs during this type of sex.**

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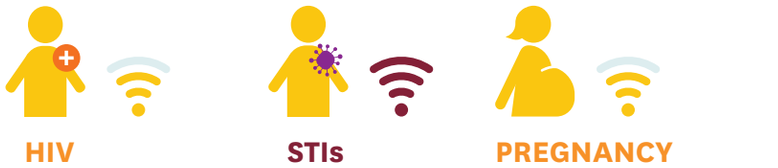
Vaginal or anal sex with a condom



(but only if the condom slips or breaks)

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

- When used correctly, both external and internal condoms are very effective at preventing HIV and most STIs. They are also effective at preventing unintended pregnancy. It is possible to get HIV only if the condom slips off, falls out, 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.**

Vaginal sex without PrEP or a condom

- Anyone can get HIV when having vaginal sex without PrEP or a condom — but the chances are higher for the receptive partner than for the insertive partner! The skin in the vagina is thin and can tear easily, especially during rough sex, if the receptive partner has an STI, or if there is not enough lubricant (either natural lubricant or water-based lubricant).
- The chances of getting HIV can be reduced if the penis is pulled out before ejaculation. However, HIV is transmitted in pre-seminal fluid, so pulling out the penis before ejaculation does not completely prevent transmission. **In addition to HIV, STIs can be transmitted and pregnancy is possible and when having vaginal sex without PrEP or a condom.**

Anal sex without PrEP or a condom

- Anyone can get HIV when having anal sex without PrEP or a condom — but the chances are higher for the receptive partner than for the insertive partner! The skin in the rectum is thin and can tear easily, especially during rough sex, if the receptive partner has an STI, or if there is not enough lubricant (either natural lubricant or water-based lubricant).
- The chances of getting HIV can be reduced if the penis is pulled out before ejaculation. However, HIV is transmitted in pre-seminal fluid, so pulling out the penis before ejaculation does not completely prevent transmission. **In addition to HIV, STIs can be transmitted when having anal sex without a condom. Pregnancy is also possible if the receptive partner has a vagina and semen comes into contact with the vulva.**

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Your Notes

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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 ways that HIV can be transmitted. They will then explore their peers' HIV prevention needs and identify ways to meet those needs.

By the end of this session, participants should:

- Feel more confident talking about sex and HIV transmission, including transmission during sex; pregnancy, childbirth and breastfeeding; and injection drug use
- Understand how the possibility of HIV transmission differs depending on which activity someone might engage in
- Be able to identify ways to reduce the possibility of HIV transmission

KEY MESSAGES

- The likelihood that HIV will be transmitted through sexual contact is different for different sexual activities
- There are many ways to prevent HIV, including:
  - Abstinence
  - Engaging only in sexual activities with a low possibility of HIV transmission
  - Always using condoms with water-based lubricant during sex
  - Using PrEP as an additional method of HIV prevention as part of a combination prevention approach
  - Avoiding contact with other people's blood
  - Never using a needle or syringe that has been used by someone else
- HIV-negative people who want to become pregnant can reduce the chance of perinatal transmission by knowing their HIV status, testing regularly throughout their pregnancy, and using PrEP and combination prevention to prevent HIV.
- A person living with HIV can prevent perinatal transmission of HIV by:
  - Using HIV medication during pregnancy, childbirth, and breastfeeding
  - Treating their infant with HIV medication as directed by their health care provider
  - Using modern contraception if they do not wish to become pregnant
- People who are not able or who do not want to use condoms can still make small changes in their sexual activities to reduce the chances of getting 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 internal and external 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.

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SESSION INSTRUCTIONS

EXPLORE ACTIVITY

PREPARATION

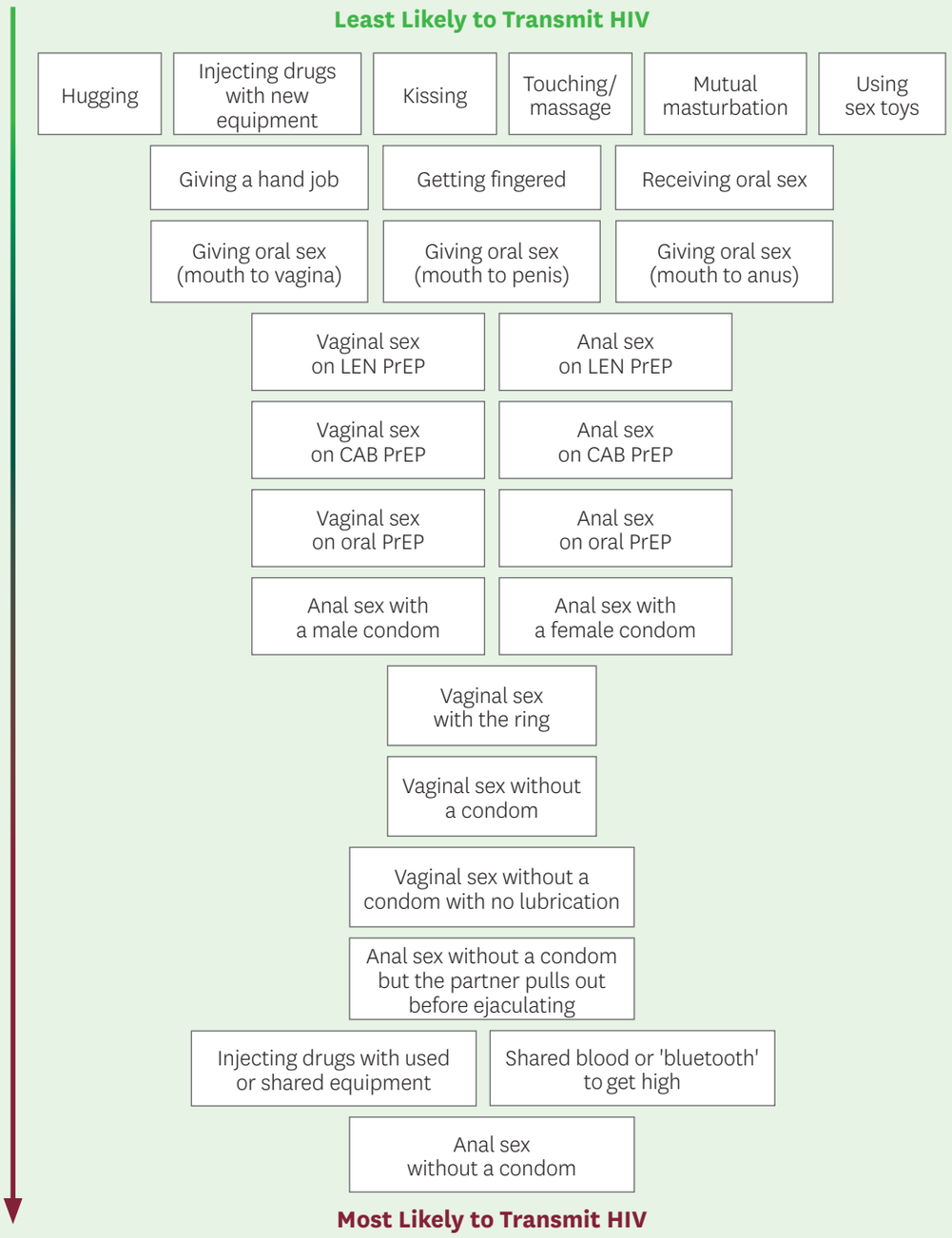
Write the terms below on separate A4 pieces of paper (one per sheet) and put them up where everyone can see them.

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

APPLY ACTIVITY

Write the activities below on separate pieces of paper. These activities are listed in order of *lowest to highest possibility of HIV transmission*.

You will give each participant a piece of paper with one of these activities written on it. If you have more than 24 people in your group, you will need to add some new ones.



EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:

- The training will include discussions about some personal and sensitive topics, including relationships, sex, and violence.
- The session will focus on the ways that HIV is transmitted during sex; pregnancy, childbirth, and breastfeeding; and injection drug use.
- Even though it can be uncomfortable to talk about topics such as sex and drugs 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 for discussing these topics 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 or injection drug use. Some people may, 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 or using injection drugs, they should not feel embarrassed. It is their choice.

ACTIVITY: Let's Talk about Sex

1. Explain the activity by noting:

- You have posted some terms people use when talking about HIV transmission (see Preparation above).
- You will be asking participants to write 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.

FACILITATION TIPS

Refer to the **Essential Knowledge** 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** in the introduction to refresh your memory about creating a safe space.

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

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2. Read out the first term and ask participants to write 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?

APPLY

ACTIVITY: HIV Transmission 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 how likely HIV transmission is with each of the activities.
2. Put up a piece of flip chart paper at the front of the room.
3. Ask participants to consider the different activities that people engage in that might expose them to HIV. Ask participants to write the activities on sticky notes and stick them up on the flip chart paper. Clarify that these are not necessarily activities that they themselves engage in, but any activity that may expose a person to HIV.
4. Read through the answers with the group and combine similar responses.
5. Explain the next step in the activity by noting:
   - There are 27 cards with different activities that might lead to HIV transmission written on them (see **Preparation** above).
   - Participants will work together to put the cards in order from the activities with the least likelihood of HIV transmission to the highest likelihood of HIV transmission.
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 likely to transmit HIV' and the other 'Most likely to transmit HIV'.
7. Give each person a card and ask them to work together to put the cards in order.

FACILITATION TIPS

Use the **Essential Knowledge** and **Key Messages** to guide participants to identify what makes it easier or more difficult to get 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, look at a reliable source online, or say you will get back to them later.

You can use flipchart paper to draw the wifi signals as shown in the **Essential Knowledge** to help illustrate the likelihood of HIV, STIs, and pregnancy from different sexual activities.

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

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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 cards 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
11. Ask if anyone can suggest how a person engaging in the activity on each card could reduce the chances of getting HIV or STIs or prevent pregnancy.
12. Lead a discussion by asking participants to consider the following questions:
    - Why might your peers be engaging in activities that might expose them to HIV?
    - What are some barriers that might make it harder for your peers to prevent HIV?
    - How can you and your peers prevent HIV, STIs, and unwanted pregnancy?
13. Once the activity has come to an end, bring participants into a circle for reflection.

People can prevent HIV by using condoms (with water-based lubricant if possible) and PrEP. If they are unable to do that, they can make small changes to their sexual activities. They can also start taking PEP within 72 hours if they think they may have been exposed to HIV.

OPTIONAL ACTIVITY 2

A discussion of perinatal HIV transmission will be relevant to some Ambassadors.

- Play a guessing game to see if anyone knows the likelihood that a foetus or infant will acquire HIV during pregnancy, childbirth, or breastfeeding without any intervention.
- Ask if participants are surprised that the chances are 15–45%.
- Discuss the ways that perinatal HIV transmission can be prevented.

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

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OPTIONAL ACTIVITY 3

A more in-depth conversation about injection drug use and HIV transmission will be relevant to some Ambassadors.

- Ask participants what they think might be additional barriers to HIV prevention for people who inject drugs (PWID).
- Ask participants what could be improved in their context to address some of the barriers they have mentioned.

If this topic is important for your group, or if you would like assistance with the conversation, you could invite someone who specializes in providing services to people who inject drugs. If you are part of a project that serves PWID, take note of the barriers and improvements that participants mention to consider in your programming.

Possible barriers include criminalisation, stigma, the added barrier of being unhoused, lack of integration of PrEP services with withdrawal treatments or rehabilitation services, and challenges to getting PrEP or taking HIV prevention measures while under the influence of drugs.

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 did you feel talking about sex and injection drug use?
- How can you support your peers to feel more comfortable talking about sex or injection drug use?
- How can you support your peers to take steps to prevent HIV?
- How can you support your peers to prevent STIs and unwanted pregnancy at the same time?

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.

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Useful Resources

1	**HIV Risk Reduction Tool** Centers for Disease Control and Prevention No date	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	**Sexual Health: Safer Sex and Our Health** LGBT Foundation 2018	A user-friendly brief handbook on multiple interconnected topics relevant to HIV prevention for LGBTQIA people and people who inject drugs. It also covers contraception and gender-affirming surgery. Accessible via the LGBT Foundation Further Information Guide.
3	**Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum** Program for Appropriate Technology in Health 2006	A life skills curriculum developed in Kenya for young people ages 10 to 19. Session topics include sexual health, gender, HIV, and HIV prevention.
4	**SHAZ! Life Skills: A Facilitator's Guide for Discussion Groups** Pangaea Zimbabwe 2009	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.
5	**It's About More than Just Sex: Curricula and Educational Materials to Help Young People Achieve Better Sexual and Reproductive Health** FHI 360 2013	A toolkit that provides descriptions of high-quality curricula designed to improve youth sexual and reproductive health, with a goal of offering youth-serving organisations user-friendly educational resources for a variety of settings.
6	**Prevention of mother-to-child transmission of HIV resource hub** Be in the KNOW No year	A collection of short resources to help people living with HIV avoid perinatal transmission during pregnancy and breastfeeding.
7	**Navigating Activities That Can Transmit HIV** FOLX Health 2021	An article about HIV prevention during sex and injection drug use, part of the FOLX Health resource library.
8	**Antiretrovirals in Pregnancy Research Toolkit** World Health Organization (WHO) 2024	A toolkit sharing guidance and resources to accelerate the inclusion of pregnant and breastfeeding populations in research on treatment and prevention of HIV, viral hepatitis, and other STIs.

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Your Notes

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Your Notes

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PrEP Methods

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1 PrEP Methods and Combination Prevention

What is PrEP

In recent years, there has been important progress in expanding HIV prevention options, including methods using medications called antiretrovirals (ARVs) for people who do not have HIV. These methods are known as PrEP — in this manual, we will use the term 'PrEP' or 'PrEP methods' to talk about all of the HIV prevention methods that use ARVs to protect a person from getting HIV before they are exposed. PrEP stands for *pre-exposure prophylaxis*. This means:

Pre	**E**xposure	**P**rophylaxis
Before	Coming into contact with HIV	Medication to prevent an infection from happening

ARVs are a type of medication that stops HIV from making copies of itself and spreading to other cells. ARVs are used in pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and antiretroviral therapy (ART) — see **PrEP, PEP, and ART — what's the difference?** for more detail.

PrEP, PEP, and ART — what's the difference?

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

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

PrEP (pre-exposure prophylaxis) is for **people who do not have HIV** to use **before** they are exposed to HIV. The ARVs used in PrEP work by preventing the virus from entering human cells or making copies of itself in the body. The currently available PrEP methods are oral PrEP (pills), the PrEP ring (also known as the dapivirine vaginal ring), and the long-acting injectable cabotegravir for prevention, also known as CAB PrEP or CAB-LA.

PEP (post-exposure prophylaxis) is for **people who do not have HIV** 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 on time (within 72 hours of being exposed to HIV), PEP can isolate the virus to a few cells. When these cells die (which they do naturally), so does the virus. PEP is a combination of three ARVs. The World Health Organization (WHO) recommends two different combinations of ARVs for PEP. They are taken once or twice a day, depending on which drugs are prescribed, for a month.

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

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

What types of PrEP methods are available, and who can use them?

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

- **Oral PrEP** – a pill that contains ARVs that greatly reduce the chance of getting HIV when taken every day. Most oral PrEP pills contain a combination of two ARVs — tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) — but, in some countries, different combinations are in use. A new form of oral PrEP, combining tenofovir alafenamide and emtricitabine (F-TAF, or Descovy), has recently been approved for men who have sex with men in some countries. Oral PrEP was the first PrEP method approved for use across the globe. Oral PrEP can be used by people of any gender identity or any sex assigned at birth, including intersex people. You can learn more about oral PrEP in **Oral PrEP Essential Knowledge**.
- **Vaginal ring** – a silicone ring that is inserted into the vagina and worn continuously over one month to slowly release the ARV dapivirine. Also known as the PrEP ring or simply 'the ring', it has been shown to reduce the chance of getting HIV with no safety concerns with long-term use and has recently been approved for use in multiple countries. Dapivirine is used only in the PrEP ring and is not found in other HIV prevention or treatment products. The PrEP ring can be used by people of any gender identity who were assigned female at birth. Because the ring has not been studied for use with neovaginas, it is not recommended for people who have had vaginoplasty surgeries, such as transgender women. Health care providers can help intersex people find out if the PrEP ring is right for them based on their anatomy. More information about the PrEP ring may be found in **PrEP Ring Essential Knowledge**.
- **Injectable PrEP** – different types of PrEP injections are being developed and rolled out for HIV prevention. Long-acting PrEP injections containing cabotegravir (often called CAB PrEP) and lenacapavir (often called LEN PrEP) have been shown to be highly effective in preventing HIV and provide long-term HIV prevention. Injectable PrEP methods have been approved for use in some countries, and more countries are approving these new methods every day. CAB PrEP and LEN PrEP can be used by people of any gender identity or sex assigned at birth, including intersex people. More information about injectable PrEP may be found in the **CAB PrEP** and **LEN PrEP Essential Knowledge sections**.

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- **Multipurpose technologies (MPTs)** – combine HIV prevention with contraception and/or prevention of sexually transmitted infections (STIs) and may one day help PrEP users meet more sexual and reproductive health needs with a single product. MPTs in development include a daily dual-prevention pill containing both PrEP and a contraceptive, and vaginal rings and films that combine ARVs and STI prevention drugs. *No MPT for HIV prevention has been approved for use. The Ambassador Training does not currently focus on MPTs; more information will be added to the package as MPTs are recommended for use by WHO.*

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

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

Attributes/ Method	Condoms*	Oral PrEP	PrEP Ring	CAB PrEP	LEN PrEP
How it's used	On-demand for sex; placed on the penis (external condom) or in the vagina/rectum (internal condom)	Pill taken daily or as needed for some users	Vaginal ring replaced each month	Injection given every 2 months	2 injections given every 6 months
Site of action	Vaginal/anal area depending on type of sex (localised)	Whole body (systemic)	Vaginal area (localised)	Whole body (systemic)	Whole body (systemic)
Role of partner use	Partner consent required	User initiated; use can be private	User initiated; use can be private	User initiated; use can be private	User initiated; use can be private
How effective for HIV prevention	Over 90%, when used correctly and consistently (with lubricant)	Over 90%, when used correctly and consistently	About 50%, or more when used correctly and consistently	More than 90% effective. With regular injections, CAB PrEP is one of the most effective PrEP methods.	Nearly 100% effective. With regular injections, LEN PrEP is the most effective PrEP method.
Prevention of STIs and pregnancy	Yes, if used correctly each and every time one has sex	NO **	NO **	NO **	No**
Availability	Widely available	Available in *most* countries (check local guidelines)	Available in *some* countries (check local guidelines)	Available in *some* countries (check local guidelines)	Available in *some* countries (check local guidelines)

** Condoms that are placed on the penis or a toy before insertion are known as male or external condoms. Condoms that are inserted inside the vagina or rectum are known as female or internal condoms. In this training, we use the terms 'internal' and 'external' condoms because they can be used by people of any gender identity.*

*** These methods should always be used in combination with a condom and a reliable method of contraception if possible. Future MPTs may be able to protect against HIV and/or other STIs, and pregnancy.*

Note: *Dental dams are an effective barrier method to prevent STIs when placed between the mouth and the vagina or anus during oral sex. However, because it is very unlikely for someone to get HIV during this type of sex, we have not included dental dams in this the list of HIV prevention methods.*

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What is combination prevention?

In HIV prevention programming, the term combination prevention often refers to programmes that implement different types of interventions aimed at reducing HIV transmission, such as behaviour change education and condom distribution.

In this training package, combination prevention refers to the use of multiple prevention methods, such as condoms, regular HIV testing, STI screening and treatment, PEP, and PrEP, to maximise protection from HIV and other unwanted sexual health outcomes.

There are many ways to prevent HIV or prevent passing the virus to others. PrEP methods are designed to contribute to the existing package of HIV prevention options — including abstinence, condoms, ART for partners living with HIV in a serodifferent relationship (undetectable = untransmittable), HIV testing, PEP, STI screening and treatment, and having fewer sexual partners — not replace them. Each method has its benefits and challenges, and the best approach or combination of approaches varies by individual and relationship. Each individual needs to think about what works best for them given their own particular needs. For example, they may need to think about preventing HIV, STIs, and pregnancy.

People can reduce their chances of getting HIV through sex by:

- Abstaining from sex
- Using PrEP
- Using PEP if they think they have been exposed to HIV
- Using external or internal condoms and water-based lubricant every time they have sex, including vaginal, anal, and oral sex
- Avoiding oil-based lubricants, which can cause infections or make condoms less effective
- Reducing their number of sexual partners
- Regularly testing for HIV
- Regularly screening for STIs and having them treated immediately. People who are pregnant are especially encouraged to test for STIs regularly because untreated STIs may lead to poor pregnancy outcomes or other health complications.
- Knowing their partners' HIV status
- Having sexual partners use ART if they are living with HIV
    - HIV-negative people who have partners living with HIV and want to become pregnant can prevent HIV by using PrEP and/or making sure that their partners are using ART correctly.

People can reduce their chances of getting HIV through blood by:

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

Pregnant people living with HIV can reduce their baby's chances of getting HIV by:

- Taking HIV medication during pregnancy, birth, and breastfeeding (also known as prevention of perinatal transmission)*
- Giving PrEP to their infants as prescribed by a health care provider
- Attending antenatal and postnatal clinics
- Delivering in hospitals with skilled health care providers

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

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No HIV prevention method is 100 percent effective, so it is important to consider using a combination of methods to minimise getting HIV or passing it on to others.

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

A note about PEP use

PEP is an effective prevention option after a person may have been exposed to HIV if they start taking PEP within 72 hours of the possible exposure — the sooner the better! — and keep taking it for the full four weeks. Some people might use PEP after an emergency, such as a sexual assault. Other people may use PEP for other reasons, such as after a condom breaks with a partner who is living with HIV, after unplanned condomless casual sex, or after using or being stuck by a needle that may have been used by someone living with HIV. For some people, taking PEP or repeated PEP use might be an opportunity to consider using PrEP. Other people may choose to continue using PEP as needed. As long as someone who is using PEP starts taking it within 72 hours of the possible exposure and completes the four-week course of PEP, it is okay for them to continue using PEP instead of switching to PrEP or another HIV prevention plan. Supporting people to use PEP correctly and switch to PrEP if they choose is a key part of making sure that each individual has choice in HIV prevention!

What are the side effects of PEP?

The side effects of PEP are mild and similar to the side effects of oral PrEP. The side effects of PEP include headaches, fatigue, nausea, and upset stomach. Usually, these side effects go away within the first week of using PEP.

How can Ambassadors support their peers and other people to use PEP correctly?

There are many things that Ambassadors can do to help their peers and other people get PEP and use it correctly. Some of these tips are listed below:

- Sharing correct information about PEP, such as what it is, when it should be used, and where to get it in the community
- Encouraging people who may have been exposed to HIV to get PEP within the 72-hour time frame and helping them make a plan to get it
- Letting people who are using PEP know about the possible side effects and helping them get anti-nausea medication where possible
- Providing extra support, such as phone check-ins or text messages, during the month of PEP use
- Making sure people who are using PEP know about all the PrEP options that might be available to them
- Support people who are using PEP to transition to PrEP if they choose
- For people who are using PEP after sexual violence, some additional support can be helpful:*
    - Trauma symptoms, such as nausea and headaches, may look like side effects of PEP. It can help sexual violence survivors to know this in advance.
    - Linking survivors to additional medical and mental health services, such as emergency contraception and crisis counselling

** More information on supporting survivors of sexual assault can be found in the* **Responding to Disclosures of Violence** *session.*

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Who is PrEP for?

WHO recommends PrEP for anyone who may be exposed to HIV as an additional prevention option alongside other HIV prevention methods. However, determining who is likely to be exposed to HIV can be complicated. Research shows that many people often think they are less likely to be exposed to HIV than they actually are. A person's HIV prevention needs are 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 multiple partners or not using condoms.

In many parts of Africa, different groups of people are considered priority populations for PrEP because many of these factors interact and make it likely for them to be exposed to HIV. These groups include serodifferent couples when the partner living with HIV is not virally suppressed, adolescent girls and young women (AGYW), men who have sex with men, pregnant or breastfeeding people, people who inject drugs, sex workers, and transgender people. Who is considered a 'priority population' can vary from place to place, so it is important to know the HIV landscape in your setting.

Presenting PrEP as an option only for specific groups of people may contribute to stigma. Overall, it is very unlikely that anyone who does not need HIV prevention methods will try to get PrEP. In addition, research shows that rebranding PrEP as an option for anyone who wants to take control of their health and prevent HIV makes PrEP more appealing. Therefore, it is important that HIV Prevention Ambassadors promote PrEP use as an option for anyone who is sexually active or injects drugs and wants to prevent HIV.

PrEP can give people more power and control over their sexual health and their ability to prevent HIV, especially people who find other HIV prevention methods difficult to use. While the final decision to use PrEP should be made by each individual in a conversation with their health care providers, the following information may be useful when identifying who might benefit from using a PrEP method as part of their HIV combination prevention strategy. A person might benefit from PrEP 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(s)
  - They are not sure if their partner(s) has other partners or if those partners have other sexual partners
  - They are not able to talk to their partner(s) about sex or negotiate safer sex
  - They, or a partner, has recently had an STI
  - Their partner(s) has HIV and is on treatment but is not confident they have an undetectable viral load
  - They are in a transactional sexual relationship(s)
  - Their partner(s) is violent or controlling
  - Their partner(s) is much older than they are
  - They want to prevent HIV in a way they do not have to discuss with their partner(s)
- Use alcohol and drugs before having sex
- Have multiple partners
- Inject drugs and do not always use new equipment

PrEP might also be suitable for people who are experiencing sexual violence. It is important that anyone experiencing sexual violence is aware of and can access PrEP if they want to — or, if they have been exposed to HIV due to sexual assault within the last 72 hours, that they access PEP. However, messaging should not focus on sexual violence as a reason why someone would use PrEP, because this could create stigma for people who choose to use it for other reasons.

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People who are pregnant or breastfeeding may be in greater need of HIV prevention methods such as PrEP because of biological factors (e.g., hormonal changes, lowered immunity), behavioural factors (e.g., increased risk of intimate partner violence, less condom use, if condoms [and lubricant] were being used to prevent pregnancy), and cultural practices (e.g., when a practice of sexual abstinence during pregnancy and postpartum 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, PrEP can be used with other HIV prevention strategies during pregnancy and breastfeeding. It can also be a good prevention option for people who are trying to get pregnant and do not know their partner's HIV status or have a partner living with HIV who is not virally suppressed. WHO guidance recommends oral PrEP use during pregnancy and breastfeeding, and research shows no safety concerns with PrEP ring use during pregnancy and breastfeeding. The safety of CAB PrEP and LEN PrEP during pregnancy and breastfeeding is still under investigation, but research so far suggests these methods are safe to use. A health care provider can explain the risks and benefits of using different PrEP methods during pregnancy.

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

Not all PrEP methods provide the same amount of HIV prevention during all the ways someone may be exposed to HIV, and each has different side effects and special considerations for use that are important to remember when choosing among methods. More information on each PrEP method can be found in the PrEP methods **Essential Knowledge** sections.

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

How to choose the right HIV prevention options

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

Getting PrEP

Before someone can start using PrEP, they will need to see a health care provider who can counsel and test them for HIV, prescribe it, and then conduct regular HIV tests according to the HIV testing guidelines in your country. This requirement can be a barrier to PrEP use. For example, someone interested in PrEP may be concerned about:

- Being judged by the health care provider
- Being stigmatised and discriminated against because of their sexual practices, sexual orientation, gender identity or gender expression, chosen profession, or use of drugs
- Being tested for HIV
- Getting a positive HIV test result
- Having to discuss their sex lives

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- Being seen attending the service by their parents, partner(s), or other people
- The health care provider breaking their confidentiality and telling others they are using PrEP

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

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

In some settings, access to available PrEP methods may be limited. It is a good idea to prepare a list of specific locations where different PrEP methods can be accessed to have on-hand to share with Ambassadors. If there is an online directory or existing list, have that ready to share.

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

PrEP methods and HIV drug resistance

Drug resistance is the loss of effectiveness of one or more medications to treat or cure a certain disease.

A virus can develop drug resistance if small changes are made to the virus as it makes copies of itself within the body. These changes are called **mutations**.

ARVs are not perfect, and sometimes they are not able to stop all of the HIV from multiplying in the body of someone who is living with HIV. When this happens, it is possible that HIV can become drug resistant. This does not mean the virus is resistant to all types of ARV medicines. However, a person living with drug-resistant HIV will need to stop taking the ARVs that are no longer working and start taking a new ARV medicine. Because of this, people who have resistant HIV have fewer options for ARV medicines that will be effective to treat their HIV.

There are two types of HIV drug resistance that a person can get. The first is called **primary drug resistance**, which means that the HIV they were originally exposed to was already drug resistant. For example, if someone gets HIV from their partner who was living with drug-resistant HIV, that person would have primary drug resistance.

The second type of drug resistance is called **secondary drug resistance**. This can happen in two ways. First, if a person who is living with HIV does not get effective antiretroviral therapy, or if they do not take their medicine as directed, they can develop secondary drug resistance. Second, if a person gets HIV while using a PrEP method and continues to use the PrEP method, they can develop secondary drug resistance.

Different PrEP methods have been shown to have a different likelihood for users to develop drug-resistant HIV if they continue to use that method after getting HIV. For example, while it is unlikely for users to get HIV drug resistance from the PrEP ring, it is possible for oral or injectable PrEP users to get drug-resistant HIV if they continue to use these methods after getting HIV or if they are exposed to HIV during the injectable PrEP 'tail period'. Specific information on drug resistance and the injectable PrEP tail period is available in the **Essential Knowledge** section for each method.

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Adherence, continuation, and persistence

When it comes to treatment for HIV and other illnesses, ***adherence to treatment*** — which means taking it correctly — is a big deal. To manage HIV and live positively, people living with HIV must try to adhere to their medicine at all times. However, because a person can choose to use PrEP when they feel the need for HIV prevention and stop using it when they choose, the word adherence is less helpful when talking about optimal use of PrEP methods. We suggest using the terms continuation or effective use to talk about the use of PrEP during the entire time a person may be exposed to HIV and using the word persistence to talk about overcoming barriers to continued PrEP use.

What do people have to say about PrEP?

"PrEP is for me, and I can use it."

Transgender man

"I wish PrEP was invented years ago because there is high HIV among sex workers and PrEP is important to stop it."

Transgender female sex worker

"PrEP is something that works for me and it will work for others."

Female sex worker

"Education of HIV and PrEP should be in schools. People need to learn about it early so they can stop HIV."

Female sex worker

"When I was pregnant, I tested negative, but no one told me about PrEP. This information should be shared during antenatal visits."

Breastfeeding woman

Your Notes

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2 Oral PrEP Essential Knowledge

Oral PrEP basics

What is oral PrEP?

Oral pre-exposure prophylaxis (PrEP) is a pill containing antiretroviral (ARV) medication that can be taken by HIV-negative people to prevent HIV. The most common brand of oral PrEP is Truvada, which is a combination of two ARVs called tenofovir and either emtricitabine or lamivudine. There are also generic versions of oral PrEP. This means that the drug is made by a different company and has a different brand name, but the ingredients are the same, and it works just as well! Oral cabotegravir — a different ARV — or other formulations of oral PrEP may also be available in some countries. (Refer to your country's national guidelines on other regimens approved for oral PrEP.)

Who is oral PrEP for?

Oral PrEP has been approved in many countries for all people, regardless of their gender identity or sex assigned at birth. It is also approved for young people who weigh 35kg or more — about the weight of an average 11-year-old — in many countries.

Everyone has the right to make an informed decision about which HIV prevention method they choose. Various factors may influence someone's choice; for example, someone may not be able to use a vaginally inserted product or they may fear having injections. Oral PrEP is just one option that can help people take control of their lives and prevent HIV.

Oral PrEP provides HIV prevention during condomless vaginal and anal sex and for people who inject drugs because it is systemic, which means it is carried throughout the body. For this reason, oral PrEP is a good option for anyone who faces challenges using condoms during vaginal or anal sex.

How does oral PrEP work?

Oral PrEP prevents HIV from entering human cells and multiplying itself. If the virus cannot multiply, it simply dies within the body. People assigned female at birth and people who want to prevent HIV during injection drug use will be protected after they have been taking oral PrEP for seven days. It is not known how many days of oral PrEP use are needed to prevent HIV for pregnant and breastfeeding people, because this has not been studied yet. However, most guidance says that at least seven days are needed for people assigned female at birth. Because oral PrEP drug levels tend to be lower in pregnant people, it is very important for them to take PrEP every day without missing doses. People assigned male at birth are protected from HIV after taking oral PrEP for two days. For intersex people, the number of days they should take oral PrEP for effective HIV prevention depends on hormone levels and anatomy. It is important for anyone who begins taking oral PrEP to speak to their health care provider about how long

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they need to take the medication before it reaches maximum effectiveness. As with other PrEP methods, it is best to use condoms alongside oral PrEP to prevent unwanted pregnancy and sexually transmitted infections (STIs) other than HIV.

How effective is oral PrEP?

When taken as directed, oral PrEP reduces the chances of getting HIV during sex by 90 percent or more, and by about 75 percent during injection drug use. For maximum HIV prevention, it is important to use oral PrEP in combination with condoms and water-based lubricant whenever possible.

Does oral PrEP lead to HIV drug resistance?

PrEP is very effective at preventing HIV in people who are using it as directed. It is not possible for someone who is HIV negative to get HIV drug resistance. Even when people have drug-resistant HIV, it is still possible for them to be treated effectively.

For people who do get HIV while using a PrEP method, the chances that the HIV will become drug resistant varies by PrEP method. The chances of getting HIV drug resistance while using oral PrEP are highest for people who start oral PrEP after they already have HIV, so it is very important to test for HIV before starting oral PrEP and keep testing regularly while taking it. For more information on HIV drug resistance, refer to the **PrEP Methods and Combination Prevention Essential Knowledge**.

Does oral PrEP protect against other sexually transmitted infections?

Oral PrEP does not protect against other STIs, which is why condoms with a water-based lubricant should be used in combination with oral PrEP.

Does oral PrEP prevent pregnancy?

Oral PrEP does not prevent pregnancy. Oral PrEP users assigned female at birth should consider using modern contraception if they do not wish to get pregnant.

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

Because oral PrEP is systemic, meaning the ARVs are present throughout the whole body, oral PrEP does prevent HIV during anal and oral sex. To prevent other STIs, condoms or dental dams can be used.

Does oral PrEP prevent HIV during injection drug use?

Yes! Oral PrEP is the only PrEP method proven to prevent HIV during injection drug use.

Getting Oral PrEP

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

To get oral PrEP, an individual will need to test negative for HIV, not have signs of acute HIV infection, and not have had possible exposure to HIV within the last 72 hours (when they would benefit more from a 28-day course of post-exposure prophylaxis, or PEP, before transitioning to oral PrEP — see **PrEP Methods and Combination Prevention Essential Knowledge** for more information on PEP). Some people may need to get tested for kidney function to make sure it is safe to start oral PrEP. Oral PrEP users may be

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able to receive three months' worth of oral PrEP at a time and see their health care providers quarterly for HIV tests or do self-testing, or they may need to visit their providers more frequently, depending on local guidelines. Remember to check your most up-to-date local guidelines!

Taking and staying on Oral PrEP

Taking oral PrEP

How is oral PrEP taken?

Depending on local guidelines, the sex a person is assigned at birth, and whether they are taking gender-affirming hormones, oral PrEP may be taken in two ways.

For people assigned female at birth — especially people who are pregnant or breastfeeding — and for people assigned male at birth who are using gender-affirming hormones, oral PrEP must be taken daily to prevent HIV. Oral PrEP also must be taken daily to prevent HIV transmission during injection drug use regardless of the sex assigned at birth.

For people assigned male at birth who are not using gender-affirming hormones, the World Health Organization has recommended event-driven PrEP (or 'ED-PrEP') as an option for HIV prevention during sex.

Before training, check your national guidelines to see if they include ED-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.

In countries that have not approved ED-PrEP, oral PrEP must be taken daily by all users to prevent HIV.

Daily oral PrEP

Oral PrEP can be taken with or without food. For people using daily oral PrEP, taking the pill at the same time each day can make remembering to take it easier.

To remain effective for people assigned female at birth, people assigned male at birth who are taking gender-affirming hormones, or people who are using PrEP to prevent HIV during injection drug use, oral PrEP has to be taken every day for as long as they need an HIV prevention method. If it is not taken daily, or if a person misses doses, the ARV levels of the person taking it will not be high enough to prevent HIV. It is important to emphasise this point, as studies show that many people struggle with daily use of oral PrEP.

ED-PrEP

ED-PrEP is an option to prevent HIV during sex for people assigned male at birth who are not using gender-affirming hormones. It may be more convenient for some people than a daily regimen, have infrequent sex (usually fewer than two times per week), and are able to plan for sex at least two hours in advance or are able to delay sex for at least two hours. The side effects of ED-PrEP are similar to the side effects of daily oral PrEP. People assigned male at birth who may be eligible for ED-PrEP include cisgender men, transgender women who are not using gender-affirming hormones, and nonbinary people assigned male at birth who are not using gender-affirming hormones. It is important to remember that ED-PrEP is not an effective option for people assigned female at birth, including cisgender adolescent girls and young women and pregnant and breastfeeding people. This is because it takes multiple days of consistent oral PrEP use to build up enough medication in the vagina to prevent HIV. Because gender-affirming hormones used to make a person more feminine lowers the concentration of oral PrEP medications in the body, ED-PrEP is also not appropriate for people who use them. ED-PrEP has not been studied for HIV prevention during injection drug use and is not recommended for people who inject drugs.

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The first dose of ED-PrEP is two pills 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 the ED-PrEP user has sex again in the next few days, they should take one pill each day while the sex continues. After the last time they have sex, they should take a single pill each day for two days. The dosing schedule for ED-PrEP means that enough of the medicine builds up in the body to prevent HIV within 24 hours, as long as the user remembers to take all their doses .

For people assigned male at birth who are not taking gender-affirming hormones, the choice between daily and ED-PrEP depends primarily on how often the user expects to have sex. If they usually have sex two or more days a week, or if they cannot predict the timing of sex, daily oral PrEP is recommended. ED-PrEP can be easier than daily oral PrEP for some people assigned male at birth 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, ED-PrEP can be more challenging to take correctly compared to daily PrEP because it means tracking the timing closely and planning ahead for sex. However, an ED-PrEP user can switch to daily oral PrEP if they need to based on how often they have sex. There is no evidence that ED-PrEP use works in other populations, so anyone who does is not eligible for ED-PrEP must take oral PrEP daily for it to be effective.

WHO CAN CONSIDER TAKING ED-PrEP?

People assigned male at birth who:

1. Are not taking gender-affirming hormones
2. Have sex infrequently (one day per week or less on average)
3. Can predict when sex will happen (at least two hours in advance) or can delay sex for at least two hours
4. Do not need HIV prevention during injection drug use

WHO SHOULD NOT TAKE ED-PrEP?

1. People assigned male at birth who are taking gender affirming hormones
2. Cisgender women or other people assigned female at birth
3. People who are not able to predict or delay sex
4. People who want to prevent HIV during injection drug use

If ED-PrEP has been approved in your country, people assigned male at birth who are interested in event-driven PrEP should talk with a health care provider to see if it may be a good fit for them. A health care provider will also make sure a person who wants to use ED-PrEP gets the right tests, such as HIV testing, beforehand.

Are there any side effects?

Taking oral PrEP is similar to taking any other medication. Some people experience side effects, but for most people, side effects 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 such as stomach pain or diarrhoea

These side effects usually lessen with time or after the person changes the time of day when they take the pill. It is important for Ambassadors to recommend that anyone who is experiencing side effects talk

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to a health care provider about how to manage them. 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 to those dealing with 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. Health care providers will monitor oral PrEP users who may be at risk of these side effects. If oral PrEP is affecting a person's kidneys or liver, their health care provider will work with them to monitor their health. In most cases, the problem will resolve over time.

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

Oral PrEP does not interact with contraceptives or other medications, including those recommended during pregnancy, drugs, or alcohol. Oral PrEP also does not influence the effectiveness of gender-affirming hormones. However, oral PrEP users should be reminded that alcohol and drug use could affect their ability to take oral PrEP as directed or attend health care appointments. In addition, decision-making around preventing other STIs and unwanted pregnancy may be impaired while using alcohol or recreational drugs.

Does oral PrEP impact fertility?

Oral PrEP has no impact on hormones or fertility. It is important to highlight that oral PrEP does not affect one's ability to become pregnant or impregnate someone else.

Are there any health concerns about using oral PrEP?

No major health concerns are related to using oral PrEP, including over the long term. Health care providers may provide additional sexual and reproductive health services to oral PrEP users, but studies and real-world experiences show that oral PrEP is very safe for most users.

Can contraception be used with oral PrEP?

Oral PrEP and any form of contraception can be used at the same time. Oral PrEP does not prevent pregnancy, so it is important for people who do not want to become pregnant to use modern contraception while on oral PrEP.

What about using it during pregnancy and breastfeeding?

The chance of getting HIV during pregnancy and the six months after delivery are higher than at other times in people's lives, so effective HIV prevention is very important during these times. HIV infections that happen during pregnancy or breastfeeding have a higher chance of passing to a baby compared to HIV infections that happen before pregnancy. For most people who live in places where HIV is common, there are more known benefits than risks of using an HIV prevention method during pregnancy and the postnatal period. Oral PrEP is approved for use during pregnancy and breastfeeding in most countries, and international guidance supports the use of oral PrEP during pregnancy and breastfeeding. It is a safe and effective HIV prevention method for people who are or want to become pregnant, including those who have a partner who is living with HIV. Oral PrEP does not affect the pregnancy or the infant, or the amount or quality of breast milk, or a baby who is breastfeeding. All pregnant people living in countries where HIV is common should get tested for HIV at the first antenatal visit and again during the last trimester (last three months) of pregnancy, even if they have used oral PrEP during pregnancy.

How is oral PrEP stored?

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

What are the barriers to oral PrEP use?

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

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- Fearing that people will think they are living with HIV or discriminate against them if they find out they are using oral PrEP. People may worry that they will be stigmatised in the community or by their families and/or sexual partners.
- Younger oral PrEP users may fear that if their parents find out they are on oral PrEP, it will reveal they are sexually active
- Feeling the need to hide oral PrEP from family members and/or partners, 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
- For people using daily oral PrEP, getting tired of taking it every day or forgetting to take the pills daily
- Underestimating the chances of getting HIV; research shows that people who think they need HIV prevention are more likely to adhere to oral PrEP
- Fear of accessing services and being identified as a member of a stigmatised group
- Even though oral PrEP is safe to use while pregnant and breastfeeding, people may have concerns about oral PrEP use during this time
- Low awareness of and support for oral PrEP in the community, from parents, partners, some health care providers, or clients, and among peers and other community members
- A poor understanding of how oral PrEP works
- Barriers to using related health services, such as repeat HIV testing and returning for oral PrEP refills
- A lack of support for daily use and managing side effects
- Changes in routine, such as being away from home

How can Ambassadors support their peers and other people to use oral PrEP as prescribed?

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

- For daily oral PrEP users:
  - Taking the pill at the same time every day
  - Incorporating the pill into their daily activities, such as making it part of their morning routine or taking it when a favourite TV show comes on
  - People sometimes forget or skip a pill. If a person misses 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 a daily oral PrEP user is not sure whether they took their pill on a certain day, it is okay to take another pill. If a person takes oral PrEP daily, they will still have high levels of protection if they occasionally miss a pill. If someone usually misses more than one pill per week, they should think about other ways to help them take oral PrEP every day or consider using a long-acting PrEP method such as the PrEP ring or injectable long-acting cabotegravir (CAB PrEP).
  - Setting a phone alarm(s) for when pills should be taken
  - Helping peers who have stopped using oral PrEP feel supported to choose a different PrEP method, restart oral PrEP, or make a new HIV prevention plan as needed
  - Encouraging trusted partners, family members, or friends to remind them
  - Using daily pill boxes

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- Keeping pills in a place that is easy to find
- Trying not to run out of oral PrEP completely by keeping a backup supply
- Keeping their appointments with health care providers
- Practicing different ways of taking the pill to make it easier to swallow, such as placing the pill on their tongue, taking a sip of water, and bending their head backwards before swallowing. If someone is still unable to swallow the pill, it is better to cut it in half and take both halves at the same time, rather than not take it at all. The pill should not be crushed.

Staying on oral PrEP

Oral PrEP can be used during times in a person's life when they may be exposed to HIV, and it can be stopped when their circumstances change. It is not a lifelong medication.

If an oral PrEP user no longer feels they need an HIV prevention method or wants to stop using oral PrEP for other reasons, they should speak to a health care provider.

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

While people 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 to plan for and manage any side effects they may experience
- Helping them find an oral PrEP buddy (someone who reminds them to take the pill and offers moral support)
- Referring them to support groups for oral PrEP users, available through social media, virtual chat groups, and in person, where safe to do so
- Suggesting they get oral PrEP refills through outreach services
- Recognising milestones (for example, giving them the title 'Oral PrEP Guru' after they take the pill daily for three months)
- Encouraging them to return to their provider to restart oral PrEP if they have stopped using it and are still in need of an HIV prevention method
- Speaking up against rumours they might hear about oral PrEP in their communities

How long can oral PrEP be used?

Ambassadors can support their peers to continue using daily or ED oral PrEP as long as they need HIV prevention and oral PrEP is their chosen method. There is no problem with using oral PrEP as an HIV prevention method over the long term.

What if someone wants to stop using oral PrEP?

People should be empowered to use HIV prevention methods during times when they need an HIV prevention method. PrEP methods do not have to be used for someone's whole life! An oral PrEP user can stop taking oral PrEP when they want to stop using it. Once a person stops taking oral PrEP, they should consider switching to another available PrEP method or use an alternate plan to prevent HIV if they may still be exposed. Some guidelines recommend that people continue to take oral PrEP for seven days after their last possible exposure to HIV for people assigned female at birth or who are using gender affirming hormones, or two days for people assigned male at birth. You should check the national guidelines so that you can provide the most up-to-date information.

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What about stopping oral PrEP and switching to another PrEP method?

An Ambassador can help a peer switch to another PrEP method by making sure they see a health care provider to get the right testing for and access to the new method before they stop using oral PrEP. That way, they can begin using the new method early enough to have prevention in place as soon as they stop taking oral PrEP. It is important to be aware of how long it takes to be protected after starting a new method, so extra precautions should be taken during this time, such as using condoms (with a water-based lubricant when possible).

Can oral PrEP and other PrEP methods be used at the same time?

The safety and effectiveness of the use of oral PrEP and other PrEP methods at the same time have not yet been studied. Based on what is known about oral PrEP, the ring, and LEN PrEP, safety concerns about using more than one of these methods at the same time are unlikely. However, some guidelines say CAB PrEP should not be used along with any other ARVs unless someone is pausing or stopping CAB PrEP use. Overall, more information is needed about whether using more than one product at the same time — outside of when people are switching methods — is safe, and it is unlikely that using more than one product provides more protection from HIV. **It is best for everyone to choose one PrEP method that works best for them, so that they can use it correctly and consistently.**

Get the Facts about Oral PrEP

There are many myths about PrEP methods in general and oral PrEP specifically. It is important for Ambassadors to know the facts about oral PrEP so they can address myths in their work. Below are the key facts specific to using oral PrEP. Key facts about PrEP methods in general can be found in the **Talking About PrEP Methods Essential Knowledge**.

Oral PrEP — Get the Facts!

KEY FACTS	GET THE DETAILS
Oral PrEP prevents HIV no matter how you are exposed.	Oral PrEP targets HIV. It is effective no matter how the virus is transmitted, including through vaginal, anal, and oral sex or needle sharing.
Oral PrEP use does not lead to HIV drug resistance.	It is not possible for someone who is HIV negative to get HIV drug resistance. The chance of developing HIV drug resistance with the use of oral PrEP is highest for people who start oral PrEP after they already have HIV, so it is very important to have an HIV test before starting oral PrEP and keep testing regularly while taking it.
Oral PrEP has mild or moderate 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 side effects will usually go away in a few weeks.
Oral PrEP is a good option for people who want to prevent HIV during pregnancy or while breastfeeding	Oral PrEP is safe to use during pregnancy, breastfeeding, and when trying to get pregnant. Many countries have approved and recommend it for use during pregnancy and breastfeeding.

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KEY FACTS	GET THE DETAILS
Oral PrEP does not affect fertility.	It has been proven that oral PrEP has no effect on fertility (a person's ability to get pregnant or impregnate someone else).
Oral PrEP does not affect 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 is a good option for HIV-negative people in a serodifferent relationship.	In a serodifferent relationship, the HIV-negative partner can use oral PrEP to prevent HIV while their partner(s) achieves viral suppression, if they are unsure whether their partner(s) is virally suppressed, or simply because they choose the added prevention.
Daily oral PrEP is the best HIV prevention option for people who inject drugs.	Daily oral PrEP is the only PrEP method that has been proven to prevent HIV transmission during injection drug use. It is the best option for HIV prevention for people who inject drugs.
Oral PrEP does not influence the effectiveness of contraception.	Oral PrEP has no effect on any method of contraception.
Oral PrEP can be used with other HIV prevention methods, such as 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 (with water-based lubricants when possible) strengthens prevention.
It is best to swallow oral PrEP whole.	It is definitely not advisable to crush the tablet. It is also not advisable to break it in half, because the dosage may be compromised (i.e., some of the pill may be lost). Some health care providers say that if the pill cannot be swallowed (some people just cannot swallow a large pill), it is better to cut it in half and take both halves at the same time (without losing any of the pill) than not to take it at all. However, many pharmacists advise against this.
People should not share oral PrEP pills with others.	Oral PrEP should not be shared. 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 it.

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3 PrEP Ring Essential Knowledge

PrEP ring basics

What is the PrEP ring?

The dapivirine vaginal ring (we refer to it as 'the ring' or 'the PrEP ring') is a method of pre-exposure prophylaxis (PrEP) that is inserted into the vagina to prevent HIV during receptive vaginal sex. The PrEP ring is made from flexible silicone that is easy to bend and contains an antiretroviral (ARV) drug called dapivirine that is slowly released in the vagina. The ring needs to be removed and replaced with a new ring every 28 days, or about once a month.

Who is the PrEP ring for?

The PrEP ring is an HIV prevention option for people who want to prevent HIV during receptive vaginal sex. It was recommended by the World Health Organization in early 2021 for women who are unable or unwilling to use oral PrEP in combination with other safer sexual practices. It can be offered as an additional choice for people assigned female at birth, including nonbinary and trans masculine people and cisgender adolescent girls and young women, as part of combination HIV prevention. Although there is limited evidence about gender-affirming hormone use and the PrEP ring, it is unlikely that these hormones impact the ability to use the ring. Health care providers can help intersex people understand if the ring is an option for them based on their anatomy. The PrEP ring has not been studied among people with neovaginas, so it is not recommended for people who have had a surgical procedure to create or enlarge the vagina, such as trans women. The PrEP ring has been studied during pregnancy and breastfeeding, and no safety concerns have been identified.

The PrEP ring has been approved for use in some countries and is still under review in others. The PrEP ring, like other medicines and HIV prevention products, must be approved by national authorities before it can be rolled out. The ring has been recommended by some regulatory bodies for adolescent girls aged 16 and older, and some countries have approved its use by people younger than 18. In the remainder of this document, any references to adolescent ring use would apply only to countries that have approved the ring for people under age 18. Each country will develop its own detailed guidelines on PrEP ring use, so it is especially important that you review your latest national guidelines before facilitating this session.

Everyone has the right to make an informed decision about which HIV prevention method they choose. Various factors may influence someone's choice; for example, someone may face challenges taking a pill

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every day or fear having injections. The ring is just one option that can help people take control of their lives and prevent HIV.

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

How does the PrEP ring work?

The PrEP ring slowly releases an ARV called dapivirine into the vagina. Because of this, very little dapivirine is absorbed into the rest of the body.

Dapivirine works by preventing HIV from making copies of itself inside the body. If the virus cannot multiply, there will not be enough of the virus for you to get HIV. When the ring is in the vagina, it releases enough dapivirine to block HIV from multiplying. It takes about 24 hours for the ring to reach maximum effectiveness. It is important to use alternative methods of HIV prevention during this time. Dapivirine does not stay in the vagina for very long if the ring is removed, which is why it is important to keep the ring in place continuously all month. If a ring is removed and not replaced, other methods should be used to prevent HIV. The ring cannot prevent HIV if it is not in place! And, as with other PrEP methods, it is best to use condoms with the ring to prevent pregnancy and STIs other than HIV.

How effective is the PrEP ring?

The PrEP ring can reduce the chances of getting HIV during vaginal sex by about 50 percent. Studies suggest it can be even more than 50 percent effective if used throughout the month without being removed. The ring will be most effective when it is kept in place continuously, and then immediately replaced with a new ring each month. It does not need to be removed for cleaning or during menses.

Does the PrEP ring lead to HIV drug resistance?

PrEP is very effective at preventing HIV in people who are using it as directed. It is not possible for someone who is HIV negative to get HIV drug resistance. Even when people have drug-resistant HIV, it is still possible for them to be treated effectively.

For people who do get HIV while using a PrEP method, the chances that the HIV will become drug resistant varies by PrEP method. During PrEP ring use, most of the dapivirine stays within the vagina. This means it is very unlikely the ring will cause HIV drug resistance. Among participants who got HIV during long-term studies of the PrEP ring, HIV drug resistance related to the medications found in the ring was similar between participants using the PrEP ring and a placebo. It is likely that this drug resistance arose in the community, not from ring use. For more information on HIV drug resistance, refer to the **PrEP Methods and Combination Prevention Essential Knowledge**.

Does the PrEP ring protect against other sexually transmitted infections and pregnancy?

No. Like other PrEP methods, the PrEP ring provides protection only against HIV, and not pregnancy or sexually transmitted infections (STIs). Therefore, modern contraception and condoms (with water-based lubricant, if possible) should be used to prevent unintended pregnancy and STIs.

Does the PrEP ring prevent HIV during anal sex? What about oral sex?

The PrEP ring does not prevent HIV during anal or oral sex. It is designed specifically for vaginal intercourse and should never be inserted rectally or into the mouth. A condom (with water-based

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lubricant, if possible), oral PrEP, or injectable PrEP must be used for HIV prevention when having anal sex. It is very unlikely that HIV can be transmitted during oral sex, especially when one is performing oral sex on a person who has a vagina. A dental dam can be placed between the mouth and the vagina to prevent STIs.

Does the PrEP ring prevent HIV during injection drug use?

No. Because the PrEP ring only releases dapivirine into the vagina, it does not prevent HIV during injection drug use.

Getting the PrEP ring

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

Each country that approves the PrEP ring will develop its own clinical guidelines. It is likely that these guidelines will require a negative HIV test and confirmation that the new user does not have signs of acute HIV infection or a potential exposure to HIV within the last 72 hours (who would then benefit more from a 28-day course of post-exposure prophylaxis, or PEP, instead before transitioning to a PrEP method — see **PrEP Methods and Combination Prevention Essential Knowledge** for more information on PEP). It may be possible to receive up to three months' worth of rings at a time and have HIV tests quarterly. Negative HIV tests will be needed to continue using the ring. Similarly, some countries may also require regular pregnancy testing. Remember to check your most up-to-date local guidelines!

Using and staying on the PrEP ring

Using the PrEP ring

How is the PrEP ring used?

The PrEP ring is one size fits all. After receiving an explanation or demonstration, PrEP ring users usually find it easy to insert and remove the ring themselves with their fingers. Or, if a ring user wants help, their health care provider can insert the ring for them, check its placement inside the vagina, and teach them how to insert it on their own. The ring sits snugly in the vagina, just below the cervix. Like a tampon, the ring cannot move past the cervix or get 'lost', and it does not dissolve or change size in the body. The PrEP ring may stain yellowish or brownish when it comes into contact with natural body fluids, but this has no effect on the ring's effectiveness or the health of the vagina. The ring is able to stay in place because its shape is firm enough to 'hug' the sides of the vagina and not slip out.

Ambassadors should be familiar with how to insert and remove the PrEP ring so they can answer questions and guide their peers who are thinking about using it. The rings come packaged in a box either individually or as a set of three, depending on how many can be supplied at one time. Each individual ring will be in a sealed, foil pouch that must be carefully torn or cut open (similar to a condom wrapper).

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HOW TO INSERT AND REMOVE THE PrEP RING

Steps to insert the PrEP ring:

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

Steps to remove the PrEP ring:

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

Refer to the **PrEP Ring Insertion and Removal** tool for a diagram of where the PrEP ring sits in the body and a visual guide on inserting and removing the ring. You can also see a video of PrEP ring insertion and removal here: https://vimeo.com/707699170.

Are there any side effects?

Using the PrEP ring is like using any other medication. Some people will have side effects, which are usually minor to moderate and can be treated without the need for ring removal. Although they are uncommon, possible side effects from the ring include urinary tract infections, discomfort in the vagina and/or area outside the vagina (vulva), vaginal discharge, changes in vaginal wetness or odour, itching, or pain in the lower part of the belly. No safety concerns were seen with long-term use of the PrEP ring. If someone experiences vaginal changes while using the ring, they should visit their health care provider to make sure that they do not need treatment.

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

Only small amounts of dapivirine are released from the PrEP ring. Because dapivirine mostly remains in the vagina, there are no known interactions between dapivirine and contraceptive hormones, alcohol, or recreational drugs. Ring users should be reminded that alcohol and drug use could affect their ability to attend necessary health appointments or use the PrEP ring as directed. In addition, decision-making around preventing other STIs and unwanted pregnancy may be impaired while using alcohol or recreational drugs.

Does the PrEP impact a person's fertility?

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

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Are there any health concerns about using the PrEP ring?

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

Can contraception be used with the PrEP ring?

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

However, the PrEP ring should NOT be used with other vaginal rings such as the contraceptives NuvaRing® or Annovera.

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

What about wearing it during pregnancy or while breastfeeding?

The chance of getting HIV during pregnancy and the six months after delivery (also known as the postnatal period) is higher compared to other times in people's lives, so effective HIV prevention is very important during these times. Getting HIV during these times also increases the chances of passing HIV to a baby (also known as perinatal transmission). For most people who live in places where HIV is common, there are more known benefits than risks of using an HIV prevention method during pregnancy and the postnatal period. Studies about use of the PrEP ring during pregnancy have shown no safety concerns for people who are pregnant or their babies. Studies of PrEP ring use during breastfeeding showed no safety concerns for breastfeeding people and their babies.

A normal pregnancy typically grows in the uterus (womb), which is separate from the vagina where the ring is worn. The ring PrEP cannot enter the uterus and does not come into contact with the foetus. It is recommended that people wait until 6 weeks after delivery to resume having vaginal sex, and it is also recommended to wait for this period of time before reinserting the PrEP ring.

If a ring user is thinking of becoming pregnant, they should speak to their health care provider about the best options for them during pregnancy and breastfeeding. All pregnant people living in countries where HIV is common should get tested for HIV at the first antenatal visit and again during the last trimester (last three months) of pregnancy, including those who have used PrEP ring during pregnancy.

How is the PrEP ring stored?

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

Remember, the PrEP ring should always be kept inserted for maximum HIV prevention.

Will male or insertive partners be able to feel the PrEP ring during sex? Is it safe for male or insertive partners?

The PrEP ring does not harm the insertive partner or have any effect on the penis. However, it does not provide HIV prevention for the insertive partner.

Most people do not feel the PrEP ring during sex, and the ring can be worn during vigorous sex. Studies of male partners of ring users showed that those who reported feeling the ring during sex mostly

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

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

Ambassadors can help their peers disclose PrEP ring use to their partners (if they choose to do so) by giving them complete and correct information about the ring and how it works. See the **Healthy Relationships and Supportive Partners** session for more information about partner dynamics and working with partners.

Can sex toys be used when using the PrEP ring?

Yes, the PrEP ring can be used with sex toys. If you are using sex toys during foreplay for receptive vaginal sex, it is important to make sure the ring is still in place after using the sex toy. Condoms and water-based lubricant can be used to reduce the chances of getting other STIs when using sex toys. Always clean sex toys with gentle soap after use.

Can condoms be used when using the PrEP ring?

Yes, the PrEP ring can be used with external or internal condoms. Using condoms and water-based lubricant as much as possible, in combination with the PrEP ring, is recommended to maximise HIV prevention.

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

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

What about wearing it during menses?

The PrEP ring will have no impact on the timing, frequency, or volume of blood during menses; it does not block menstrual flow. It is okay to use the ring and tampons at the same time as well. Menstrual bleeding may change the colour of the PrEP ring, but this is okay and will not change the ring's ability to prevent HIV. Ambassadors should remind their peers that contraceptive methods can affect the timing and flow of menses and encourage them to contact their health care providers if they have any concerns.

Are there other ways to use the PrEP ring?

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

What happens if the PrEP ring comes out accidentally?

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

If this happens in a clean environment (such as in bed or in the ring user's underwear) and the PrEP ring does not touch anything dirty (for example, the toilet, dirty ground), then the ring can be rinsed with

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clean water and immediately reinserted. If it touches something dirty, or if the user is not sure it is clean, then they should discard it and reinsert a new ring.

How is the PrEP ring disposed of when finished?

Used rings should be placed in the foil wrapper (either its original or the empty one from the new ring), tissue, or toilet paper and disposed of in a trash/rubbish bin that is kept away from children and animals. Rings SHOULD NOT be thrown in a flushing toilet or burned. Hands should be washed after handling the used ring. It is important for ring users to get a new ring before the end of the month, to make sure that it can be replaced right away and that a PrEP ring is in place at all times.

What are the barriers to consistent use?

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

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

- Discomfort with inserting the ring into the vagina, concern about inserting it correctly, or anxiety about the ring coming out
- Trouble inserting the ring into the vagina on one's own — for example, people with longer fingernail styles or who have limited mobility
- Discomfort from side effects, such as urinary tract infections, discomfort in the vagina, vaginal itchiness, or pelvic pain, and lack of support to manage these side effects
- Concerns about hygiene when wearing the ring during menses or having it inserted without cleaning it for a month
- Sex workers may worry that clients could feel the PrEP ring during sex and have a negative reaction
- Underestimating the likelihood of acquiring HIV; research shows that people who think they need an HIV prevention method are more likely to consistently use their chosen method
- Concerns about or beliefs that male partners may not support them using HIV prevention methods or that male partners might think the ring would interfere with sex
- Concern about others finding out they are using the PrEP ring and judging them for having sex
- Fear of accessing services and being identified as a member of a stigmatised group
- Even though research shows no safety concerns about using the PrEP ring during pregnancy or breastfeeding, people may have questions or fears about using the ring during this time
- Low awareness of and support for the PrEP ring in the community, from parents or partners, some health care providers, clients, or among peers or other community members
- Low understanding of how the PrEP ring works
- Barriers to regular visits to a health facility to obtain ring refills

How can Ambassadors support their peers and other people to use the PrEP ring consistently?

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

- Using models or animations to demonstrate how to insert the ring correctly and to remove and reinsert it if the ring's position in the vagina is causing discomfort
- Reinforcing that the PrEP ring can be worn comfortably without disrupting daily activities and should not be removed during sex, menses, or any other activities
- Helping peers with ways to remember to replace the ring each month, which could be reminders on

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their phones, in their diaries, or in notes in places where they look each day, such as a mirror

- Helping peers access information on available HIV prevention options, choose the method that works best for them, or change their method or personal HIV prevention plan if needed
- Providing information to key stakeholders, community influencers, and partners; helping to sensitise people about the PrEP ring
- Helping peers who have stopped using the PrEP ring feel supported to choose a different PrEP method, restart the PrEP ring, or make a new HIV prevention plan as needed
- Encouraging peers to keep appointments with health care providers
- Correcting myths and incorrect information about the PrEP ring among their peers and in their communities

Staying on the PrEP ring

The PrEP ring can be used during times in people's lives when they need an HIV prevention method, and it can be stopped if their circumstances change or if they would like to try another prevention method. PrEP ring use is not a lifelong commitment.

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

How can Ambassadors support their peers and other people to stay on the PrEP ring?

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

- Texting with them to answer questions and address concerns
- Checking in with them regularly to see how they are doing and what challenges they are experiencing
- Supporting them through any side effects they are experiencing
- Helping them find a ring buddy (someone who reminds them to replace it every month and offers moral support)
- Creating or referring them to support groups for PrEP ring users, including in-person and virtual groups using social media, where safe to do so
- Suggesting they get ring refills through outreach services, if the PrEP ring is approved as part of outreach services in their country
- Encouraging them to get a three-month supply if they have a secure place to store the rings and their provider can offer it this way, to reduce trips for refills
- Recognising milestones (for example, giving them the title 'Ring Royalty' after they use the ring for three months)
- Reassuring their peers that there are no safety concerns about long-term use of the PrEP ring and linking them to health providers if they have more questions
- Encouraging them to return to their provider to restart the PrEP ring if they have stopped using it but are still interested in using it as their HIV prevention method

How long can the PrEP ring be used for?

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

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Ambassadors can support their peers to continue using the PrEP ring over time for as long as they need HIV prevention and the ring is their chosen method. There is no problem with long-term use of the PrEP ring as an HIV prevention method.

What if someone wants to stop using the PrEP ring?

People should be empowered to use HIV prevention methods during times when they need an HIV prevention method; PrEP methods do not have to be used for someone's whole life! A person can remove the PrEP ring themselves when they want to stop using it. After a person removes a PrEP ring, they should use an alternate method to prevent HIV if they may still be exposed. Ambassadors can help their peers who want to stop using the ring by giving them information and linking them to a health care provider, if needed.

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

It is okay to stop using the PrEP ring and switch to another method of HIV prevention. For example, someone may decide they want to use an HIV prevention method with a higher proven efficacy, or one that provides systemic HIV prevention. An Ambassador can help a peer switch to another PrEP method by making sure the peer sees a health care provider to get the right testing for and access to that method before they stop using the PrEP ring. This is important so they can begin using the new method early enough to have prevention in place as soon as the ring is removed. It is also important to be aware of how long it takes to be protected after starting a new method; extra precautions should be taken during this time, such as using condoms (with lubricant when possible). For example, oral PrEP needs to be taken for seven days before it is effective for people assigned female at birth, and CAB PrEP begins preventing HIV about one week after the first injection.

Can the PrEP ring and other PrEP methods be used at the same time?

The safety and effectiveness of using the PrEP ring and other PrEP methods at the same time have not yet been studied. Based on what is known about the ring, oral PrEP, and LEN PrEP, safety concerns about using more than one of these methods at the same time are unlikely. However, some guidelines say CAB PrEP should not be used along with any other ARVs unless someone is pausing or stopping CAB PrEP use. Overall, more information is needed about whether using more than one product at the same time — outside of when people are switching methods — is safe, and it is unlikely that using more than one product provides more protection from HIV. **It is best for everyone to choose one PrEP method that works best for them, so that they can use it correctly and consistently.**

Get the Facts about the PrEP Ring

There are many myths about PrEP methods in general and the PrEP ring specifically. It is important for Ambassadors to know the facts about the PrEP ring so that they can address myths in their work. Key facts about the PrEP ring are listed below. Key facts about PrEP methods in general can be found in the **Talking About PrEP Methods Essential Knowledge**.

PrEP Ring — Get the Facts!

KEY FACTS	GET THE DETAILS
The PrEP ring prevents HIV only during receptive vaginal sex.	The PrEP ring is effective against HIV transmission only during receptive vaginal sex because the medication is released into the vagina. The ring does not prevent HIV during anal sex or injection drug use or while giving oral sex.

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KEY FACTS	GET THE DETAILS
The PrEP ring does not lead to HIV drug resistance.	Because most of the medication from the PrEP ring stays in the vagina during use, it is unlikely that the ring increases resistance to HIV treatment medication. Remember, it is not possible for someone who is HIV negative to get HIV drug resistance.
The PrEP ring has mild or moderate side effects.	All medication can cause side effects in some people. With the PrEP ring, some people experience minor to moderate side effects. These side effects may include urinary tract infections, discomfort in the vagina or the area outside the vagina, vaginal discharge or changes in vaginal wetness or odour, increased itching, or pain in the lower part of the belly. Most people can treat and resolve side effects without having to remove the ring. However, anyone using an HIV prevention product should talk to their health care provider if they experience health changes.
The PrEP ring may be a good option for people who want to prevent HIV during pregnancy or while breastfeeding	Studies have shown no concerns about PrEP ring use during pregnancy, breastfeeding, and when trying to get pregnant. Some countries have approved it for use during pregnancy and breastfeeding.
The PrEP ring has no impact on fertility.	The PrEP ring has no effect on a person's ability to get pregnant.
The PrEP ring does not cause STIs.	The PrEP ring does not affect the likelihood of getting an STI. However, the ring does not protect against STIs other than HIV, so condoms should be worn with the ring to prevent STIs.
The PrEP ring does not cause cancer.	The PrEP ring does not cause any type of cancer and has been shown to be safe with long-term use.
The PrEP ring does not affect sex.	The PrEP ring should be kept in during sex. It does not change a person's libido (sex drive). Although it is possible for partners to feel the ring during sex, most users and their partners say that they could not feel it, and the ring did not affect their sexual pleasure. In fact, some people report that the PrEP ring increased sexual pleasure.
The PrEP ring does not reduce the effectiveness of contraception.	The PrEP ring has no effect on contraception and can be used with all modern contraceptive methods except for contraceptive vaginal rings such as Nuvaring or Annovera.
The PrEP ring does not interfere with other HIV prevention methods such as condoms and lubricants.	The PrEP ring has no impact on the effectiveness of external or internal condoms and lubricants. The ring complements other prevention efforts, but it does not protect against STIs or pregnancy, so using the PrEP ring with correct and consistent use of condoms (with water-based lubricants when possible) strengthens protection.

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KEY FACTS	GET THE DETAILS
The PrEP ring does not get lost in the vagina or stretch it out.	Like a tampon, the PrEP ring stays in the vagina and is blocked by the cervix from moving higher up in the body. The ring is flexible and hugs the sides of the vagina; it does not change the size or shape of the vagina.
The PrEP ring may be a good option for HIV-negative people in a serodifferent relationship.	In a serodifferent relationship, the HIV-negative partners can use the PrEP ring to prevent HIV during vaginal sex while their partners using antiretroviral therapy achieve viral suppression, if they are unsure whether their partners are virally suppressed, or simply because they choose the added prevention.
The PrEP ring does not prevent HIV during injection drug use.	Because the PrEP ring acts locally — meaning it prevents HIV only in the vagina — it is not effective for preventing HIV during injection drug use.
The PrEP ring does not need to be cleaned and can be left in place for the whole month.	The PrEP ring is designed to stay in the vagina for a whole month without needing to be removed to be cleaned, even after sex or during menstruation. When the ring is removed after one month, the user may see some stains, but this is normal! Staining can happen when natural body fluids come into contact with the PrEP ring, but they have no effect on the ring's effectiveness or the health of the vagina.
People should not share rings with others.	Rings should not be shared. Anyone who wants to use the PrEP ring must get tested for HIV and see a health care provider to make sure it is okay for them to use it.

Your Notes

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4 Injectable PrEP Essential Knowledge

Injectable PrEP

What is injectable PrEP?

Injectable pre-exposure prophylaxis (or injectable PrEP) is a long-acting PrEP method that is given as an injection. Because it does not require remembering to take a pill or keeping a vaginally inserted product in the body, injectable PrEP methods may be much easier for some people to use correctly and consistently. Injectable PrEP is also systemic, meaning it is distributed throughout the body and can prevent HIV during all types of exposures. These characteristics make injectable PrEP methods the most effective methods available. There are two forms of injectable PrEP: cabotegravir (or CAB PrEP) and lenacapavir (LEN PrEP). Although CAB PrEP and LEN PrEP have a lot in common, since they are both injectable, there are some important differences between the two methods. The Injectable PrEP Essential Knowledge highlights key facts about each method and describes how to support people to learn about and use injectable PrEP.

Remember, everyone has the right to make informed decisions about which HIV prevention method they choose based on their individual circumstances and preferences.

CAB PrEP basics

Who is CAB PrEP for?

CAB PrEP is an HIV prevention option for anyone who wants to prevent HIV during sex. CAB PrEP has been shown to be highly effective in cisgender and transgender women and cisgender men and was recommended by the World Health Organization in 2022 for 'people at substantial risk of HIV infection'. Although there was limited participation of nonbinary, trans-masculine, and intersex people in these large studies, it is likely that CAB PrEP is also an option for these groups. Two studies of CAB PrEP among people younger than 18 were completed in 2023, with results showing that CAB PrEP was safe and tolerable for cisgender adolescent girls. Results among other populations younger than 18 are pending as of late 2025. Additional research studies have shown no concerns about PrEP use during pregnancy and breastfeeding. Because CAB PrEP circulates throughout the whole body, it can prevent HIV during any kind of sex. For this same reason, it is likely to prevent HIV during injection drug use, although CAB PrEP has not yet been studied for this purpose.

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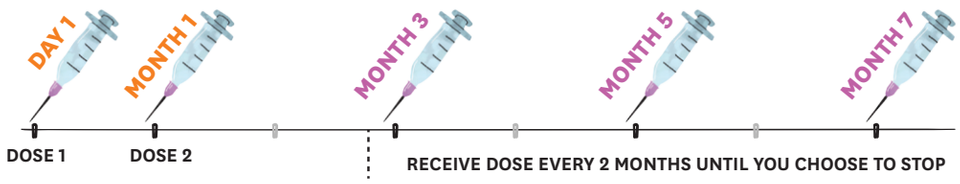
CAB PrEP has been approved for use in many countries. Like other medicines and HIV prevention products, CAB PrEP must be approved by national authorities before it can be rolled out.

It is expected that countries that approve CAB PrEP would approve it for people ages 18 and older who weigh at least 35kg. Some countries have also approved it for people younger than 18.

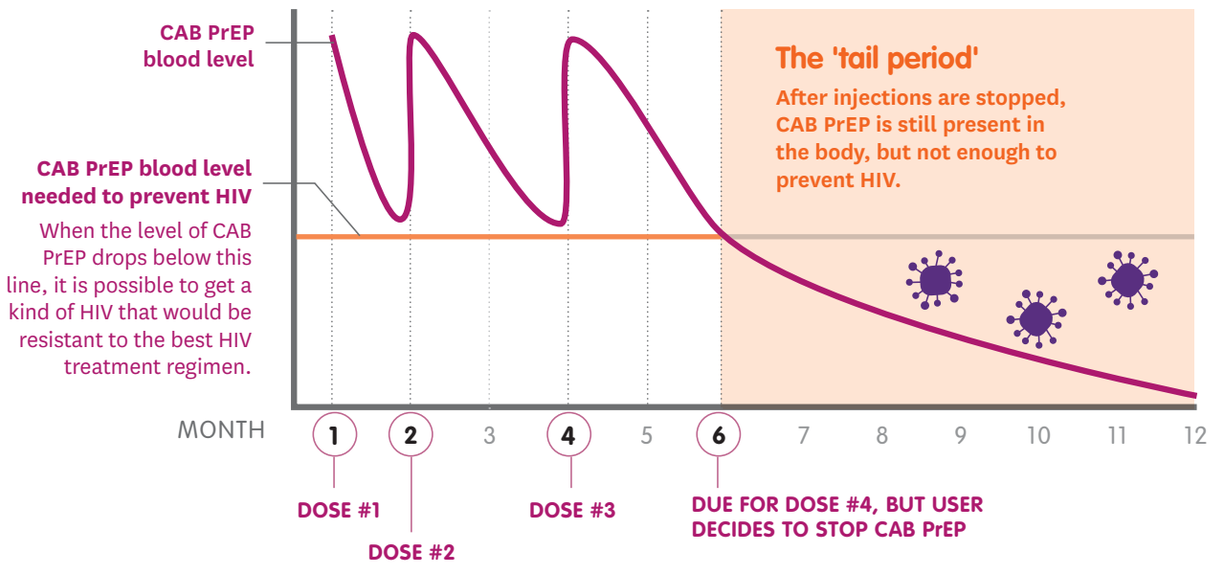
How does CAB PrEP work?

When CAB PrEP is injected into the buttocks, it begins to be slowly released from the muscle into the body. CAB PrEP then enters the bloodstream and prevents HIV from entering human cells and multiplying itself. If the virus cannot multiply, it simply dies within the body. CAB PrEP likely starts preventing HIV for most people within one week of their first injection, so alternative methods of HIV prevention should be used during that week. The first and second doses of CAB PrEP are given one month apart. After that, CAB PrEP doses are given every two months. As with other PrEP methods, it is best to use condoms alongside CAB PrEP to prevent unwanted pregnancy and sexually transmitted infections (STIs) other than HIV.



CAB PrEP and HIV drug resistance

Once CAB PrEP is injected into the buttocks, it cannot be removed from the body. The medicine may remain in the body for a year or more after injections are stopped, but not at high enough levels to prevent HIV. At these levels, if a person gets HIV, they may develop drug resistance, meaning that some medicines used to treat HIV may be less effective or not work at all. The period where HIV drug resistance is possible is known as the 'tail period'. As with any HIV prevention method, people who want to stop using CAB PrEP should continue to use another PrEP method or other HIV prevention strategy as long as they may be exposed to HIV to prevent HIV and the possibility of drug resistance. After the tail period, people who may still be exposed to HIV should still continue to use effective HIV prevention methods.



Adapted from Columbia University Irving Medical Center and the Bluprint Project

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PrEP is very effective at preventing HIV in people who are using it as directed. It is not possible for someone who is HIV negative to get HIV drug resistance. Even when people have drug-resistant HIV, it is still possible for them to be treated effectively.

How effective is CAB PrEP?

In clinical trials, CAB PrEP reduced the chances of getting HIV even more than oral PrEP. When used as directed, oral PrEP can reduce the chances of getting HIV by up to 90 percent. Because CAB PrEP was shown to be more effective than oral PrEP, it is one of the most effective HIV PrEP options currently available, with on-time injections.

A note on the large research studies of CAB PrEP

Because a highly effective form of HIV prevention, oral PrEP, already existed when CAB PrEP was in development, it would not have been ethical to conduct studies comparing CAB PrEP to a placebo. Instead, researchers compared CAB PrEP to oral PrEP, so that all research participants had access to an effective HIV prevention method during their time in the trial.

LEN PrEP basics

Who is LEN PrEP for?

LEN PrEP is another HIV prevention option for anyone who wants to prevent HIV during sex. Studies of LEN PrEP have shown that it is highly effective among people of all genders aged 16 and older. The World Health Organization recommended LEN PrEP as 'an additional choice alongside other HIV PrEP and prevention options' in 2025. Although LEN PrEP research included participants of diverse gender identities and young people, there was limited participation by people who inject drugs and people who were pregnant or breastfeeding. However, because LEN PrEP is systemic, meaning that it is carried throughout the body, it is likely to be effective for HIV prevention during injection drug use. Studies of LEN PrEP among people who inject drugs are ongoing, with results anticipated in 2027. In addition, evidence from the trials suggests that LEN PrEP is likely to be safe and effective for pregnant and breastfeeding people.

LEN PrEP has been approved for use in some countries and is still under review in others. LEN PrEP, like other medicines and HIV prevention products, must be approved by national authorities before it can be rolled out.

It is expected that countries that approve LEN PrEP would approve it for people who weigh at least 35kg. Because research has already been done among people as young as 16, countries may approve LEN PrEP for people aged 16 and older.

How does LEN PrEP work?

After LEN PrEP is injected into the abdomen or thighs, it begins to circulate throughout the body. LEN PrEP enters the bloodstream and, when it encounters HIV, it breaks down the virus' protective shell, and the virus dies. The first dose of LEN PrEP includes two injections into the abdomen or upper thigh and two lenacapavir pills, followed by two more lenacapavir pills on the second day. After that, a person only needs to get a dose of LEN PrEP, provided in two injections, every 6 months. For most people, LEN PrEP starts preventing HIV about two hours after the second round of pills, so alternative methods of HIV prevention should be used during the first two days. As with other PrEP methods, it is best to use condoms alongside LEN PrEP to prevent unwanted pregnancy and sexually transmitted infections (STIs) other than HIV.

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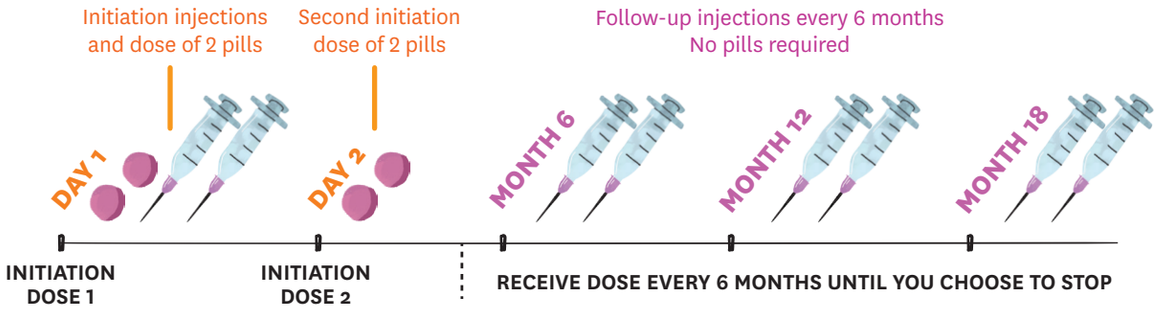
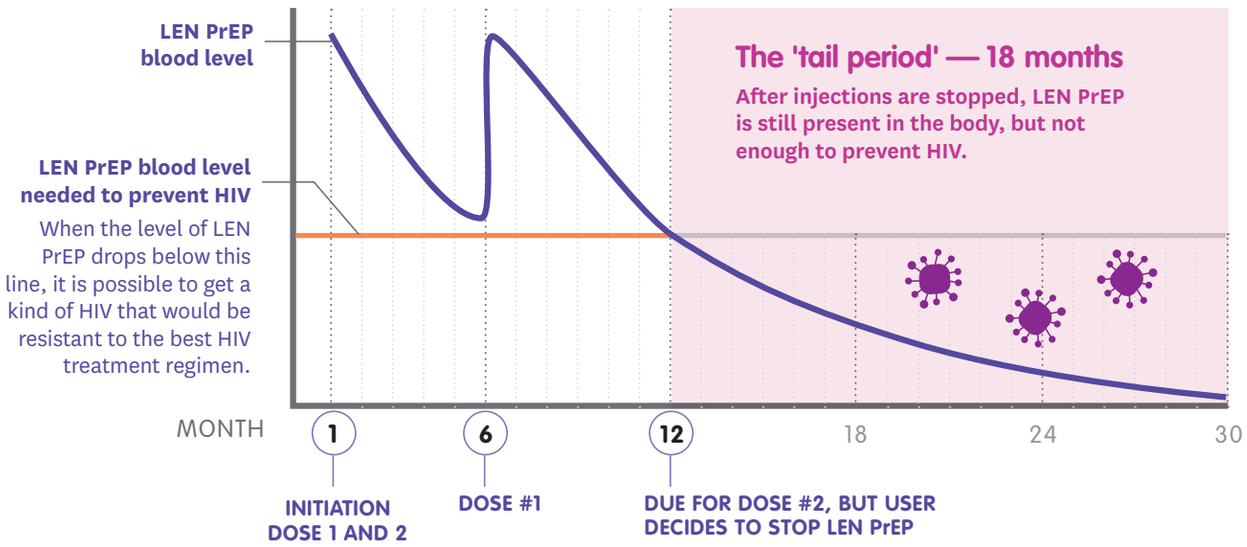


How effective is LEN PrEP?

LEN PrEP was compared to oral PrEP and estimated HIV incidence rates within the study communities. This means that, even though LEN PrEP was not compared to a placebo, we do have a good estimate of its effectiveness compared to no PrEP method at all. Studies showed that LEN PrEP was 96 to 100% effective when compared to no method, and 89 to 100% effective when compared with oral PrEP. With on-time injections, LEN PrEP is the most effective HIV prevention method available – more effective than oral PrEP, or the PrEP ring, and possibly even more effective than CAB PrEP.

LEN PrEP and HIV drug resistance

After LEN PrEP is injected into the abdomen or thigh, it cannot be removed from the body. Lenacapavir is likely to remain in the body for about 18 months after the last injection, but the levels will not be high enough to prevent HIV after 6 months. At these levels, if a person gets HIV, they may develop drug resistant HIV, meaning that some medicines used to treat HIV may be less effective or not work at all. The period after someone stops using LEN PrEP, but when HIV drug resistance is still possible, is known as the 'tail period'. As with any HIV prevention method, people who want to stop using LEN PrEP should continue to use another PrEP method or other HIV prevention strategy as long as they may be exposed to HIV.



Adapted from Columbia University Irving Medical Center and the Bluprint Project

PrEP is very effective at preventing HIV in people who are using it as directed. It is not possible for someone who is HIV negative to get HIV drug resistance. Even when people have drug-resistant HIV, it is still possible for them to be treated effectively.

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For people who do get HIV while using a PrEP method, the chances that they will develop HIV drug resistance varies by PrEP method. Although the chances of getting HIV when using LEN PrEP correctly are close to zero, it is important to know that drug resistance is a possibility for LEN PrEP users who do get HIV, or for people who get HIV during the LEN PrEP tail period. For more information on HIV drug resistance, refer to the **PrEP Methods and Combination Prevention Essential Knowledge**.

Injectable PrEP basics

Injectable PrEP and PEP during the tail period

If someone is exposed to HIV during the tail period and is worried that they may not have been using highly effective HIV prevention at the time — for example, if someone has forgotten to take their oral PrEP — post-exposure prophylaxis (PEP) may be an option for them. PEP is highly effective at preventing HIV if taken within 72 hours of exposure. Ambassadors can help their peers access PEP by sharing information about PEP and referring them to a health care provider as soon as possible after a potential exposure.

More information about PEP can be found in the **PrEP Methods and Combination Prevention Essential Knowledge**.

Does injectable PrEP prevent other sexually transmitted infections?

No, like other PrEP methods that are currently available, injectable PrEP only prevents HIV, not other STIs. Therefore, condoms (with water-based lubricant if possible) should be used to prevent other STIs. Remember that condoms are the only method that prevents STIs and pregnancy.

Does injectable PrEP prevent pregnancy?

Injectable PrEP does not prevent pregnancy. Injectable PrEP users assigned female at birth should consider using modern contraception if they do not wish to get pregnant.

Does injectable PrEP prevent HIV during anal sex?

Yes. Because it is a systemic prevention method, meaning that it is absorbed throughout the body, injectable PrEP does prevent HIV during anal sex.

Does injectable PrEP prevent HIV during oral sex?

It is very unlikely that HIV can be transmitted during oral sex, especially when oral sex is being given to a person who was assigned female at birth. To prevent other STIs, condoms or dental dams can be used.

Can injectable PrEP be used by people who are pregnant or breastfeeding?

The chance of getting HIV is higher during pregnancy and the six months after delivery (also known as the delayed postpartum period) compared to other times in people's lives, so effective HIV prevention is very important during these times. Getting HIV during these times also increases the chances of passing HIV to a baby (also known as perinatal transmission). For most people who live in places where HIV is common, there are more known benefits than risks of using an HIV prevention method during pregnancy and the postnatal period.

Injectable PrEP methods are likely to be safe and effective to use during pregnancy. Refer to the national guidelines in your country to understand whether pregnant or breastfeeding people can start or continue using injectable PrEP. Specific information about each method is outlined in the 'Using' section below.

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Getting Injectable PrEP

As countries approve injectable PrEP methods, they will be introduced in different ways and on different timelines.

Once an injectable PrEP method is approved in a country, other steps will still be needed before it will be available in health facilities. In addition, it will most likely be provided at specific facilities first and gradually rolled out to others, so access to injectable PrEP will improve over time. Review local guidelines so that you can provide accurate, up-to-date information about each injectable PrEP method to Ambassadors. If possible, it is a good idea to talk to a community partner or a health care expert who knows the status of injectable PrEP rollout in your community or invite them to the training.

Each country that approves an injectable PrEP method will develop its own clinical guidelines. The guidelines will likely require a negative HIV test and confirmation that the new user does not have a potential exposure to HIV within the last 72 hours (and would therefore benefit more from a 28-day course of PEP before transitioning to injectable PrEP — see **PrEP Methods and Combination Prevention Essential Knowledge** for more information on PEP) or signs of acute HIV infection. As with other PrEP methods, regular negative HIV tests will be needed to continue using injectable PrEP. Similarly, some countries may have guidelines on starting or continuing injectable PrEP use during pregnancy and breastfeeding or require regular pregnancy testing. Remember to check your most up-to-date local guidelines!

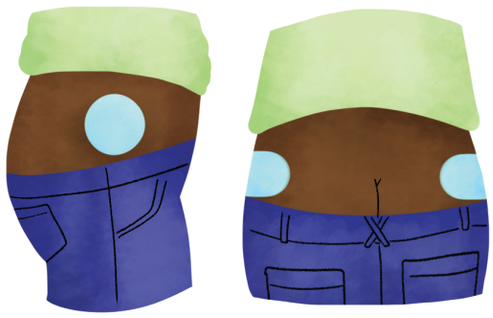
Using and Staying on Injectable PrEP

Using CAB PrEP

How is CAB PrEP provided?

Because CAB PrEP is an injection, health care providers will most likely need to give the injections at a health care facility, especially during the early days of CAB PrEP use in a country. The provider will prepare the injection site — which is located on the upper outside of the buttocks in what is called the gluteal muscle — by cleaning the skin and then will inject the CAB PrEP. It takes about one minute to inject a full dose of CAB PrEP.

CAB PrEP takes effect about one week after the first injection, so a person who starts using CAB PrEP should make sure to use another method to prevent HIV during that time.



CAB PrEP injection sites

Are there any side effects from CAB PrEP?

Using CAB PrEP is much like getting any other injection. About two in five users assigned female at birth and four in five users assigned male at birth will have a mild or moderate injection site reaction, such as redness, pain, and swelling at the injection site. These reactions usually last about one week and may become less frequent over time as the user gets used to the injection. If someone has an injection site reaction, their health care provider may be able to help them manage the reaction by using hot or cold packs or pain relievers.

Like other medications, CAB PrEP also has some side effects. They include headache, dizziness, nausea, diarrhoea, tiredness, and fever. However, most of these side effects are mild or moderate, and they usually go away within one week.

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

Certain medications may interact with the medication in CAB PrEP, so people using them may need to choose a different PrEP method. These medicines include medications to prevent seizures, known as anticonvulsants, such as carbamazepine, oxcarbazepine, phenobarbital, and phenytoin. They also include some medications used to treat tuberculosis, known as antimycobacterials, such as rifampin and rifapentine. All of these medicines are processed by the body in the same way that CAB PrEP is and combined use may reduce the effectiveness of CAB PrEP. Health care providers can provide CAB PrEP users with details about whether CAB PrEP use should be paused or stopped if they need to take these medicines. Some other medications that may be used with CAB PrEP require precautions, so it is important to speak to a health care provider before starting CAB PrEP.

Evidence shows that CAB PrEP interactions with other medications, recreational drugs, and alcohol are unlikely. CAB PrEP users should be reminded that alcohol and drug use could affect their ability to attend necessary health appointments so that they do not miss their doses of CAB PrEP. In addition, decision-making about preventing other STIs and unwanted pregnancy may be impaired while using alcohol or recreational drugs.

What about using CAB PrEP during pregnancy or breastfeeding?

A study of women who became pregnant while using CAB PrEP showed no significant difference in pregnancy or infant outcomes among these women when compared to the general population. Although there is no published data about CAB PrEP use during breastfeeding, it is likely that this is also safe for the infant and the breastfeeding parent.

Each country will develop guidelines on whether CAB PrEP can be started or continued during pregnancy or breastfeeding. All pregnant people living in countries where HIV is common should get tested for HIV at the first antenatal visit and again during the last trimester (last three months) of pregnancy, including those who have used CAB PrEP during pregnancy.

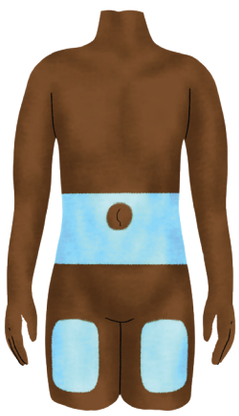
What if someone misses a dose of CAB PrEP?

If a CAB PrEP user is more than 7 days late for their injection, it means they have missed a dose. If a dose of CAB PrEP is missed, it is important for the user to contact their health care provider immediately. They will likely need to come in for their missed dose as soon as possible or speak with their health care provider about using a backup method or changing to a different HIV prevention method if CAB PrEP is not right for them. If a CAB PrEP user knows in advance that they will need to miss a dose, they should speak to their health care provider. The health care provider will help the CAB PrEP user prevent HIV and HIV drug resistance. More information on HIV drug resistance can be found in the **PrEP Methods and Combination Prevention Essential Knowledge**.

Using LEN PrEP

How is LEN PrEP provided?

Because it is an injectable PrEP method, LEN PrEP will most likely be given by providers at a health care facility. This is especially true during the early days of LEN PrEP use in a country. To give the two LEN PrEP injections needed for each dose, the provider will prepare the first injection site — which could be the abdomen or the upper thigh — by cleaning the skin and then will give the first injection. The provider will then clean a second injection site, about 10 centimetres from the first site, and give the second injection. At the same time, someone starting LEN PrEP will need to take two 300mg lenacapavir tablets by mouth. Then, a day later, they will need to take two more 300mg lenacapavir tablets.



LEN PrEP injection sites

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LEN PrEP starts preventing HIV about two hours after the second dose of oral tablets. Someone who is starting LEN PrEP should use another HIV prevention method until that time.

Are there any side effects from LEN PrEP?

Like all medications, LEN PrEP has some side effects. About three in five cisgender women using LEN PrEP and four in five cisgender men and gender-diverse people using LEN PrEP will have a mild or moderate injection site reaction, such as pain, bumps, skin thickening, and swelling at the injection sites. In some users, bumps may last up to a year or longer, and skin thickening may last several months. Other injection site reactions only last a few days to a month. If someone has an injection site reaction, their health care provider may be able to help them manage the reaction by using hot or cold packs or other methods.

Other side effects of LEN PrEP include headache, dizziness, nausea, vomiting, and diarrhoea. However, only about one or two out of 25 people will experience these side effects, so they are not common. Ambassadors can help their peers by encouraging them to visit their health care provider if they experience any side effects or reactions at their injection sites.

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

Lenacapavir has been shown to have interactions with certain medications, so it may be necessary to adjust the dosing of LEN PrEP or these other medications to ensure the efficacy of LEN PrEP and other drugs. These medications include some treatments for tuberculosis, such as rifampicin, and some treatments for seizures, such as carbamazepine. Someone who is using these medications may need a stronger dose of LEN PrEP to prevent HIV.

Lenacapavir may also increase the concentration of some other medications in the blood. This includes some medicines used to treat erectile dysfunction, such as sildenafil, and the recreational drug ketamine. This means that someone using LEN PrEP may experience stronger impacts from these drugs.

Because the interactions between LEN PrEP and other drugs are complicated and may require adjusted dosing, it is especially important for people to speak to their health care provider before starting LEN PrEP.

It is unlikely that LEN PrEP will interact with other medications or recreational drugs, or alcohol. However, alcohol and drug use could affect a person's ability to attend necessary health appointments to get their doses of LEN PrEP. In addition, decision-making about preventing other STIs and unwanted pregnancy may be impaired while using alcohol or recreational drugs.

Are there any health concerns about using LEN PrEP?

Injection site reactions, headache, and nausea were the most common negative effects of LEN PrEP mentioned by research participants. Other health concerns were not identified in the research. However, it is also important to remember that LEN PrEP does not prevent STIs other than HIV, so a condom should also be used during sex, with water-based lubricant if possible.

Testing and treatment for STIs can be done while a person is using LEN PrEP.

What about using LEN PrEP during pregnancy or breastfeeding?

Although LEN PrEP was not specifically studied among people who were pregnant or breastfeeding, there was no evidence of a negative impact during pregnancy or breastfeeding among participants who became pregnant. More evidence may become available from ongoing trials, but at this time it appears likely that LEN PrEP is safe to use while pregnant or breastfeeding.

What if someone misses a dose of LEN PrEP?

Someone who is using LEN PrEP should get their injections about every 26 weeks — or between 6 and 7 months. If they miss a dose of LEN PrEP, they should speak to their health care provider as soon as

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possible. They will likely need to get their next dose as soon as possible, and they may need to re-start the two days of oral lenacapavir tablets to make sure they are able to prevent HIV. Their health care provider will help them prevent HIV and HIV drug resistance. More information on HIV drug resistance can be found in the **PrEP Methods and Combination Prevention Essential Knowledge**.

Using Injectable PrEP (CAB PrEP or LEN PrEP)

Does injectable PrEP have an impact on fertility?

Injectable PrEP has not been shown to affect hormones or fertility. Injectable PrEP does not cause STIs or any other illnesses of the reproductive system. Because injectable PrEP does not prevent pregnancy, anyone using injectable PrEP who does not want to become pregnant should also use contraception.

Can contraception be used with injectable PrEP?

If someone who is using injectable PrEP doesn't want to get pregnant, it is okay for them to use any form of contraception they prefer. Injectable PrEP does not prevent pregnancy. It may be a good strategy for an injectable PrEP user to coordinate their contraceptive refills or dosing with their clinic visits for injectable PrEP, to reduce the number of times they need to visit a clinic. A health care provider can help to coordinate clinic visits or provide advice if an injectable PrEP user decides they want to get pregnant.

What are the barriers to using injectable PrEP?

Injectable PrEP is most effective when users stick to their injection appointments every two months for CAB PrEP and every 6 months for LEN PrEP.

Barriers to using injectable PrEP vary from person to person and may include:

- Fear of needles or discomfort with injections
- Injection site reactions or side effects that are not tolerable for the user
- Underestimating the chances they could get HIV and therefore missing their injection appointments: research shows that people who think they need an HIV prevention method are more likely to consistently use their chosen method
- Concerns about or beliefs that partners may not support their use of HIV prevention methods
- Negative attitudes or stigma from health care providers
- Concern about others finding out that they are using LEN PrEP and judging them for having sex
- Fear of accessing services and being identified as a member of a stigmatised group
- Concerns about injectable PrEP use during pregnancy or breastfeeding for people who are pregnant or are thinking of becoming pregnant
- Low awareness of and support for injectable PrEP in the community, from parents, partners, some health care providers, clients, or among peers or other community members
- Low understanding of how injectable PrEP works
- Barriers to visits to a health facility every two months for CAB PrEP or six months for LEN PrEP to keep up with appointments for repeat HIV testing and injections
- Feelings of being "triggered" about injection drug use for former or current injection drug users

How can Ambassadors support their peers and other people to use injectable PrEP?

Injectable PrEP may be easier for people to use consistently because it is long-acting and people using it will only have to visit a clinic every two months for CAB PrEP, or 6 months for LEN PrEP, for their

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injections. It doesn't require pill-taking or inserting anything into the vagina, so on a day-to-day basis, there is less for an injectable PrEP user to remember. However, it is still important for Ambassadors to support their peers with a variety of strategies to help them, depending on the situation, resources, and social networks. Types of support for consistent use of injectable PrEP that Ambassadors could provide to their peers include:

- Helping peers with ways to remember to make and keep their clinic appointments on schedule
- Helping peers come up with a plan for timely transport to the clinic
- Helping peers access information on available HIV prevention options, choose the method that works best for them, or change their method or personal HIV prevention plan if needed as their need for HIV prevention changes
- Helping peers make the switch to another effective prevention method — and use it consistently during the tail period — if they decide to stop using injectable PrEP
- Helping peers who have discontinued injectable PrEP feel supported to easily return and restart PrEP if they choose
- Helping peers to access information on and services for modern contraception options if they do not want to become pregnant while they are using injectable PrEP
- Helping peers speak to their health care providers about coordinating visits for contraceptive services and injectable PrEP
- Speaking up against rumours they might hear about injectable PrEP in their communities
- Providing information to key stakeholders, community influencers, and male partners; helping to sensitise people about injectable PrEP
- Correcting myths and other incorrect information about injectable PrEP among peers
- Providing up-to-date information as more evidence on injectable PrEP is generated

Staying on Injectable PrEP

Like other PrEP methods, injectable PrEP can be used during times in people's lives when they need an HIV prevention method, and it can be stopped if their circumstances change or they would like to try another prevention method. Injectable PrEP is not a lifelong commitment.

If someone wishes to stop using injectable PrEP, they should speak to their health care provider about alternative HIV prevention methods. As with other HIV prevention methods, people who stop using injectable PrEP should continue to use other effective prevention methods if they think they might be exposed to HIV, especially during the tail period to reduce the chances of drug resistance.

How can Ambassadors support their peers and other people to stay on injectable PrEP?

Some people may be enthusiastic when they first start using injectable PrEP but face challenges to continuing to use it over time. Ambassadors can support their peers' continued use of injectable 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 to plan for and manage any injection site reactions or side effects they might experience
- Helping them find an injectable PrEP buddy (someone who reminds them to keep their clinic visits, every two months for CAB PrEP or 6 months for LEN PrEP, and offers moral support)

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- Creating or referring them to support groups for injectable PrEP users, including in-person and virtual groups using social media, where safe to do so
- Recognising milestones (such as giving them the title 'LEN King' or 'CAB Queen' when they are using their chosen method consistently over time)
- Reassuring them that there are no safety concerns about long-term use of injectable PrEP and linking them to health care providers if they have more questions

How long can injectable PrEP be used?

Ambassadors can support their peers to continue using injectable PrEP over time for as long as it is their chosen HIV prevention method. It is okay to use injectable PrEP for HIV prevention over the long term.

What about stopping injectable PrEP and switching to another method?

It is okay to stop using either kind of injectable PrEP and switch to another method of HIV prevention. For example, a LEN PrEP user who is having long-lasting injection site reactions may decide to switch to CAB PrEP or another PrEP method. An Ambassador can help their peer switch methods by making sure they see a health care provider before they stop using their current method. The health care provider can help them get the right testing to access another kind of PrEP before stopping their injectable PrEP use to ensure that they can begin using the new method before they are due for their next injection. For example, someone who is switching to daily oral PrEP should start taking one pill a day for enough time to achieve maximum HIV prevention by the time they would be due for their next PrEP injection. Health care providers can help make sure that people switching from injectable PrEP to another HIV prevention method start using their new method at the right time and can advise them to use backup methods, such as condoms with water-based lubricant, if needed.

Can injectable PrEP and other PrEP methods be used at the same time?

Based on what is known about LEN PrEP, oral PrEP, and the PrEP ring, safety concerns about using more than one of these methods at the same time are unlikely. However, some guidelines say CAB PrEP should not be used along with any other ARVs unless someone is pausing or stopping CAB PrEP use. Overall, more information is needed about whether using more than one product at the same time — outside of when people are switching methods — is safe, and it is unlikely that using more than one product provides more protection from HIV. **It is best for everyone to choose one PrEP method that works best for them, so that they can use it correctly and consistently.**

Get the Facts about Injectable PrEP

There are many myths about PrEP methods in general and injectable PrEP specifically. It is important for Ambassadors to know the facts about injectable PrEP so they can address myths in their work. The facts specific to using injectable PrEP, including CAB PrEP and LEN PrEP, are listed below. Key facts about PrEP methods in general can be found in the **Talking about PrEP Methods Essential Knowledge**.

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Injectable PrEP — Get the Facts!

KEY FACTS	GET THE DETAILS
Injectable PrEP prevents HIV during all sexual exposures.	Injectable PrEP can prevent HIV during vaginal, anal, and oral sex.
Injectable PrEP takes a long time to leave the body.	CAB PrEP can remain in the body for about one year, and LEN PrEP can remain in the body for about 18 months. To prevent HIV and HIV drug resistance, it is important to correctly use an effective form of HIV prevention as directed by your health care provider during the 'tail period' if there is a chance that you may be exposed to HIV after you stop using injectable PrEP.
Injectable PrEP is likely to be safe to use during pregnancy and breastfeeding.	Studies of CAB PrEP among people who were pregnant or breastfeeding showed no negative pregnancy or birth outcomes. Although there is limited information about LEN PrEP use during pregnancy and breastfeeding, no concerns have been noted among people who used LEN PrEP during these times. Refer to your national guidelines to learn whether pregnant or breastfeeding people are permitted to start or continue using injectable PrEP.
Injectable PrEP has no impact on fertility.	Injectable PrEP has no effect on your fertility (your ability to get pregnant or to impregnate someone else).
Side effects from injectable PrEP are usually mild or moderate and can be managed.	People who use injectable PrEP may have a reaction at the injection site. For CAB PrEP users, this might include swelling, pain or redness. LEN PrEP users might experience swelling, pain, thickening skin, or bumps on the skin that last several months. Side effects from injectable PrEP are rare, but they include headache, dizziness, nausea, diarrhoea, and tiredness. Side effects and injection site reactions can be managed with help from your health care provider.
Injectable PrEP does not affect sex.	Injectable PrEP does not interfere with sex and can be used with condoms and water-based lubricants.
Injectable PrEP does not prevent pregnancy or STIs other than HIV.	To prevent other STIs and unwanted pregnancy, it is important to use contraception and condoms, with water-based lubricant, while using injectable PrEP.

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KEY FACTS	GET THE DETAILS
Injectable PrEP can be used with all contraceptive methods and gender-affirming hormones.	Injectable PrEP has not been shown to change the effectiveness of contraceptive methods, and there are no significant interactions between hormonal contraceptives or gender-affirming hormones and injectable PrEP methods.
Injectable PrEP may be an option for HIV-negative people in a serodifferent relationship.	In serodifferent relationships, HIV-negative partners may choose to use injectable PrEP to prevent HIV while their partners achieve viral suppression, if they are unsure whether their partners using ART are virally suppressed, or simply because they choose the added prevention.
Injectable PrEP may be an HIV prevention option for people who inject drugs.	Injectable PrEP has not been studied for HIV prevention during injection drug use. However, because it is a prevention method that circulates through the whole body, it may cover injection-related exposures. Oral PrEP is the only method proven to prevent HIV during injection drug use.
You should speak to your health care provider before stopping injectable PrEP to prevent HIV drug resistance.	Because injectable PrEP can stay in the body for a long time after your last dose, it is important to speak to your health care provider if you are thinking of stopping the injections. Preventing HIV during this time will also prevent the possibility of HIV drug resistance. Your provider will help you choose another effective HIV prevention method to use if you may be exposed to HIV. It is not possible for someone who is HIV negative to get HIV drug resistance.
Injectable PrEP does not cause weight gain or weight loss.	Injectable PrEP was not shown to cause weight loss or weight gain among people who used it during large studies.

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5 Talking About PrEP Methods

Telling Others

Pre-exposure prophylaxis (PrEP) allows for the prevention of HIV without people having to involve their partners, parents, or anyone else in the decision. This means that PrEP may be particularly helpful for people who are in controlling or violent relationships and do not feel safe discussing HIV prevention methods with their partners or other people.

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

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

- They like to make decisions with their partners; they 'share everything'.
- They worry their partners would be more upset if they found out without being told.
- They do not want their partners to have misconceptions about PrEP methods.
- They do not want their partners to have misconceptions about PrEP (for example, that PrEP is only for promiscuous people or people living with HIV).
- Pregnant and breastfeeding people may want to tell their partners as a way of shared care for their infant.
- People may want their partners' help to use PrEP, such as reminders for their clinic visits or emotional support.

Research has demonstrated that support from romantic and sexual partners can help people use HIV prevention methods correctly. When a person's partner does not support their PrEP use, it may be harder for that person to use PrEP correctly and/or continue using it.

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

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

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

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

- They like to make decisions with the help of their parents, or they like to ask their parents for advice.
- They worry their parents would be more upset if they did not tell them, but their parents found out anyway.
- They are younger than 18 and require the consent of their parents to access PrEP where they live.
- They need their parents' help to access health services and resources, or they rely on their parents for advice about pregnancy and breastfeeding.
- Their parents can help them use PrEP by taking them to clinic appointments, reminding them to use PrEP correctly, or helping them deal with side effects or other challenges.
- They do not want their parents to have misconceptions about PrEP.

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

- They worry their parents may not be supportive or will try to control the decision.
- They worry their parents will think they are sleeping around.
- They worry their parents may force them to stop using PrEP.
- They worry their parents will find out about their sexual orientation.
- They worry their parents or other family members may react with violence.
- 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.

How can Ambassadors support their peers to talk about PrEP?

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

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

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Awareness Raising

Attitudes of influential people — including family members, partners, clients, traditional leaders, religious leaders, health care providers, and peers — can influence an individual's decision to use PrEP and make it harder or easier for an individual 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, or strong negative feelings that can be linked to specific groups of people or certain traits, is one of the biggest barriers to PrEP use (see the **Gender-based Stigma, Inequality, and Violence** session for more information about stigma and PrEP use). There may also be stigma associated with PrEP use in countries or communities where it was originally promoted for men who have sex with men and female sex workers. In many parts of the world, strong social norms stigmatise people for having sex outside of marriage and for talking about sex. These factors combined have created the view that people who use PrEP are 'promiscuous'.

Because the use of PrEP in many countries is still somewhat new, there are lots of myths about it that also contribute to stigma and misinformation (see **PrEP Methods – Get the Facts!**).

To increase PrEP use , it is very important to change the way people think and talk about it. Fear of being stigmatised is a powerful influence, so educating the community about PrEP and correcting myths is important. Partners, parents, and other family members are particularly influential over a person's decision on whether to use PrEP.

The support of parents and partners can also help people use PrEP correctly and keep using it for as long as they need HIV prevention.

The most effective way to build more support for PrEP use is addressing the questions and concerns of partners, parents, clients, and other key people in the community and educating those individuals about PrEP. For example, some sex workers have said that having posters or educational materials about PrEP in the places where they work has helped clients to be supportive of their PrEP use. In addition, sharing clear and accurate information and addressing concerns at the community level can help people take the first step towards being supportive of PrEP use in their relationships. For more on partner support, refer to the **Healthy Relationships and Supportive Partners** session.

Key messages for gaining the support of partners include:

- Everybody has the right to make their own decisions about their health. PrEP is one way your partner can protect their health.
- Using PrEP does not mean your partner does not trust you or that they are having an affair.
- If your partner is using PrEP, it will not have a negative impact on you. However, it will not protect you from HIV if you have other partners or if you are exposed to HIV in another way, such as through injection drug use.
- To avoid the transmission of other STIs and prevent pregnancy, you will still need to use condoms (with water-based lubricant).
- Allowing and supporting your partner to choose the HIV prevention method that they prefer shows that you love and care for them.

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.
- PrEP methods are safe — they will not affect the user's fertility. Oral PrEP is recommended for use during pregnancy, childbirth, and breastfeeding. The PrEP ring is safe to use during pregnancy and breastfeeding and there have been no concerns about using injectable PrEP while pregnant or breastfeeding. In fact, using PrEP while pregnant and breastfeeding can help you keep your infant HIV negative.

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- Using PrEP does not result in people having more sex or 'riskier' sex.
- Supporting your child or relative to use PrEP will help keep them safe from HIV.

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

Ambassadors can also connect with their peers and support demand generation for PrEP through social media. They can do this by posting and sending stories about PrEP to their friends and followers on social media platforms. 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 messages, phone calls, or even meeting in person to continue a conversation.

PrEP Methods — Get the Facts!

Remember, key facts about oral PrEP (daily and event-driven PrEP), the PrEP ring, and CAB PrEP are included in the **Essential Knowledge** sections for each method.

KEY FACTS	GET THE DETAILS
PrEP is for people who do not have HIV.	PrEP can be used only by people who are HIV negative. The medications used in PrEP methods are similar to the medications used to treat people who are living with HIV, but they work in different ways. PrEP protects HIV-negative people from getting the virus.
PrEP is for anyone who wants to prevent HIV.	Rates of HIV in many places are very high. This is because people often do not have access to the information and prevention methods they need to prevent HIV. PrEP can change this!
PrEP is used before exposure to HIV.	PrEP is not effective after someone has been exposed to HIV. It needs to be used as prescribed and build up in a person's body before exposure to prevent HIV. *When someone believes they may have been exposed to HIV, they should speak to their health care provider about taking **post-exposure prophylaxis (PEP)** as soon as possible. PEP is effective only when started less than 72 hours after a possible exposure.*
Unlike antiretroviral therapy, people can choose to use PrEP during the times when they need it.	PrEP needs to be used only while someone may be exposed to HIV. Some people use PrEP methods when they have a need for HIV prevention, and then stop using it when their situation changes. Depending on the person using it, some PrEP methods may need to be used for only a few days to prevent HIV.

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KEY FACTS	GET THE DETAILS
Different PrEP methods must be used for different amounts of time before they are effective in preventing HIV.	PrEP medications have to build up in a person's system before PrEP will prevent HIV. People should talk to their health care providers to find out how long they will need to use their PrEP method for maximum HIV prevention.
Alcohol and drugs do not affect any PrEP method.	Remember, alcohol or drug use may make it more difficult to use PrEP methods correctly and may affect decision-making about sex. Oral PrEP is the only method proven to prevent HIV during injection drug use. However, injectable PrEP is also likely to prevent HIV during injection drug use.
Condoms are still important, even when using PrEP.	PrEP methods do not prevent STIs and pregnancy, so it is better to use condoms (with water-based lubricant) with a PrEP method. People who were assigned male at birth can also use the antibiotic doxycycline as post-exposure prophylaxis (doxy-PEP) for STIs if they think they may have been exposed.

Advocacy

What is advocacy? Are there other ways to create change in our communities?

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

Advocacy is usually done *within systems*, such as when people try to influence policy makers directly through meetings and giving testimony. When people try to create change *outside of systems*, it is often called *activism*. Activism often involves showing up to protests or taking part in civil disobedience – breaking rules or laws to highlight issues that you want to change.

When people work to bring others into a movement, such as trying to involve them in advocacy or activism, this is often called *organising*. Because organising requires relationship-building, it can be a long-term process.

Another way that people can work to make change is through *service provision*. When people engage in service provision, they are working directly to provide needed resources.

Advocacy, activism, organising, and service provision often go hand-in-hand. People who work to create change in their communities may use one or more of these tactics depending on their skills, resources, and influence. Ambassadors should be supported to find ways to create change that work for them.

What are the barriers to using PrEP?

The ability of people to use PrEP is influenced by a range of factors, such as the laws, policies, funding decisions, priorities, and practices of people and institutions at local, national, and international levels. Factors at these levels can either create barriers to PrEP use or contribute towards an enabling

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environment for its use. Ambassadors can try to influence this environment to remove barriers and strengthen the enabling environment.

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

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

- Power imbalances and violence in relationships make it more difficult for many people to negotiate safer sex in their relationships and to discuss HIV prevention options, including PrEP.
- Some people who use PrEP 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 in particular for having and talking about sex. This makes it more difficult for them 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 LGBTQIA community, including men who have sex with men and transgender people. They may not feel safe telling a health care provider about the kinds of sex that they have. This is particularly true in countries where same-gender 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 prevention methods, 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

- Age restrictions or requiring parental consent to access health services, counselling, and prevention tools, including condoms, contraception, HIV testing, harm reduction equipment (such as sterile needles and syringes), and PrEP, make it difficult for many young people to get the services they need.
- Health care policies requiring the user to pay for health services (rather than being government funded) create financial barriers to access.
- Education policies that do not prioritise comprehensive sex education leave people without the information they need to protect their health.
- Laws that prevent the community distribution of PrEP.

Discriminatory laws and policies create many barriers for criminalised populations — such as people who inject drugs, sex workers, and, in some countries, gay, bisexual, and other men who have sex with men and transgender people — who are trying to get the sexual and reproductive health services they need. 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, appropriate services.
- Health care facilities are too expensive or difficult to get to or their hours of operation do not meet the needs of PrEP users.
- Health care facilities are not private or they have poor confidentiality standards.
- Health care facilities that do not train staff in working with unhoused people or people who use drugs.
- Staff stigmatise and discriminate against certain population groups.

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- Sexual and reproductive health products are not available.
- Services are not integrated, making it more difficult and time-consuming to access them.

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

- Initiatives to promote gender equality, prevent violence, and uplift populations who hold less power in society are underfunded and not well supported.
- Sexual and reproductive health services, HIV prevention programmes, and HIV prevention tools (such as PrEP methods or harm reduction services) are underfunded and not prioritised.

How can Ambassadors reduce barriers to PrEP?

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

Ambassadors are not expected to remove barriers to PrEP on their own. However, they can contribute to creating an enabling environment by calling on decision-makers to respect and promote the rights of their peers, including their right to use PrEP. This will be most effective if they work with people in 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 different kinds of PrEP users.

Activities that Ambassadors could do to contribute to creating an enabling environment include:

Advocacy

- Seeking out leadership opportunities to create a platform for advocating for sexual and reproductive health rights, including PrEP.
- Talking to health care providers about the barriers to services and providing recommendations for creating more inclusive, stigma-free spaces and services.
- Connecting peers with advocacy organisations to ensure the organisation's work is informed by their experiences.
- Using their personal experiences to advocate for the importance of PrEP.
- Working with brothel owners to sensitise clients about the benefits of PrEP.

Activism

- Getting involved with existing activist groups, demonstrations, or protests.
- Collaborating with peers and advocates in campaigns to promote sexual and reproductive health and rights, including their right to PrEP.

Organising

- Creating a social media campaign to empower and mobilise people to claim their rights. In contexts where some groups are criminalized, it is important to choose safe platforms that do not share messages or user information with authorities.
- Building and leveraging relationships with interest groups supporting similar causes.

Service Provision

- Working as an HIV Prevention Ambassador to connect peers directly to PrEP information and services.

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- Starting or joining a peer-led group to help their peers address their needs, such as shared housing for unhoused peers or a food bank to help people meet their nutritional needs.

More information about selecting and creating roles for Ambassadors, and supporting them in their work, can be found in the **Facilitator Preparation** section of this manual.

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

Your Notes

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Your Notes

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PrEP Methods Sessions

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1 Combination Prevention

SESSION OVERVIEW

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

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

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

KEY MESSAGES

- Combination HIV prevention involves the use of multiple prevention methods to maximise prevention of HIV and other unwanted sexual health outcomes. These methods include PrEP methods, condoms with water-based lubricant, and screening for and management of sexually transmitted infections (STIs).
- The prevention of HIV is everyone's responsibility. There are many ways that people can prevent HIV or prevent the spread of the virus to others.
- The word PrEP stands for pre (before) exposure (coming into contact with the HIV virus) prophylaxis (medication to prevent an infection from happening).
- PrEP methods contain antiretrovirals (ARVs). These are a type of medication that stops HIV from copying itself and spreading to other cells.
- There are many types of ARVs that all work in different ways to fight HIV. PrEP methods such as oral PrEP, the PrEP ring, and the long-acting injectables cabotegravir (CAB PrEP), and lenacapavir (LEN PrEP), post-exposure prophylaxis (PEP), and antiretroviral therapy (ART) use different combinations of ARVs to fight the virus at different stages of reproduction.
- PrEP methods, PEP, and ART cannot be swapped — they work only when used as prescribed.
- PrEP gives people more power and control over their sexual health and their ability to prevent HIV.
- When choosing which HIV prevention methods to use, everyone needs to think about approaches to preventing HIV, STIs, and pregnancy.

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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 4	HIV Transmission and Prevention
Tool 5	Test and Prevent
Tool 8	PrEP, PEP, and ART
Tool 9	Expanding Options to Fit Our Lives
Tool 11	Event-Driven PrEP, or 'ED-PrEP'

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 PrEP
- Myth
- 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
- Oral pre-exposure prophylaxis (oral PrEP)
- Post-exposure prophylaxis (PEP)
- PrEP ring
- CAB PrEP
- LEN PrEP
- STI screening and management
- Dental dams
- HIV testing
- Antiretroviral therapy (ART)
- Voluntary medical male circumcision (VMMC)
- Event-Driven (ED) PrEP

Repeat the process so you have one set of cards for each group.

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Begin by asking participants if they have heard about the various available PrEP methods.

FACILITATION TIPS

Participants may not have seen all of the PrEP methods before. If possible, bring some samples or photographs to show them what they look like.

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3. Refer to **PrEP Methods Essential Knowledge** to provide a brief overview of what PrEP is and what methods are currently available. Be sure to include ED-PrEP in your explanation.

Encourage participants to explore the PrEP-related tools in their toolkits as you discuss the different methods.

ACTIVITY: Fact or Myth

1. Ask participants to write down something they have heard about PrEP in general or about any specific method (either a fact or a myth) on a sticky note and to stick it up on the piece of flip chart paper with the applicable heading, 'Things people say about PrEP methods'.
2. Once participants have finished, ask them to stand up.
3. Read aloud one statement at a time and ask participants to choose if it is a myth or a fact (or if they are unsure) and to stand next to the piece of flip chart paper with that heading.
4. Some statements may be partly correct; participants may need help to decide whether they are myths or facts. For example, someone might say that PrEP prevents HIV during any type of exposure: while this is true for oral PrEP, the PrEP ring prevents HIV acquisition only during vaginal sex, and injectable PrEP has only been proven to prevent HIV during anal or vaginal sex. Some may suggest that a PrEP method causes very bad side effects. It is true that some people do experience side effects, but these are usually minor and go away within a few weeks or with treatment. Encourage participants to choose 'Unsure' if they think the statement might be partly correct.
5. Once participants have chosen, refer to **PrEP Methods Essential Knowledge** to reveal whether 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 **PrEP Methods Essential Knowledge** to give more details.

If participants are slow to start, begin the activity by telling them some common myths about oral PrEP, the PrEP ring, and injectable PrEP. Some myths and facts may apply to all methods of PrEP, and some may be specific to a certain method. The **Essential Knowledge** for each PrEP method includes a quick list of facts that could be useful.

You can choose whether to let participants use their toolkit for this activity. It may be useful for participants with less PrEP knowledge, and you can increase the challenge for more experienced participants by asking them to close their toolkits.

If participants are more advanced, encourage them to debate why they think their answer is correct before revealing whether the statement is a myth or a fact.

APPLY

FACILITATION TIPS

INTRODUCTION

1. Introduce the activity, noting:
   - The prevention of HIV is everyone's responsibility.
   - There are many ways people can prevent HIV and prevent the virus from spreading.
   - Using multiple prevention tools — called combination prevention — is a way to get maximum HIV prevention.

You might like to bring some chocolates or another prize to give to the winning team.

Try to create groups so each person has their own card. Save the cards if possible to reuse in the **Making a Choice** session.

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- 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 prevent HIV for themselves and others.

ACTIVITY: Combination Prevention

1. Break the participants into small groups. Give each group a set of the HIV Prevention Cards you have prepared (see **Preparation** above).
2. Ask each group to come up with a name for their group.
3. Write the names of the groups on a piece of flip chart paper so you can keep score during the game.
4. Explain to participants that you will be reading aloud different explanations about HIV prevention methods, but you will not tell them what the method is. Each group will then decide which HIV prevention method the statement refers to and hold up that card. The fastest group to hold up the correct answer will win a point.
5. Read aloud each of the statements in the chart included after step 11.
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, the **HIV Transmission and Prevention** Ambassador tool, the **PrEP, PEP, and ART** tool, and the **Expanding Options to Fit Our Lives** tool and summarise key messages about combination prevention.
10. Note that unintended pregnancy is very common in many settings. Everyone needs information about contraceptive methods, including condoms, injectables, implants, IUDs, oral contraceptive pills, and emergency contraceptive pills. They 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.

The Combination Prevention activity can get competitive with some groups, so we recommend having multiple facilitators or adapting the activity to be less competitive.

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

Key messages:

- Having an STI makes it easier to get HIV, so testing and treating STIs can help prevent HIV.
- 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 STIs.
- ART can reduce a person's viral load so that HIV is not transmissible. This is referred to as Undetectable = Untransmittable, or U=U.
- Highlight that regular HIV and STI testing is very important for preventing HIV. This is because most HIV transmission occurs when people do not know they are HIV positive.
- Also, emphasise that knowing a partner's status or testing together is key in HIV prevention.

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STATEMENT	ANSWER
These prevention methods create a barrier between the skin and body fluids that may contain HIV.	• Condoms • Dental dams
These prevention methods are effective for preventing the transmission of most STIs.	• Abstinence • Condoms • STI screening and management • Dental dams
These methods prevent HIV during sexual intercourse.	• Condoms • Oral PrEP • PrEP ring (during vaginal sex only) • CAB PrEP • LEN PrEP • STI screening and management • Dental dams • VMMC
This prevention method can be used within 72 hours after you have been exposed to HIV.	• PEP
These methods have to be used every day to prevent HIV.	• Oral PrEP • PrEP ring (remain in the vagina) • PEP is partially correct as it is used every day for 4 weeks. • ART
This prevention method can be used by a person who is living with HIV to prevent HIV for their sexual partner.	• ART
This prevention method can only be used by people assigned male at birth who are not using gender-affirming hormones.	• ED-PrEP
These HIV prevention methods prevent pregnancy.	• Abstinence • Condoms
This method can prevent HIV from progressing to AIDS.	• ART
These prevention methods, taken before exposure to HIV, use antiretroviral medication to prevent HIV from multiplying in the body.	• Oral PrEP • PrEP ring • CAB PrEP • LEN PrEP
These prevention methods can be used by everyone who is sexually active.	• HIV testing • STI screening and management • Condoms
These methods use antiretroviral medication to stop HIV from copying itself and spreading to new cells after HIV is already in the body.	• PEP • ART

Remind participants that the possibility of HIV transmission giving oral sex to someone who has a vagina is very low.

Remind participants that VMMC only prevents HIV for that person, and not for their partner.

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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

- 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?

FACILITATION TIPS

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

If you think it is appropriate, invite participants to share any personal experiences of using PrEP. Highlight that talking about their use of PrEP is their choice. They can choose what they would like to share with the group and what they would like to keep private. Remind them of this throughout the training. If you have firsthand knowledge of PrEP use (from your own life or someone you know), sharing that with the group can also help create a safe space for learning and sharing.

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SESSION MATERIALS

TOOL 4

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TOOL 5

Test and Prevent

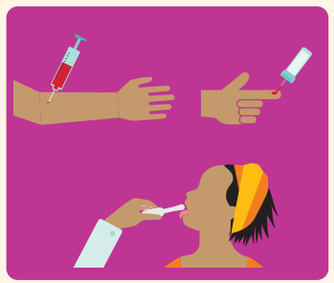
Everybody has a responsibility to contribute to the prevention of HIV in our community!

TEST

Test for HIV and STIs — and do it regularly!

Most HIV occurs when people don't know they have HIV. Knowing you have HIV gives you the power to take care of 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 sexually transmitted infections (STIs). Most STIs can be treated, but if they go untreated, they can cause serious health problems. STIs also make it easier for HIV to enter the body, so regular STI testing and treatment 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.

PrEP (pre-exposure prophylaxis)

PrEP methods use medication that a person without HIV can use to prevent HIV. The medication stops the virus from multiplying within the body. When a person uses PrEP correctly, their chances of getting HIV if they are exposed to it are reduced. PrEP doesn't prevent STIs or pregnancy, so it's best to always use a condom (with water-based lubricant if possible).

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 medication to reduce the chances that you will get HIV.

PEP (post-exposure prophylaxis)

If HIV gets into the body, PEP can stop it from multiplying and spreading to other cells. If HIV can't spread, it dies. This can prevent you from getting HIV. PEP must be started within 72 hours of exposure to HIV, and it is taken every day for four 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.

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TOOL 8

PrEP, PEP, and ART

Antiretrovirals are a type of medication that make it harder for HIV to attack the cells in a person's body and spread to other cells. PrEP, PEP, and ART use different combinations of antiretrovirals that work in different ways to fight the virus at different stages. PrEP, PEP, and ART cannot be swapped — they work only when used as prescribed.

ANTIRETROVIRAL MEDICATION

PrEP (Pre-Exposure Prophylaxis)

WHO IS IT FOR?
People who don't have HIV and want to protect themselves from getting it

HOW DOES IT WORK?
PrEP prevents HIV by stopping the virus from multiplying itself or breaking down the cells of the virus. If it can't multiply, or if its cells are broken down the virus dies.

WHEN IS IT USED?
During periods in a person's life when they need effective HIV prevention

HOW EFFECTIVE IS IT?
When PrEP methods are used correctly and consistently, the medication is most effective at preventing HIV. Levels of effectiveness vary by method.

PEP (Post-Exposure Prophylaxis)

WHO IS IT FOR?
People who are worried they've been exposed to HIV in the past 72 hours

HOW DOES IT WORK?
It stops HIV from spreading to other cells. When HIV can't spread, it dies.

WHEN IS IT USED?
PEP must be started within 72 hours of exposure and taken every day for 4 weeks.

HOW EFFECTIVE IS IT?
That depends on a lot of things. If someone starts taking PEP right after they are exposed to HIV and takes it every day for 4 weeks, there is a good chance that it will keep them from getting HIV.

ART (Antiretroviral Therapy)

WHO IS IT FOR?
People who are living with HIV

HOW DOES IT WORK?
ART involves taking a combination of HIV medication (antiretrovirals) that reduces the amount of HIV in a person's body and boosts their immune system.

WHEN IS IT USED?
People with HIV should start ART as soon as possible. ART must be taken for life to help someone living with HIV stay healthy and live a normal life.

HOW EFFECTIVE IS IT?
It's different for everyone, but if a person begins ART soon after they get HIV, they have the best chance of living a long and healthy life. It can also stop the virus from being transmitted to others.

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TOOL 9

Expanding Options to Fit Our Lives

Just like contraception comes in many different options to meet different people's needs and preferences, more HIV prevention options are also on the way. Pre-exposure prophylaxis (PrEP) methods will continue to be developed to provide people with options so that they can make an informed choice about what works best for them.

Comparing PrEP methods and condoms:

	Condoms	PrEP Methods: Oral PrEP	PrEP Methods: PrEP Ring	PrEP Methods: CAB PrEP	PrEP Methods: LEN PrEP
How it's used	On-demand for sex; placed on the penis (external condom) or in the vagina/rectum (internal condom)	Pill taken daily or as needed for some users	Vaginal ring replaced each month	Injection given every 2 months	2 injections given every 6 months
Site of action	Vaginal/anal area depending on type of sex (localised)	Whole body (systemic)	Vaginal area (localised)	Whole body (systemic)	Whole body (systemic)
Role of partner use	Partner consent required	User initiated; use can be private	User initiated; use can be private	User initiated; use can be private	User initiated; use can be private
How effective for HIV prevention	Over 90%, when used correctly and consistently (with lubricant)	Over 90%, when used correctly and consistently	About 50%, or more when used correctly and consistently	More than 90% effective. With regular injections, CAB PrEP is one of the most effective PrEP methods.	Nearly 100% effective. With regular injections, LEN PrEP is the most effective PrEP method.
Protection against STIs and pregnancy	Yes, if used correctly each and every time one has sex	NO **	NO **	NO **	NO **
Prevention during injection drug use	NO	Yes, only when taken daily	NO	Likely but not yet proven by research	Likely but not yet proven by research
Availability	Widely available	Available in *most* countries (check local guidelines)	Available in *some* countries (check local guidelines)	Available in *some* countries (check local guidelines)	Available in *some* countries (check local guidelines)
Use with gender-affirming hormones	Yes	Yes, only when taken daily	Yes	Yes	Yes, research is ongoing
Use during pregnancy and breastfeeding*	Yes	Yes	Yes	Yes	Yes, research is ongoing

Dental dams are a barrier method – a latex or polyurethane sheet placed between the mouth and vagina or mouth and anus during oral sex – that can reduce the chance of getting HIV and other STIs during oral sex. Because the chances of getting HIV during oral sex are very low, dental dams are not included in the above table.

*** Always check local guidelines to confirm which methods can be started or continued during pregnancy.*

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TOOL 11

Event-Driven PrEP, or 'ED-PrEP'

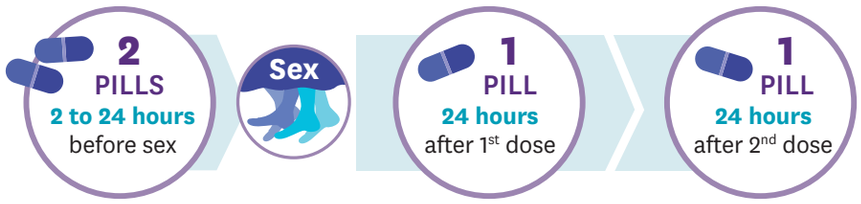
People assigned male at birth who are not using gender-affirming hormones — including cisgender men and transgender adolescent girls and young women — may be eligible to use event-driven PrEP, also known as 'ED-PrEP'. It is important to remember that ED-PrEP is not an effective option for people assigned female at birth or people using gender-affirming hormones.

WHO IS ED-PrEP FOR?

People assigned **male at birth** who:

1. Are not taking gender-affirming hormones
2. Have sex infrequently (one day per week or less on average)
3. Are able to predict when sex will happen, or delay sex for at least 2 hours
4. Do not need HIV prevention during injection drug use

HOW DO YOU TAKE ED-PrEP?



If you have sex again in the next few days, you should take one pill each day that the sex continues.

After the last time you have sex, you should take a single pill each day for two days.

EXAMPLE:
ED-PrEP use for sex one time or in one day

EXAMPLE:
ED-PrEP use for sex on multiple consecutive days

EXAMPLE:
ED-PrEP use for sex on multiple non-consecutive 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, 2012.

If ED-PrEP sounds like an option you are interested in, please talk to your health care provider to see if it will work for you!

Remember, ED-PrEP is **not an effective option for people assigned female at birth or people using gender-affirming hormones.**

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2 Making a Choice

SESSION OVERVIEW

This session can be completed before or after completing pre-exposure prophylaxis (PrEP) methods sessions 2–5 for each method, depending on your context and your participants. (See facilitation suggestions in **Using this Training Manual, Part 1: Choose what sessions to include**.)

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

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

- Understand and compare the advantages and disadvantages of various methods for HIV prevention
- Understand key factors of a person's lifestyle and preferences that will influence informed decision-making about HIV prevention
- Understand how PrEP adds to the available HIV prevention options
- Know how to develop a combination prevention strategy with a peer

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 10 Making a Choice — What Matters Most to Me?

Worksheet 1 Character Profile

PREPARATION

EXPLORE Activity

Either reuse or remake the HIV Prevention Cards from **PrEP Methods Session 1**. Make sure you have an open space large enough for seven people to stand side-by-side and move forward and backward a few steps.

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SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Remind participants of the pre-exposure prophylaxis (PrEP) methods that they learned about in **PrEP Methods Session 1**:
   - Oral PrEP
   - PrEP ring
   - CAB PrEP
   - LEN PrEP
   - Event-Driven (ED) PrEP
3. Explain that in this session, they will explore how they can support their peers to make informed decisions about which method or combination of methods best suits their lives in preventing HIV.
4. Ask participants if they have any questions about how these methods work before moving to an activity about considering the advantages or disadvantages of each.

ACTIVITY: Decision-making and Choice Game

1. Explain to participants that they will now play a game to explore how to weigh the advantages and disadvantages of each PrEP method.
2. Split the group into five smaller groups.
3. Assign each group one of the PrEP methods mentioned above.
4. Have them write the method on a card or reuse the HIV prevention cards from PrEP Methods Session 1.
5. Ask each group to sit together and discuss their views about their assigned HIV prevention method:
   - For me personally, what worries me about this method…
   - For me personally, what I like about this method…
6. Identify one person who represents the method and have them display the card with the method name.
7. Have the five representatives stand together side-by-side.
8. Call out the method of the first person in line and ask the others assigned to the method to shout out advantages or disadvantages. For each advantage, have the representative take one step forward, and for each disadvantage, have them take one step back. Allow about three minutes for this exercise. Have the participant stay in their ending position.

FACILITATION TIPS

Use the HIV Prevention Cards to guide the discussion.

If your participants include or will be working with transgender people, be sure to highlight that feminising gender-affirming hormones lower the effectiveness of oral PrEP. This means that people using them must take oral PrEP daily and are not able to use event-driven PrEP. Masculinising hormones have not been shown to interact with any PrEP method, and none of the PrEP methods have been found to affect gender-affirming hormones.

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9. Go down the line of representatives and repeat this exercise for each method. Keep everyone in their ending position.
10. Assess as a whole group how the methods compare to each other in terms of advantages and disadvantages. Remind participants that people have different preferences, and what one person considers a disadvantage may not be a disadvantage for another person. The same applies to advantages or how important these attributes are.

ACTIVITY: What Matters Most to Me

1. Ask participants why they think people have different opinions on the advantages and disadvantages of certain HIV prevention methods.
2. Facilitate a brainstorming session about factors that could influence the decision about which HIV prevention method a person may choose. Have participants refer to the **Making a Choice — What Matters Most to Me?** tool for additional ideas. Write all factors mentioned on a flip chart or on sticky notes that can be posted on a wall.
3. Ask participants to put a star (with a pen/marker or sticker) on the three factors that are most important to them personally.
4. Now assess as a group what factors seem to be the most and least important and discuss why.

APPLY

ACTIVITY: Making a Combination Prevention Plan

1. Ask participants to use their knowledge, personal views, and experience to reflect on different HIV prevention methods and consider if any one method is enough to make them feel confident about preventing HIV.
2. Review the term 'combination prevention' from **PrEP Essential Knowledge** and *provide one or two examples*, such as the following:
   - Using PrEP means that you do not have to discuss it with anyone if you do not want to. This prevention is under your control, and you do not have to negotiate the use of it with anyone else. However, in addition to PrEP, it is important to always try to use condoms with water-based lubricant and go for regular STI and HIV testing every three months to know your status.

FACILITATION TIPS

Other tools may be available to support HIV prevention method choice, including the **PrEP Roadmap** or **HIV Prevention Journey** tool listed in the Useful Resources section. You can use these or other local resources to supplement this activity.

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- If your partner is living with HIV and it is safe for you to talk to them about their status, try to encourage them to be virally suppressed — this means adhering to their antiretroviral treatment and going to regular check-ups with their health care provider. To make sure you are in control of your prevention, you could also use PrEP, and you and your partner could rely on each other for reminders to take your medication as directed.

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 support as an Ambassador. Note that, because we will be helping them prevent HIV, characters should not be living with HIV.
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 the needs of transgender and nonbinary people, sex workers, people with disabilities, people with no formal education or low literacy levels, and other groups that experience discrimination. Also consider intersectionality, which refers to people who experience multiple intersecting vulnerabilities, such as people who inject drugs who are pregnant.
8. Explain that, in the next activity, they will think about their character's preferences and HIV prevention needs to explore the choices they might make.
9. Ask a few participants to present their characters and their combination prevention plans for their characters to the whole group. See if other participants have different ideas about how combination prevention could apply to each character.

To guide participants through the process of creating their character profiles, you can use the example character profiles included here or make up a character that is more relevant to the group of Ambassadors you are training.

Guide participants to create their character using the following questions:

- What is their name?
- Where do they live?
- How old are they?
- Are they in school?
- What do they do for money?
- Do they have a partner?

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

- People who are unhoused
- People with disabilities
- People who are poor
- Sex workers
- Trans men/women

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Who are they?

16 years old

Goes to school

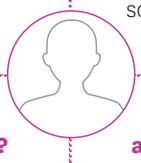
Lives at home with their parents

Their partner is 18 years old

Do they need an effective HIV prevention method? How do they protect themselves?

They are having sex with their partner.

Their partner uses condoms sometimes but not when they have been drinking.



What do they know, think, and feel about HIV?

They know that they can get HIV from having unprotected sex. They worry about it a lot.

They want to use condoms more often but are afraid if they ask their partner to use condoms, their partner will leave them.

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

They don't know much about any PrEP method, but they have heard PrEP is for only for sex workers.

They have also heard it makes you infertile.

They do not want to ask questions about PrEP in case people think they are cheating on their partner.

REFLECT

FACILITATION TIPS

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

- Why is it important for everyone to be able to decide what prevention methods or combination of methods best suits them?
- Did your opinions change about any of the methods?
- Do you feel confident to talk about all the various methods and influencing life factors to help peers make an informed decision?

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SESSION MATERIALS

TOOL 10

Making a Choice — What Matters Most to Me?

People are all different, and they need to be able to choose which HIV prevention method best suits them. Here are some factors that influence a person's choice about which HIV prevention method to use.

Effectiveness:

How effective is this method? How important to me is effectiveness compared to other factors? Based on the evidence, how can I get maximum HIV prevention? What if I want to use the method in combination with another one? Is it still effective if I am using gender-affirming hormones?

HIV prevention needs:

Why do I need HIV prevention now? Have I already been exposed to HIV? Do I know my partner's HIV status? If my partner is living with HIV, are they taking their ART regularly? Am I breastfeeding or planning a pregnancy? Do I inject drugs? Will it prevent HIV during the exposures that I might have?

Accessibility:

Does it require use of a product (for example, PrEP method or condom)? If so, what is available and easy to access? What about the cost and affordability? Am I able to see a health care provider?

Mode of use:

Do I want something that is medication-based? Do I want something on-demand or something that provides continuous prevention? Do I need something that can be used *after* sex? What am I comfortable putting in my body — a pill, vaginal ring, or an injection?

Partner issues:

Does my sexual partner have a preference about what I use? Does their opinion matter to me? What will they feel about me using this method? Do their feelings matter, or do they need to know?

Personal commitment:

Can I stick to the method easily? How much effort does it require to keep using this method? Can I cycle on and off of it easily?

Condom use:

Am I able to use condoms consistently and correctly each and every time I have sex? Do I have access to a water-based lubricant to use with condoms? How do I/my sexual partners feel about condom use?

Privacy:

How important is it to me to keep my method secret? How easy is it for someone to find out I'm using the method?

Frequency of sex:

How frequently do I have sex? Regularly? Unpredictable and unplanned? Over a specific, limited time, like if my partner only visits sometimes?

Side effects:

How do I deal with side effects? What side effects am I willing to experience? How do I know the side effects are caused by the method and not something else?

Personal preference:

I just prefer it.

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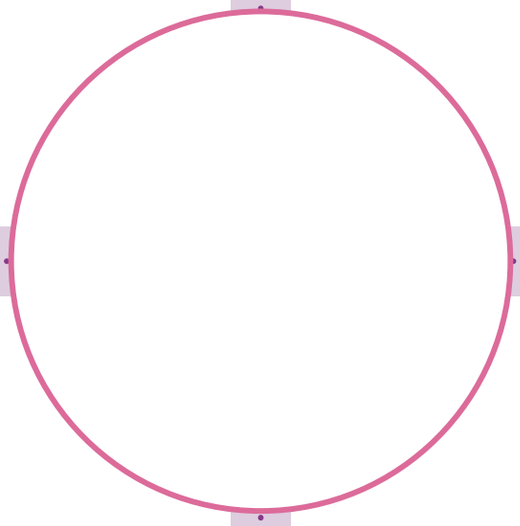
Character Profile

WORKSHEET 1

Name: **Pronouns:**

Who are they?

Do they need an effective HIV prevention method? How do they protect themselves?



What do they know, think, and feel about HIV?

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

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3 PrEP Ring and the Body

SESSION OVERVIEW

If you are training on the PrEP ring, complete this session before moving on to the Journey Mapping activities, sessions 4–7.

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

By the end of this session, participants should:

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

KEY MESSAGES

- The PrEP ring is inserted into the vagina and prevents HIV only during receptive vaginal sex. The ring can be used by people assigned female at birth who are using gender-affirming hormones but is not recommended for use by people with neovaginas.
- The ring is made of flexible silicone and is one size fits all. The ring is designed to be easy to insert and remove and can be done in private. Some ring users may feel confident about using the ring with the instructions provided and may not need the guidance of a health care provider. Others might prefer that the health care provider explain and demonstrate how to use it. Once ring users have practiced, they usually do not need help to insert and remove the ring. However, a provider can assist as needed.

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KEY MESSAGES (CONTINUED)

- The ring is placed far into the vagina below the cervix, where it sits comfortably once inserted. It cannot move past the cervix or get 'lost', and it does not dissolve and disappear into the body. The ring will not affect the size or function of the vagina or change sex or menstruation. Most other vaginally inserted products, such as tampons, menstrual cups, IUDs, and internal condoms, can still be used with the PrEP ring.
- It is important for Ambassadors to encourage their peers to ask questions and express any concerns they have about using the ring. Concerns and fears may be not only about the technique of insertion and removal, but also about inserting an object into one's vagina and leaving it in for a long period of time. Reassurance and understanding are important.

MATERIALS

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

Tool 12b Answering Your Questions — PrEP Ring
Tool 13b Tips for Using the PrEP Ring
Tool 15 PrEP Ring Insertion and Removal

If available:

- a sample of a ring
- a pelvic model

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:

- This session will focus on where the PrEP ring 'sits' in the body and provide an explanation on how to insert and remove the ring. This information will help calm any fears people may have about using a vaginally inserted product.
- Later sessions will go into more detail about the ring: how it works, barriers to use, deciding to use the ring, how to get it and keep using it, and common myths.

FACILITATION TIPS

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

Participants who are not eligible to use the PrEP ring may still find this session useful. It will help them support their peers who are interested in the ring.

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2. Establish a safe environment to discuss vaginally inserted products by highlighting:
    - It is common to feel embarrassed.
    - Ambassadors can support each other by being respectful and nonjudgmental.
    - There is no expectation that they will have any experience inserting a vaginal product. Some people may, but others may not, and both are perfectly fine.

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

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

ACTIVITY: Getting Comfortable with Vaginal Products

1. Begin by asking participants to name any products they have heard of that are inserted in the vagina.
    - Offer examples, if needed, such as tampons, internal condoms, diaphragms, menstrual cups, contraceptive rings, and sex toys.
2. Ask participants how they feel about inserting in their vagina any of the examples named or if anyone has experience — or knows someone who shared with them their experience — using any of these products, and if they are comfortable talking about it. If anyone volunteers, ask if they or their friend could insert/remove the product themselves, whether they had fears or concerns the first time they used it, and how they felt after using the product for a while.
3. Once you have discussed experiences with other vaginally inserted products, introduce the PrEP ring by explaining:
    - The PrEP ring is made of flexible silicone and is one size fits all.
    - The PrEP ring is designed to be easy to insert and remove in private.
    - The PrEP ring will not affect the size or function of the vagina and has no impact on sex, menstruation, or use of most other vaginally inserted products, such as tampons, intrauterine devices (IUDs), and female condoms.
4. Use the **PrEP Ring Insertion and Removal** tool to show where the ring sits in the body (using a pelvic model and demonstration ring if they are available.) It may be helpful to explain where some of the other vaginal products talked about in the earlier activity are located in relation to the ring to show they can be used at the same time with no issues. *(NOTE: The only products that cannot be used with a PrEP ring are contraceptive rings and menstrual cups.)*
5. If you have a sample PrEP ring, pass it around so participants can look at it and feel it.

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

If your participants are assigned male at birth or have never used a vaginally inserted product, ask them to share what they have heard from friends or in the community.

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6. Use the following prompts to lead a discussion about concerns or questions:
   - What are your initial reactions to the PrEP ring in terms of how people might feel when wearing it in their vaginas?
   - Have you ever heard any concerns with the PrEP ring similar to those you had about other vaginally inserted products?
   - Do you think your peers will have concerns about their partners feeling the PrEP ring during sex?

APPLY

FACILITATION TIPS

ACTIVITY: Introducing the PrEP Ring and Where It Goes

1. Explain that in this session, participants will hear about how to insert and remove the PrEP ring and how to teach this process to their peers. They will also learn to help demystify the way the ring works in the body.
2. Use the **PrEP Ring Insertion and Removal** tool to talk through how to insert the ring.

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

3. Ask participants to break into pairs.
4. **INSERTION:** Ask each person in the pair to take a turn explaining to the other how to insert the PrEP ring.
5. Have the person receiving the instruction ask any questions they may have. The person giving the instruction should attempt to answer the question, but if they cannot, have them write down the question.
6. Once the participants have finished, bring the group back together.

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

7. Ask participants to share any questions that came up that they could not answer or were unsure if they answered correctly. Talk as a group to address these questions.
8. Use the PrEP Ring Insertion and Removal tool to talk through how to remove the ring.
9. Ask participants to break into pairs
10. **REMOVAL:** Ask each person in the pair to take a turn explaining to the other how to remove the ring.
11. Have the person receiving the instruction ask any questions they may have. The person giving the instruction should attempt to answer the question, but if they cannot, have them write down the question.

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12. Once the participants have finished, bring the group back together.
13. Ask participants to share any questions that came up that they could not answer or were unsure if they answered correctly. Talk as a group to address these questions. Refer to the **Answering Your Questions — PrEP Ring** tool and **Tips for Using the PrEP Ring** tool.
14. Remind participants that their role as an Ambassador is to introduce the ring to peers, not to be clinical experts! If peers have more technical questions about the PrEP ring, especially in relation to inserting, removing, and wearing it in the body, they should direct their peers to a local health care provider trained on the ring.

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

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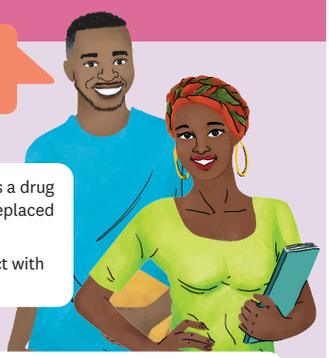
SESSION MATERIALS

TOOL 12B

Answering your Questions: PrEP Ring

Hi! We're HIV Prevention Ambassadors. Do you have any questions about the PrEP ring?



What is the PrEP ring?

It's a flexible silicone ring that is inserted into the vagina and releases a drug called dapirivine. The PrEP ring is worn for one month before being replaced and prevents HIV during vaginal sex.

The word **PrEP** stands for **Pr**e (before) **E**xposure (coming into contact with the virus) **P**rophylaxis (medication to prevent infection).

How does it work?

The ring slowly releases a drug called dapivirine into the vagina over one month. Dapivirine stops HIV from making copies of itself in the vagina. When HIV cannot multiply, it dies.

How effective is it?

The PrEP ring prevents HIV during vaginal sex by about 50 percent or more, if used consistently. If it is worn continuously for the month and not removed, it may be even more effective. The PrEP ring must be in place for 24 hours to provide maximum HIV prevention. The PrEP ring cannot prevent HIV if it is not in place!

Is the PrEP ring right for me?

That's your decision. It's your body, so it's your choice! You might consider the PrEP ring if you are having sex and want to prevent HIV but don't want to take a pill every day or get an injection. The ring doesn't prevent HIV during anal sex or injection drug use, so it may not be right for everyone. PrEP methods need to be used only during times in your life when you need an HIV prevention method, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider before starting any method so you can make an informed choice!

Will the PrEP ring prevent other STIs and pregnancy?

No! The PrEP ring will not prevent other sexually transmitted infections (STIs) or pregnancy. It's best to use condoms and contraception with the PrEP ring and get tested regularly for STIs.

Does the PrEP ring have any impact on fertility?

The PrEP ring does not affect fertility. It is okay to use the PrEP ring with most contraceptive methods except contraceptive rings and diaphragms.

Studies show that it is okay to use the PrEP ring during pregnancy and breastfeeding. If you are thinking about becoming pregnant, speak to your health care provider.

Are there any side effects?

Some people experience side effects, such as urinary tract infections, itching of the vagina or the area outside the vagina, changes in vaginal wetness or odour, or pain in the lower part of the belly. These are usually mild and can be treated without the need for ring removal. If you experience vaginal changes while using the PrEP ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

Can I use the PrEP ring if I am using other medications?

Dapivirine from the PrEP ring mostly stays in the vagina after it is released. Because dapivirine does not circulate in the body, it is okay to use the PrEP ring with other medications, including gender-affirming hormones.

If I use the PrEP ring, does that mean I can't drink alcohol or take drugs?

Alcohol and other drugs do not affect the PrEP ring. Remember that alcohol and drug use might make it harder to use the PrEP ring as directed and to make good decisions about your sexual health.

Should I take the PrEP ring out during the month?

No!

- The PrEP ring does not need to be taken out to be cleaned.
- The PrEP ring does not affect the frequency of menses or the length or amount of bleeding. It is safe to use tampons with the PrEP ring, and the ring does not block the flow of blood. Menstrual bleeding may change the colour of the PrEP ring, but that does not change the ring's ability to prevent HIV.
- The PrEP ring does not need to be removed during sex. Most people do not feel the PrEP ring during sex.

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

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

How do I dispose of the ring?

Used rings can be disposed of in a trash can or dust bin, or returned to your health care provider. Do not burn rings or put them into a flushing toilet.

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TOOL 13B

Tips for Using the PrEP Ring

1 Set a reminder to replace the PrEP ring each month.

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

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

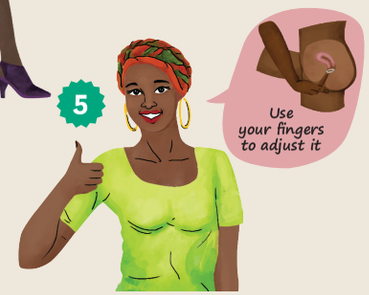
You're not the only one using the PrEP ring. Connect with other people using the PrEP ring so you can support each other. Some support groups meet in person; others use social media or virtual chat groups

3 Store your backup PrEP rings in a dry, cool place away from children and animals.

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

4 Keep backup PrEP rings.

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



5 Only remove the PrEP ring if you are replacing it.

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

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

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

7 Use clean hands when inserting and removing the PrEP ring.

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

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

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

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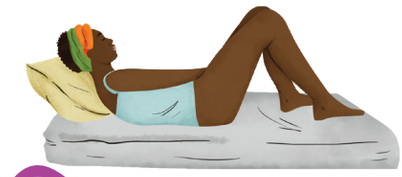
TOOL 15

PrEP Ring Insertion and Removal

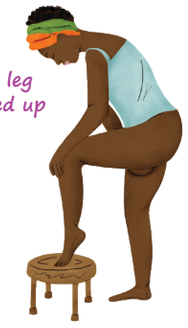
PrEP RING INSERTION STEPS:



lying down

squatting

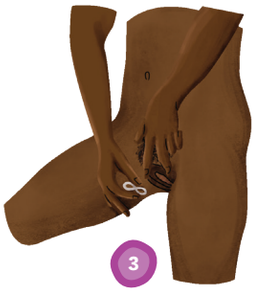
one leg lifted up



assisted by a health care provider

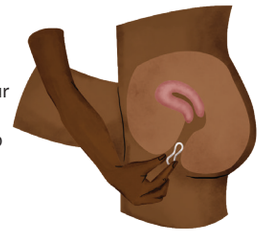
1 To insert the ring, get into a position that is comfortable for you, such as squatting, one leg lifted up, or lying down. If you are being assisted by a health care provider, you will be in a reclining position.

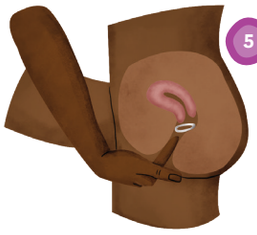
2 With clean hands, squeeze the ring between the thumb and forefinger, pressing both sides of the ring together, OR holding the ring with two hands and slightly twisting it to create a "figure 8" shape.



3 Use the other hand to open the folds of skin (vulva) around the vagina.

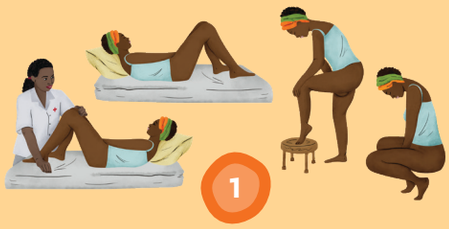
4 Place the tip of the ring into the vaginal opening and use your fingers to push the folded ring gently up into the vagina.





5 Push the ring as far toward your lower back as possible. If the ring feels uncomfortable, it is probably not inserted far enough into the vagina. Use a finger to push it as far up into the vagina as is comfortable.

PrEP RING REMOVAL STEPS:



1 To remove the ring, get into a position that is comfortable for you, such as squatting, one leg lifted up, or lying down. If you are being assisted by a health care provider, you will be in a reclining position.

2 With clean hands, insert one finger into the vagina and hook it around the edge of the ring.

3 Gently pull the ring out of the vagina.

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4 Finding Out About PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed for each pre-exposure prophylaxis (PrEP) method included in your training. (See facilitation suggestions in **Using this Training Manual, Part 1: Choose what sessions to include**.)

Participants will begin working on the PrEP Journey Map. The Journey Map outlines the steps peers may follow when deciding whether to use a PrEP method, the first one being finding out about PrEP methods. In this session and the next four sessions, each participant will support the character they created during the Making a Choice session through the journey for the given PrEP method. Participants will also identify the information they will need as Ambassadors to educate their peers about the PrEP method and strategies for communicating this information.

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

- Understand and explain how the PrEP method works to prevent HIV
- Know how to communicate key information about the PrEP method to their peers

KEY MESSAGES

- The process of deciding to use PrEP is complex. People may need both time and support to decide whether PrEP is right for them.
- PrEP contains antiretroviral (ARV) medications. When HIV enters the body, it attacks and enters immune cells known as CD4 cells. ARVs block HIV from making copies of itself to infect the CD4 cells. If a person is using PrEP and they are exposed to HIV, the virus will not be able to infect them. The virus will die, and the person will not get HIV.
- Daily Oral PrEP:
  - Daily oral PrEP is a pill that is taken once a day by an HIV-negative person to prevent getting HIV.
  - Oral PrEP works for anyone who may be exposed to HIV. If a health care provider prescribes daily PrEP, it must be taken every day for ARV levels to be high enough to prevent HIV.

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KEY MESSAGES (CONTINUED)

- PrEP Ring:
  - The PrEP ring is a silicone ring inserted into the vagina, worn continuously for one month, and then replaced with a new ring. The PrEP ring prevents HIV only during vaginal sex.
  - The PrEP ring is recommended for people who are unable or unwilling to use oral PrEP, or in situations where oral PrEP is not available.
  - Because the PrEP ring stays in the vagina for a month, it can be convenient for someone who forgets to take daily pills.
  - The PrEP ring has been shown to be safe to use during pregnancy and breastfeeding, and is recommended for people aged 16 and older.
- ED PrEP:
  - Event-driven PrEP (ED PrEP) is a way of taking oral PrEP the day before and after sex to prevent HIV. Two pills are taken 2 to 24 hours before sex, then one pill is taken 24 hours after the first dose, and a second pill is taken 24 hours after the second dose.
  - ED PrEP prevents HIV during all kinds of sex, but it can only be used by people who are assigned male at birth and are not taking feminizing hormones.
- CAB PrEP:
  - Long-acting injectable cabotegravir (CAB-LA or CAB PrEP) is an injection into the buttocks. The injection is given once a month for the first two months and about every two months after.
  - CAB PrEP circulates throughout the whole body and prevents HIV during vaginal and anal sex. While more information is needed, it is also likely to prevent HIV during injection drug use.
  - CAB PrEP has been shown to be highly effective in cisgender and transgender men and women and in young people. CAB PrEP is one of the most effective PrEP methods available.
  - Research has shown no concerns about CAB PrEP use during pregnancy and breastfeeding.
- LEN PrEP:
  - Long-acting injectable lenacapavir (LEN PrEP) is given as two injections into the stomach or thighs. The first injections are given alongside two days of two lenacapavir pills each day, and then the injections are given about every six months.
  - LEN PrEP circulates throughout the whole body and prevents HIV during any type of sex. Although research is ongoing, it is also likely to prevent HIV during injection drug use.
  - LEN PrEP has been shown to be highly effective in people of all gender identities and young people. It has also been shown to be safe and acceptable during pregnancy and breastfeeding.

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KEY MESSAGES (CONTINUED)

- The 'tail period' is the time after the last PrEP injection when cabotegravir or lenacapavir remains in the body but at levels that may not prevent HIV.
- If someone wants to stop using a PrEP method, they must use it for a certain amount of time after their last possible HIV exposure in order to avoid getting HIV. People who stop using injectable PrEP will also need an effective HIV prevention method to prevent the possibility of drug resistance.
- Everyone should use their PrEP method as prescribed by their health care provider.

MATERIALS

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

Worksheet 2A	PrEP Journey Map: Oral PrEP
Worksheet 2B	PrEP Journey Map: PrEP Ring
Worksheet 2C	PrEP Journey Map: CAB PrEP
Worksheet 2D	PrEP Journey Map: LEN PrEP

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

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

2. Note that in this session and the next four sessions, participants will learn how to support their peers to:

- Find out about PrEP methods
- Decide to use PrEP
- Get PrEP
- Use the PrEP method correctly and continue to use it while they need effective HIV prevention
- Tell others they are using PrEP

3. Show participants the **PrEP Journey Map** worksheet. Explain that it shows the different steps their peers might take when deciding to use their PrEP method.

4. Take participants through each step of the Journey Map, highlighting that:

- The map makes the journey look much simpler than it is in reality. Each person's journey will be unique.
- It is common for people to go back and forth between these steps.

FACILITATION TIPS

Participants may not have seen all of the PrEP methods before.

If possible, bring some samples to show them what they look like.

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- It may take somebody a long time to take a step forward on this journey. For example, they may choose to use a PrEP method but not start using it for weeks or months.
- Some people start using PrEP but then stop, even if their HIV prevention needs have not changed.

5. Explain that in each session, participants will support the character they created in the **Making a Choice** session through their journey with their chosen PrEP method.

APPLY

FACILITATION TIPS

ACTIVITY: Journey Map Step One – Helping Your Peers Find Out about PrEP Methods

1. Explain to participants that educating their peers about PrEP is an important first step. It is normal for people to worry about using a medication if they do not understand how it works. Without the correct information, people are also more likely to believe myths.
2. Explain to participants that you are going to work together to identify what their peers need to know and to practice communicating this information clearly.
3. Divide participants into small groups and give each group a piece of flip chart paper.
4. Ask participants to divide the page into three columns and write the following headings (one per column) from left to right:
   - What we will need to know
   - What we already know
   - What we need to find out
5. Explain to participants that in the first column (*What we will need to know*), they will be writing what they, as Ambassadors, will need to know about the PrEP method to educate their peers. This includes what they already know and also what they need to learn.
6. In the second column (*What we already know*), they will write the things from the first list that they, as a group, already know about the PrEP method
7. In the third column (*What we need to find out*), they will write the things from the first list they will need to learn about the PrEP method so they can educate their peers.
8. Let them know that each small group will be giving a five-minute presentation to the larger group and that you will all work together to fill in the gaps in knowledge at the end of the activity.

If you are training on more than one PrEP method, assign each group to one of the methods; try to have equal numbers of groups assigned to each method if possible.

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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 to address the gaps in knowledge listed under '*What we need to find out*'.
15. Using the **PrEP Methods Essential Knowledge** and **Key Messages**, help participants fill in their knowledge gaps about their PrEP method. Direct participants to their **PrEP Journey Map** worksheet and explain that they will now be identifying the key messages they want to communicate to their characters.
16. Ask participants to break into pairs by talking with other participants and finding someone whose character will need similar key messages.

Remind participants to refer to the characters they created during the **Making a Choice** session.

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.

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 do not need to change activities — just wrap up the discussion with these reflection questions.

SUGGESTED REFLECTION QUESTIONS

- Did you understand how the PrEP method worked before this session?
- Do you think this information is important for your peers to know?
- What do you think about the PrEP method as an option for preventing HIV? What do you like about it? Do you have any concerns?

Ask participants if anyone would like to share their own experience of finding out about a PrEP method.

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SESSION MATERIALS

WORKSHEET 2A

PrEP Journey Map: Oral PrEP

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? Where can they get it?

Draw your character here

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

How can you support them to take oral PrEP every day and continue to use it while they need effective HIV prevention?

5 Do I need to tell anyone about my PrEP use?

How can you support them with the decision about whether to tell others about taking oral PrEP?

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

WORKSHEET 2B

PrEP Journey Map: PrEP Ring

WORKSHEET 2C

PrEP Journey Map: CAB PrEP

WORKSHEET 2D

PrEP Journey Map: LEN PrEP

1 Hi! I'm _____ I've heard about LEN PrEP, but I don't really know much about it.

What does your character need to know about LEN PrEP to decide if it's right for them?

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

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

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

How can you help them get LEN PrEP? Where can they get it?

Draw your character here

4 I am using LEN PrEP but sometimes it is hard for me to get to my injection appointments on schedule.

How can you support them to use LEN PrEP consistently and continue to use it while while they need effective HIV prevention?

5 Do I need to tell anyone that I am using LEN PrEP?

How can you support them with the decision about whether to tell other people that they are using LEN PrEP?

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

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5 Deciding to Use PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed for each pre-exposure prophylaxis (PrEP) method included in your training. (See facilitation suggestions in **Using this Training Manual, Part 1: Choose what sessions to include**.)

Participants will work through the second step of the PrEP Journey Map: Deciding to Use a PrEP Method. They will identify concerns their peers may have about using the given method of PrEP and strategies for supporting their peers to overcome those concerns. Participants will then practice answering key questions about the PrEP method in a group role-play.

By the end of this session, participants should:

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

KEY MESSAGES

- It is normal for people to have concerns about starting a new medication or product. Ambassadors can play an important role by addressing these concerns and supporting their peers to make informed decisions about using their chosen PrEP methods.
- Common concerns people have about using PrEP methods include:
  - General:
    - Worrying about telling their parents and/or partners
    - Worrying about how using PrEP could affect their relationships with their partners, families, 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 getting tested for HIV because they worry they may have HIV
    - Not wanting to use the medication/product forever

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KEY MESSAGES (CONTINUED)

- Oral PrEP:
  - The pill is too big to swallow
  - People may see the pills and think they are taking antiretrovirals for HIV treatment
  - It will be hard to remember to take the pill every day or when needed
- PrEP Ring:
  - It will be uncomfortable to wear and will be felt during sex
  - It will change the shape of the vagina or affect the cleanliness of the vagina if it is left in all the time
- Injectable PrEP
  - Fear of injections or shots
  - It may be hard to make appointments or be discreet with appointments
  - Worrying about HIV drug resistance if they get HIV during or after using injectable PrEP

- People should be empowered to make their own decisions about using PrEP.
- An Ambassador's role is to provide their peers with the information and support they need to make informed decisions.
- Helping someone identify their main motivating reason to use PrEP may help them be more successful in using it.

MATERIALS

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

Tool 12A Answering Your Questions: Oral PrEP
Tool 12B Answering Your Questions: PrEP Ring
Tool 12C Answering Your Questions: CAB PrEP
Tool 12D Answering Your Questions: LEN PrEP
Worksheet 2A PrEP Journey Map: Oral PrEP
Worksheet 2B PrEP Journey Map: PrEP Ring
Worksheet 2C PrEP Journey Map: CAB PrEP
Worksheet 2D PrEP Journey Map: LEN PrEP

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SESSION INSTRUCTIONS

EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map** worksheet.
3. Remind them that in the previous session, each of them identified key messages their character needs to know about the character's PrEP method.
4. Although these key messages will create awareness about their PrEP methods, Ambassadors' peers will likely need more information and support before they decide if they want to use a method.
5. Explain that an individual's decision about using a PrEP method will be influenced by lots of different things, such as their values and priorities, their family, their partner(s), their peer group, their sexuality and sexual practices, whether they inject drugs, their access to resources, and their relationships.
6. Ambassadors' peers will likely have a range of questions and concerns when deciding if they want to use PrEP generally or their chosen method specifically. This session will focus on identifying how participants can support their peers to make informed decisions about using PrEP and help their peers identify their main motivations for using PrEP.

ACTIVITY: Addressing Your Peers' Concerns

1. Direct participants to step two of the method-specific **PrEP Journey Map** worksheet.
2. Explain that they will choose a concern that their character may have about using the selected PrEP method.
3. Facilitate a brainstorming session about the different concerns peers may have that could stop them from considering using the PrEP method. Write participants' ideas on a piece of flip chart paper or whiteboard.
4. Next, brainstorm different factors that may be motivating their peers to use PrEP. Try to focus on factors other than the fear of getting HIV.
5. Highlight to participants that it is not their job to tell peers if a PrEP method is right for them. Instead, they should empower peers to make their own decisions about using PrEP.
6. Ask participants to break into pairs.

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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 the selected PrEP method
   - Ways they can help the character overcome their concerns and support them to make an informed decision about using that PrEP method
   - Their character's main motivating factor for using PrEP (aside from the fear of getting HIV)
9. Once participants have finished, bring the group back together.
10. Ask each pair to give a short presentation about the concerns they discussed, how they addressed them to support their characters to make informed decisions about using the PrEP method, and the main reasons why their characters might want to use PrEP for HIV prevention.

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, PrEP Ring, CAB PrEP,** or **LEN PrEP — Answering Your Questions** Ambassador tool, depending on which method you are currently discussing.
3. Ask participants to spread out and act out the role-plays. Ask them to swap roles after completing the role-play so they both get to practice asking and answering the questions.
4. After everyone has finished, ask them to put away their toolkits.
5. Ask the group to form a circle.
6. Ask for a volunteer to stand in the middle of the circle and to play the role of an HIV Prevention Ambassador.
7. Ask for another volunteer to play the role of a peer. They should then join the HIV Prevention Ambassador in the circle and ask the Ambassador about the PrEP method under discussion.
8. Once the Ambassador has answered the question, the person playing the role of the peer will become the Ambassador. Ask another volunteer to step into the circle and ask a question.

FACILITATION TIPS

You might suggest that participants take this opportunity to pair with someone they have not worked with before.

Encourage participants to:

- Attempt the second part of the activity without referring to their toolkits (but it is also okay if they need them).
- Come up with questions independently. If they get stuck, they can use the toolkit to prompt them.
- Think about how they can include the main reasons they use PrEP in these discussions with their peers.

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9. Repeat this process until the key questions have been answered.
10. Once the activity has come to an end, bring participants into a circle for reflection.

REFLECT

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

- Have you heard these concerns from your friends/peers?
- Have you heard any concerns that we did not address today?
- Did you, or do you, share any of these concerns? What helped you to overcome these concerns?
- How can you help empower or motivate your peers when discussing PrEP with them?

FACILITATION TIPS

Invite participants to talk about concerns they have had or might still have about using the PrEP method.

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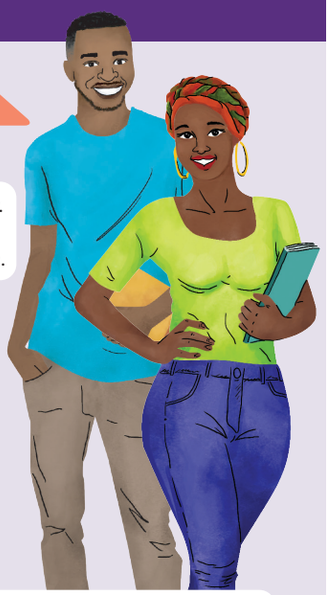
SESSION MATERIALS

TOOL 12A

Answering your Questions: Oral PrEP



Hi! We're HIV Prevention Ambassadors. Do you have any questions about oral PrEP?

What is oral PrEP?

It's a medication that an HIV-negative person can take to prevent HIV.

The word **PrEP** stands for **Pr**e (before) **E**xposure (coming into contact with the virus) **P**rophylaxis (medication to prevent infection).

How does it work?

Oral PrEP spreads throughout the whole body and prevents HIV from multiplying itself. If HIV cannot multiply, it dies.

How effective is it?

When taken as directed, it will build up in your system and become more than 90 percent effective, although this may be closer to 75% for people who inject drugs. Talk to your health care provider about how long you need to take it before it will protect you from HIV.

Is oral PrEP right for me?

That's your decision. It's your body, so it's your choice! You might consider oral PrEP if you are having sex and you want an additional method to prevent HIV. PrEP methods need to be used only during times in your life when you need an HIV prevention method, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider before starting any method so that you can make an informed choice!

Will oral PrEP prevent other STIs and pregnancy?

No! Oral PrEP will not prevent other sexually transmitted infections (STIs) or pregnancy. It is best to use condoms (with lubricant) and contraception with oral PrEP and to get tested regularly for STIs.

Does oral PrEP have any impact on fertility?

Oral PrEP does not affect fertility. It can be used with any form of contraception.

Oral PrEP is also safe to use during pregnancy or if you are breastfeeding. If you are thinking of becoming pregnant, speak to your health care provider.

Are there any side effects?

Oral PrEP is just like any other medication. A small number of people experience minor side effects, such as headaches, weight loss, nausea, vomiting, or abdominal pain, but these will likely go away in a few weeks.

Can I use oral PrEP if I am using other medications?

Yes. Oral PrEP won't affect any of your other medications, but some gender-affirming hormones may impact the amount of oral PrEP in your system. If you are using these, it is especially important to take oral PrEP every day.

If I use oral PrEP, does that mean I can't drink alcohol or take drugs?

Alcohol and other drugs do not affect oral PrEP. Remember that alcohol and drug use might make it harder to take oral PrEP as directed and to make good decisions about your sexual health.

What do I need to do if I want to use oral PrEP?

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

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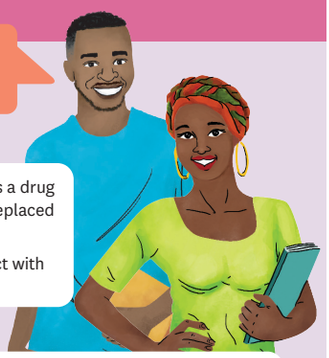
TOOL 12B

Answering your Questions: PrEP Ring

Hi! We're HIV Prevention Ambassadors. Do you have any questions about the PrEP ring?



What is the PrEP ring?

It's a flexible silicone ring that is inserted into the vagina and releases a drug called dapirivine. The PrEP ring is worn for one month before being replaced and prevents HIV during vaginal sex.

The word **PrEP** stands for **Pr**e (before) **E**xposure (coming into contact with the virus) **P**rophylaxis (medication to prevent infection).

How does it work?

The ring slowly releases a drug called dapivirine into the vagina over one month. Dapivirine stops HIV from making copies of itself in the vagina. When HIV cannot multiply, it dies.

How effective is it?

The PrEP ring prevents HIV during vaginal sex by about 50 percent or more, if used consistently. If it is worn continuously for the month and not removed, it may be even more effective. The PrEP ring must be in place for 24 hours to provide maximum HIV prevention. The PrEP ring cannot prevent HIV if it is not in place!

Is the PrEP ring right for me?

That's your decision. It's your body, so it's your choice! You might consider the PrEP ring if you are having sex and want to prevent HIV but don't want to take a pill every day or get an injection. The ring doesn't prevent HIV during anal sex or injection drug use, so it may not be right for everyone. PrEP methods need to be used only during times in your life when you need an HIV prevention method, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider before starting any method so you can make an informed choice!

Will the PrEP ring prevent other STIs and pregnancy?

No! The PrEP ring will not prevent other sexually transmitted infections (STIs) or pregnancy. It's best to use condoms and contraception with the PrEP ring and get tested regularly for STIs.

Does the PrEP ring have any impact on fertility?

The PrEP ring does not affect fertility. It is okay to use the PrEP ring with most contraceptive methods except contraceptive rings and diaphragms.

Studies show that it is okay to use the PrEP ring during pregnancy and breastfeeding. If you are thinking about becoming pregnant, speak to your health care provider.

Are there any side effects?

Some people experience side effects, such as urinary tract infections, itching of the vagina or the area outside the vagina, changes in vaginal wetness or odour, or pain in the lower part of the belly. These are usually mild and can be treated without the need for ring removal. If you experience vaginal changes while using the PrEP ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

Can I use the PrEP ring if I am using other medications?

Dapivirine from the PrEP ring mostly stays in the vagina after it is released. Because dapivirine does not circulate in the body, it is okay to use the PrEP ring with other medications, including gender-affirming hormones.

If I use the PrEP ring, does that mean I can't drink alcohol or take drugs?

Alcohol and other drugs do not affect the PrEP ring. Remember that alcohol and drug use might make it harder to use the PrEP ring as directed and to make good decisions about your sexual health.

Should I take the PrEP ring out during the month?

No!

- The PrEP ring does not need to be taken out to be cleaned.
- The PrEP ring does not affect the frequency of menses or the length or amount of bleeding. It is safe to use tampons with the PrEP ring, and the ring does not block the flow of blood. Menstrual bleeding may change the colour of the PrEP ring, but that does not change the ring's ability to prevent HIV.
- The PrEP ring does not need to be removed during sex. Most people do not feel the PrEP ring during sex.

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

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

How do I dispose of the ring?

Used rings can be disposed of in a trash can or dust bin, or returned to your health care provider. Do not burn rings or put them into a flushing toilet.

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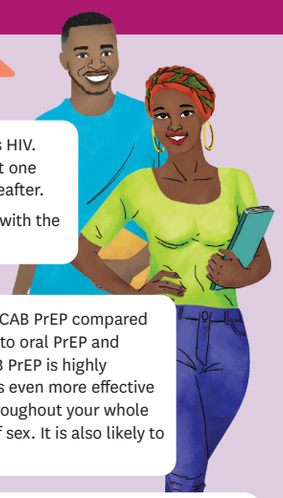
Answering your Questions: CAB PrEP

TOOL 12C

Hi! We're HIV Prevention Ambassadors. Do you have any questions about CAB PrEP?



What is CAB PrEP?

It's an injection into the buttocks given every two months that prevents HIV. CAB stands for 'cabotegravir', which is an ARV. To use CAB PrEP, you get one injection each month for two months, and then every two months thereafter.

The word **PrEP** stands for **Pr**e (before) **E**xposure (coming into contact with the virus) **P**rophylaxis (medication to prevent infection).

How does it work?

Once you get an injection of CAB PrEP, the medicine is slowly released into your blood stream. It prevents HIV from entering your cells and multiplying. If HIV cannot multiply, the virus dies.

How effective is it?

Large studies of CAB PrEP compared its effectiveness to oral PrEP and showed that CAB PrEP is highly effective — with on-time injections, it is even more effective than oral PrEP. Because it circulates throughout your whole body, it prevents HIV during all types of sex. It is also likely to prevent HIV during injection drug use.

Is CAB PrEP right for me?

That's your decision. It's your body, so it's your choice! You might consider CAB PrEP if you are having sex and want to prevent HIV but don't want to take a pill every day or use a product that is inserted into the vagina. PrEP methods need to be used only during times in your life when you need an HIV prevention method, and they have pros and cons for different people. It is important to discuss your HIV prevention plan with your health care provider before starting any method, so that you can make an informed choice!

Will CAB PrEP prevent other STIs and pregnancy?

No! CAB PrEP will not prevent other sexually transmitted infections (STIs) or pregnancy. It's best to use condoms and contraception with CAB PrEP to prevent unwanted pregnancy and STIs.

Does CAB PrEP have any impact on fertility?

CAB PrEP does not affect fertility. Studies have shown no concerns with using CAB PrEP during pregnancy or breastfeeding. If you are thinking of becoming pregnant, you should talk to your health care provider.

Are there any side effects?

Using CAB PrEP is much like getting any other injection. Some people may have a mild or moderate injection site reaction, such as redness, pain, or swelling. If you have one of these reactions, your health care provider may be able to help you manage it.

Like other medications, CAB PrEP also has some side effects. A small number of people may get headaches, diarrhoea, or tiredness, but most of these side effects are mild or moderate and go away within a few days.

Can I use CAB PrEP if I am using other medications, or if I drink or use recreational drugs?

Some medications that are used to prevent seizures or treat tuberculosis may interact with cabotegravir or CAB PrEP, so it's best to speak to your health care provider about all the medications you are using if you would like to try CAB PrEP. However, CAB PrEP does not interact with gender-affirming hormones.

Interactions between CAB PrEP and recreational drugs or alcohol are unlikely. Make sure that drinking or using recreational drugs does not interfere with your visits to get CAB PrEP injections and use a condom when having sex to prevent STIs and unwanted pregnancy.

What else should I know about CAB PrEP if I am thinking about using it?

Cabotegravir stays in the body for a long time, up to a year after the last injection. This time period is called the 'tail'. If you get HIV during the tail period or while using CAB PrEP, it is possible that you could develop drug-resistant HIV, which means that the HIV could be harder to treat. Please speak to your health care provider if you are thinking of stopping CAB PrEP to make a plan to prevent HIV and drug resistance.

What do I need to do if I want to use CAB PrEP?

The first step is to see a health care provider. They will help you understand the important considerations about CAB PrEP use and make sure you get all the tests you need before getting your first injection.

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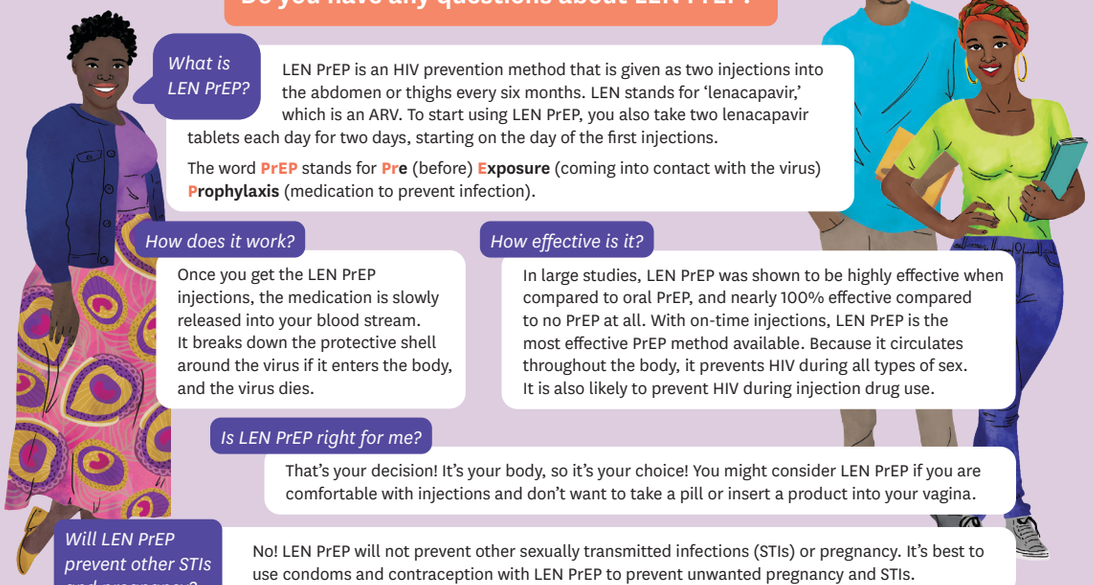
TOOL 12D

Answering your Questions: LEN PrEP

Hi! We're HIV Prevention Ambassadors. Do you have any questions about LEN PrEP?



What is LEN PrEP?

LEN PrEP is an HIV prevention method that is given as two injections into the abdomen or thighs every six months. LEN stands for 'lenacapavir,' which is an ARV. To start using LEN PrEP, you also take two lenacapavir tablets each day for two days, starting on the day of the first injections.

The word **PrEP** stands for **Pr**e (before) **E**xposure (coming into contact with the virus) **P**rophylaxis (medication to prevent infection).

How does it work?

Once you get the LEN PrEP injections, the medication is slowly released into your blood stream. It breaks down the protective shell around the virus if it enters the body, and the virus dies.

How effective is it?

In large studies, LEN PrEP was shown to be highly effective when compared to oral PrEP, and nearly 100% effective compared to no PrEP at all. With on-time injections, LEN PrEP is the most effective PrEP method available. Because it circulates throughout the body, it prevents HIV during all types of sex. It is also likely to prevent HIV during injection drug use.

Is LEN PrEP right for me?

That's your decision! It's your body, so it's your choice! You might consider LEN PrEP if you are comfortable with injections and don't want to take a pill or insert a product into your vagina.

Will LEN PrEP prevent other STIs and pregnancy?

No! LEN PrEP will not prevent other sexually transmitted infections (STIs) or pregnancy. It's best to use condoms and contraception with LEN PrEP to prevent unwanted pregnancy and STIs.

Does LEN PrEP have any impact on fertility?

LEN PrEP does not affect fertility. Studies have shown no concerns with using LEN PrEP during pregnancy or breastfeeding. If you are thinking of becoming pregnant, you should talk to your health care provider.

Are there any side effects?

More than half of people using LEN PrEP may have a reaction at the injection sites. These reactions include pain, bumps, and swelling. Some of these reactions just last a few weeks, but others may last up to a year or more.

Like with other medications, a small amount of people using LEN PrEP might have side effects. These include headaches, dizziness, and nausea. A health care provider can help to manage any side effects or injection site reactions that you may have.

Can I use LEN PrEP if I am using other medications, or if I drink or use recreational drugs?

Lenacapavir does interact with some medications, like some treatments for tuberculosis or seizures. Someone using these medications may need a higher dose of LEN PrEP to prevent HIV. LEN PrEP might also increase the effects of the recreational drug ketamine or drugs to treat erectile dysfunction. It is important to speak to a health care provider about any medications you are taking or recreational drugs that you use before starting LEN PrEP.

However, LEN PrEP can be used with gender-affirming hormones.

It is unlikely that LEN PrEP will interact with other recreational drugs or alcohol. Make sure that drinking or using recreational drugs does not interfere with your visits for LEN PrEP injections, and use a condom when having sex to prevent STIs and unwanted pregnancy.

What else should I know about LEN PrEP if I am thinking about using it?

Lenacapavir stays in the body for a long time, sometimes for more than one year, after the last injection. This time is called the 'tail' period. If you get HIV during the tail period or while using LEN PrEP, it is possible that you could develop drug-resistant HIV, which means that the HIV could be harder to treat. Please speak to your health care provider if you are thinking of stopping LEN PrEP to make a plan to prevent HIV and drug resistance.

What do I need to do if I want to use LEN PrEP?

The first step is to see a health care provider. They will help you understand the important considerations about LEN PrEP use and make sure you get all the tests you need before getting your first injections.

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WORKSHEET 2B

PrEP Journey Map: PrEP Ring

1 Hi! I'm _____ I've heard about the PrEP ring, but I don't really know much about it.

What does your character need to know about the PrEP ring to decide if it's right for them?

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

How can you help them get the PrEP ring? Where can they get it?

Draw your character here

4 I am using this PrEP method but sometimes forget to use it as prescribed.

How can you support them to use this PrEP method consistently and continue to use it while they need effective HIV prevention?

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

5 Do I need to tell

WORKSHEET 2A

PrEP Journey Map: Oral PrEP

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?

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

How can you help them get oral PrEP? Where can they get it?

Draw your character here

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

How can you support them to take oral PrEP every day and continue to use it while they need effective HIV prevention?

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

5 Do I need to tell

WORKSHEET 2C

PrEP Journey Map: CAB PrEP

1 Hi! I'm _____ I've heard about CAB PrEP, but I don't really know much about it.

What does your character need to know about CAB PrEP to decide if it's right for them?

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

How can you help them get CAB PrEP? Where can they get it?

Draw your character here

4 I am using this PrEP method but sometimes forget to use it as prescribed.

How can you support them to use this PrEP method consistently and continue to use it while while they need effective HIV prevention?

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

5 Do I need to tell

WORKSHEET 2D

PrEP Journey Map: LEN PrEP

1 Hi! I'm _____ I've heard about LEN PrEP, but I don't really know much about it.

What does your character need to know about LEN PrEP to decide if it's right for them?

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

How can you help them get LEN PrEP? Where can they get it?

Draw your character here

4 I am using LEN PrEP but sometimes it is hard for me to get to my injection appointments on schedule.

How can you support them to use LEN PrEP consistently and continue to use it while while they need effective HIV prevention?

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

5 Do I need to tell anyone that I am using LEN PrEP?

How can you support them with the decision about whether to tell other people that they are using LEN PrEP?

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

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

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6 Getting PrEP Methods

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed for each pre-exposure prophylaxis (PrEP) method included in your training. (See facilitation suggestions in **Using this Training Manual, Part 1: Choose what sessions to include**.)

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

By the end of this session, participants should:

- Understand the barriers to getting the PrEP method
- Know how to support their peers to get the PrEP method

KEY MESSAGES

- Before anyone can start using a PrEP method, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This requirement can be a barrier for people and prevent them from using PrEP.
- People must have an HIV test before getting any PrEP method. This requirement can be a barrier for anyone who is worried they may be living with HIV.
- Ambassadors play an important role in supporting their peers to get PrEP.

MATERIALS

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

Worksheet 2A	PrEP Journey Map: Oral PrEP
Worksheet 2B	PrEP Journey Map: PrEP Ring
Worksheet 2C	PrEP Journey Map: CAB PrEP
Worksheet 2D	PrEP Journey Map: LEN PrEP

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SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map** worksheet for the selected PrEP method.
3. Remind them that in the previous session, they identified how they can support peers to overcome their concerns and empower them to make informed decisions about using the PrEP method.
4. Explain that they will now be imagining that their characters have decided to use the PrEP method and have progressed to the next step of the journey: Getting PrEP Methods.

ACTIVITY: Supporting Your Peers to Get PrEP

1. Direct participants to step three of the **PrEP Journey Map** worksheet.
2. Explain that before anyone can start using PrEP, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This can be a barrier for many people and can prevent them from using PrEP.
3. Facilitate a brainstorming session about the barriers that might prevent their characters from going to a health care provider to get PrEP and write these on a piece of flip chart paper or white board.
4. Ask each person to select a barrier from the list that they think could prevent their character from getting their PrEP method.
5. Ask participants to move around the room and talk with other participants to find someone who has identified the same barrier.
6. When they find a partner with a shared barrier, ask them to sit together to complete their journey maps by identifying how they could help their characters overcome the barrier.
7. When participants have finished, ask them to stay in their pairs for the next activity.

FACILITATION TIPS

A barrier is something peers are worried about or something that makes it difficult for them to get to a PrEP distribution point.

In some situations, finding out where to find PrEP can be difficult. If relevant, share specific locations where PrEP methods are available to participants, or help them develop a list for their own reference.

If participants are unclear on what a barrier is or how it could be addressed, you can start by suggesting a barrier and how you would address it.

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.

If needed, remind participants that they are thinking of ways to help their character as Ambassadors, not as policymakers.

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APPLY

INTRODUCTION

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 the PrEP method, and the Ambassador will offer support to help them overcome this barrier.
2. Give the pairs 15 minutes to prepare.
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.

FACILITATION TIPS

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.

FACILITATION TIPS

Invite participants to share if they or someone they know has experienced a barrier to getting PrEP and if they were able to overcome it.

SUGGESTED REFLECTION QUESTIONS

- Do you know where to get the PrEP methods available in your community?
- Have you heard of people in your community finding it difficult to get these PrEP methods?
- Do some people in your community face more barriers than others?

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7 Using and Staying on PrEP

PrEP Journey Mapping

SESSION OVERVIEW

This session should be completed for each pre-exposure prophylaxis (PrEP) method included in your training. (See facilitation suggestions in **Using this Training Manual, Part 1: Choose what sessions to include**.)

Participants will work through the fourth step of the PrEP Journey Map: Using and Staying on PrEP Methods. Participants will learn about the reasons their peers may find it difficult to use the selected PrEP method consistently and continue using it while they are vulnerable to HIV. They will then identify strategies for supporting their peers to use and stay on the PrEP method.

By the end of this session, participants should:

- Be able to explain the importance of using the PrEP method consistently and continuing to use it while effective HIV prevention is needed
- Be able to identify the reasons their peers may find it difficult to use a PrEP method as prescribed
- Be able to identify the reasons their peers may choose to stop using the PrEP method even though they still need HIV prevention
- Know how to support their peers to use and stay on the PrEP method

KEY MESSAGES

- PrEP can be used during periods in people's lives when they need HIV prevention. People can stop using PrEP when their circumstances change. However, if someone is exposed to HIV while they are not using their PrEP method as prescribed, their antiretroviral drug levels will not be high enough to prevent HIV. If this happens, people who get HIV may also develop HIV drug resistance.
- Many people struggle to use PrEP as prescribed.
- Common challenges to taking oral PrEP as prescribed 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 every day, for people who need daily oral PrEP
  - Experiencing side effects
  - Forgetting to take it or missing pills

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KEY MESSAGES (CONTINUED)

- Common challenges to PrEP ring use include:
  - Not understanding how the PrEP ring works or the importance of keeping it inserted all the time
  - Worrying it will be felt by a partner during sex
  - Thinking it needs to be removed to be cleaned, especially during menses
  - Not inserting it correctly, which can cause it to be uncomfortable
  - Experiencing side effects
- Common challenges to injectable PrEP use include:
  - Barriers to health facility visits to keep up with appointments for HIV testing and injections
  - Fear of needles or discomfort with injections
  - Experiencing side effects
- People may stop using PrEP altogether for many reasons, including:
  - Experiencing side effects with multiple methods
  - Concerns about or beliefs that their partners may not support their PrEP use
  - Worrying people will find out and judge them or think they are living with HIV
  - Underestimating their need for HIV prevention
  - No longer needing HIV prevention
- People who are assigned male at birth and not using gender-affirming hormones can choose between daily oral PrEP and event-driven PrEP (ED-PrEP) use if both are approved in your country. ED-PrEP can be easier for some people because it involves taking fewer pills and may cost less. On the other hand, ED-PrEP can be more challenging to use correctly compared to daily oral PrEP. People who are interested in ED-PrEP 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 oral PrEP as prescribed for it to be effective. There is no evidence that ED-PrEP works to prevent HIV during injection drug use, for people assigned female at birth, or for people taking gender-affirming hormones

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.

Worksheet 2A	PrEP Journey Map — Oral PrEP
Worksheet 2B	PrEP Journey Map — PrEP Ring
Worksheet 2C	PrEP Journey Map — CAB PrEP
Worksheet 2D	PrEP Journey Map — LEN PrEP
Tool 11	ED-PrEP
Tool 13A	Tips for Using Oral PrEP
Tool 13B	Tips for Using the PrEP Ring
Tool 13C	Tips for Using CAB PrEP
Tool 13D	Tips for Using LEN PrEP

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SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map** worksheet.
3. Remind them that in the previous session they supported their characters to get a PrEP method.
4. Explain that getting PrEP is not the last step. Many people start using PrEP but do not use it consistently. They might also stop using it while they still need effective HIV prevention. Ambassadors play an important role in supporting their peers to use PrEP consistently and to continue using it during times when they may be exposed to HIV.
5. Highlight that PrEP needs to be used only during times in people's lives when they need an HIV prevention method. They can choose to stop using PrEP when they no longer need it. However, it is important for everyone to talk to their health care providers before stopping PrEP.

ACTIVITY: Supporting Your Peers to Use and Stay On their PrEP Methods

1. Ask participants why it is important for their peers to use PrEP consistently and continue using it for as long as they might be exposed to HIV.
2. Facilitate a brainstorming session about the different reasons peers might find it difficult to use their chosen PrEP method and continue to use it. Record their answers on a whiteboard or a piece of flip chart paper.
3. Explain that in this activity, they will identify key messages that will help peers use their PrEP method correctly and continue to use it. They will also identify strategies for providing ongoing support, which their peers may need to continue to use a PrEP method correctly.
4. Break participants into small groups and give each group a piece of flip chart paper.
5. Ask participants to draw a line down the middle of the paper and write '*Key messages*' on the left and '*Support strategies*' on the right.
6. Explain that you would like them to prepare a five-minute presentation on their key messages and support strategies.
7. Give the groups 30 minutes to do the activity, and then bring everyone back together.

FACILITATION TIPS

To effectively facilitate this session, you need to understand the reasons someone might find it difficult to use their chosen PrEP method and the reasons they might stop using it. In addition, it is helpful to be aware of the unique challenges that your participants and their peers might face regarding using PrEP correctly. It will also be helpful if you are aware of different strategies Ambassadors can use to support their peers to use and stay on the PrEP method. If you need to refresh your knowledge, refer to **PrEP Methods Essential Knowledge**.

If participants need help identifying strategies, you can find examples in **PrEP Methods Essential Knowledge**.

If you are completing this session for injectable PrEP, make sure that participants mention the possibility of HIV drug resistance and how it can be avoided as part of their discussion.

If needed, remind participants to consider their character's gender identity and specific HIV prevention needs. They can refer to the PrEP tips and ED-PrEP tools for help.

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APPLY

1. Ask each group to present their strategies to the larger group.
2. Once all groups have presented, lead a discussion about what they learned from the other groups' presentations. Point out that everyone is likely to face at least some challenges using PrEP as prescribed. Ambassadors can help their peers identify early on where they might get off track and have a plan for what to do if 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

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.

FACILITATION TIPS

Invite participants to share if they or someone they know has found it difficult to use their PrEP method consistently or if they have started and stopped using PrEP. You might also ask them to reflect on the type of support that could have helped them.

SUGGESTED REFLECTION QUESTIONS

- What did you learn today that will help you in your roles as Ambassadors?
- Do you think your peers understand the importance of using a PrEP method consistently and continuing to use it during times when they need effective HIV prevention methods?
- Do the same strategies work for everybody? How can Ambassadors help their peers plan ahead for the challenges they may face using PrEP?

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SESSION MATERIALS

TOOL 11

Event-Driven PrEP, or 'ED-PrEP'

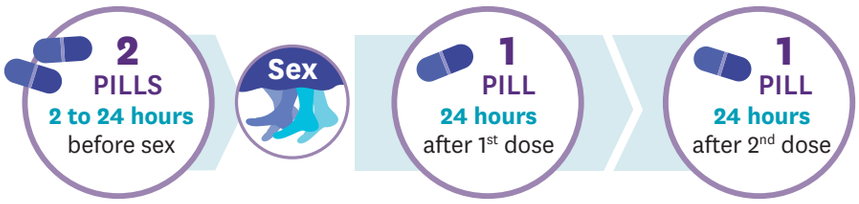
People assigned male at birth who are not using gender-affirming hormones — including cisgender men and transgender adolescent girls and young women — may be eligible to use event-driven PrEP, also known as 'ED-PrEP'. It is important to remember that ED-PrEP is not an effective option for people assigned female at birth or people using gender-affirming hormones.

WHO IS ED-PrEP FOR?

People assigned male at birth who:

1. Are not taking gender-affirming hormones
2. Have sex infrequently (one day per week or less on average)
3. Are able to predict when sex will happen, or delay sex for at least 2 hours
4. Do not need HIV prevention during injection drug use

HOW DO YOU TAKE ED-PrEP?



If you have sex again in the next few days, you should take one pill each day that the sex continues.

After the last time you have sex, you should take a single pill each day for two days.

EXAMPLE:
ED-PrEP use for sex one time or in one day

EXAMPLE:
ED-PrEP use for sex on multiple consecutive days

EXAMPLE:
ED-PrEP use for sex on multiple non-consecutive 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, 2012.

If ED-PrEP sounds like an option you are interested in, please talk to your health care provider to see if it will work for you!

Remember, ED-PrEP is **not an effective option for people assigned female at birth or people using gender-affirming hormones.**

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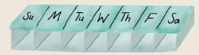
Tips for Using Oral PrEP

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

Make sure you pick a safe spot, away from small children and in a dry area.

2 Use a daily pill box

This can help you keep track of the pill you need to take each day.



3 Keep a back-up supply with you

Put some pills into a pencil or makeup bag or purse and keep it in your backpack or handbag. That way, you'll have them with you if you need to take one at work, school, or if you travel. Make sure to keep them dry and safe!

4 Take the pill as part of your daily routine

Take the pill at the same time each day, such as 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.

8 Join or start an oral PrEP support group with friends

You're not the only one using oral PrEP. Connect with other Connect with other people who are using oral PrEP so you can support each other. Some support groups meet in person; others use social media or virtual chat groups.

9 Try not to run out of pills

Plan ahead and refill your pills before you run out.

10 Keep appointments with your health care provider

If you're having side effects, talk to your health care provider about how to reduce or manage them. Your health care provider can also help if you're having trouble taking the pill every day.

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TOOL 13B

Tips for Using the PrEP Ring

1 Set a reminder to replace the PrEP ring each month.

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

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

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

3 Store your backup PrEP rings in a dry, cool place away from children and animals.

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

4 Keep backup PrEP rings.

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

5 Only remove the PrEP ring if you are replacing it.

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

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

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

7 Use clean hands when inserting and removing the PrEP ring.

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

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

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

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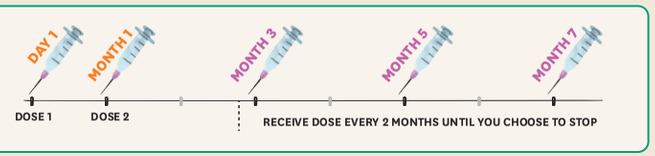
Tips for Using CAB PrEP

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

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



2 Work with your health care provider to manage side effects.

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

3 Find a CAB PrEP buddy.

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

4 Join or start a CAB PrEP support group with friends.

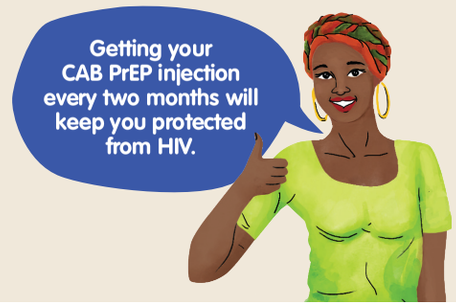
a. You're not the only one using CAB PrEP. Connect with other people using CAB PrEP so you can support each other. Some support groups meet in person, and others use social media or virtual chat groups.

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

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

6 Plan ahead for your CAB PrEP visits.

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



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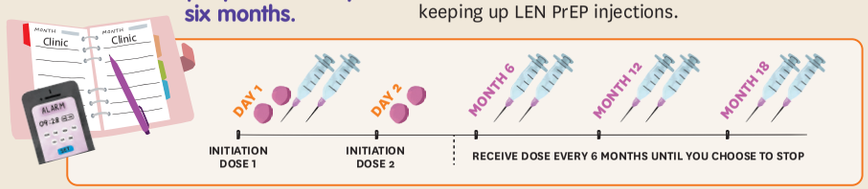
TOOL 13D

Tips for Using LEN PrEP

1 Set an alarm to take your lenacapavir pills the day after your first injections. Then set a reminder for follow-up injections every six months.

a. You can set reminders on your phone, your diary, or in a place that you will see often, like in your mirror.
b. You can also use your phone or diary to keep notes about things you want to tell or ask your health care provider.
c. The visual below shows the schedule for starting and keeping up LEN PrEP injections.



2 Work with your health care provider to manage injection site reactions and side effects.

a. Your health care provider may be able to help you manage injection site reactions and side effects. It might help to use an ice pack to reduce pain or swelling from the injections or use pain-reducing medicine to prevent or manage a headache.
b. If you have side effects or injection site reactions, write them down so that you can talk to your provider about them at your next visit. If you have reactions that are concerning or worrying, you can contact your health care provider immediately.

3 Find a LEN PrEP Buddy.

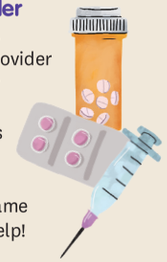
a. Find a friend or someone else you trust who can help you remember and plan for your clinic visits. If you have a friend who is also using LEN PrEP, you can support each other to keep using it or even get your injections together!

4 Join or start a LEN PrEP support group with friends.

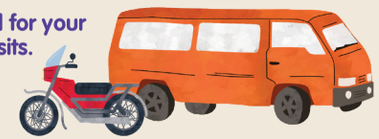
a. You're not the only one using LEN PrEP. Connect with other people using LEN PrEP so you can support each other. Support groups can meet in-person or online using social media or virtual chat groups.

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

a. You can work with your health care provider to minimise your visits to the clinic by scheduling multiple services at once. It might be possible to schedule refills for contraception or gender-affirming hormones, child immunization days, and your LEN PrEP injections at the same time. Your health care provider can help!



6 Plan ahead for your LEN PrEP visits.



a. It is a good idea to confirm your transport for your LEN PrEP injections a few days before your visit. You can check that your public transport schedule is accurate, or make sure that your friend is still able to give you a ride, if you need.
b. Confirming your transport plan before your visit can help you avoid being late for your LEN PrEP injections.

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8 Telling Others

PrEP Journey Mapping

SESSION OVERVIEW

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

By the end of this session, participants should:

- Understand the reasons why their peers might want to tell their families and partners about their use of 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 PrEP
- Know how to support their peers to decide whether they will disclose their use of PrEP
- Help their peers plan to disclose their PrEP use safely or to keep their PrEP use private

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

This session may raise the issue of violence in relationships. If participants are not experienced with this topic, you may choose to conduct the **Responding to Disclosures of Violence** session (if your programme will support Ambassadors to provide Listen, inquire, validate, ensure safety and support, or LIVES) and/or the **Peer Support** 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**.

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KEY MESSAGES

- People can use their PrEP method without telling their families, partners, or anyone else.
- Everyone has the right to decide whom they tell about their use of PrEP. Using PrEP is a health decision, and everybody has the right to make their own decisions about their health.
- Many people find it easy to keep their PrEP use private.
- People may find it easier to use PrEP if their families and/or partners know they are using it, but talking to others about PrEP use may be challenging. Ambassadors can help their peers develop a plan and practise so they feel more comfortable talking about their PrEP use.
- Brothel owners can support PrEP use by educating clients about PrEP using posters or factsheets.
- PrEP may be particularly useful for peers 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 a PrEP method. Ambassadors can play an important role in supporting their peers to develop strategies for keeping their PrEP use private.

MATERIALS

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

Worksheet 2A	PrEP Journey Map — Oral PrEP
Worksheet 2B	PrEP Journey Map — PrEP Ring
Worksheet 2C	PrEP Journey Map — CAB PrEP
Worksheet 2D	PrEP Journey Map — LEN PrEP
Tool 14A	Telling Others Role-Play 1: Deciding to Disclose Your PrEP Use
Tool 14B	Telling Others Role-Play 2: Telling Your Partner About Your PrEP Use
Tool 14C	Telling Others Role-Play 3: Keeping Your PrEP Use Private

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Journey Map** worksheet. For this session, they can reference any or all of the journey maps that they have completed in the training.
3. Remind them that in the previous session they learned strategies to support their characters to use and stay on a PrEP method.

FACILITATION TIPS

This session focuses on disclosures to partners, but people may also need support to consider if they should disclose their use of PrEP to their families or other people in their lives. Adapt the role-plays as necessary for your participants. Familiarise yourself with the **Telling Others Essential Knowledge** to understand the reasons why people may choose to disclose or not to disclose their PrEP use to different people.

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4. Explain that in this session, they will focus on how they can support their characters through step five of the Journey Map, deciding if they want to tell their families and/or partners they are using PrEP.
5. Explain that one of the unique things about PrEP is that a person does not need to involve their partner(s) or anyone else in their decision to use it.
6. Explain that everyone has the right to decide whom they tell about their use of PrEP.
7. Ask participants to consider the following questions:
    - What are the reasons a person might choose to tell their partner(s) and/or family members?
    - What are the reasons a person might choose not to tell their partner(s) and/or family members?
    - Is there a right or wrong choice?
    - What is your role as an Ambassador when supporting your peers with this decision?

Emphasise that everyone has the right to make their own decisions about their health. The role of an Ambassador is to provide the information and support their 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. In transactional relationships, the sugar daddy/blesser has more power than the sugar baby/blessee. Partners or parents-in-law of pregnant and breastfeeding people may exert more control during pregnancy and after the baby is born. These differences in power can make it difficult or even unsafe for people to talk to their partners or others about using PrEP.

Refer to the **Gender Inequality and Violence** and **Healthy Relationships and Supportive Partners** sessions for more information.

9. In some relationships, male partners expect to have control over the decisions their partner makes, particularly when it is about the partner's 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 PrEP. This is not the only reason a person 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, participants 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**
    - **Telling Others Role-Play 2**
    - **Telling Others Role-Play 3**

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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 that they can practise having these conversations in real life.
7. Give the groups 20 minutes to prepare their role-plays.

If you are training on more than one PrEP method, try to split participants into three groups per method (9 groups total), so that each group does all of the role-plays.

Groups can choose how they would like to go through the role-plays. They may nominate two people, or they may take turns in the different roles.

APPLY

FACILITATION TIPS

ACTIVITY: Role-Plays

1. Invite the group(s) doing the **Telling Others Role-Play 1: Deciding** to come to the front to present their play to the group.
2. When the first group has finished, invite the second group(s) to the front to act out the **Telling Others Role-Play 2: Telling**.
3. When the second group has finished, invite the third group(s) to the front to act out the **Telling Others Role-Play 3: Keeping PrEP Use Private**.
4. After the three groups have finished, invite participants to reflect on all of the role-plays by asking the following questions:
   - Do you think these were realistic scenarios?
   - Were there any questions that were not addressed in these scenarios?
   - Would the conversations be different if they were with your character?
   - Do you think this role-play can also apply to scenarios where a peer is considering how to tell their family?
5. Ask the group to consider whether they think their characters would tell a partner and/or their family about using 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 improve their approaches.

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

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REFLECT

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

If participants are engaged in a discussion from the previous activity, you do not need to change activities — just wrap up the discussion with these reflection questions.

Invite participants to share their personal experience of talking to their parents or partners about PrEP.

Remind participants it is up to them to decide what they would like to share with the group and what they would like to keep private.

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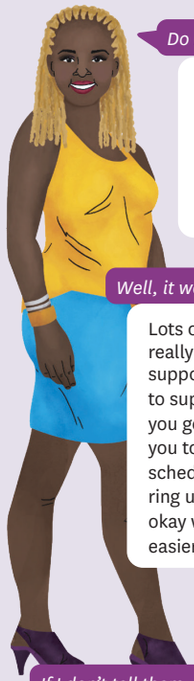
SESSION MATERIALS

TOOL 14A

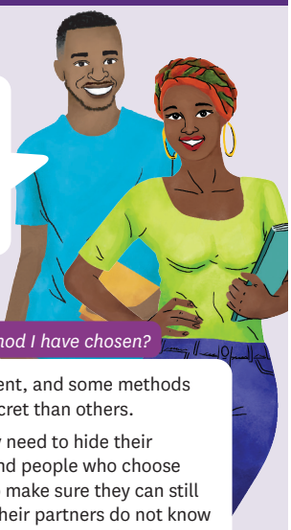
Telling Others Role-Play 1:
Deciding to Disclose Your PrEP Use



Do I have to tell my partner if I want to use 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 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 them and the reasons you don't want to.



Well, it would be nice to have their support.

Lots of people who use PrEP say it really helps to have their partner's support. Your partner may be able to support your PrEP use by helping you get to clinic visits or reminding you to take pills, change your ring, or schedule your next injection. A PrEP ring user who knows their partner is okay with their ring use may find it easier to keep the ring in during sex.

Does it matter which PrEP method I have chosen?

Each PrEP method is different, and some methods may be easier to keep a secret than others.

People using oral PrEP may need to hide their pills from their partners, and people who choose injectable PrEP will have to make sure they can still attend their clinic visits if their partners do not know about their injectable PrEP use. For people who use the PrEP ring, it is important to note that although most partners do not notice the ring during sex, it is possible that they might feel the ring during sex or foreplay — if fingers are inserted into the vagina.

If I don't tell them, I might feel uneasy or worried about them finding out.

I understand you might worry about that. It's normal to feel uneasy about keeping something a secret from someone you care about or love. I want you to know that it is 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 them, I can support you to keep it private. In the same way, if you choose to tell them, I can support you with ways to open a discussion about it.

Are there any reasons why you don't want to tell them?

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

These are important and common concerns. You could try talking to them about PrEP without saying that 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 they think about PrEP and if they are likely to be supportive.

If you do decide to tell them, we can practise responding to their concerns.

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

I am a sex worker. Do I have to tell my clients that I am using PrEP?

No. It is your choice to tell your clients about your PrEP use. Some sex workers do not tell their clients. Others might tell regular clients or clients whom they see often. It depends on the boundaries you have set with your clients.

If you work in a brothel, putting posters or information about PrEP in visible locations may help clients be more open to sex workers who use PrEP.

This tool was written with sexual partners in mind, but it is your choice whether to tell any partner, client, or anyone else, about your PrEP use!

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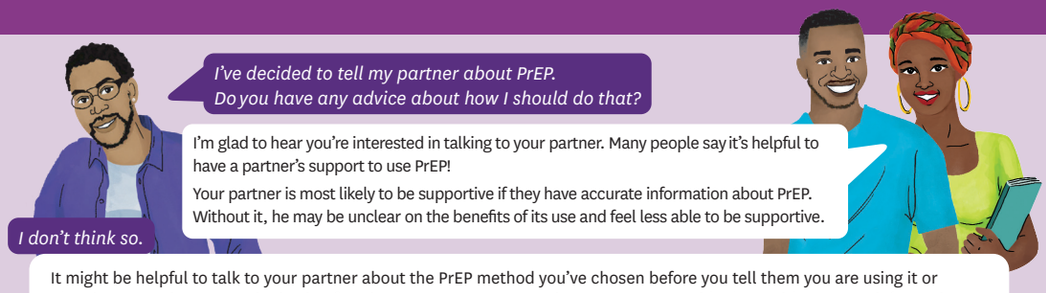
TOOL 14B

Telling Others Role-Play 2:
Telling a Partner About Your PrEP Use



I've decided to tell my partner about 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 a partner's support to use PrEP!

Your partner is most likely to be supportive if they have accurate information about PrEP. Without it, he may be unclear on the benefits of its use and feel less able to be supportive.

I don't think so.

It might be helpful to talk to your partner about the PrEP method you've chosen before you tell them you are using it or planning to use it. Try mentioning it a few times to start a conversation so you can provide them with accurate information. These conversations might also help you understand what they think about the PrEP method you've chosen.

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

The first decision you'll need to make is whether to tell them that you are ***considering*** using PrEP, or that you ***are using*** PrEP.

I'm not sure yet.

If you choose to tell them you are ***considering*** using PrEP, you could think about saying:

- Did you know that HIV is very common in our country and community? We should all think carefully about how we can prevent HIV.
- Did you know that there are now a lot of different ways to prevent HIV? What do you know about these additional HIV prevention methods?
- I've been thinking about using a prevention method to make sure I'm protected against HIV, and I need one that I can use well.
- It's been recommended to help prevent HIV.
- I've heard a lot about it. It is very safe and won't have any impact on you.
- It will just be like using other medication to prevent getting sick or to prevent pregnancy.
- I would really like your support. Using PrEP will help me prevent HIV. Many people my age are getting HIV, so I want to be as safe as I can be.

What if I choose to tell them after I start using it?

You can think about saying:

- Using PrEP is just like any other method we have to prevent HIV.
- It was recommended to me by a health care provider who educated me about it. I made the decision on my own because it's about my health and it won't have any impact on you.
- I use it because many people my age are getting HIV and I like that I can use this PrEP method well for my own protection.
- These are just some options. You know your partner best, so it's important that you decide what you want to say.

Don't forget, using PrEP is your right! You are making a responsible decision to protect your health.

What if they think I'm cheating on them, or that I don't trust them?

You could try explaining that using PrEP is not about trust — it's a decision about your health and the future of your relationship. You could also try to explain that you are trusting them by asking for their support.

Do you have any other advice?

Sure, here are some tips:

- Your safety matters. If you don't think it is safe to tell your partner, it is okay to wait until you think it will be safe or not tell them at all.
- Picking your timing is important. Try to find a time when they are in a good mood, you're both sober, and you have some privacy. This must not be a rushed conversation.
- If you're worried that 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 PrEP and have told their partners, you could ask them for advice.

If your partner is interested in learning more, you could consider sharing a flyer or other written information about the PrEP method with them or suggest that the two of you visit a health care provider together to find out more!

This tool was written with sexual partners in mind, but you can choose to tell any partner, client, or anyone, about PrEP use!

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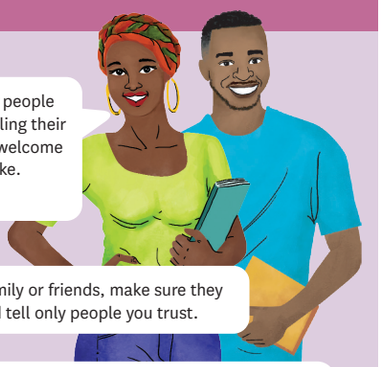
TOOL 14C

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

I've decided not to tell my partner.

It's great that you've made a decision that works best for you. Many people make the same decision, and they successfully use PrEP without telling their partners. If you ever change your mind about telling them, you are welcome to ask me for support to do this, and we can practise if you would like.

Do you have any questions about keeping your PrEP use private?



How do I make sure they don't find out?

If you want to tell other people in your life, such as your family or friends, make sure they understand that you've chosen not to tell your partner. And tell only people you trust.

How do I hide my PrEP use?

If you choose **oral PrEP**, you will need to think about ways to keep your PrEP pills hidden.

You could try:

- Keeping them with other medications in a different container
- Keeping them in your bag in a little pouch
- Keeping them with your tampons or pads or other private items
- Stuffing a bit of cotton into the pill bottle to prevent rattling

People who are very worried about their partners may keep their pills somewhere else, such as at a friend's house, but that may make it hard to take a pill every day. Some people don't hide the pills and instead pretend they are something else, such as contraceptives or pills for headache pain.

If you choose the **PrEP ring**, you will need to think about ways to keep your rings hidden.

You could try:

- Keeping the PrEP ring inserted at all times and only removing and replacing it when your partner is not around
- Disposing of the PrEP ring carefully so it won't be found in the rubbish
- Keeping extra PrEP rings in a pouch with your tampons or pads or in another private place. Make sure to leave unused rings in their original packaging.
- Keeping extra PrEP rings somewhere else, such as at a friend's house
- Getting one PrEP ring at a time so there are no extra rings to hide

Some people don't hide their PrEP ring use and instead pretend it is something else, such as a contraceptive ring.

If you choose **injectable PrEP**, the most important things you will need to plan for are getting to the clinic for your appointments and managing any side effects or injection site reactions you may have without your partner finding out.

You could try:

- Adding your clinic visits to other trips to shop or visit friends, so that you have a reason for going out
- Combining trips for PrEP injections with other clinic visits to address other health care needs
- Working with your health care provider to coordinate your PrEP injections with your clinic visits for other sexual health services, such as contraceptive refills or injections
- Working with your health care provider to prevent or manage injection site reactions and side effects

What if they find out?

Although many people use 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 PrEP is just like using any other medication that protects your health.
- It was recommended to me by a health care provider. I made the decision on my own because it's about my health and it won't have any impact on you.
- I take it because many people my age are getting HIV, and I like that I can use PrEP well for my own protection.
- Using PrEP is an investment in my health and the future of our relationship!

You could also say you were just trying it out and were going to let them know if you decided to keep using it.

You can also offer to take your partner with you on your next visit to the health care provider, who can give them more information and answer questions about PrEP and HIV prevention.

These are just some options. You know your partner best, so it's important that you decide what you want to say. It might be helpful to practise 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, using PrEP is your right. You have the right to make your own decisions about your health. You're not alone. Many people choose to use PrEP methods 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!

This tool was written with sexual partners in mind, but it is your right to keep your PrEP use private if you choose!

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9 Awareness Raising

SESSION OVERVIEW

This session should be completed after participants have gone through the journey mapping sessions for each pre-exposure prophylaxis (PrEP) method included in your training. The session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

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

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

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

KEY MESSAGES

- One's decision to use PrEP can be influenced by the attitudes of other people, making it harder or easier to get and use PrEP. Different people have different levels of influence over the decisions of an individual. Some people have influence because they have more power. These types of people use their power to control the decisions of people who need HIV prevention.
- When partners and family members are supportive of PrEP use, people are more likely to use it. The support of partners and family members can also help someone use PrEP correctly and keep using it while they need effective HIV prevention.
- 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 social norms.
- Social norms about having sex and using PrEP are a key barrier to the use of PrEP and the prevention of HIV.
- Ambassadors can use social media to increase awareness of PrEP methods in their communities.

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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.

Worksheet 3 My Circles of Influence
Tool 16 Raising Awareness Role-Play

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Remind participants that in the previous PrEP methods sessions, they supported their character to overcome barriers to getting and using a PrEP method.
3. Explain that in this session, they will explore how they can help build support for PrEP in their communities. This will reduce barriers to PrEP use and make it easier for their peers to prevent HIV.
4. Explain that the attitudes of people in the lives of their peers can influence whether they choose to use PrEP. These attitudes are the most powerful when they are shared by groups and communities. Shared attitudes and expectations about how people should behave are called social norms.
5. Lead a discussion about the influence of community attitudes and norms by asking the following questions:
   - What are the strongest attitudes about *[the population group most relevant to your participants]* using PrEP in your communities?
   - Do these attitudes and norms influence what your peers think about using PrEP?
   - Do different groups in the community have different attitudes?
6. Ask participants to identify which 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.

FACILITATION TIPS

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

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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 circle is where they will have the most influence, so it is the best place to start raising awareness about PrEP methods.
2. Give participants five minutes to write down some of the people who are in their inner circles.
3. Explain that their middle circle includes the individuals and groups who will usually take the time to listen to what they have to say but may not necessarily agree with it or follow their advice. Influencing the attitudes, beliefs, and behaviours of their middle circle might be difficult, but it is not impossible.
4. Give participants five minutes to write down some of the people who are in their middle circles.
5. Explain to participants that their outer circle includes the individuals or groups whom they have little or no influence over — those who might not listen to or respect their opinions. These are the people whom participants might be too afraid to approach. Sometimes these people might be actively working against what Ambassadors are trying to achieve. Trying to influence people in their outer circle is unlikely to be effective and might even create unhelpful conflict.
6. Give participants five minutes to write down some of the people who are in their outer circles.
7. Once participants have completed their worksheets, ask for a volunteer to read aloud some of the people in their inner, middle, and outer circles, and why they put them there.
8. Invite others to share some of their answers that may be different from the first person's.
9. Referring to the list you created earlier of the people or groups with the most influence in the lives of their peers, ask if anybody has any of these groups in their inner or middle circles.
10. Explain that influencing these people will likely contribute most to 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.

Highlight that some people have influence because they are respected and trusted by Ambassador's peers. Other people will influence the choices people make because they have more power than them and use that power to control their decisions.

Participants only need to list the role of each person, such as partner, health care worker, mother, friend, or community leader. They do not need to list the names of individuals.

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12. Ask participants to consider how raising awareness of PrEP and influencing the attitudes of people in their inner circles could ripple out to change attitudes in the community.

APPLY

FACILITATION TIPS

ACTIVITY: Group Role-Play

1. Explain to participants that in this activity, they will practise responding to the questions and concerns of different members of the community, including 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 people support their partners to use PrEP and the reasons other people do not.
3. Repeat the discussion, but this time focus on another group that has a lot of influence over your participants.
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 take only a couple of minutes.
8. Ask participants to put down their toolkits and stand in a circle.
9. Explain that they 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 one or two people to share their answers.
11. Explain that one of the most effective ways to change someone's opinion and get their support is to:
    - Listen to their opinion or concerns
    - Acknowledge their point of view and show that you understand what they are saying
    - Find something you can agree with them about, such as highlighting that everyone wants to stop the spread of HIV
    - Address their concerns and explain why PrEP is an important addition to combination prevention of HIV

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12. Explain that you will be asking for volunteers to step into the circle and play the role of a community member with a concern or question about PrEP. You will then be asking for someone else to step into the circle and respond.
13. Demonstrate this by stepping into the circle, introducing yourself as a community leader, and expressing a concern about PrEP.
14. Ask for a volunteer to step into the circle and respond to your concern.
15. Next, 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 another volunteer to step into the circle and respond to the 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.

Examples of concerns you can use for this step include:

- If PrEP is easy to get, more girls and young women will be having sex.
- If people use PrEP while pregnant or breastfeeding, it will harm the baby.
- Men who have sex with men should not have access to PrEP methods.

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

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.

Let Ambassadors know that it is up to them to choose the 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.

SUGGESTED REFLECTION QUESTIONS

- What did you think of that activity?
- Have you heard the questions and concerns raised in this activity within your communities?
- Do you think you will feel comfortable talking to people in the community about PrEP?
- What groups do you think will be most challenging to talk to and gain support from?
- Who can support you to influence community attitudes?

Invite participants to share their personal experience of talking to their partners or other community members about PrEP.

Remind participants it is up to them to decide what they would like to share with the group and what they would like to keep private.

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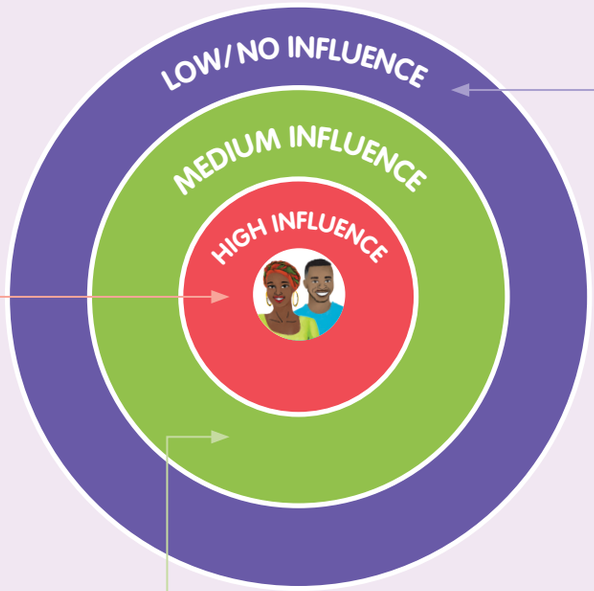
SESSION MATERIALS

My Circles of Influence

WORKSHEET 3

Who can you influence?



High influence	Medium influence	Low/no influence

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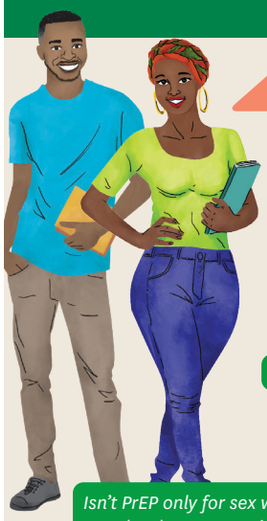
Awareness Raising Role-Play

TOOL 16



Hi! We're HIV Prevention Ambassadors. Do you have any questions about PrEP?

Yes! What is PrEP?

PrEP refers to HIV prevention methods that contain medication, called antiretrovirals, that an HIV-negative person can take to prevent HIV. PrEP works by preventing the virus from replicating in the body. If a person is using their PrEP method correctly and consistently and they're exposed to HIV, the virus will die, and the person won't get HIV. There are different forms of PrEP: oral PrEP, the PrEP ring, and and injectable methods like CAB and LEN PrEP. Each of these methods is in a different stage of approval for use and development. Some methods are being developed that combine medication for HIV prevention and contraception.

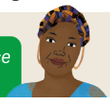
Is PrEP just like HIV treatment? If a person starts taking it, will they have to take it their whole life?

PrEP needs to be used only while someone needs HIV prevention methods. Some people use PrEP for certain times in their lives, and then decide to stop using it when their situation changes.

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

PrEP is for anyone who wants to prevent HIV. Rates of HIV in our community are very high. This is not because people are promiscuous. It's because we often do not have access to the information and prevention methods we need to prevent HIV. PrEP methods can change this!

Why do people need PrEP? Shouldn't they practice abstinence until they are married?



Abstinence is one way people can prevent HIV, but abstinence doesn't work for everyone.

HIV is common in our community, so it's best to have different options so that everyone can choose the most effective one for them.

You don't have to worry that PrEP will encourage changes in people's sexual behavior; studies show that this is not true.

It's important to remember that married people can get HIV. It's also possible for someone who is practicing abstinence to get HIV if they're raped.

Is PrEP safe for people who are pregnant or breastfeeding?

Yes! All the PrEP methods are safe to use while pregnant and breastfeeding, and most countries recommend oral PrEP for pregnant and breastfeeding people. Our local guidelines specify which PrEP methods are allowed for pregnant and breastfeeding people.

Do young people need a parent's permission to use PrEP?

It depends on how old they are, where they live, and which PrEP method they want to use.

Whether they need your permission or not, supporting a young person to use PrEP will help protect them from HIV so they can live a long and healthy life. Supporting young people to make their own decisions can strengthen your relationship, and it may make them more likely to involve you in other decisions.

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

Using PrEP doesn't mean your partner doesn't trust you or that they are having an affair. It just means they want to be in control of her health. Also, if you are living with HIV, PrEP can provide your partner with additional HIV prevention, especially if you do not yet have an undetectable viral load or struggle to take your treatment as prescribed.

PrEP is like any other medication people use to protect their health. Many people in relationships use PrEP.

What can we do to prevent HIV in our community?

Supporting everyone who wants PrEP to use the PrEP method of their choice is an important way you can help prevent HIV. If more people are using PrEP methods, the rates of HIV in this community will decrease.

It's also important to reduce the chances of HIV transmission in your own life. You can do this by having an HIV test so you know your HIV status or consider using PrEP yourself. Most HIV transmission occurs when people don't know they're living with HIV. If you have HIV, there is medication that can keep you healthy and prevent you from passing it on to others.

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10 Advocacy

SESSION OVERVIEW

This session should be completed after participants have gone through the journey mapping sessions for each pre-exposure prophylaxis (PrEP) method included in your training. This session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

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

By the end of this session, participants should:

- Understand the barriers and enablers to PrEP use
- Understand the importance of working with alliances and coalitions to influence change
- Know how to create an advocacy strategy

KEY MESSAGES

- The environment in which their peers live can make it easier or harder for them to choose and use a PrEP method. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.
- The ability to use PrEP is influenced by a range of factors, such as the 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 the laws, policies, funding decisions, priorities, and practices of institutions such as health care facilities, schools, and police and government departments.
- Advocacy activities aim to influence decision-makers to make changes to remove barriers and create an enabling environment.
- Advocacy does not have to follow traditional means. Encourage Ambassadors to think creatively about their advocacy strategies!
- Ambassadors will be most effective if they work with groups and organisations that share the same vision. Coalitions (groups of people working towards 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, which means those the Ambassador is trying to reach. →

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KEY MESSAGES (CONTINUED)

- Data — which can come from research, polls and surveys, interviews, and needs assessments — will inform advocacy efforts and should be collected at each stage of action.
- Ambassadors can also engage in activism, organising, and service provision to create change. Understanding their own skills and resources can help them choose a way to create change that works for them.

MATERIALS

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

Worksheet 4 Removing Barriers to PrEP
Worksheet 5 Advocacy Planning

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Direct participants back to their **PrEP Methods Journey Map** worksheet(s).
3. Remind them that in the Journey Map activities, they focused on supporting their peers to overcome barriers to using PrEP. Explain that in this session, they will be exploring how they can change the environment around their peers to make it easier for them to use PrEP.
4. Explain that the environment around their peers can make it easier or harder for them to choose and use a PrEP method. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.

ACTIVITY: Removing Barriers to PrEP

1. Ask participants to think back to the barriers they identified that made it harder for their characters to find out about PrEP; decide to use it; select a specific PrEP method; get it, use, and stay on it; and tell others about using it.
2. Facilitate a discussion to identify barriers, writing their answers on a piece of flip chart paper or whiteboard.

FACILITATION TIPS

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

This activity is designed to let participants decide the level at which they would like to work. For example, they may focus on barriers within their communities, or more experienced Ambassadors may focus on national policies and laws that create barriers to PrEP use. Encourage participants to think of barriers that impact their peers. For example, barriers that exist in brothels, or partners' families, or for unhoused people.

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3. Direct participants to the **Removing Barriers to PrEP** worksheet. Explain that they will be breaking into groups, and each group will work to identify what could be changed about the environment to remove these barriers and make it easier for their peers to use PrEP.

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 a chosen PrEP method.

6. Bring participants back together and ask each group to present their answers. Write the answers on a piece of flip chart paper or whiteboard.

7. Facilitate a discussion about the enablers they identified, highlighting any overlap among the different areas.

The interests of participants should drive the groups.

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

APPLY

ACTIVITY: Advocating for Change

1. Using the **PrEP Methods Essential Knowledge** and **Key Messages**, explain that:
   - Participants are not expected to directly remove these barriers to PrEP.
   - Removing barriers within the environment requires the support of decision-makers who have direct influence over the 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.
2. Direct each group to their **Advocacy Planning** worksheet.
3. Go through the worksheet questions, explaining that these questions will help them decide what actions they can take to create an enabling environment for PrEP use in their communities. Once they have finished the worksheet, they will use the information to create a strategy for achieving their objective.

FACILITATION TIPS

Use the **PrEP Methods Essential Knowledge** to help participants identify the different types of advocacy activities they could use.

It might be helpful to give an example that you can follow through the activity. You can make one of your own or choose from the below:

EXAMPLE 1

Problem: ART services do not provide PrEP referrals for HIV-negative partners in serodifferent relationships.

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

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

Opportunities: The Ministry of Health will hold a public forum at the community hall for community members to have their say on sexual and reproductive health issues.

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4. Give the groups five minutes to identify the problem (or barrier) they want to address and what they want to achieve (their objective).
5. 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.
6. Ask the groups to identify how they can learn more about these people and their knowledge, attitudes, and beliefs about the problem or barrier the group wants to address.
7. 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?
8. 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 on these barriers in the community that they can join forces with. Give them five minutes to do this.
9. Give them five minutes to identify the support and resources they already have and those they will need to effectively influence change.
10. Ask the groups to use this information to decide what activities they can do to work towards 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.

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

Support and resources we need: Information, education, and communication materials on PrEP methods, support from facility managers, and a list of places to get PrEP

EXAMPLE 2

Problem: People who have tried to access PrEP have experienced stigma and discrimination from health care providers at the local facility.

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; an 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 managers to include PrEP beneficiaries as part of the management/quality improvement committee and to conduct training on delivering stigma-free PrEP services

Give participants a longer amount of time to create their strategy and present back to the group if you have extra time.

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REFLECT

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

You do not need to ask every question. You can choose some questions from the list or simply ask participants for their reflections on the session.

Encourage participants to consider how to use social media platforms to engage with these groups or organisations.

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SESSION MATERIALS

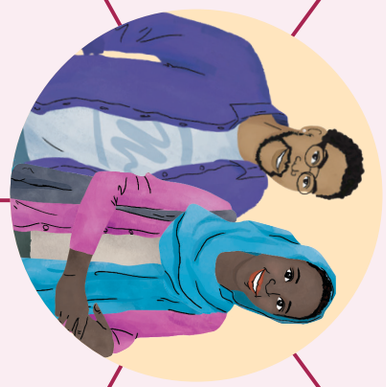
WORKSHEET 4

Removing Barriers to PrEP

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

What would make it easier for your peers to take PrEP correctly and continue taking it?

What would make it easier for your peers to talk to the people in their lives about using PrEP?



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

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

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Advocacy Planning

WORKSHEET 5

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 available for you to influence them?	
Who are allies with whom you can work to strengthen your influence?	
What support or resources do you have, and what will you need?	

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11 Action Planning

SESSION OVERVIEW

This session should be completed after participants have gone through the journey mapping sessions for each pre-exposure prophylaxis (PrEP) method included in your training. The session can address all the PrEP methods collectively, discussing attributes that may apply to all forms of PrEP or to specific methods.

Participants will identify their vision for their community and develop a shared goal for their work as Ambassadors. They will explore how they can best contribute towards 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 towards
- Know how they would like to contribute towards the goal
- Feel supported by their fellow Ambassadors

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 session for your reference.

Worksheet 6 My Personal Action Plan

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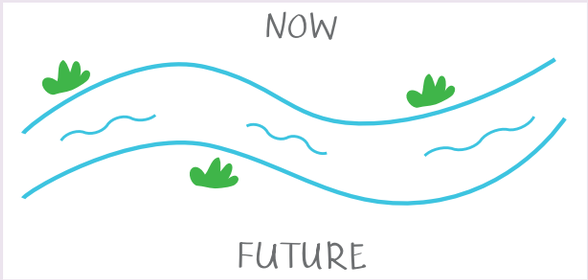
EXPLORE Activity

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".



SESSION INSTRUCTIONS

EXPLORE

FACILITATION TIPS

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. Explain that in this session, participants will apply everything they have learned in the training so far to a situation in their communities that they would like to change, and they will create an action plan to help make that change happen.
3. Ask participants to reflect on the training. Ask the group to provide an overview of what has been covered in the training so far.

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

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 communities in terms of their HIV prevention needs and the reasons it is difficult for community members to protect themselves from HIV. Ask them to 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
   - HIV prevention for their peers' needs
   - Myths about PrEP methods
   - Barriers to getting PrEP methods
   - Community attitudes about PrEP methods
   - Choice of PrEP methods

If participants have raised concerns about referral pathways and resource needs for their peers — such as gender-based violence response services — you could focus this discussion on building referral pathways or identifying resources in the community.

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3. Ask participants to write one aspect of their community on a sticky note and read it aloud (to avoid duplicates) before sticking it on the 'NOW' side of the river.
4. When they have finished, read through the notes to give an overall picture of the community.
5. Ask participants to turn their thoughts to the future they want to see for their community.
6. Ask them to imagine what their community could look like in five to 10 years' time if everyone worked together to prevent HIV.
7. Ask participants to write their contributions on sticky notes and put them on the 'FUTURE' side of the river, reading them aloud before they stick them up.
8. When they have finished, read through the notes to give an overall picture of their vision for the community.
9. Ask the group to reflect on the differences between their community now and the community they would like to see in the future.
10. Facilitate a discussion to turn their vision into a clear goal that HIV Prevention Ambassadors can work towards.

It might be helpful to share some ideas with the group, for example:

- Laws, policies, and social norms discriminate against gay, bisexual, and other men who have sex with men, people who inject drugs, 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 PrEP on babies make it difficult for pregnant and breastfeeding people to use PrEP.

APPLY

ACTIVITY: My Personal Action Plan

1. Direct participants to the **My Personal Action Plan** worksheet.
2. Go through the worksheet and explain:
    - Usually, an action plan focuses on creating very specific objectives and a plan for achieving them, including time frames. These types of action plans are very important when planning specific activities.
    - However, their roles as Ambassadors 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 ways they can contribute towards the identified goal, considering their passions, interests, strengths, and areas of influence.
3. Give participants 20 minutes to complete their personal action plans.
4. When they have finished, ask each participant to present their action plan to the group.

FACILITATION TIPS

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

The HIV Prevention User Journey Tool listed in the resources can be used to support conversations about peer needs.

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

Support can be anything from giving practical or emotional support to helping with activities.

Use the support needs mentioned by participants to inform the support your programme will provide to them in their work.

REFLECT

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

- Are you feeling hopeful that you will be able to contribute towards the goal?
- What challenges do you expect to face?
- How can you stay motivated?

FACILITATION TIPS

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

Remind participants of support services that are available to them in their community or through your programme.

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SESSION MATERIALS

My Personal Action Plan

WORKSHEET 6

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 towards the goal?	
Where do you have the most influence?	
What is one thing you can achieve that will contribute towards the goal (your objective)?	
What support or resources do you have, and what will you need to achieve your goal?	

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Useful Resources

PrEP Information and Tools

1	**WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 11: PrEP Users** WHO 2017	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.
2	**Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance** WHO 2022	A technical brief providing updated recommendations on PrEP service delivery based on simplified, integrated trends to improve PrEP uptake, persistence, and effective use.
3	**QuickRes: Global Online Reservation and Case Management App** FHI 360 2020	A web tool to assess HIV service needs and find and book local HIV services and other related services, currently available in several countries across the Caribbean, Africa, and Asia.
4	**HIV Prevention Ambassador Training Materials** Root to Rise 2026	Training packages for AGYW and general populations, in both English and French. An online version of the oral PrEP modules found in the HIV Prevention Ambassador Training for AGYW.
5	**PrEP Introduction to Young People (Get PrEPared: What African women need to know!)** OPTIONS Consortium; Wits RHI; She Conquers 2018	A video showing how oral PrEP works and other resources for young people about oral PrEP.
6	**South Africa Oral PrEP Information, Education, and Communication Materials and Job Aids** **Palm card** **Poster** **Oral PrEP Counselling Guidelines** OPTIONS Consortium; Wits RHI 2018	Information, education, and communication materials on oral PrEP for university students. Job aids to support health care workers, peer educators, and counsellors at oral PrEP rollout sites.
7	**Zambia Ending AIDS Campaign Materials** JSI's USAID DISCOVER-Health Project No date	A series of tools and videos for PrEP campaigns to help youth take control of their sexual health.

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8	**PrEP 4 Youth Public Service Announcements** OPTIONS Consortium; Wits RHI 2019	A series of five short, powerful videos featuring MTV Shuga Down South actors talking about oral PrEP. The videos cover HIV testing, combination prevention, adherence, side effects, and stigma.
9	**MyPrEP Tool** Bedsider 2018	A suite of tools that AGYW can use to assess their family planning and HIV prevention choices, including considering oral PrEP.
10	**Jipende JiPrEP** Jilende, Kenya No date	An interactive online tool that AGYW can use to learn about oral PrEP and find locations where they can access oral PrEP in Kenya.
11	**Engaging Parents to Create an Enabling Environment for Young People's PrEP Use** CHOICE Consortium 2021	A supplemental module for informing parents and caregivers of AGYW about PrEP methods and engaging them as supporters of PrEP use.
12	**Population Council's YouTube channel, including a Long-Acting and Woman-Controlled HIV Prevention Option** IPM 2021	A video explaining the dapivirine vaginal ring as the first long-acting prevention method designed specifically for women. Also available in Luganda, Nyaja, Sesotho, Swahili, Xhosa, and isiZulu.
13	**HIV Prevention User Journey Tool** MOSAIC project 2024	A quick guide to HIV prevention methods to help users and providers know and understand the different methods available and make decisions for what methods best fit one's lifestyle. Available as an online tool and paper brochure.
14	**Getting LEN Rollout Right: Resources and Tools** AVAC, CHAI, the Global Fund, PEPFAR, Unitaid, Wits RHI, WHO 2025	A living document listing resources for LEN PrEP rollout and insights from other PrEP rollout experiences.
15	**Plan 4 Oral PrEP Toolkit** The OPTIONS Consortium 2018	A suite of resources to plan and prepare for rolling out oral PrEP.
16	**Plan 4 Ring Toolkit** MOSAIC 2023	A suite of resources to plan and prepare for rolling out the PrEP ring.

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Peer Education

1	**Peer Education and Leadership for Adolescents: Facilitator Manual** LVCT Training Institute 2014	A training manual to guide adolescent peer educator facilitators to deliver peer education and leadership-based interventions to adolescents ages 10 to 19 years. Sessions cover peer education, life skills, and facilitation skills.
2	**PZAT PrEP Literacy Sessions Guide** Pangaea Zimbabwe AIDS Trust 2018	A peer educator handbook that includes fact sheets on HIV transmission and testing, post-exposure prophylaxis (PEP), HIV frequently asked questions, and key messages about oral PrEP.

Adherence

1	**Interventions to Improve Antiretroviral Therapy Adherence Among Adolescents in Low- and Middle-Income Countries: A Systematic Review of the Literature** Lindsey K Reif et al. 2020	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.

Awareness Raising

1	**WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 2: Community Educators and Advocates** WHO 2017	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	**Voluntary Medical Male Circumcision Demand Creation Toolkit** Population Services International 2014	A toolkit containing guidance and tools to conduct communication and outreach activities to drive demand for VMMC.

Advocacy

1	**U-Report** UNICEF No date	A data collection and social messaging tool to foster citizen action, inform leaders, and create positive change.

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2	**Key Population PrEP Activist Toolkit** International Treatment Preparedness Coalition 2018	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.
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 2017	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.
4	**Respecting, Protecting, and Fulfilling Our Sexual and Reproductive Health and Rights: A Toolkit for Young Leaders** C Exchange Youth Initiative; Women Deliver 2015	A toolkit to guide young leaders to become impactful and expert leaders for sexual and reproductive health and rights.
5	**Dapivirine Ring Advocacy Messaging Resource Package** PROMISE Consortium 2021	A tool for developing a messaging framework and implementation plan in support of advocacy activities for the dapivirine ring.

Action Planning

1	**SASA! Approach Tools** Raising Voices Multiple years	A suite of trainings for people who want to take action to prevent violence against women and HIV. Includes an activist kit, tools for working within religious groups, and learning together.
2	**A Systematic Review of Positive Youth Development in Low- and Middle-Income Countries** Richard F Catalano, et al. 2019	An analysis of evidence of existing positive youth development, documenting the effectiveness of these approaches as applied in low- and middle-income countries.
3	**All About Power: Understanding Social Power & Power Structures** Srilatha Batliwala 2019	A guide to understanding power and creating a shared definition of power and analysis of how power operates within societies and communities.
4	**Map the Power Toolkit** LittleSis No year	A toolkit for conducting power research and creating organising strategies.

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5	**Advocacy 101** Human Rights Careers No year	A quick primer on advocacy for different causes.
6	**Power Mapping and Analysis** Anita Tang No year	A tool for conducting a power analysis in community.
7	**Oxfam's Guide to Feminist Influencing** Oxfam America 2019	A guide to creating digital and public campaigns using a feminist lens.
8	**Community Organizing 101** Resident Action Project 2023	A toolkit to understand and conduct community organizing for change.

Social Media and Digital Engagement

1	**A Vision for Going Online to Accelerate the Impact of HIV Programs** FHI 360, LINKAGES Project 2019	A framework for how HIV programmes can use online and mobile platforms to meet their HIV education, prevention, testing, and treatment objectives.
2	**Digital Organizing 101** Impactive No year	A toolkit with a comprehensive overview of the basics of digital organising and strategy.
3	**Introduction to Digital Organizing** Re:Power 2020	A resource explaining digital organising, related tools, and the basics of a digital organising plan.

Relationships and Self-Care

1	**Charisma Mobile** RTI 2022	An online mobile tool that people can use to work through challenges with their relationship and PrEP use.
2	**Dare to Care: Wellness, Self and Collective Care for Those Working in the Violence Against Women (VAW) and Violence Against Children (VAC) Fields** SVRI 2022	A free, self-paced online course to teach and support self- and collective care practices

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3	**Love is Respect** United States National Domestic Violence Hotline Multiple years	A website all about dating and healthy relationships for young people. The site includes detailed guidance on safety planning, abusive relationships, and supporting others. Although the site is US-based, most of the information and tools are broadly applicable.
4	**Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence** SVRI 2015	A guide to preventing vicarious trauma that can be used to plan adequate support to prevent vicarious trauma among people working in the field of intimate partner violence.

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	A comprehensive set of tools to support integration of the CHARISMA intervention — addressing relationship dynamics including intimate partner violence — into PrEP programmes.
2	**OPTIONS Provider Training Package: Effective Oral PrEP Delivery for AGYW** OPTIONS Consortium 2019	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	**Responding to children and adolescents who have been sexually abused: WHO Clinical Guidelines** WHO 2017	Clinical guidelines to support health care providers in their work with children and adolescents who have experienced sexual abuse.
4	**WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection. Module 12: Adolescents and Young People** WHO 2017	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.

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Your Notes

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Your Notes

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Ambassador Skills

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1 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 symptoms similar to those of 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 see only the negative

Ambassadors may be more likely than others to experience compassion fatigue and vicarious trauma because they will regularly be exposed to the traumatic experiences of their peers and may have had similar experiences.

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The fact that Ambassadors 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. In addition, Ambassadors may have less structured support systems in place compared to people in formal support roles, so they may not have as many people to turn to when they experience difficulties.

It is very important for Ambassadors to be supported to protect their health and well-being. Some ways Ambassadors can protect themselves include:

- Establishing boundaries to limit the personal impact of their work
- Listening to their bodies, thoughts, and feelings so they can respond to their needs
- Practising self-care
- Reaching out to a trusted friend or support person
- Taking a break if they are feeling overwhelmed

What are boundaries and why are they important?

Boundaries are 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 feeling that life has meaning.

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There is no right or wrong way to practise self-care. Different people have different needs, so it is important to encourage people to choose what works for them. For some people, it may help to think of five holistic aspects of health: social, emotional, physical, spiritual, and intellectual. Self-care can mean addressing any or all of these areas of health. The following strategies 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. It can include using personal affirmations, which is when we say positive things to ourselves such as 'I am strong'.

Being kind and compassionate to ourselves is not about projecting who we want to be but listening to our inner voice. It's not false positivity, because it doesn't gaslight, doesn't avoid, and doesn't invalidate your feelings. The process involves acknowledging the weight of your emotions, feeling those emotions, and practising seeking gratitude for yourself This is different from suppressing your emotions. Trying to push emotions aside takes cognitive resources that you could use instead to avoid being quickly triggered or enraged by an act of another person.

Taking care of our physical needs. Our physical and mental health are interlinked. Making sure we are getting enough rest, eating well, and getting enough physical activity can make a big difference to our emotional well-being. Activities such as bursts of very fast walking, stair climbing, and carrying shopping bags provide excellent opportunities for movement 'snacks' that boost the production of your brain's feel-good neurotransmitters, called endorphins.

Doing something we enjoy. It sounds simple, but doing something you enjoy can make a big difference in your mental and emotional well-being. All forms of recreation, social activity, and creative expression can be effective ways to calm ourselves, de-stress, and reconnect with the world in a positive way. Examples include seeing friends or doing something that you find pleasurable, such as art, gardening, or cooking.

Your emotions are like a compass, always conveying personal truth to you and pointing you in the right direction. Therefore, getting back in touch with your emotions and following that internal guidance system is critical. This is why teachings like 'follow your joy', 'be unconditionally present to your emotions', and 'make how you feel the most important thing in your life' are so important.

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 along with 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 a church service or pray; others might meditate or reflect. Research shows that spirituality can benefit both the mind and the body. Spirituality may include religion, but it has been defined as an expression of the transcendent ways to fulfil human potential and as a synonym for constructs such as hope, meaning, wholeness, harmony, and transcendence. Spirituality has been recognised as an important feature of the therapeutic process and a contributor to improving satisfaction with life. Along with giving your life meaning and purpose, spirituality can also sustain hope in the face of overwhelming odds.

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Sharing how we are feeling. Some people benefit from talking about their feelings, while others might prefer to write in a journal. Studies have shown that engaging in regular journalling can help reduce stress, manage anxiety and depression symptoms, enhance self-awareness, promote emotional regulation, and even strengthen resilience in the face of challenges.

Finding a way to 'switch off'. When used in combination with other self-care practices, 'switching off' helps 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 the 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.

Develop 'emotional agility'. You can also increase your internal resources for self-care and compassion fatigue prevention by building emotional agility, which is defined as the psychological skill that helps us deal with our emotions in a fundamentally healthy way.

Through emotional agility, we avoid the feeling of being a victim, which is the result of emotional rigidity. Instead of holding on to negative emotions and experiences and letting them drive us (emotional rigidity), we can notice them in a way that's curious and compassionate (emotional agility).

Emotional agility involves learning to refocus your attention on your vision and purpose — saying, 'Maybe I'm going to feel sad for some time, but I can always focus on the next moment of my life'. One way to do this is to write your negative feelings on a piece of paper. Then, turn it over and write down what you're grateful for and what you think you should be focusing on, and be positive about that. By working on our emotional agility, we're actually inviting very different conversations with ourselves that will improve our health and happiness.

What are some simple ways to practise self-care?

- When you're walking, increase your speed a little so that you get your heart rate up and more blood pumping.
- When you have the chance to run an errand, do it. Anything you do physically is an opportunity to move your body and release endorphins, so don't see these as a nuisance but as a chance to do something good for yourself.
- Try different things and follow the sensation of relief, and you will find your joy. You can start by making a mental list every night before you go to sleep of what you enjoyed most during the day and what you enjoyed least. After a while, you'll get a clear sense of the things that bring you joy and those that drain your energy. Remember, find joy, follow it, and you will find your purpose.
- Try to save certain weeknights just for you. If others ask you to do things on those nights, just tell them you have plans. Use the time for whatever you want, and don't feel guilty if it means doing nothing!
- Many people find prayer and meditation valuable forms of self-care. Praying is something you can do anytime, anywhere. Focusing on a text that you find meaningful can be an easy and rewarding way to meditate.

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- Spend the first 20 to 30 minutes of your day writing whatever comes to mind. Let your words flow over the pages without trying to judge or make sense of it.
- At the start of the week, write down a list of things you know about yourself. Start with 'I am…' and try to list as many characteristics as possible.
- When you are feeling emotional, try to make a word cloud or spider diagram of what you are feeling. This will bring a better understanding of the weight of the situation. For example, you might think you are sad, but you could be overwhelmed and/or hopeless and/or worried. Feelings often are not as simple as a single word, and listing more descriptors could bring greater clarity and relief.

Your Notes

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SESSION OVERVIEW

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

By the end of this session, participants should:

- Understand the possibility of compassion fatigue and vicarious trauma among care workers
- Know how to set boundaries to prevent compassion fatigue and vicarious trauma
- Learn self-care strategies to nurture their health and well-being

KEY MESSAGES

- Boundaries are formal and informal guidelines for how people interact with each other. Boundaries exist in all relationships, even though we do not always think or talk about them.
- It might seem unkind to set boundaries about how and when you will provide support to your peers, but it is very important for developing trust. By setting and clearly communicating boundaries, you are telling your peers what they can expect of you.
- Self-care is an essential part of peer support work because it helps protect us from vicarious trauma and compassion fatigue. To protect yourself, it is important to engage in self-care regularly.
- Reflecting on your own feelings and work allows you to remain aware of any changes in your worldview or mood that might signal the need for increased self-care.
- It is not self-centred 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.

PREPARATION

EXPLORE Activity

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.

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SESSION INSTRUCTIONS

EXPLORE

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 peers can have an impact on Ambassadors' 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 own 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 towards 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.

FACILITATION TIPS

When discussing compassion fatigue and vicarious trauma, make sure to emphasise that they are not signs of weakness. Most people in care and support roles will experience some symptoms of compassion fatigue and vicarious trauma. This happens 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.

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4. Explain that when you say 'step', you would like them to take a step towards each other. When someone starts 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' aloud 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 up your hand, 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 what a person's physical boundaries are without them telling us?
    - What are some examples of other boundaries, such as emotional boundaries?

Adapt these questions to respond to the outcomes of this activity.

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 one of the scenarios below. Once participants have chosen where to stand, ask for volunteers to explain their choices. 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. Reassure participants that boundaries are personal. There is no right or wrong answer in this activity.
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?

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. This exercise is about setting the limits they need to protect their own health and well-being.

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SCENARIOS

- A peer says they want to use a pre-exposure prophylaxis (PrEP) method for HIV prevention but cannot afford the bus to the clinic. They ask to borrow your 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 PrEP. They say that it is 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 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 PrEP and asks you to talk to their partner for them.

The examples here are for any PrEP method, but you can choose to focus on one method or mix it up and do a different method for each scenario.

It is up to you to decide how many scenarios you would like to use and to choose which ones are most relevant for your group. You can also make up your own.

APPLY

FACILITATION TIPS

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

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.

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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.
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 in a circle and invite them to present their artwork to the group.
10. Once everyone who wishes to has presented, summarise the common themes among the group members.
11. Once the activity has come to an end, conduct reflection.

REFLECT

ACTIVITY: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

- How do you feel about putting boundaries in place?
- What can you do to remind yourself to practise self-care?
- How can you support each other?

FACILITATION TIPS

If you have time and participants are interested, you can try out some of the "Simple Ways to Practise Self-Care" listed in the **Essential Knowledge** together.

Try not to rush through this reflection session. Some participants may need time to think before responding to these questions

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Useful Resources

1	**Understanding & Addressing Vicarious Trauma Online Training Module** The Headington Institute 2018	A training module to increase understanding of the process of vicarious trauma, recognise the signs, and address vicarious trauma.
2	**Self and Collective Care Toolbox** Just Associates; Furia Zine; Raising Voices 2019	A toolbox to support reflection, learning, and tactics on self- and collective care within social movements.
3	**Dare to Care: Wellness, Self and Collective Care for Those Working in the VAW and VAC Fields** SVRI 2022	A self-paced, free online course to teach and support self- and collective care practices for people who work in the fields of violence against women and children.
4	**The Science of Well-Being** Coursera Multiple years	A free online course from Yale. In this ten-week course, Professor Santos reveals what science says about how to improve your well-being. Along the way, she explains our own misconceptions about happiness, annoying features of the mind that can lead us to think irrationally about happiness, and the research that can help us change.
5	**The Shine App** Shine Multiple years	A podcast, social media account, and phone app to support daily meditations and reduce anxiety. Podcasts hosted by Joy Odofu, a comedy creator and actor.
6	**Trauma Stewardship** Laura van Dernoot Lipsky with Connie Burk 2009	A book and website with resources created to build resilience and satisfaction among people in caring professions.
7	**Creating and maintaining a culture of self and collective care at Raising Voices** Raising Voices 2022	A case study describing how self and collective care might look in practice within an organization and its partners.
8	**Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol** Community Connections 2009	A protocol for understanding and applying trauma-informed best practice within organizations and systems.

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9	**Feminist approaches to promoting researcher well-being through collective and organizational care** Catherine Carlson, et al. 2024	A case study exploring practices of collective and organizational care as part of a violence response intervention.
10	**Keeping Safe – Safety Advice for Sex Workers in the UK** UK Network of Sex Work Projects 2014	A quick guide to sex worker safety advice and strategies written by sex workers.

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2 Responding to Disclosures of Violence

ESSENTIAL KNOWLEDGE

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.

When someone discloses violence, it may be a chance for them to access services to prevent HIV, such as post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP). Ambassadors can play an important role in referring people who have experienced violence to access these services.

'Survivor' or 'Victim?': In this training manual, we use the term 'survivor' to describe a person who has experienced gender-based violence (GBV). We do this to emphasise the potential for recovery and healing after GBV, and to uplift survivor choices. However, some people who experience GBV prefer the term 'victim'. It is best to ask the preferences of the person you are working with and respect their choice of 'survivor' or 'victim'!

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 and strict gender roles and norms. Some people use violence as a tool to show and keep their power over others.
- GBV can include many types of abuse. People usually think of violence in terms of physical or sexual violence, but other forms of violence 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 sometimes called intimate partner violence, dating violence, or domestic violence.

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Messages used to justify and excuse gender-based violence and blame and silence survivors

Message/myth	What are the facts?	How does this message maintain violence?
Girls and women who wear revealing clothing are asking to be raped. **Sex workers cannot be raped because they are already engaging in 'promiscuous' behaviour.** **There are many different versions of this message.** People are blamed if they: • Have been drinking • Are out at night • Walk through a park • Show sexual interest in someone (such as kissing them) • Reject someone who wants to have sex with them	• 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 people cannot control their sex drive. • People who rape do not do it in response to something the survivor has 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. • Showing sexual interest in someone, or selling sex, does not mean that a person has consented to a sexual encounter. • People commit rape because they want to feel powerful and in control. They also know they can get away with it.	These messages are called victim-blaming. People 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 survivors. As a result: • The focus and blame are shifted from the actions of the perpetrator to the actions of the survivor. • Survivors often feel it is their fault, so they may feel too ashamed to report the violence or ask for help. • People often blame survivors for violence — sometimes directly and sometimes indirectly. They might tell them not to stay out late or to wear different clothing. • Many survivors choose not to tell anyone because they fear they will be blamed. • Police and judges sometimes blame the survivor rather than the perpetrator. As a result, people who commit violence 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. • When people blame their partners for their violence, it is also a type of violence — emotional violence. • People 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 person would put up with them. This can leave their partners feeling too ashamed and worthless to leave the perpetrator.
People often make up being raped for attention or blackmail.	• 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. Survivors are often blamed and judged. Even if they are able to overcome these barriers, men are rarely convicted of rape. This means that the survivors will have put themselves through blame and judgment but will not achieve anything. • This myth is maintained because survivors of rape often behave in ways we do not expect. For example, survivors may: – Take a long time before they tell anyone – Get confused and forget some details – Change their story – Be calm (rather than crying) • Survivors 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 uncertain. The brain may also turn off someone's emotions so they can cope better.	

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Message/myth	What are the facts?	How does this message maintain violence?
If the violence were serious, the survivor would leave their partner/spouse	It is not always easy to leave abusive partners. People stay in violent relationships for many reasons. For example, they might: • Be afraid to leave — many violent people threaten to kill their partners/wives if they leave • Be financially dependent on their partner • Think that violence is a normal part of a relationship and that it is their partner's way of showing that they care • Fear being shamed or shunned by their community • Have nowhere to go • Still love their partner and hope they can change • Blame themselves and feel they do not deserve better — this is often the result of emotional abuse • Not want to separate their children from the other parent or leave without their children • Be getting pressured by their family and their in-laws not to break up their marriage/relationship	This message maintains violence by silencing survivors and leading others to doubt the truthfulness of survivors. As a result: • 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 a survivor or may think they are not deserving of support because they have not left their partner/spouse.
Violence does not occur in same-sex relationships.	People in same-sex relationships have an equal or higher prevalence of experiencing intimate partner violence compared to heterosexual couples.	Violence against people in same-sex relationships may not be acknowledged or may be labelled abnormal, particularly in countries where domestic violence is defined exclusively as violence against women. People may feel too ashamed to report the violence or ask for help.
Men cannot be raped	• Corrective rape — the rape of lesbian, gay, or bisexual people to 'cure' them of their sexual orientation — is committed against people of all genders. • People of any gender can commit rape or experience rape. • Boys, particularly those who do not conform to traditional gender norms for boys, are especially vulnerable to GBV.	Men may feel too ashamed to report the violence or ask for help.

Supporting Ambassadors to respond to disclosures of violence using LIVES

Ambassadors should not actively seek to discover experiences of violence among their peers. However, their peers may disclose experiences of violence to them.

The **LIVES** (Listen, Inquire, Validate, Enhance safety and Support) response is a framework for providing first-line support for survivors of violence. LIVES was developed by the World Health Organization to help health care providers respond to their patients. This session presents the LIVES response so that Ambassadors can use it when responding to disclosures of violence from their peers.

Using the LIVES response

With the LIVES approach, providing first-line support involves five key tasks. It responds to both emotional and practical needs at the same time.

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

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

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

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

1. **Respect for human rights**
   - Respect the survivor's right to make their own choices; live a life free from fear and violence; be healthy mentally, physically, and emotionally; and be free from discrimination.
2. **Promotion of gender sensitivity and equality**
   - Be aware of power differences.
   - Avoid reinforcing unequal power dynamics:
     - Reinforce the survivor's **value as a person**.
     - Respect their **autonomy** and dignity.
     - **Provide information** to help them make their own decisions.
     - **Listen, believe them**, and take what they say seriously.
     - **Do not blame or judge** them.

Enhancing safety with safety planning

When Ambassadors are interacting with peers who report violence, they can help these peers develop a safety plan. A safety plan is a set of actions or steps someone can take to keep themselves a little safer at home or in other places such as schools or workplaces, depending on what is most important to them. This process can be more complicated if survivors are criminalised for their identity, occupation, or use of drugs, or if they have children or limited resources. For this reason, it is important that the

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Ambassadors are linked to and aware of services that could be offered to their peers. In resource-limited settings, this linkage may be to a paid staff person who can provide more brainstorming with and support for the survivor as they develop their own safety plan.

It is important to note that a safety plan does not guarantee that someone will not experience violence. Violence can still happen no matter how effective a safety plan is, so it is very important to remember that it is not the survivor or the Ambassador's fault if violence occurs. Violence is always the fault of the person who is violent — never the survivor!

Supportive supervision should include continually reminding Ambassadors of this message and regularly checking in with Ambassadors to ask whether they feel confident offering each step in LIVES. If they do not feel confident, they should be paired with others (ideally paid staff) who feel able to offer this component of first-line support.

! KEY CONSIDERATIONS FOR PROTECTING AMBASSADORS

Peer educators, including Ambassadors, do not typically have the same training and support structures as health care workers. Volunteers who provide first-line support to violence survivors without adequate support have a high likelihood of experiencing burnout and secondary trauma, the trauma that comes from hearing about the traumatic experiences of others. For this reason, Ambassador programmes that teach the LIVES response have a responsibility to equip Ambassadors with skills and support and to help them understand the limits of their abilities. These programmes must continually ask themselves whether their Ambassadors have what they need to safely engage with survivors mentally and physically. This support includes, but is not limited to:

- Frequently reminding Ambassadors that they should not actively ask their peers if they have experienced violence. Asking about violence when the proper support may not be available, or if the survivor is not ready, may cause more harm.
- Providing supportive supervision, including opportunities to talk about difficult cases Ambassadors are facing and the impact of this work on their own mental health
- Developing guidelines that help Ambassadors set up and keep boundaries with peers. For example, programmes should make clear that Ambassadors are not a replacement for emergency services, such as support needed in the middle of the night. This may mean identifying a contact person(s) who can be available to Ambassadors at any time.
- Working with Ambassadors to regularly update referral networks that allow them to link their peers to support when an Ambassador is not able to meet a need
- Teaching Ambassadors the signs of burnout and supporting them to take breaks from violence-related responsibilities as needed
- Providing clear guidance to Ambassadors about confidentiality and keeping them informed about when they may need to break confidentiality. Programmes should outline scenarios where Ambassadors are legally required to report concerns, specify how and what to report, and identify a contact person(s) who will respond to them.
- Checking in with Ambassadors regularly about any unintended consequences of their work and additional training or supervision they need so they can offer first-line support

Finally, participants should be aware that they can choose not to take part in this session. Not all Ambassadors will be mentally or physically prepared to provide first-line support, and that is okay. Participants who do not want to complete this session, or participants who do complete the session but realise that providing first-line support is not for them, should be linked with Ambassadors who are prepared to offer such support. This will help all Ambassadors connect their peers to the right support if needed.

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How to create a safety plan

To create a safety plan, a survivor of violence will think through the people who are 'safe' in their life — or people with whom they may feel comfortable talking about their experience or asking for help when they need it. This could include neighbours, trusted community members, or other adults or family members, if they have them. Safety planning also means thinking about transportation to a safe location, and it may include gathering important documents, medications — including PrEP — and other supplies that might be needed if the survivor needs to leave their location in a hurry.

Ambassadors can guide their peers through the safety planning process by asking questions and offering information and referral resources throughout the process. Questions and tips for safety planning can be found in the **Safety Planning** Ambassador tool.

A survivor's situation may be especially dangerous if the person who is threatening them:

- Has access to weapons or has threatened to use a weapon to harm the survivor. A weapon may be a gun or a knife, or another object that can cause physical harm.
- Has said they will kill the survivor
- Has ever been physically violent with the survivor when they were pregnant
- Has ever tried to choke or strangle the survivor
- Becomes more violent when using recreational drugs or alcohol
- Threatens to harm the survivor's child or children
- Has used physical violence or escalated violence during the survivor's pregnancy (for pregnant survivors)
- Has damaged or destroyed property belonging to the survivor
- Has threatened to take their own life
- Lives with the survivor and the survivor is trying to end the relationship

If the survivor is experiencing any of the above, safety planning and referrals are especially important.

Some survivors may want to write down parts of their safety plan. A written safety plan should be kept in a secure place where the survivor can access it but the person who is threatening them will not find it. Some survivors choose to leave their safety plan with a trusted friend or family member.

Sex workers may also be able to support each other's safety by keeping each other informed of clients who use violence. They may also use code language and buddy systems to increase safety. Sex workers who are concerned that a client might use violence may choose to only see the client in locations where a call for help will be heard by others.

Every survivor and situation is different. A survivor of intimate partner violence may not have safety concerns about school or work, while a survivor of abuse by a work supervisor may not have safety concerns at home. For a survivor of sexual assault by a stranger, staying safe emotionally may be the most important part of their safety plan.

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IMPORTANT ADDITIONAL SEXUAL HEALTH REFERRALS AFTER A SEXUAL ASSAULT

Sexual assault can happen to anyone. People can be sexually assaulted by strangers or by people they know, such as their romantic or sexual partners, family members, or friends. In addition to mental health, shelter, and legal services, someone who has experienced sexual assault may also want to consider these sexual health services:

- **Post-exposure prophylaxis:** If the survivor does not know the HIV status of the person who committed the assault, or if the survivor is worried about an exposure to HIV during the assault for any reason, they can consider PEP. PEP is a combination of antiretroviral pills taken for 28 days to prevent HIV after an exposure. When taken within 72 hours of a possible exposure to HIV, PEP is highly effective for HIV prevention.
- **Emergency contraception:** If the survivor is worried they may become pregnant as a result of the assault, they can consider emergency contraception. Emergency contraception is a series of two pills. When taken correctly within five days of an assault, it is highly effective at preventing unwanted pregnancy.
- **STI testing and treatment:** After a sexual assault, a survivor may want to make sure they identify and treat any sexually transmitted infections (STIs). Some health care providers may offer treatment right away, while some may wait to test the survivor, and then provide treatment. Doxycycline as post-exposure prophylaxis, or Doxy PEP, has been shown to be very effective for preventing STIs for people assigned male at birth when taken immediately after a possible STI exposure.

All of these services are options only. Survivors of sexual assault may be interested in only some of these options, or they may be interested in all or none of them. The important step is to inform the survivor of these services and support their decision to access them — or not.

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

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LIVES Response

WORKSHEET 7

Step	How do I do this?	What does this look like in practice?
Listen closely with empathy and without judgment.	Make sure you are somewhere private, where they feel physically and mentally safe. Explain the boundaries of confidentiality that you can uphold. Show them you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give them a safe space to talk. Acknowledge and validate their feelings.	Listen deeply and focus your full attention on them, not on what you are thinking. Show you are listening by nodding and giving small acknowledgments such as 'mm hm', 'Would you like to talk here or is there somewhere else where you would feel more comfortable?', and 'Take your time, there is no pressure'. Say, 'If you're not ready to talk, we can just be together for a while'.
Inquire about their needs and concerns.	Let them know they are in control of what happens next. Help them to identify their needs and consider their options.	'Do you feel like you have the support you need?' 'Is there anything that's worrying you?' 'It is your choice what happens next, and I'm here to support you.'
Validate their experiences.	Validate their experiences by letting them know they are not alone, you are there for them, and their feelings matter. Explain that you are just there to listen — you will not judge them or tell them what to do. If they have shared an experience of violence, let them know that you believe them, and it is not their fault.	Communicating your empathy: 'I'm sorry that happened to you.' 'You are not alone. I am here for you.' 'I'm glad that you spoke to me about this.' 'There is no right or wrong way to feel. Your feelings are valid!'
Enhance their safety.	Help them think about their situation and things they may be able to do to increase safety. If someone is in an especially dangerous situation, let them know that you are concerned for their safety and that their safety is important. Talk through the safety planning questions with them. Remind them that a safety plan is not a guarantee that violence will not happen and that violence is never their fault.	'Your safety is important.' 'We can work together to identify a few ways to increase your safety.' 'Creating a safety plan can help you be ready in case of an emergency.' 'A safety plan is a good tool, but it is not a guarantee that violence will not happen. Remember, violence is never your fault.'
Support them to connect to more resources.	Ask if they would like to hear information on local resources. If they say yes, provide them with information about local resources that might help, such as referral for PEP or emergency contraception, counselling, or legal support. Remember that not everyone wants to take up a referral right away, and that is okay. Some people may return for a referral, but others may not want to be referred. Returning control to the survivor means respecting their wishes, and a survivor who knows you respect their choices is more likely to return to you for additional support.	'Would you like to explore some options for getting more support?' 'What would help you the most if we could do it right now?' 'Would it help if I write down the contact information for you?' 'It's your choice — you know yourself better than anyone else! If you decide you would like some support in the future, just let me know and I can give you some information.'
SELF-CARE FOR AMBASSADORS Remember to take care of yourself!	Providing first-line support is an important step in responding to survivors of violence, but it is not your responsibility to solve your peers' problems. After using the LIVES approach, it is good to check in with yourself and take time to respond to your own needs. Supporting survivors is only possible when we are first supporting ourselves. It is appropriate and brave to let others in your Ambassador programme know if you need a break from offering this type of support. You can take a break from this work and still be an Ambassador.	Take a few deep breaths and ask yourself: 'How am I feeling right now? Do I need to rest, or spend time with a friend, or reach out for support?' Give yourself at least a few moments to listen to yourself and plan how to respond to what you need. Think about how you can slow down or take a break if you need one. Reach out to your contact(s) in your Ambassador programme if you need support.

If I need support or assistance in an emergency, I can contact: .....

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SESSION OVERVIEW

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

By the end of this session, participants should:

- Be aware of myths and messages about women and violence that work to justify and excuse gender-based violence
- Know how to respond to peers who share experiences of violence with them using LIVES
- Be familiar with reporting policies that may apply to them and how they can access support from their Ambassador programme
- Know what resources are available to support them as they work with survivors of violence and understand that they can take a break from doing this at any time

! Allowing Ambassadors to opt out

Because this session deals with experiences of violence, it may not be right for all participants. In addition, not all participants will be comfortable providing the LIVES response for their peers. Participants can still be Ambassadors without completing this session. Key information on supporting peers and providing referrals is included in the **Peer Support** session. Participants who choose not to learn or provide the LIVES response should complete this session. Participants who complete the session and realise that providing LIVES is not right for them can still be Ambassadors, and Ambassadors can choose to take a break from providing LIVES at any time.

To make sure participants have a chance to opt out of the session without group pressure and to give the facilitator time to prepare, participants should be informed that they can opt out before the session. These conversations should be private and carried out when participants sign up for the training, when possible. Speak with each participant one-on-one to let them know that if they are interested, they will have the opportunity to learn how to provide first-line support.

During the conversation, give the participant a basic definition of first-line support and reassure them that providing first-line support may not be right for everyone. Note that the session includes thinking through difficult case studies about violence that may be painful to discuss. Tell the participants that completing the session is not a requirement to become an Ambassador. Let them know that if they choose not to complete the session, they will be paired with an Ambassador who does complete it so that they can refer their peers for LIVES. Explain to participants that if they do complete the session, they will still be able to choose not to provide first-line support if they decide it is not right for them.

Once participants decide whether they will complete the session, the facilitator can plan alternative activities for the participants who opt out. They could be allowed to leave early for the day or take time to practise other topics they have learned. This session may take up to three hours.

Participant pairing should happen after the session. This will allow participants who complete the session to change their mind about providing first-line support if they wish and instead be paired with someone who does want to provide it.

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Protecting participants during the session

We recommend delivering the **Gender Inequality and Violence** session before this one unless participants already have a strong understanding of gender-based violence. If this is not possible, we recommend using the information from that session to inform discussions about violence in this session. Ambassadors who complete this session should also complete the **Boundary Setting and Self-Care** session, which will help them take care of themselves when responding to violence.

Supporting Ambassadors during the session

Because participants may share experiences of violence during this session, facilitators should be trained on the LIVES response or consider bringing in a health care provider who knows LIVES to help facilitate and provide first-line support. It is very important to listen empathetically, validate the participant's emotions, and empower them to determine what support they would like from you. A professional counsellor should be brought in to support participants through this session and should be introduced to the group before beginning. Counsellors and facilitators should be prepared to help develop safety plans and provide information and referrals to local youth-friendly services, including health, social, and legal services, if participants ask for them.

Remember to have on hand guidance for what Ambassadors can do if they feel that they or any of their peers are in immediate danger, as well as guidance on any mandatory reporting requirements that may apply to Ambassadors. If possible, facilitators should consider inviting a legal expert with knowledge about local laws and reporting requirements to participate in the session as well. These resources should have been gathered as part of **Training Preparation** step 3.

Finally, use breaks and pauses throughout the session to give participants space to process and take care of themselves. Emphasise repeatedly that it is okay to step out at any time during the session, and support from the counsellor is available. Consider making this the last session of the day so that participants are able to regroup before switching to a new topic.

It is especially important that facilitators debrief and take time to care for themselves when facilitating this session. Make a plan to speak to your colleagues or another trusted person after the session.

KEY MESSAGES

- There are many messages about gender-based violence that excuse or justify this kind of violence. 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, actively listening, validating their feelings, helping them develop a safety plan, and supporting them to connect with support.
- Violence is about power and control, and people who have experienced violence often feel disempowered. Empowering them helps them to regain control.
- Ambassadors are not counsellors; they should not provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. The role of an Ambassador is to provide a safe space for their peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next.

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MATERIALS

- Copies of the completed **Local Referral Directory** developed as part of training preparation
- One copy of each of the Small-Group Case Studies under the activity **Responding to Disclosures of Violence** using LIVES Small-Group Case Studies
- Scrap or notebook paper for participants to use to write their thoughts

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 17	LIVES Response
Tool 18	Safety Planning Tool
Worksheet 7	LIVES Response

PREPARATION

EXPLORE Activity

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

Stick 'I agree' up at one end of a wall and 'I disagree' at the other end to create a line from one to the other (participants will spread out between the two ends). If you do not have a wall that is long enough, you can put the paper on the ground.

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**, noting:
   - When participants are serving as Ambassadors, their peers may turn to them for support with issues other than those related to PrEP and HIV prevention.
   - As discussed in earlier sessions, violence from families, partners, community members, and state actors such as law enforcement officers may make it more difficult for people to prevent HIV.
2. Let participants know that they can speak to the LIVES-trained health care provider or counsellor at any point during or after the session if they need support.

FACILITATION TIPS

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

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3. Unfortunately, gender-based violence is very common in many parts of the world — including sub-Saharan Africa. Remind participants that gender-based violence is driven by norms that keep certain people in power. These gender norms also justify and excuse violence, often blaming the survivor 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.
4. Take a moment to acknowledge that there may be people in the room who have experienced gender-based violence or who are close to people who have. Let the group know that you will start with a brief activity to help everyone care for themselves during this session. Tell participants that it is okay to step out of the room and take time for themselves if they need to.
5. Ask participants to get their scrap or notebook paper ready so that they can write down their thoughts in a short reflection activity.
6. Ask participants the following questions, giving them about five minutes after each question to think about and take notes on their responses. Reassure participants that these are private reflections, and they will not be asked to share them with the group.
    - What might be some of your warning signs that you are starting to feel distressed and you should reach out for support?
    - What can you do to minimise the chances of having these bad feelings or manage the impact of them (for example, stepping away or slowing down, or checking in with someone)? Now, review your list and circle the top two things you will do to care for yourself during this session.
7. Let participants know that they can come back to these ideas or take a break at any time during the session if they need to.

During the second step of this activity is a good time to remind participants that they can step out at any time, and that a counsellor (and other resources) are available if they are needed.

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 messages 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.

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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'.

Messages about Gender-Based Violence

- People who wear revealing clothing are asking to be raped.
- Some people provoke their partners to beat them.
- Violence between couples is a private matter that should not be discussed.
- Sex workers cannot be raped.
- People often make up being raped for blackmail.
- Violence in same-sex relationships is not serious.
- If the violence were serious, the survivor would leave their partner.

3. Once participants have chosen their places, 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 perpetrators' violence against survivors or victims.

Keep in mind that it is likely some participants will have experienced violence. They may be the ones who most strongly believe these 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 them will contribute to the prevention of violence.

This is a good place to remind participants about consent. For any sexual or intimate activity, everyone involved should get consent from each other. A person can decide they no longer consent, or change their mind, at any time.

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.

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

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- Participants are not expected to provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. The Ambassadors' role is to provide a safe space for their peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next.
- Share guidance on what Ambassadors should do if they feel that they or their peers are in immediate danger of harm. This guidance should have been developed as part of your training preparation and might include instructions to reach out to an emergency contact or trusted individual.

2. Explain the survivor-centred approach, highlighting that people 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, gender identity, race, religion, nationality, ethnicity, or any other characteristic or identity
   - Make their own decisions about what they need and how they want to act
   - Choose with whom they will or will not share their experiences and what information they want 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. Reassure participants that helping survivors identify and use their existing strengths can help them feel more confident in themselves and their coping strategies.
5. When the discussion has come to a natural end, explain that in this session, they will learn how to respond when their peers share an experience of violence.

ACTIVITY: Creating a Safe Space

1. Write 'Safe space' on a piece of flip chart paper and put it up where everyone can see it.
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.

Help participants identify the following characteristics of a safe space:

- Physically and mentally safe from possible threats
- Private
- Nonjudgmental

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4. Ask them to write their ideas down on sticky notes and put them up on the piece of flip chart paper.
5. Ask participants to break into pairs and identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about a personal issue or problem.
6. Ask participants to write down their answers on their worksheets, under the column labelled 'What does this look like in practice?'
7. Let participants know they have five minutes to do this.
8. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to create or demonstrate a safe space for their peers.

- Nondiscriminatory (knowing they will be treated equally and fairly regardless of their age, race, religion, HIV status, or any other characteristic)
- Confidential
- Respectful
- Knowing they are in control

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

BREAK: Now is a good time to give participants a few moments to absorb what they have learned so far and take time to practise self-care. You could do a short check-in activity to remind the group about their self-care thoughts, or a gentle energizer, or simply give open time for private reflection.

ACTIVITY: Responding to Disclosures of Violence using LIVES – Large-Group Work

1. Explain to participants that they will be learning the LIVES approach to providing first-line support in this session. Direct participants to the **LIVES Response – Disclosures of Violence** and **Safety Planning** tools in their toolkit.
2. Let them know that they will first apply LIVES to a case study as a large group. Next, they will break into small groups and work through different case studies on their own, with your support.
3. Alert participants that you are about to begin talking about situations that could be upsetting. Remind participants of the reflection activity earlier and that they are free to do what they need to do to take care of themselves during the rest of the session.

The case studies for this session are designed so that participants apply LIVES to a variety of situations. The large-group case study is designed to give participants the chance to discuss, with facilitator support, a dangerous situation that includes an element of sexual assault against a person under age 18. Case studies can be selected from these options or modified to reflect the local context or to highlight situations or skills that are most relevant to participants.

Whenever participants are working in pairs during this session, make sure to circulate and offer support and guidance.

You may also choose to break participants into five groups for this activity and let each group discuss on step of the LIVES response, and then report back to the large group.

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STEP 1: Listen closely with empathy and without judgment

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. Read the below case study (case study #1) to the group.

> **Case Study #1 – Esther's story**
>
> Esther is a 17-year-old transgender adolescent girl who lives with her partner, Robert. Robert often raises his voice at Esther when they have disagreements, and sometimes he slaps or hits her if she tries to leave their home without his permission. Esther is not using PrEP yet, and Robert usually agrees to use condoms when they have sex. She is not sure if he has other partners, and she does not know his HIV status.
>
> Esther has a job in town assisting a tailor. She likes her job but is afraid she will be fired because she often arrives late after Robert tries to prevent her from leaving home. He says he is worried that she is really going to cheat on him instead of going to work. Esther depends on her job because her parents kicked her out of their home when she came out as transgender.
>
> One day, as Esther is getting ready for work, Robert forces Esther to have sex and does not use a condom. Esther is very upset but gets ready to go to work. As she leaves, Robert says, 'if you are late coming home from work, I will kill you'. Esther decides she is afraid to go home and wants to get help.

4. Give participants a moment to reflect on the story.

5. Ask participants to brainstorm the qualities that Esther will look for in someone to talk to.

6. Draw a line down the middle of a piece of flip chart paper. On the left side, write 'Qualities Esther will look for' and on the right side, write 'Things Esther might worry you will do or say'.

Remind participants to refer to the LIVES and Safety Planning tools in their toolkits.

Throughout the discussion, reassure participants that LIVES is not linear. Sometimes the steps flow together or repeat during the process.

If your organisation requires Ambassadors to report violence committed against someone under age 18, let participants know that they will need to explain these requirements to a minor who discloses violence early in the conversation. This gives the survivor more control over what they share and with whom.

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7. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper.
8. When completing the 'Things Esther worries you might do or say' column, make sure participants list the following:
    - Be judgmental
    - Not hear or misunderstand
    - Question her behaviour or blame her
    - Give advice or tell her what to do
    - Provide counselling, although you are not a qualified counsellor
    - Share personal experiences or someone else's experiences to try to relate
    - Tell her to change her gender identity to avoid violence
    - Try to cheer her up: 'Don't cry, it's not so bad!'
    - Justify or minimise the experience: 'It could have been worse!'
9. When participants run out of ideas, read through the notes and summarise them.
10. Divide participants into pairs and ask participants themselves to identify how they would show Esther that they are actively listening.
11. Ask participants to write their answers on their worksheets.
12. Let participants know they have five minutes to do this.
13. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to create or demonstrate active listening.

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

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

STEP 2: Inquire about the survivor's needs and concerns

1. Remind participants that violence is about power and control. Survivors of violence, including intimate partner violence and sexual violence, often feel powerless. It is important to support survivors of violence to feel in control again; empowering them can help them to regain that control.
2. Explain that the second step, Inquire, is about encouraging their peers to identify what (if anything) they need and helping them to connect with more support or available services, if that is what they would like to do.
3. Ask participants to work in their pairs to identify how they would empower and support Esther and to write down their answers on their worksheets.
4. Let participants know they have five minutes to do this.

During the **Inquire** step, it is important not to ask questions that may make the survivor feel that the violence is their fault. For example, avoiding 'why' questions such as why violence happened or why a survivor reacted in a certain way. Refer to the **Essential Knowledge** for ideas on questions that are helpful during this step.

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5. Once participants have finished, bring them back together. Ask each pair to share one thing they would do to empower and support Esther to identify what she might need and how they might seek further support.

STEP 3: Validate the survivor's experiences

1. Remind participants of the activity at the beginning of this session about the messages that are used to blame and silence people who experience violence. These messages can be so powerful that survivors blame themselves, which can cause them to feel ashamed.
2. Ask participants to work in their pairs to identify how they would reassure Esther that Robert's behaviour is not her fault and that her feelings are valid.
3. Ask participants to write their answers on their worksheets.
4. Let participants know they have five minutes to do this.
5. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to reassure Esther if she came to them for support.

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

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

Reassuring their peers that they believe them, it is not their fault, their feelings are valid, and they have a right to live without violence and fear is one of the most valuable things Ambassadors can do.

It can be a great relief to someone who has experienced violence to know someone believes them and is listening carefully without judgment or conditions. It can also help them to see that it is not their fault, and they may feel more confident about getting help.

BREAK: This is another good time to give participants a few moments to absorb what they have learned and practise self-care. Make sure to mention any support options that are available for participants during the session.

STEP 4: Enhance safety

1. Let participants know that increasing safety is a long-term goal. Even if a survivor is not ready to take action immediately, it will help them to think about what they can do if they decide to get help in the future.
2. Ask participants to turn to the **Safety Planning** tool in their toolkit. Explain to participants what a safety plan is and outline how they can use the tool to guide a conversation about safety planning.
3. Write 'Esther's Safety Plan' at the top of a piece of flip chart paper.
4. Ask participants to discuss in pairs how they might brainstorm a safety plan with Esther. Let them know they will have 10 minutes to do this.
5. Bring the group back together and ask each pair to share their thoughts. Support the group to use Esther's possible needs and unique circumstances to guide safety planning. Highlight any possible obstacles to the plan, and where providing support to Esther may help her prevent HIV.

Make sure to let participants know any requirements about reporting if they are worried that someone's life is in danger. Refer to the guidelines identified or developed during training planning.

Throughout the group discussion, make sure to emphasise to participants:

- No one can guarantee another person's safety, and a safety plan is not a guarantee that violence will not happen.
- Violence is always the fault of the violent person, never the survivor.
- Confidentiality is especially important in safety planning.
- Ambassadors should never speak to violent partners or other people who are violent to their peers.

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6. When completing 'Esther's Safety Plan', make sure the plan includes:
    - Possible safe people in Esther's life
    - A safe place Esther where can go in an emergency
    - How Esther can increase her safety at home, at work, and at other times
    - Important things Esther might include in an emergency bag, and where she might keep it
7. Ask participants to think of the key steps that Esther can take and write them in the **Enhance** safety step on their worksheets.
8. Let participants know whom they should contact if they are worried that a survivor is in immediate danger. Outline any reporting requirements if they fear for a survivor's life or if a survivor is younger than 18.
9. Before moving on to step 5, give participants a reminder of these important points:
    - For their own safety and the safety of survivors,
    - Ambassadors should be careful to maintain confidentiality during the safety planning process.
    - Safety plans are not a guarantee that violence will not happen.
    - Violence is always the fault of the person who commits violence, never the survivor.
    - Ambassadors should never approach a violent partner or any other person who has been violent.

STEP 5: Support

1. Explain to participants that the *Support* step involves giving survivors the information they need to connect with other resources and services for their health, safety, and social support — whatever is most important to the survivor. It is not the Ambassador's role to accompany survivors to other services, but they should be prepared to discuss what a survivor would like to access and be up to date on local services and resources.
2. If you have not already done so, share copies of the **Local Referral Directory** of existing organisations that offer stigma-free health, social, and legal services for survivors of violence.
3. Ask participants to work in their pairs to brainstorm which resources and services might be useful for Esther. After five minutes have passed, bring the group back together for discussion.

During the support conversation emphasise that referrals and the support provided by Ambassadors can help peers manage their experiences and prevent HIV.

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4. Write 'Services and Resources for Esther' on a piece of flip chart paper.
5. In the large group, ask each pair to share what they decided were important referral resources for Esther. You may need to refresh the group on Esther's story. Write the group's ideas on the flip chart paper.
6. When listing 'Services and Resources for Esther', make sure the group discusses these key services:
   - Health services, such as PEP, emergency contraception, or STI testing
   - Social support and mental health services
   - Legal or protection services
7. Ask participants to choose the services they think are most important for Esther and write them in the Support step on their worksheets.
8. Before wrapping up the conversation, remind participants of these key points:
   - Ambassadors should only provide information and do not need to accompany a survivor to services.
   - Not all survivors want to access services, and that is okay.
   - We can provide information, but we cannot control the outcome. For example, referral organisations may not be able to help a survivor or may provide unhelpful services. This is why keeping an up-to-date and vetted referral directory is so important.
   - Supporting survivors to access important services can help them manage their circumstances and help them protect themselves from HIV.

SELF-CARE FOR AMBASSADORS

1. Explain to participants that working with survivors of violence, like Esther, can be challenging. This can be especially difficult if an Ambassador feels they were not able to meet a survivor's needs. Ambassadors should take time for themselves after providing LIVES to make sure that they are taking care of their own mental and physical health.

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.

2. Let participants know the support that your organisation will provide to them as part of their work with survivors. Encourage them to access this support whenever they need it.
3. Remind participants that it is healthy to take a break from providing LIVES if they need to. Make sure they know a person to contact if they need support or want to take a break.

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

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4. Give participants five minutes to work in their pairs to write down how they would check in with themselves and respond to their own needs after supporting Esther. On the LIVES response worksheet, this goes under the 'Self-Care for Ambassadors' row.

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

ACTIVITY: Responding to Disclosures of Violence using LIVES – Small-Group Case Studies

1. Explain to participants that they will now use the LIVES approach to respond to case studies in small groups.
2. Tell participants that each group will get a case study and time to work together to talk about how they would provide the survivor with first-line support using LIVES. Small groups can use the **LIVES Response – Disclosures of Violence** tool and the **Safety Planning** tool in their conversations. They should also discuss how they would care for themselves after working with the survivor.
3. Divide participants into three to five groups. Give each group a copy of one of the case studies below.
4. After about 15 minutes, call the group back together. Ask if any groups would like to share their story and how they would respond. Participants can offer suggestions and encouragement to those who choose to share.

Alternative activity: It is also possible to do the small-group case studies as role-plays. To do this, pairs will act out an Ambassador and a survivor in each case study for the group, with the group providing suggestions and support.

During this activity, circulate through the group and help participants brainstorm using the **Essential Knowledge** and **Facilitator Tips** for this session.

Make sure to remind participants of key information, such as connecting survivors to PEP or PrEP, and whether a case study requires that an Ambassador make a report.

Depending on the size of your group and your context, you can choose to discuss some or all of the case studies. For example, with a smaller group, you may select only three case studies and divide participants into three groups.

Case Study #2 – Lydia's story

Lydia is a 20-year-old sex worker who is in part-time school to become a doctor. She is preparing for her upcoming term and realises that her family does not have enough money to pay her school fees. Her parents tell her that she will have to find a way to get the money, or she will have to drop out.

Lydia's teacher, Thomas, hears about her troubles and offers to pay her school fees if she agrees to come to his home after school on some days to help clean. Lydia decides to say yes to the offer, but the first day she goes home with Thomas, he rapes her. Afterwards, Thomas states, 'You're a sex worker. You engage in this sex all the time for money or favours. Me having sex with you is nothing different.'

Lydia is afraid to tell anyone what happened because she does not want to be removed from school, and she is afraid no one will believe her. She decides to ask an HIV Prevention Ambassador for support.

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Case Study #3 – David's story

David is a 19-year-old transgender man who has two small children with his live-in partner, Rose. Rose does not work, but she takes care of the children while David goes to his job in construction. Usually David lives a low-stress life and enjoys his work.

One day on the construction site, David's workmates learn that he is a transgender man. Most of his workmates decide it is not a big deal, but after work, one of them approaches him on the street. David's workmate begins yelling at him and beats him up. His workmate follows him home and says, 'Next time I see you,

I am going to have sex with you. Then you will know you are really a woman.'

David is afraid for his own safety and the safety of his family. He decides to get help.

Case Study #4 – Christine's story

Christine is a 22-year-old pregnant woman who has her own business selling food during the day. One of her customers, Daniel, who is much older than her, begins giving her gifts and leaving a 'tip' for her after he buys his lunch. Christine feels uncomfortable when he does this, but he continues even after she asks him to stop.

One day in the afternoon as she is closing up her shop, she finds Daniel waiting for her. He asks her for sex, but she refuses, saying that she is not interested. Daniel becomes very angry and beats Christine, yelling loudly that she is 'promiscuous' and other insults. Christine is able to get home that night but is afraid to open her shop the next day.

Christine decides to get support but is not sure who can help her.

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Case Study #5 – Cynthia's story

Cynthia is a 24-year-old cisgender woman who injects drugs. She has one romantic partner named Abraham and sometimes engages in sex work in exchange for money or drugs and has multiple partners as part of her work. She usually hides her work and that she injects drugs from Abraham, but he sometimes suspects she does both.

One night while Cynthia is working, one of her clients feels the PrEP ring inside her during sex, and becomes violent. He is one of her best-paying clients and gives her injectable drugs for free, so she does not think she can stop seeing him. Cynthia is also worried that Abraham will notice that she has bruises and will break up with her.

Later, when Cynthia tries to go back to work, she is too afraid to see her clients. Cynthia wants to find out if there are any resources she can access, but she is afraid of legal trouble because she injects drugs and is a sex worker.

Case Study #6 – Brenda's story

Robert is 25-year-old cisgender man who loves to go out for dinner and dancing with his friends. Robert has a primary partner, another cisgender man named Moses, and he sometimes has other casual partners when he spends the night out. Because he has multiple partners and because Moses is living with HIV, Robert uses PrEP.

One night on the way home from eating with his friends, Robert is attacked by a group of men. The men verbally assault and rape him.

Robert manages to make his way home, but he cannot sleep and calls an HIV Prevention Ambassador as soon as he thinks they might be awake.

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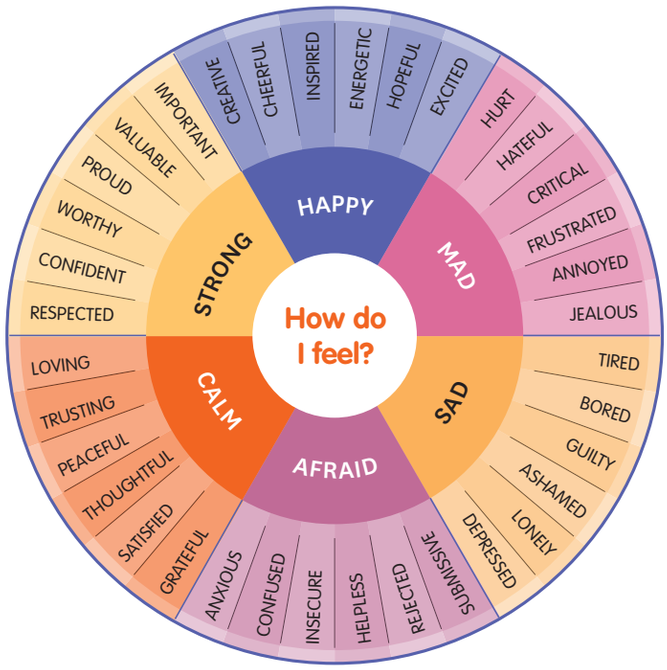
REFLECT

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.
2. During the conversation, highlight to Ambassadors that many efforts to change harmful gender and social norms have been successful. Let them know that you can share these resources with them if they want to learn more.



SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

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. You can use the feelings chart below to help participants name how they feel.

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

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Useful Resources

1	**Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines** WHO 2017	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	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	A training manual for building the knowledge and skills of peer educators, navigators, and outreach workers to talk to key population members about violence and provide first-line support to individuals who disclose violence during outreach activities.
4	**Caring for Women Subjected to Violence: A WHO Curriculum for Training** Health-Care Providers WHO 2019	A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.
5	**CHARISMA Mobile** RTI 2022	An online mobile tool that people can use to work through challenges with their relationships and PrEP.
6	**Love is Respect** United States National Domestic Violence Hotline Multiple years	A website all about dating and healthy relationships for young people. The site includes detailed guidance on safety planning, abusive relationships, and supporting others. Although the site is US-based, most of the information and tools are broadly applicable.
7	**Guidelines for the Prevention and Management of Vicarious Trauma Among Researchers of Sexual and Intimate Partner Violence** SVRI 2015	A guide to preventing vicarious trauma that can be used to help Ambassador programmes plan the support they will provide to Ambassadors who use the LIVES response.
8	**Dare to Care: Wellness, Self and Collective Care for Those Working in the VAW and VAC Fields** SVRI 2022	A self-paced, free online course to teach and support self- and collective care practices for people who work in the fields of violence against women and children.

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SESSION MATERIALS

LIVES Response

TOOL 17

STEP	How do I do this?
Listen closely with empathy and without judgment.	Make sure you are somewhere private, where they feel physically and mentally safe. Explain the boundaries of confidentiality that you can uphold. Show them you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give them a safe space to talk. Acknowledge and validate their feelings.
Inquire about their needs and concerns.	Let them know they are in control of what happens next. Help them to identify their needs and consider their options.
Validate their experiences.	Validate their experiences by letting them know they are not alone, you are there for them, and their feelings matter. Explain that you are just there to listen — you will not judge them or tell them what to do. If they have shared an experience of violence, let them know that you believe them, and it is not their fault
Enhance their safety.	Help them think about their situation and things they may be able to do to increase safety. If someone is in an especially dangerous situation, let them know that you are concerned for their safety and that their safety is important. Talk through the safety planning questions with them. Remind them that a safety plan is not a guarantee that violence will not happen and that violence is never their fault.
Support them to connect to more resources.	Ask if they would like to hear information on local resources. If they say yes, provide them with information about local resources that might help, such as referral for PEP or emergency contraception, counselling, or legal support. Remember that not everyone wants to take up a referral right away, and that is okay. Some people may return for a referral, but others may not want to be referred. Returning control to the survivor means respecting their wishes, and a survivor who knows you respect their choices is more likely to return to you for additional support.

Remember, Ambassadors are not counsellors!
It is not your role to provide counselling to your peers or tell them what to do.

SELF-CARE FOR AMBASSADORS

Remember to take care of yourself!

Providing first-line support is an important step in responding to survivors of violence, but it is not your responsibility to solve your peers' problems. After using the LIVES approach, it is good to check in with yourself and take time to respond to your own needs. Supporting survivors is only possible when we are first supporting ourselves. It is appropriate and brave to let others in your Ambassador programme know if you need a break from offering this type of support. You can take a break from this work and still be an Ambassador.

What does this look like in practice?

Take a few deep breaths and ask yourself: 'How am I feeling right now?' 'Do I need to rest, or spend time with a friend, or reach out for support?'

Give yourself at least a few moments to listen to yourself and plan how to respond to what you need. Think about how you can slow down or take a break if you need one. Reach out to your contact(s) in your Ambassador programme if you need support.

If I need support or assistance in an emergency, I can contact: .....

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LIVES Response

WORKSHEET 7

Step	How do I do this?	What does this look like in practice?
Listen closely with empathy and without judgment.	Make sure you are somewhere private, where they feel physically and mentally safe. Explain the boundaries of confidentiality that you can uphold. Show them you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give them a safe space to talk. Acknowledge and validate their feelings.	
Inquire about their needs and concerns.	Let them know they are in control of what happens next. Help them to identify their needs and consider their options.	
Validate their experiences.	Validate their experiences by letting them know they are not alone, you are there for them, and their feelings matter. Explain that you are just there to listen — you will not judge them or tell them what to do. If they have shared an experience of violence, let them know that you believe them, and it is not their fault.	
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Support them to connect to more resources.	Ask if they would like to hear information on local resources. If they say yes, provide them with information about local resources that might help, such as referral for PEP or emergency contraception, counselling, or legal support. Remember that not everyone wants to take up a referral right away, and that is okay. Some people may return for a referral, but others may not want to be referred. Returning control to the survivor means respecting their wishes, and a survivor who knows you respect their choices is more likely to return to you for additional support.	
SELF-CARE FOR AMBASSADORS Remember to take care of yourself!	Providing first-line support is an important step in responding to survivors of violence, but it is not your responsibility to solve your peers' problems. After using the LIVES approach, it is good to check in with yourself and take time to respond to your own needs. Supporting survivors is only possible when we are first supporting ourselves. It is appropriate and brave to let others in your Ambassador programme know if you need a break from offering this type of support. You can take a break from this work and still be an Ambassador.	

If I need support or assistance in an emergency, I can contact: .....

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TOOL 18

Safety Planning Tool

Making a safety plan can help someone take steps to increase their safety at home or in other places where they may feel unsafe. Remember that a safety plan does not guarantee that someone will not experience violence. Violence is always the fault of the person who uses violence — never the survivor! These questions can help guide a conversation about safety planning.

Staying safe at home

Sometimes identifying safe people in or near where you live and thinking about safe places outside the home can help with safety.

- Who is a safe person you can talk to about your situation?
- Who might be able to stay with you so that you are not home alone with the person who is hurting you?
- What is the safest way for you to leave your house if there is an emergency?
- If you have to leave in an emergency, where is a safe place you could go? The best places are public and not known by the person who is hurting you.

Staying safe at school or work

Sometimes a change of schedule, talking to a teacher or supervisor, or connecting with people at school or work can make these places safer.

- Who is a safe person who can help you at your work?
- Is it possible to make changes to your schedule that would help you stay safe?
- What is the safest way for you to get to and from school or work?
- What are the spaces at school or work where you feel safest?
- Who could be your 'buddy' to help you avoid being alone at school or work?

Planning for an emergency

Packing an emergency bag and keeping it hidden can help you stay prepared.

- If you have to leave school, work, or home in an emergency, what is the best way to get to a safe place? Could you use public transportation, get a ride, or get there in another way?
- If you have to leave school, work, or home in an emergency, what will you need to take with you?
  - Medications?
  - Money?
  - Identity documents?
  - Keys?
  - Items that are special to you?
  - A change of clothes?
- If you have children, what will you need for them if you have to leave your home in an emergency?
  - Diapers? - Formula? - Special toys?

Special considerations if you have children

- If they are old enough to ask for help, who can your children contact in an emergency? Do they know who to contact and how to get in touch with them?
- If they are old enough, do your children know to get away from a violent situation and not to try to intervene?

Staying safe emotionally

Remembering things that make you happy can help with your mental health.

- What are some things that you like about yourself or that you are proud of?
- What are some activities you enjoy that you can do when you feel down?
- Are there any clubs or groups you can join that might be fun for you?
- Who are the people in your life who make you smile or remind you of your value?

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3 Peer Support Skills

ESSENTIAL KNOWLEDGE

What is peer support?

Peer support refers to Ambassadors providing information, emotional support, and practical help to their peers. It is not Ambassadors' role, as peers, to provide counselling. Providing counselling without having professional training can cause more harm than good.

The role of an Ambassador is to provide a safe space where their peers can talk about their experiences, express their feelings and needs, and explore what they would like to do next. Because Ambassadors and their peers may have similar experiences, their peers are more likely to feel comfortable talking with Ambassadors than with professional counsellors. Many people do not have someone to talk to about their personal issues and challenges, so Ambassadors are helping simply by listening to them. When their peers need more support, it is also important for Ambassadors to have information to give them about local, stigma-free counselling and support services.

This session gives participants the chance to practise supporting peers who come to them with challenges beyond HIV prevention needs. Ambassadors who are not trained in LIVES (Listen, Inquire, Validate, Enhance safety and Support) or who choose not to provide the LIVES response can use what they learn in this session to connect peers who disclose violence with Ambassadors who are providing LIVES and other important resources.

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, including HIV prevention. Protecting the confidentiality of peers is therefore one of the most important aspects of an Ambassador's role.

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 the peer they are supporting.
- A peer tells an Ambassador they want to use pre-exposure prophylaxis (PrEP) but 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 the peer and references a personal conversation without realising there is somebody nearby who can hear them.

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Breaking a peer's confidentiality can cause serious harm, including:

- Exposing them to stigma and discrimination
- Exposing them to possible 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 possibility of unintentionally breaking confidentiality:

- If you are unsure if the information that has been shared with you is confidential, ask the person who shared it.
- Always ask the peer's permission to share their information with others, such as with service providers.
- Always make sure a peer is in a private place before discussing a personal issue with them.
- Avoid taking notes. If an Ambassador must take notes, they should not use names or other identifying information.
- It is okay for Ambassadors to debrief about their work with key people, such as other Ambassadors or a support person, such as a counsellor. They can do this without breaking a peer's confidentiality by focusing on the issues and their own experiences and not disclosing any information that would identify the individual.
- Ambassadors must be clear about if or when they are required to break confidentiality and communicate this to their peers.

The key message for Ambassadors is that each person has the right to decide with whom they share their personal information. 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 in immediate danger of serious harm or death. These laws vary in each country. Although these laws do not typically apply to volunteers such as 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 them 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 or seriously harmed by their partner or someone else in their lives

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 in immediate danger of serious harm or death (see the **Training Preparation** at the beginning of this training package).

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SESSION OVERVIEW

Participants will learn skills to support their peers by providing a safe space where they can talk about their experiences, express their feelings and needs, and explore what they would like to do next. 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 by creating a safe space and providing referrals
- Understand the importance of protecting their peers' confidentiality

! If you have not completed the **Responding to Disclosures of Violence** session, we recommend that you read that session before doing this one. Many people 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 the person's emotions, and empower them to determine what support they would like from you. Be prepared to provide information and referrals to local youth-friendly services, including health, social, and legal services, if participants ask for them.

For programmes that are supporting Ambassadors to provide LIVES (Listen, Inquire, Validate, Enhance safety and Support), this session provides information for participants who choose not to train on or provide LIVES. Before the session, make a plan to pair participants who opted out of LIVES with those who did not.

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

KEY MESSAGES

- Ambassadors can support their peers by providing a safe space where they can talk about their experiences, express their feelings and needs, and explore what they would like to do next.
- Ambassadors are not counsellors. Providing counselling without having professional training can cause more harm than good.
- Everybody has the right to decide with whom they share their personal information. 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.

Worksheet 9 Peer Support Wheel
Ambassador Certificate (see **Training Preparation** section of this package)

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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 PrEP use.
3. Ask participants to suggest some of the issues their peers may discuss with them and write those on a piece of flip chart paper or a whiteboard.
4. Explain that in this activity, they will learn how to create a safe space, listen actively, and respond to participants who need emotional support using the Peer Support Wheel.
5. Emphasise that participants are not expected to provide counselling to their peers. Providing counselling without having professional training can cause more harm than good. Their role as Ambassadors is to provide a safe space where peers can talk about their experiences, express their feelings and needs, and explore what they would like to do next.

ACTIVITY: Peer Support Wheel

Divide the group into pairs and direct them to the **Peer Support Wheel** worksheet, noting each part of the wheel. Share guidance on what Ambassadors should do if they feel that they or their peers are in immediate danger or harm. This guidance should have been developed as part of your training preparation and might include instructions to reach out to their emergency contact or trusted individual.

CREATING 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 on sticky notes and put them on the piece of flip chart paper or whiteboard.
5. Ask participants to select one of the issues they identified that their peers may discuss with them.
6. Ask participants to work in 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.

FACILITATION TIPS

For this activity, if you have participants who will be providing the LIVES response to their peers, encourage them to think of challenging situations that are not related to experiences of violence.

Help participants 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, sexual orientation, race, religion, HIV status, or any other characteristic)
- Confidential
- Respectful
- Knowing they are in control

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7. Ask participants to write down their answers on their worksheets in the space labelled 'Create a safe space'.
8. Let participants know they have five minutes to do this.
9. Once participants have finished, bring them back together. Ask each pair to share one thing they could do to create or demonstrate a safe space for their peers.

LISTEN ACTIVELY

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 a person is saying and how they are saying it rather than on our own thoughts.
    - Trying to understand how the other person is feeling. We do this by paying attention to the way they are communicating, including their body language.
    - Demonstrating we are listening by nodding, reflecting the other person's emotions in our facial expressions and tone, and offering small verbal acknowledgments, 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 wanted to talk to someone about how they were feeling. Ensure the participant knows that they do not have to share a traumatic experience.
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.

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8. Introduce the activity by explaining 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. 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 on the piece of flip chart paper.
11. When they are completing the 'Things you worry they will do and say' column, make sure participants list the following:
    - Being judgmental
    - Questioning your behaviour or blaming you
    - Giving advice or telling you what to do
    - Providing counselling if they are not a qualified counsellor
    - Sharing personal experiences or someone else's experiences to try to relate
    - Trying to cheer you up: 'Don't cry, it's not so bad!'
    - Justifying or minimising the experience: 'It could have been worse!'
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 their experience of violence (or anything else of a sensitive nature).
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 each pair to share one thing they could do to create or demonstrate active listening.

OPTIONAL LISTENING ACTIVITY 2

1. Line up two rows of chairs in pairs in the middle of the room, facing each other. There should be one chair per participant.

If you have an odd number of participants, you or your co-facilitator can take the place of the 'peer' in this activity.

2. Divide participants into two groups. Tell one group they will be the 'Ambassadors' and the other group that they will be the 'peers.'
3. Gather all of the 'peers' on one side of the room where you can speak to them without being heard by the 'Ambassadors.'
4. Tell the 'peers' that their role in this activity is to sit in the chair looking at their phone or gazing away from their 'Ambassador,' and ignoring the 'Ambassador' no matter what they do.

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5. Ask everyone to come together and be seated in the two rows of chairs, with one 'peer' sitting to face one 'Ambassador' at each set of chairs.
6. Ask the 'Ambassadors' to begin a check-in conversation with their 'peers.'
7. Allow the 'Ambassadors' to attempt conversations for about two minutes.
8. Call the group back together and reveal that 'peers' have been instructed not to pay attention.
9. Ask participants from both the 'Ambassador' and 'peer' roles to share their observations about the activity.

REASSURE

1. Explain to participants that it is common for people who are going through difficult situations to doubt themselves and feel less confident. However, a positive response from an Ambassador can be a great relief. Knowing that someone believes them and cares about their well-being can help peers see that what they are going through is not their fault, and they may feel more confident about getting help.
2. Ask participants to work in pairs to identify how they would reassure a peer who is disclosing an issue that is sensitive or challenging.
3. Ask participants to write down their answers on their worksheets.
4. Let participants know they have five minutes to do this.
5. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to reassure their peers when they disclose challenges.

REFER

1. Explain to participants that the last piece of the **Peer Support Wheel** is about encouraging their peers to identify what (if anything) they need and helping them to connect with more support or available services.
2. If you have not shared copies of a **Local Referral Directory** of existing organisations that offer stigma-free, gender-affirming health, social, and legal services, share it now.
3. Share a few suggestions about how participants could help their peers to identify their needs. For example:
   - 'Would you like to explore options for getting more support?'
   - 'Do you feel like you have the support you need?'
   - 'What is your biggest priority right now?'

If you have participants who need to be connected to Ambassadors who will provide LIVES for their peers, make that connection during this part of the session. Make sure all participants and Ambassadors who will be paired up in this way are aware of and have the information they need to get in touch with each other.

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4. Give participants time to work in their pairs to identify how they would support a peer to identify resources they might need and share useful referral information. Ask participants to write their answers on their worksheets.
5. Let participants know they have five minutes for this conversation.
6. Once participants have finished, bring them back together. Ask each pair to share one thing they would do to help their peers identify their needs.
7. Reassure participants that not everyone wants to use referral resources, and that is okay. What to do when facing a challenge is the peer's choice. An Ambassador's role is to offer information only.

SELF-CARE CHECK

1. Give participants five minutes to work in their pairs to write down how they will check in with themselves and respond to their own needs after supporting a peer who is going through a challenging experience.
2. Ask them to write down what they might do in the 'Self-Care Check' portion of the **Peer Support Wheel** worksheet.
3. Remind participants that their safety and well-being is important! They cannot support their peers if they are not also taking care of themselves.

OPTIONAL ACTIVITY: Role-Play

1. Ask for two volunteers to come to the front and participate in a short role-play to show how they would use the Peer Support Wheel 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 it into the session to address different issues.

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

ACTIVITY: Wrap-up

1. Wrap up the activity by highlighting that it is normal to feel worried about doing or saying the wrong thing. Let participants know that these skills are built over time, nobody is perfect, and we all make mistakes.
2. Reassure participants that just by being open and willing to listen and provide support, they will be making a big difference in the lives of their peers.

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APPLY

INTRODUCTION

1. Ask participants if they understand the meaning of the word 'confidentiality'.
2. Build on their responses to develop a shared understanding of the term.
3. Explain that their peers may trust them with information they would not tell anyone else.
4. Ask participants to give examples of information 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.

ACTIVITY: Your Secret, My Responsibility

1. Give each participant a piece of paper.
2. Ask participants to think of something about themselves they would not want anyone else to know and to write it down.
3. When participants have finished, ask them all to fold their pieces of paper (to hide the information).
4. Explain that you would like each person to pass their piece of paper to the person to their left. Reassure them that they will get the note back and it will not be read.
5. Highlight that everybody has the right to choose with whom they share their information, so they can choose not to pass on their note.
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 notes, 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?

FACILITATION TIPS

Confidentiality is protecting someone's private information by keeping it secret.

Reassure participants that no one is going to read their notes.

You can also add or substitute a facilitator role-play illustrating how an Ambassador might break confidentiality as part of this activity.

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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 know (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.

During the discussion, remind participants that it is okay to debrief or look for support while keeping their peer's information anonymous.

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.

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Useful Resources

1	**YouthPower AGYW Mentoring Program Toolkit** FHI 360 2018	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	**Zvandiri: Peer Counseling to Improve Adolescent Adherence to Treatment and Psychosocial Well-being in Zimbabwe** Africaid 2018	A brief that summarises the components and impact of the Zvandiri programme in Zimbabwe. This model has been recognised by the Ministry of Health and Child Care and World Health Organization (WHO) as best practice.
3	**Girl Consultation Research Toolkit** The Girl Effect; Nike Foundation; 2CV 2013	A guide for working directly with girls who live in poverty. The guide is intended for those working with girls to identify the issues, challenges, strengths, and opinions that are important to them.
4	**Caring for Women Subjected to Violence: A WHO Curriculum for Training** Health-Care Providers WHO 2019	A curriculum to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.
5	**Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook** WHO 2014	A clinical handbook to help health care providers use the LIVES model to offer first-line support to women who have experienced violence.
6	**Peer Navigation for Key Populations Implementation Guide** LINKAGES 2017	A guidance document for HIV prevention programs implementing peer navigation activities among PrEP priority populations.

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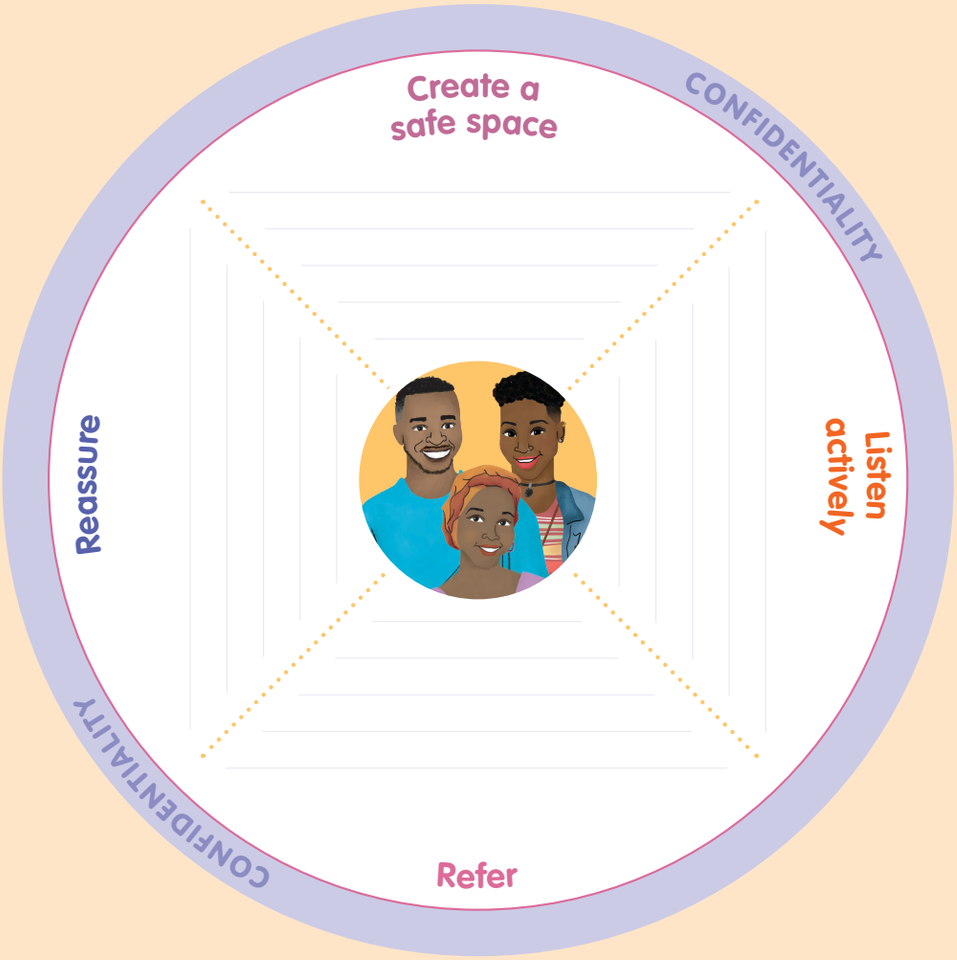
SESSION MATERIALS

WORKSHEET 9

Peer Support Wheel



SELF-CARE CHECK

How will I care for myself after I support my peers?

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4 Healthy Relationships and Supportive Partners

Session notes:

- Because most research on relationship dynamics and pre-exposure prophylaxis (PrEP) to-date has been conducted among heterosexual and cisgender couples, this session is built on information learned about these types of relationships. However, people in any relationship can support their partners' use of PrEP. It is likely that findings from existing research are relevant to many kinds of romantic and sexual partnerships, including people in lesbian and gay relationships as well as transgender, intersex, and nonbinary people and people with more than one partner.
- This session addresses support for PrEP use in consensual sexual and romantic relationships. It does not address the concept of consent or relationships that are not consensual, such as relationships where one partner is a minor. It also does not adequately address PrEP use support in sex worker relationships with clients or other relationship dynamics that sex workers might face. We recommend reaching out to local sex worker-led organisations for more information on these topics, or inviting a representative from the organisation to co-facilitate the session.
- This session is focused on romantic and sexual relationships. To explore parental support for PrEP use, refer to the 'Engaging Parents to Create an Enabling Environment for Young People's PrEP Use' tool listed in the **Useful Resources**.

If you are looking for more information and activities on consent, communication skills, and healthy relationships more broadly, refer to the 'It's All One' curriculum, the 'YouthPower Action Mentoring Toolkit', the Indashyikirwa Training Module, or the 'Tu'Washindi Intervention Manual' listed in the **Useful Resources** for this session. The Tu'Washindi manual also includes information on male partner and couple engagement on PrEP that may be helpful if you are considering implementing more activities on this topic. Finally, for more general information on relationships, including coming out as trans in a relationship or sex worker relationships with clients, we recommend reviewing the 'Sexual Health: Sex, ourselves and our relationships' guide listed in the **Useful Resources**.

ESSENTIAL KNOWLEDGE

Defining relationships

The word 'relationship' describes a connection or association between two or more people. Relationships can take many forms — some are casual, while others may be intimate or close and personal. Relationships can be short-term, or they may last a lifetime. Different types of relationships include friendships, family ties, work or professional relationships, and sexual or romantic relationships.

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Research shows that people in relationships may be more able to take up and use PrEP when their romantic and sexual partners are supportive, and that these partners can play a positive role in PrEP use by providing emotional and logistical support. On the other hand, relationship struggles can have negative health effects and can be a barrier to PrEP uptake and use if a PrEP user fears that their partner will question their relationship or react negatively to their PrEP use.

Relationship types

People enter romantic and sexual relationships for many reasons, including the desire to be loved or admired, attraction and excitement, peer pressure, economic insecurity, social status, and other social, cultural or religious pressure. Sometimes, people end up in relationships that they did not want to be in and cannot leave. What someone wants in a relationship may influence the type of relationship they have, who they choose to have a relationship with, and how much power they have to make decisions about sex and sexual health in that relationship. Some of the most common types of romantic and sexual relationships include:

Romantic: These are mutual and ongoing relationships that include expressions of love, affection, or intimacy between partners. These relationships happen due to partners' attraction for one another, and the feeling of love is usually central to forming their bond. Because romantic relationships often involve strong emotions, negotiating sensitive topics with a romantic partner can be challenging. For example, a young man may worry that his male partner may react negatively and withdraw from the relationship if he brings up PrEP or other HIV prevention methods.

Romantic partnerships can be monogamous, meaning two partners who have romantic and sexual partnerships only with each other, or polyamorous, meaning that partners can have multiple romantic and sexual partnerships with the consent of everyone involved. Being in a polyamorous relationship is not the same as cheating because polyamory involves only partners who have consented to the relationship.

It is important to recognise the diversity of romantic relationships around the world. For example:

- Partners living together or separately
- People in romantic relationships living together with their extended families
- Partners formally married, informally married, and unmarried
- Polyamorous or multiple-partnered relationships
- People in civil or government-recognized partnerships or partnerships recognized by their religion
- Mixed gender, same-sex, asexual, and gender-and sexually diverse partners
- Couples with diverse racial, ethnic, religious, class, and ability backgrounds

Transactional: These relationships are based on an expectation that all partners are 'getting something of value', such as sex, financial support, social status, or other resources. Transactional relationships do not include marital relationships and are not the same as sex work. In most transactional relationships, sex is traded for resources, such as money, school fees, food, rent, or gifts. People in transactional relationships may depend on their partners for economic or material benefits. For these individuals, talking about HIV prevention and PrEP use could mean risking their access to important resources. At the same time, PrEP can be a way for people in transactional relationships to prevent HIV and control their own health if they are not able to use condoms.

Casual: These relationships involve consensual sex outside of an ongoing romantic relationship, without the expectation of a commitment, faithfulness, or an exchange of resources. Casual sex may occur once, a few times, or regularly and may occur between people who do or do not interact with each other outside of the sexual encounter. Some people may find it easier to talk about condom and PrEP use during casual sex because less is at risk emotionally and financially. However, because casual

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sex partners may not know each other well, it can be difficult for each partner to know what their HIV prevention needs are in a given situation.

A person may have multiple sexual and romantic relationships at once. For example, a person may have a romantic partnership with one person for whom she feels a lot of love and affection and also have transactional relationships with other partners who provide her with financial support. In addition, a relationship may have more than one of the above characteristics. For example, a relationship may be casual and transactional. PrEP decision-making and use is important no matter what type(s) of relationship someone is in.

What is a healthy relationship?

In a healthy relationship, all partners feel safe and supported to be honest, true to themselves, and respect one another. It takes time to build a healthy relationship, and partners will need to learn to communicate and compromise with each other. Healthy relationships mean that each partner can make their own choices and be independent. Partners in healthy relationships can also make decisions together, sharing power and responsibility equitably.

Characteristics of a healthy relationship:

- Respecting each other's values, beliefs, and opinions
- Clear expectations and boundaries
- Trusting each other and assuming good intentions: for example, assuming that a partner is simply busy when they do not answer the phone, instead of assuming they are intentionally avoiding the call or being unfaithful
- Willingness to compromise
- Respecting and encouraging individuality and independence
- Open, honest, and consistent communication
- Mindful conflict resolution: for example, each partner taking time to manage their emotions during a disagreement and focusing on a solution, rather than name-calling or giving in to anger
- Problem solving as a team

What about sex worker relationships with their clients?

For sex workers, managing professional relationships with their clients is different from romantic relationships with partner(s). Setting boundaries and expectations before starting a professional relationship is very important, and this may be done differently by different people or in different settings. Sex workers may also have unique considerations when communicating about their work to their romantic partners.

It is important to remember that it is never a sex worker's fault if a client crosses their boundaries, and they have the right to set boundaries or end relationships with clients if they feel uncomfortable.

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What is an unhealthy relationship?

Relationships usually fall within a spectrum from healthy and supportive to controlling and abusive. Very few relationships are completely healthy or completely abusive. Just because a relationship is not completely healthy does not mean that referrals or intervention are needed. Many people can work to improve their communication and other skills to make their relationships better.

However, relationships that are missing many or most of the qualities of healthy relationships are likely to be unhealthy or even abusive. In an unhealthy relationship, one or more partners may feel that they are unable to be their true selves or feel 'on edge' much of the time. Other signs of an unhealthy relationship include:

- **Frequent arguments or disagreements.** This is especially worrisome if they involve yelling, name-calling, or are about minor issues.
- **Breaking confidence.** If one partner threatens to 'out' their partner: as LGBTQIA, as a person living with HIV, or as someone who sells sex or uses drugs, it may be a sign that they are trying to control their partner or isolate them.
- **Lying or dishonesty.** When partners are not able to be honest with each other, it is a sign of low trust.
- **Close monitoring or spying**, such as going through their partner's phone or vigilance about when they arrive home, where they have been, who they spend time with, or when they pick up the phone. This usually means that trust in the relationship is suffering.
- **Use of language that dehumanizes.** If one partner frequently calls the other partner names or insults them, including insults based on their appearance, sexuality, gender identity, choice of work, or drug use, this is a sign that one partner is trying to disempower the other.
- **Lack of independence.** If a partner feels that they will not be able to go on without the other or are unable to make decisions or take action on their own, it may mean that they have become too dependent.
- **Upholding strict gender norms.** When partners are expected to behave a certain way based on gender norms, it limits their ability to be themselves and may block healthy communication and shared decision-making.

Some unhealthy relationships are also abusive. Unhealthy relationships may become abusive if one partner falls pregnant. In abusive relationships, one partner uses violence to control the other. The abusive partner may use physical, emotional, sexual, or financial violence to gain control.

More information on types of violence and violence in relationships can be found in the **Gender-based Stigma, Discrimination, and Violence** and **Responding to Disclosures of Violence** sessions.

A note on jealousy:

It is normal for jealousy to occur in sexual and romantic relationships. A person may become jealous if their partner is spending time with others or if their partner is spending a lot of time on a job or a hobby outside of the relationship. When jealousy happens, it is important for partners to communicate about their expectations and boundaries. Partners may compromise about spending time together or agree on expectations about time spent apart. Respectful communication about jealousy can help partners build trust and feel secure in a relationship.

However, jealousy is never an excuse for someone to control their partner or use threats or violence. This type of jealousy is about power and control, and not love. It is a sign of an unhealthy or abusive relationship.

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Ambassadors should provide reassurance and referral information to peers who may be in unhealthy or abusive relationships, but they should not try to intervene. ***Anyone who is worried that they might be in an unhealthy or abusive relationship should seek guidance or counselling from a health care provider, a counsellor, or other trusted figure.***

Encouraging healthier communication

It takes many skills to build a healthy relationship, and it takes time and practise to master these skills. One of the most important skills to learn is healthy verbal and nonverbal communication. Gender norms and other societal expectations that create unequal power dynamics often influence what we communicate about and how we communicate. This means that paying attention to what and how we communicate can help us to balance power in our relationships.

Healthy communication can also make conversations about sexual health, HIV prevention, and PrEP use easier. A few tips on healthy communication are listed below, and more resources for those who wish to practise healthy communication skills can be found in the **Useful Resources** section of this session.

- **Manage emotions**
  - Before starting a conversation, especially if it is about a difficult topic, partners should take time to understand their own feelings. Emotions are valid and important. Understanding emotions up front, and sharing what these emotions are, can help keep conversations calm.
  - If a discussion or conversation gets too emotional or angry, it is okay to take a break. Taking a break to calm down for an hour or even a day can help keep conversations healthy.
- **Use 'I' statements**
  - Using 'I' statements — for example, 'I feel sad', instead of 'You made me sad' — avoids putting blame on or making negative assumptions about the other partner. Using 'I' statements means that each speaker is taking responsibility for how they feel.
- **Ask questions and reflect**
  - When communication is good, all partners feel understood and that they understand each other. When one partner is uncertain about what the other means, it is a good idea to ask questions to clarify.
  - Reflecting by saying, 'I think you are saying…' can increase understanding for all partners.
- **Use active listening**
  - Making eye contact and using other nonverbal cues make a person feel heard. Verbal cues such as 'good point' and 'mm hmm' signal that the listener is paying attention.
- **Be open to apologies**
  - Giving and accepting apologies is a sign of trust and willingness to move past a disagreement or misunderstanding. When partners are brave enough to say, 'I'm sorry', and mean it and accept this from each other, it sets them up to resolve challenges and have better communication going forward.
- **Use positivity**
  - Starting conversations from a positive point of view sets them up for success. Partners can start off positively by focusing on the goal — whether it is prevention of HIV or deciding what to do for the weekend — or mentioning something they appreciate about each other.
  - During a disagreement it can be easy to forget the positive things about a relationship. Bringing up a positive memory or noting positive things about each other can be a reminder of why getting through challenges is important.

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- **Understanding and valuing differences**
  - Everyone in partnership has their own identities and lived experiences that may differ based on gender identity, HIV status, their occupation or stage in life, and more. A person's individual preferences for communication may be affected by their identities and experiences. By seeking to understand and value what is different about each other, people in a relationship can better meet each others' communication needs and learn and grow from what sets their partner apart from other people. Although everyone is different and each person has their own communication style, healthy communication is based on listening carefully and respectfully.
- **Spend positive time together**
  - Spending positive time together, such as when sharing recreational or relaxation activities, can help people in relationships build their comfort levels with each other and improve their communication skills.

What is a supportive partner?

A supportive partner is someone who allows their partner to be themselves and encourages them to make choices that will benefit them, especially choices about sexual and reproductive health (SRH) and HIV prevention. Any partner in a consensual relationship can be supportive — including romantic, transactional, and casual partners, even if they are short-term. A supportive partner communicates about challenging and sensitive topics with the goal of coming to a shared understanding.

What are the characteristics of a supportive partner when it comes to PrEP use?

Encouraging healthy choices, open communication, and shared decision-making are especially important when it comes to PrEP use.

For example, a supportive partner could:

- **Bring up PrEP use** to start or continue a conversation about HIV prevention
- **Listen with an open mind** if their partner would like to talk about using PrEP
- Try to **learn more about PrEP** and PrEP methods, especially methods that are interesting to their partner
- Work to **understand that PrEP use is an individual decision** about HIV prevention and does not mean that the relationship does not have enough trust or that someone is being unfaithful. In fact, being able to talk about PrEP and HIV prevention together is a good sign that a relationship is based on trust and respect.

Sometimes, when the topic of PrEP use is raised in a relationship, people may think that this means there is a lack of trust in the relationship or that one partner is going against relationship agreements. This is not true! PrEP is like other medicines that people take to look after their own health. A person's choice to use PrEP shows that they are committed to their own health and to staying healthy in their relationship.

For pregnant people

If people in a relationship plan to have children, PrEP is an investment in preventing HIV transmission to their child, especially if one partner is pregnant or breastfeeding. Sometimes, preventing HIV for the infant can motivate the partner(s) of a pregnant person to support PrEP use or start using PrEP themselves. In addition, partner support for PrEP use during pregnancy and when breastfeeding can be especially important in contexts where extended families influence decision-making around these topics.

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For gay, bisexual, and other men who have sex with men

Similarly, some gay, bisexual, and other men who have sex with men report that PrEP use support from casual sexual partners may not be important, but support from their stable or serious partners — and PrEP use by both partners — is very important. Men in same-gender partnerships also report better adherence to HIV prevention strategies when they feel trust and respect in their relationships.

For serodifferent couples

For people in serodifferent relationships, PrEP use by the HIV-negative partner(s) may be temporary, until the partner who is living with HIV has been on antiretroviral treatment long enough to have an undetectable viral load, which is usually about six months. When someone living with HIV has an undetectable viral load, they are not able to pass HIV on to their sexual partner(s). This is known as undetectable=untransmittable, or U=U. The viral load can be tested and confirmed regularly by a health care provider.

Using PrEP means that a person wants to prevent HIV for themselves and their partners, even if the unexpected happens.

Research with men and male partners of people who use PrEP in mixed-gender relationships shows that gaining their support for PrEP can take time. Men may have heard rumours or myths in their communities about PrEP. For example, they may worry that the PrEP ring will harm their penis during sex or that PrEP use will cause infertility. They may also worry that PrEP is a form of witchcraft or sorcery. This is one reason why sharing correct information about PrEP in the community is important. Concerns that PrEP use is a sign of infidelity or a lack of trust are common in mixed-gender and same-gender relationships. Ambassadors can help their peers' partners get the right information and calm their fears about PrEP so they can consider supporting PrEP use or use it themselves.

Research also shows that people want certain kinds of support from their partners when it comes to SRH, especially PrEP. For example, many people value encouragement and information from their partners when they are making SRH decisions. Women in research studies also say that they value support with transportation and reminders to take their PrEP or attend their clinic appointments.

Many studies with adolescent girls and women of all ages show having a male partner who understands that PrEP use is healthy, and not a sign of unfaithfulness and lack of trust, can have a positive influence on effective PrEP use.

The most important step that someone can take to support their partner's PrEP use is to start an open conversation about how they can show support. Some specific support ideas are listed below:

- Taking the time to learn about PrEP from their partner, a health care provider, or a community educator
- Validating their partner's choice to use PrEP
- Giving their partner confidence that they can use their chosen PrEP method effectively
- Communicating their support for PrEP use generally to friends and family members, with their partner's permission
- Sharing information about PrEP with their partner
- Encouraging their partner to attend PrEP use support groups or helping them find a PrEP use support 'buddy'
- Reassuring their partner about side effects or helping their partner get in touch with a health care provider to get treatment for side effects
- Providing or paying for transport to clinic visits

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- Going with their partner to clinic visits or providing childcare while their partner goes to the clinic
- Reminding their partner when it is time to take their oral PrEP, change their PrEP ring, or schedule their next injectable PrEP dose. This is especially important if the person using PrEP also uses or injects drugs.
- Telling their friends what they do to support PrEP use, with their partner's permission
- Correcting misinformation about PrEP that they hear in their communities
- Considering if PrEP is right for them and making it a shared practice
- Supporting a partners in a serodifferent relationship to effectively use PrEP or ART

Ambassadors can help partners support PrEP use by starting a conversation with their peers about these possibilities, sharing this information — and the facts about PrEP — with their communities, or responding to questions raised by their peers' partners. Ambassadors should prioritise their own safety in any conversation with their peers' partners and remember to keep information about their peers' PrEP use confidential.

Your Notes

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SESSION OVERVIEW

Participants will discuss the dynamics of healthy relationships and practise ways to encourage and share information about healthy communication. Participants will also learn about how people can support their partners to use PrEP. They will practise sharing information about how healthy partnerships can support PrEP use.

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

- Identify characteristics of healthy and unhealthy relationships
- Understand the important role that romantic and sexual partners can play in effective PrEP use
- Share information about how romantic and sexual partners can support PrEP use in their communities and with their peers' partners

! Because this session builds on information about gender norms and power, and Ambassadors must consider their own safety in their work with relationships, we recommend that participants complete both the **Gender-Based Stigma, Discrimination, and Violence** and **Responding to Disclosures of Violence** sessions prior to completing this session.

This session may be difficult for some participants. Remind the group that it is okay to step away from the session or take a break if needed.

Throughout this session, facilitators should emphasise that the Ambassadors' role is to share information, not to intervene in relationships. Remind Ambassadors to provide reassurance and referrals to any peer who might be in an unhealthy or abusive relationship. Finally, Ambassadors should remember to keep any conversations about PrEP support general to maintain the confidentiality of their peers.

Finally, facilitators should tailor this session to reflect their context. Honour the diverse identities and partnerships of participants and their peers.

KEY MESSAGES

- Healthy relationships are relationships in which all partners are able to be themselves, feel safe, and encourage each other to make positive life choices, especially choices about SRH.
- There are many different types of romantic and sexual relationships, and people seek out these relationships for many different reasons. Depending on why they are in a relationship, they may face different challenges with negotiation and communication within the relationship.
- Any consensual romantic or sexual relationship, even if it is short-term or casual, can be healthy and supportive. Everyone deserves relationships that are healthy and supportive, no matter what kind of relationship they are in.
- People can play an important role in their romantic and sexual partners' PrEP uptake and use.

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MATERIALS

Facilitator tool: Relationship scenes 1, 2, and 3 Training Manual page 319

Note — *Choose the scenes you would like to use based on the peers that your Ambassadors will work with. You may want to print larger versions of these scenes or use a projector to share them if you are able to, to make it easier for participants to see them.*

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 19 Tips for Supporting a Partner's PrEP Use
Tool 20 Role-Play: PrEP Support

SESSION INSTRUCTIONS

EXPLORE

INTRODUCTION

1. Introduce the session by referring to the **Session Overview**.
2. On a piece of flip chart paper, write the words 'My Perfect Relationship'.
3. Ask participants to share qualities they would like to see in their perfect relationship and write those qualities on the flip chart.
4. Review the qualities mentioned by participants and guide them in a discussion of whether these are characteristics of a healthy relationship, using the **Essential Knowledge** to explain what might make a characteristic healthy or unhealthy. Circle the healthy characteristics they have already mentioned and add any new healthy characteristics that come up in the discussion. If possible, attach this flip chart paper to a wall or hang it so that participants can see it during the session.
5. Let participants know that in this session, you will explore these healthy relationship characteristics and how people in relationships can support their partner's PrEP use.

FACILITATION TIPS

Use the **Essential Knowledge** and **Key Messages** to guide the conversation.

You can ask participants key questions to help move the conversation along, such as: "Can a transactional relationship be healthy?" and "How are boundaries important in relationships?"

APPLY

ACTIVITY 1: Relationship Scenes

1. On a new piece of flip chart paper, write 'Understanding PrEP' and 'Supporting PrEP Use' and ask participants to turn to the **Tips for Supporting a Partner's PrEP Use** tool.

FACILITATION TIPS

You have the option to choose scenes showing same or mixed-gender couples. Please choose the scenes that are most relevant to your participants and their community.

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2. Turn to the **Relationship Scenes 1, 2, and 3**. Each scene shows a couple discussing PrEP, and each scene shows a different type of communication; not all are supportive.
3. Show **Scene 1** to participants. Ask them to describe what they see and share what aspects of the picture lead them to think the relationship is healthy or unhealthy.
4. While reflecting on **Scene 1**, ask participants to consider what information the partner might need to understand more about PrEP. Write their suggestions on the flip chart paper under 'Understanding PrEP'.
5. Next, ask participants whether the partner seems to be supporting PrEP use. Encourage them to share what else the partner could do to support PrEP use in the relationship. Let them know they can refer to the **Tips for Supporting a Partner's PrEP Use** tool for ideas. Write participants' suggestions on the flip chart paper under 'Supporting PrEP Use'.
6. Repeat steps 2–5 with **scenes 2 and 3**.
    - The relationship shown in **Scene 2** may not be healthy. Encourage participants to identify the warning signs, such as yelling or aggressive behaviour, and consider whether the characters need outside support to maintain safety.
7. Close the activity by reviewing the ideas for PrEP support shared by participants.

If you are unable to print large versions of the scenes or project them for participants, it may help to walk around the room displaying the scenes during the conversation.

Refer to the **Essential Knowledge** of this session and guide participants through the **Tips for Supporting a Partner's PrEP Use** tool to help participants identify ways that more support could be provided.

There is no right or wrong interpretation of the scenes.

When directing participants to the **Tips for Supporting a Partner's PrEP Use** tool, let the group know that this information can be used one-on-one or in a community setting.

When discussing Scene 2, remember that this discussion might be distressing for some participants. Refer to the referral resources compiled as part of **Training Preparation** and share information about where couples can go to get support locally.

You can also refer to the **Talking About PrEP** session to remind participants that disclosing PrEP use is a choice that Ambassadors can support.

ACTIVITY 2: Role-Play

1. Explain to participants that in this activity, they will use role-play to practise sharing information about how people can support their partner's PrEP use.
2. Ask participants to share their thoughts on situations where Ambassadors may need to speak to a peer's partner. Allow the group to brainstorm. Emphasise that each Ambassador may have a different level of comfort in speaking with partners, and that is okay. Let the group know that Ambassadors are not required to speak to partners unless they feel comfortable and safe to do so.
3. Break participants into pairs and direct them to the **PrEP Support Role-Play** tool in their toolkit.
4. Ask participants to spread out and imagine a situation where one partner wants to learn how better to support the other's PrEP use. Encourage participants to think about that situation in the context of different types of relationships.
5. Let participants know that you will give them 10 minutes to practise sharing information using the role-play tool. Ask participants to swap roles so they both get practice asking and answering questions.

Encourage participants to do the activity without referring to the **Tips for Supporting a Partner's PrEP Use** tool (but it is also okay if they need it!).

As pairs are working, try to check in with them and provide guidance if needed.

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6. After about 10 minutes, call participants back together and invite willing pairs to share their role-play with the group.

Not all participants may want to share with the group, and that is okay!

7. Lead participants to encourage each other and add other tips that might be relevant to each relationship.

8. Ask participants how the role-play would look different if the partner was opposed to PrEP use. Encourage them to think of what type of information they could share with a partner who is opposed to PrEP and how they can support their peer who has an unsupportive partner. Remind participants that it is the peer's decision to disclose to their partner, and that many people are able to use PrEP without their partner finding out.

When discussing partners who are not supportive of PrEP use, be sure to emphasise the importance of community education about PrEP and that disclosing PrEP use is an individual choice.

9. Before closing the activity, remind participants that they should not attempt to speak directly to their peers' partners unless they are in a community education setting or they feel that the partner is safe and supportive. Remind participants that they should share only general information and never talk about the details of an individual's PrEP use with someone else.

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 new things did you learn during this session?
- What are some of the things you learned today that you might share with people who are encouraging their partner's PrEP use?
- How can you reach people who are in relationships with PrEP users? What are some ways that you can share information to encourage more people to support their partner's PrEP use?

FACILITATION TIPS

Probe with participants:

- How important is a supportive partner to PrEP use?
- Are there some situations where you would not feel safe speaking with someone who is in a relationship with one of your peers?
- What resources are available in your community for people who are worried that their relationship might be unhealthy or abusive?
- What other resources are there in your community to help people who want to build a partner's support for PrEP use?

Remind participants that it is not their role to speak directly to their peers' partners unless they feel it is safe and the partner is supportive. In many situations, community education or group sensitisation is a great way to help more people become supportive of PrEP use. They should always be careful to keep the details of an individual's PrEP use private.

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Useful Resources

1	**It's All One Curriculum for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education** Volume 1: Guidelines; Volume 2: Activities Population Council 2011	Volume 1 includes important, comprehensive information on different types of relationships, tips for making relationships more satisfying, and changing norms about relationships. Volume 2 includes 54 engaging sample activities.
2	**Sexual Health: Sex, Ourselves and Our Relationships** LGBT Foundation 2018	A user-friendly brief handbook on multiple interconnected topics relevant to trans and LGBTQIA people in relationships, such as body positivity, consent, coming out as trans in a relationship, sex worker and client relationships, and more. Accessible via the LGBT Foundation Further Information Guide.
3	**CHARISMA Toolkit: Empowerment Counseling to Improve Women's Ability to Use PrEP Safely and Effectively** RTI International; FHI 360; Wits RHI 2020	A comprehensive suite of tools to support the inclusion of empowerment counselling in PrEP programmes, including a relationship assessment, an empowerment counselling guide and tools, informational materials for male partners, and templates for supporting referrals to community-based services.
4	**Say It Loud** ACON Health 2023	An interactive website for LGBTQIA people to learn about healthy and unhealthy relationships, get help, and support their friends.
5	**onelove** One Love Foundation 2023	A website with written and video content exploring the signs of healthy and unhealthy relationships with content for LGBTQIA people.
6	**SASA! Together Set Up Guide** Raising Voices 2020	An updated version of SASA! that incorporates benefits-based activism and a gender-power analysis to focus on the prevention of violence against women.
7	**SASA! Activist Kit Start Training Module** Raising Voices 2008	A training manual to explore the meaning of and connections among power, violence, and HIV and AIDS.

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8	**SASA! Activist Kit Awareness Training** Module Raising Voices 2008	A training manual to explore the implications of men's use of power over women.
9	**Planned Parenthood Learn** Multiple years	An interactive guide to multiple topics related to sexual health, anatomy, pregnancy, gender identity, and sexual orientation.
10	**Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations** 2010 Interagency Gender Working Group	A document describing gender synchronisation and why it is important and outlining successful approaches to working with couples, men, and boys to advance reproductive health.
11	**Tu'Washindi Intervention Manual** 2019 RTI International; Impact Research and Development Organization	A manual that describes an intervention to increase PrEP uptake and adherence among DREAMS participants by helping them address partner-related challenges to PrEP use.
12	**Indashyikirwa Couple Curriculum Training Module** 2018 CARE Rwanda	A couples' training manual to prevent gender-based violence in intimate partner relationships using a gender-transformative framework. The manual includes activities for in-person sessions and take-home work.
13	**YouthPower Action AGYW Mentoring Program Toolkit** 2018 USAID; PEPFAR; YouthPower Action	A toolkit for the development of youth mentoring programmes dealing with sexual and reproductive health, financial skills, and gender content.
14	**Engaging Parents to Create an Enabling Environment for Young People's PrEP Use: Supplementary Content for Family Strengthening Programmes that Support Youth Sexual and Reproductive Health** 2021 FHI 360	A parent and guardian training tool designed for HIV programmes that wish to introduce parents to PrEP as part of an effort to support young people's PrEP use.
15	**Promoting Healthy Couples' Communication to Improve Reproductive Health Outcomes** HIP: Family Planning High Impact Practices 2022	A brief describing evidence and tips for programmes that engage couples, with the aim of encouraging communication and shared decision-making about reproductive health.

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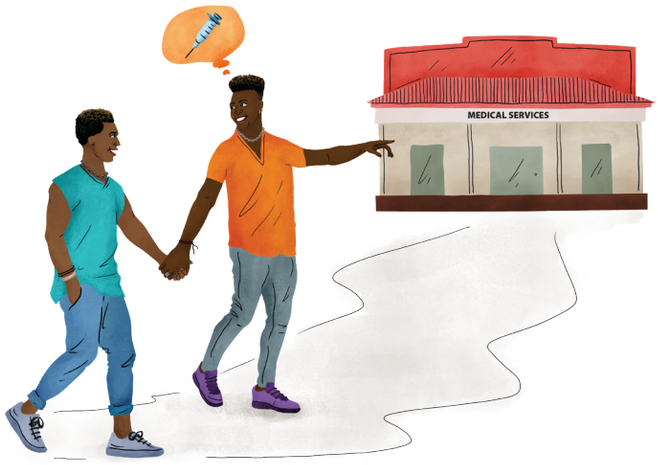
SESSION MATERIALS

Facilitator Tool: Relationship scenes

Scene 1a:

Scene 2a:

Scene 3a:



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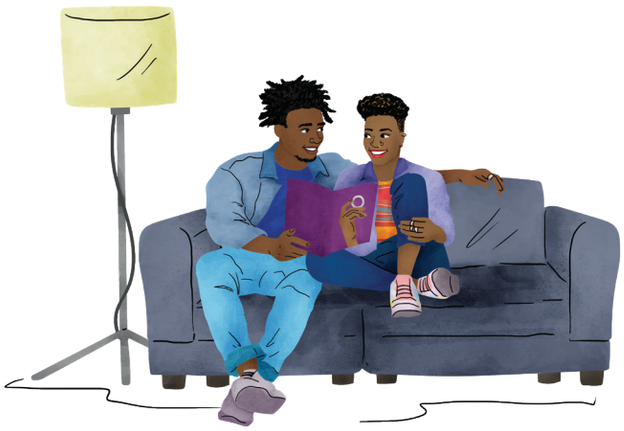
Facilitator Tool: Relationship scenes

Scene 1b:



Scene 2b:

Scene 3b:

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Tips for Supporting a Partner's PrEP Use

1 Learn about PrEP!
Understanding what PrEP is and how it works is the first step to being a supportive partner. Anyone can visit places where PrEP is provided or speak to HIV Prevention Ambassadors to learn more about PrEP or ask for information and resources from their partners.

2 Have an open conversation about PrEP.
Different people want different kinds of support based on their circumstances and the type of PrEP method they are using. People can find out how they can be supportive by starting a conversation about what their partner wants.

3 Offer to provide reminders about taking oral PrEP, changing the PrEP ring, getting PrEP injections, and attending health care visits.
By agreeing on how they can give reminders, anyone can help their partners use PrEP effectively.

4 Provide emotional support by clearly stating that they value their partner's health and respect their decision to take control of their health.
A partner can also provide emotional support by validating their partner's experiences with side effects and encouraging them to speak to a health care provider when needed.

5 Provide logistical support by offering help with transportation, childcare, or other resources that may help a partner use PrEP well. If the partner wishes, they can go with them to services.

6 Be a role model PrEP supporter!
Anyone can encourage PrEP use in their communities by modelling their support. For example, they can be role models by sharing correct information about PrEP and correcting misinformation or telling their friends or family how they support their partners to use PrEP — with their partner's permission of course!

7 Consider if using PrEP is right for them!
A partner who also uses PrEP can make PrEP a team activity by remembering to take pills or attend appointments together. And, by using PrEP, they are doing their part to prevent HIV in their relationship and their family.

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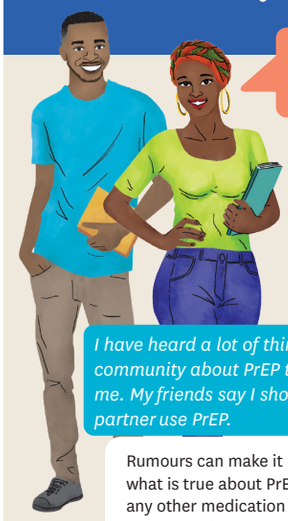
PrEP Support Role-Play

TOOL 20



Hi! We're HIV Prevention Ambassadors. Do you have any questions about PrEP?

My partner told me that they want to use PrEP. I am worried that this means they have other partners, or maybe that they do not trust me!?

It's great to hear that your partner wants to use PrEP, and it's a good sign that they wanted to talk to you about it. Wanting to use PrEP doesn't mean that they don't trust you or that they are being unfaithful. Many people are using PrEP for HIV prevention. Using PrEP means that your partner is taking their health and your health seriously, even if something unexpected happens.

I have heard a lot of things in my community about PrEP that worry me. My friends say I should not let my partner use PrEP.

Rumours can make it hard to know what is true about PrEP! PrEP is like any other medication people use to protect their health. PrEP does not have serious or worrisome side effects. I am happy to answer your questions or connect you to a health care provider for more information.

Will my partner's PrEP use change my sex drive or hurt my fertility?

No. If your partner chooses to use PrEP, it will not affect your sex drive or your fertility. It also will not affect your partner's sex drive or fertility.

Will my partner's PrEP use change our sex life?

Most peoples' sex lives are not changed by PrEP use. Some people report that knowing that they are using effective HIV prevention helps them relax and enjoy sex more. It is possible, but not likely, to feel the PrEP ring during sex. A health care provider can help answer your questions.

If my partner uses PrEP, does that mean we don't have to use condoms?

No. PrEP does not prevent unwanted pregnancy or other sexually transmitted infections (STIs), but condoms do, so it is always best to use a condom even when using PrEP.

Is there anything I can do to support my partner to use PrEP?

That is a great question. The first thing you can do is get educated about PrEP,and you are already taking the first step by talking to me! A health care provider can also give you more information.

People who use PrEP usually want their partners to support them in two big ways.

The first way is by giving emotional support. You can tell your partner you support their PrEP use and let them know that you are happy they are taking control of their own health.

The second way is by giving logistical support. For example, if they agree, you can help your partner with reminders about PrEP use or help them keep their health care appointments.

What else can I do to be supportive?

Every person is different and,depending on the PrEP method they are using, they may want different kinds of support.

It is a very good idea to ask your partner what kind of support they need and have a conversation about how you can help! We can talk aboutthe types of support that some partners provide if you would like.

It sounds like I can have an important role in my partner's PrEP use.

Yes! You can also make a difference in your community by sharing correct information about PrEP with others who want to know, or if you hear people sharing incorrect information about PrEP. You can be a role model by telling your friends how you support your partner to use PrEP, if your partner says it's okay!

Is there anything else I should know?

You can also consider if PrEP is right for you. Many people use PrEP to prevent HIV, and you can make HIV prevention a part of your relationship by using PrEP with your partner. The first step is to speak to a health care provider.

This tool was written with romantic partners in mind, but any sexual partner or client can support PrEP use!

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Your Notes

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Closing

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Ambassador Graduation

SESSION OVERVIEW

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

By the end of this session, participants should:

- Be able to reflect on the knowledge, skills, and attitudes they have developed as a result of this training
- Be able to identify and commit to key principles that will guide their work as HIV Prevention Ambassadors

MATERIALS

You will need a graduation certificate for each participant (see **Training Preparation**)

SESSION INSTRUCTIONS

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

PREPARATION

- Knowledge
- Skills
- Attitudes

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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 ways 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. In this activity, they will work together to identify core principles that will guide their work as Ambassadors.
2. Ask participants if they know what 'principles' mean in this context.
3. Explain that principles are a set of ideas that can be used to guide behaviour. Principles are based on values, ethics, and a shared understanding of what attitudes and behaviours will most benefit the people we are working with.

FACILITATION TIPS

If participants are already part of a peer programme, you might need to adapt this activity to make it more relevant.

Examples of principles

- Empowerment
- Nonjudgment
- Trustworthiness
- Confidentiality
- Equality
- Respect

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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.
5. Encourage participants to consider what they have learned throughout the training. Principles can include how they behave towards 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 give them a certificate for completing the training.
14. Read out the name of each participant one by one.
15. Ask them to agree to the Ambassador Principles and sign the agreement.
16. Award them with their certificate and acknowledge their achievement.

Examples of commitments

I will...

- Role model positive behaviours
- Maintain confidentiality
- Take care of myself and prioritise my needs when I need to
- Treat everyone equally and fairly
- Ask for help when I need it
- Support my peers to make their own decisions about using PrEP
- Respect the rights of my peers
- Provide 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

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.

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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?

Let participants know when the group will be coming together again and make sure to end on a positive note.

Next Steps

This training provides a great foundation for HIV Prevention Ambassadors to start supporting their peers in their HIV prevention journeys, but it is only the first step. Ambassadors will need ongoing support to fulfil their roles and overcome challenges.

Because the role of Ambassador will be unique to each context, it will be up to you to decide the best way to support Ambassadors moving forward. This should be done in consultation with participants, who can be empowered to identify their support needs. For example, programmes that train Ambassadors to provide LIVES (Listen, Inquire, Validate, Enhance safety and Support) should ensure ongoing support to Ambassadors.

Another option is to form virtual chat groups of Ambassadors who are trained together or who live in the same geographic area so that they can share information and support one another. Forming a private communication group as a platform for trained Ambassadors to share information, updates, and challenges may also be beneficial. For social media groups, a trained Ambassador should facilitate the group and should be able to answer questions and provide support as needed.

Other 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 an additional point of contact. Ideally, Ambassadors will have someone specific they can talk with regularly about their roles.

Providing Ambassadors with up-to-date information about local services that they can share with their peers discreetly or that they can use themselves, including health, social, and legal services.

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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 programmes have found that social media and virtual chat groups are effective at connecting peer workers.

Facilitating community engagement activities with community leaders, health care providers, parents, and partners to lay the groundwork for Ambassador activities. If the organisation is able to maintain a visible presence in the community and work with Ambassadors, this may strengthen their credibility and influence in the community by demonstrating that their work is part of a larger programme.

Training Ambassadors in procedures for responding to critical incidents in the community, including:

- If they believe a peer or child is at an immediate risk of serious harm
- If they are concerned that their own safety is at risk

It is important to talk to each Ambassador about whether they have concerns about the impact of their responsibilities on their safety and ensure they have the necessary support in place to manage these risks. This could include informal discussions to assess safety risks and identify safety measures or more formal safety assessments, plans, and training. Procedures for responding to critical incidents may need to be developed if none exist.

Recognising and rewarding their work. Ambassadors are more likely to continue with the programme 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; supplying supplemental materials such as posters, t-shirts, bags, buttons, flyers, and name badges; printing certificates of achievement to give out; or publicly acknowledging them for their good work.

Providing Ambassadors with more opportunities for professional development. Programmes that provide options for Ambassadors to add to their knowledge and skills or professional development opportunities can support them to become community leaders.

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Appendices

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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, and 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]	[Name of Organisation/Facility]	[Name of Organisation/Facility]
Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:
[Name of Organisation/Facility]	[Name of Organisation/Facility]	[Name of Organisation/Facility]
Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:
[Name of Organisation/Facility]	[Name of Organisation/Facility]	[Name of Organisation/Facility]
Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:	Population served: Hours: Location: Focal point: Population focus: Phone: Email: Services available:

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Key Terms

A

Acquired immunodeficiency syndrome (AIDS)
When HIV has severely damaged the immune system so the body can no longer fight off infections

Adherence (to HIV treatment)
Taking treatment medication consistently and as prescribed

Anal sex
Sexual activities that involve a person inserting their penis into the anus of another person

Antiretrovirals (ARVs)
Medication that stops HIV from entering a cell and multiplying

Antiretroviral therapy (ART)
A combination of antiretrovirals taken by people living with HIV to slow down the virus and reduce the amount of HIV in their blood

B

Biological sex
Biological characteristics that a person is born with that are used to classify people as male, female, or having intersex traits

Boundaries
Limits that guide what is and is not appropriate in a relationship

C

Cabotegravir
An antiretroviral developed by ViiV Healthcare

CD4 cells
A type of white blood cell that helps the body fight infections

Combination prevention
Can refer to both:

- An approach to HIV prevention that includes different types of interventions aimed at reducing HIV transmission within a community or group of people
- The use of multiple prevention methods, such as condoms, STI screening and treatment, and PrEP, to maximise a person's protection from HIV and other unwanted sexual health outcomes

Compassion fatigue
Emotional and physical exhaustion that can happen as a result of caring for others

Condoms (internal and external)
An HIV prevention method that forms a barrier when put on a penis (external condom, sometimes called a male condom) or inside the vagina or anus (internal condom, sometimes called a female condom). Condoms also prevent STIs and unwanted pregnancies.

Continuation
The act of continuing to use PrEP while an individual is vulnerable to HIV

D

Dapivirine
An antiretroviral that is used in the dapivirine vaginal ring. This antiretroviral is used only in the ring and is not found in other HIV prevention or treatment products.

F

Female genital mutilation (FGM)
Procedures involving partial or total removal of, or injury to, external female genitals for nonmedical reasons

Feminine
Social ideas about characteristics that are ideal or acceptable for women

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G

Gender
Social ideas about what traits and behaviours are acceptable for people born with female or male biological characteristics

Gender-affirming hormones
Hormones that are taken by people to align their biology and appearance to their gender identity. Gender-affirming hormones can be masculinising, such as testosterone, or feminising, such as oestrogen.

Gender expression
How one chooses to express their gender identity through appearance and social behaviour

Gender identity
One's sense of self as being male, female, nonbinary, or another gender. Gender identity may or may not correspond with one's 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-based violence (GBV)
Violence that is used to maintain and reinforce power differences based on gender

Gender-transformative
Something that challenges gender norms or gender roles

H

Human immunodeficiency virus (HIV)
A virus that attacks the immune system by entering CD4 cells and using them to replicate itself

Human rights
Basic protections and privileges that every human is entitled to

I

Immune system
The system of the body that fights infection and disease; it includes white blood cells and antibodies

Injectable cabotegravir (PrEP)
An injectable HIV prevention method containing the antiretroviral cabotegravir, given every 2 months; works best when injections are kept on schedule

Injectable lenacapavir (PrEP)
An injectable HIV prevention method containing the antiretroviral lenacapavir, given every 6 months; works best when injections are kept on schedule

Intersex
A person born with biological characteristics that do not fit within the typical characteristics of either male or female bodies

L

Lenacapavir
An antiretroviral developed by Gilead Sciences

M

Masculine
Social ideas about characteristics that are ideal or acceptable for men

Mucous membranes
Thin, delicate skin inside the vagina and anus that is vulnerable to tearing; HIV can pass through mucous membranes more easily than through other skin

O

Oral PrEP
A pill containing antiretrovirals that greatly reduces the chances of getting HIV when taken as directed

Oral sex
Sexual activities that involve one person using their mouth on another person's genitals

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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

Perinatal transmission
Transmission of HIV from a pregnant person to the foetus or baby during pregnancy, childbirth, or breastfeeding

Persistence (with PrEP use)
Overcoming obstacles to PrEP use and creating a habit of PrEP use during times when an individual is vulnerable to HIV

Post-exposure prophylaxis (PEP)
A type of antiretroviral medication that stops HIV from spreading to other cells

Pre-exposure prophylaxis (PrEP)
Antiretroviral medication for HIV-negative people to use before they are exposed to HIV; comes in many forms (pill, vaginal ring, injectable); works by creating a shield around their CD4 cells

R

Ring (PrEP)
A silicone ring worn in the vagina for a month at time that slowly releases an ARV called dapivirine to prevent HIV; works best when worn all the time

S

Sex assigned at birth
The classification of people as male, female, intersex, or another sex based on a combination of sexual and reproductive organs, chromosomes, and hormones

Sex workers
People who receive money or goods in exchange for sexual services, either regularly or occasionally

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 norms
Shared expectations about how people in a community should act or think

T

Transactional sexual relationships
Sexual relationships that are based on the need or desire for material or financial support

Transgender
Describes people whose gender is different from the sex assigned to them at birth

U

Undetectable viral load (UVL)
When the levels of HIV in the blood of a person living with HIV are so low they cannot be detected; if a person has an undetectable viral load, he or she cannot transmit HIV

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

V

Vaginal sex
Sexual activity that involves a person inserting their penis into another person's vagina

Vicarious trauma
Experiencing someone else's trauma to the extent that we experience similar symptoms

Viral load
A measure of the amount of HIV in the body

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