Introduction

About this training package

Oral PrEP has recently been made available as an additional HIV prevention option for adolescent girls and young women (AGYW) who are vulnerable to HIV. This training package has been developed by the OPTIONS Consortium to support the meaningful engagement of AGYW in the rollout of oral PrEP for HIV prevention.

This training package is intended for community-based organisations (CBOs) to train AGYW to become HIV Prevention Ambassadors. In this training package, the term adolescent girls and young women refers to girls and women between the ages of 15 and 24. However, this training is still appropriate for girls and women who are slightly younger or older.

This training will equip AGYW with the knowledge and skills to:

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

Why is this training package needed?

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

There are many successful programs that engage and mobilise AGYW for the prevention of HIV. However, because oral PrEP is a new option for HIV prevention, few training materials include oral PrEP as part of the package of HIV prevention options available to AGYW. This training package has been developed to fill this gap. It can be incorporated into existing HIV prevention programs or used as a complete training package for a new program.
AGYW who complete this training will be called “HIV Prevention Ambassadors” rather than “Oral PrEP Ambassadors” because oral PrEP is only one part of a combination HIV prevention approach. Organisations already engaging AGYW in HIV prevention programming should feel free to use their existing terminology for program participants.

Using this training package

This training package is divided into three parts:

**PART 1**
Facilitator Preparation

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

**PART 2**
Training Manual

A comprehensive manual that includes information about each topic, detailed session plans, and training materials.

**PART 3**
Ambassador Toolkit

A separate book for participants that includes the materials they will use during the training as well as HIV Prevention Tools they can use to support them in their role as Ambassadors.
# TABLE OF CONTENTS

## PART 1: FACILITATOR PREPARATION

- Identifying HIV Prevention Ambassadors 6
- Training Preparation 9
- Key Terms 11
- 10 Tips for Effective Facilitation 14

## PART 2: FACILITATOR MANUAL

- Using this Training Manual 17
- Facilitating the Training 22
- Introduction 24
- Foundational Knowledge 28
- Oral PrEP Training Module 80
- Ambassador Skills 140
- Closing 161
- Next Steps 165
PART 1
Facilitator Preparation
Identifying HIV Prevention Ambassadors

Before starting this training, you will need to identify AGYW who you will train to become HIV Prevention Ambassadors.

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

The following steps can guide you through this process.

1. Develop a role description

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

A role description should outline:

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

The role description is only a guide. AGYW should be empowered to decide what activities they are interested in and feel confident undertaking. You might also consider whether your organisation has the capacity to support Ambassadors in more demanding and potentially risky activities, such as engaging with community leaders and male partners.
2. Develop a process for selecting HIV Prevention Ambassadors

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

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

- Are able to commit to the role for a specific period of time
- Are connected with other AGYW in their communities, and ideally, are already a role model or youth leader
- Are committed to preventing HIV in their communities
- Have used or are using oral PrEP
- Have good communication skills and the confidence to engage others in discussion about sensitive topics related to HIV prevention
- Are committed to continuous learning and personal development
- Are responsible, reliable and willing to be supervised
- Have a basic knowledge of HIV and oral PrEP or the capacity to learn
- Demonstrate positive attitudes and behaviours in line with program values.

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

- Self-awareness and self-reflection, which means they have an awareness of their strengths and weaknesses and can reflect on and learn from experiences. They can incorporate positive and negative feedback.
- Empathy and patience, so that they respect the different perspectives of others and the different rates at which people learn.
- Openness, so that they are seen as approachable by their peer group. This way, they are more likely to be able to engage with and influence others to learn about sexual health.
- Trustworthiness and respect for the privacy of others. This means they respect the need for confidentiality when others reveal personal or private information to them.
- Impartiality, meaning that they are non-judgemental and do not criticise the behaviours or opinions of others. Instead, they seek to raise awareness about safer behaviours and good sexual health.

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

HIV Prevention Ambassadors will need ongoing support to undertake their role. We recommend that CBOs work with HIV Prevention Ambassadors to develop a support plan. This will create a shared understanding of what support Ambassadors can expect. Support that may assist Ambassadors includes:

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

Details on the types of support that may benefit Ambassadors can be found at the end of this Training Package under Next Steps.
Training Preparation

1. **Read the entire manual before beginning the training.** The manual deals with complex topics that are related to one another. Reading the whole manual before beginning ensures that you understand all of the topics and are able to select the appropriate modules and sessions for your particular group.

2. **Prepare specific information about your location and context.** This training manual is designed for use in multiple locations. It does not provide information specific to your context. We recommended you are prepared to provide the following information to participants:

   **Information about oral PrEP**
   - Where they can get oral PrEP – preferably at a youth-friendly health care centre
   - Who can access oral PrEP
   - Generic brands available in your location (if possible, bring some tablets along for participants to see)

   **National guidelines for the use of oral PrEP, including:**
   - Number of days of usage required for maximum effectiveness
   - Minimum age for oral PrEP use
   - Use during pregnancy

   **Local laws relevant to HIV prevention, sexual and reproductive health and oral PrEP, including:**
   - Age of consent for STI screening and HIV testing
   - Mandatory reporting requirements – for health care providers, you (as a facilitator), and participants as Ambassadors

   **Local youth-friendly health and social services, including:**
   - Sexual and reproductive services including STI screening and HIV testing
   - Health, social, legal, counselling and crisis support services for AGYW experiencing violence

   **Guidelines or procedures for Ambassadors on what to do if they:**
   - Are worried about their safety
   - Believe someone is at an immediate risk of serious harm, including how to manage this if the person has shared this confidentially.
3. **Consider bringing in a guest speaker or co-facilitator.** Participants may benefit from hearing from people in similar roles, such as advocates or leaders involved in increasing access to oral PrEP. You might also consider inviting people with specialist expertise to co-facilitate, such as sexual health professionals.

4. **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.

**Packing checklist**

- Ambassador Toolkits (one for each participant)
- Flip chart paper
- Notebooks
- Pens
- Markers
- Sticky tape or tack
- Masking tape or string
- Sticky notes (multiple colours)
- A4 Paper
- Scissors

You will also need some art materials for the **Boundary-Setting and Self Care** session. This might include coloured pencils, coloured paper or magazines for creating collages, or any other materials you have available. If you do not have these materials, you can get creative and use whatever you do have.

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

6. **Review the key terms.** The technical terms used in this training package are explained on the following page. We recommend that you review these before the training. It may be useful to write some of these up for participants to refer to during the sessions.
Key terms

**Acquired immunodeficiency syndrome (AIDS)**
When HIV has severely damaged the immune system so the body can no longer fight off infections.

**Adherence (to oral PrEP)**
Taking oral PrEP every day.

**Antiretrovirals (ARVs)**
Medication that stops HIV from entering a cell and multiplying.

**Antiretroviral therapy (ART)**
A combination of antiretrovirals taken by an HIV-positive person to slow down the virus and reduce the amount of HIV in their blood.

**Biological sex**
Biological characteristics that a person is born with that are used to classify people as male, female or intersex.

**Boundaries**
Limits that guide what is and is not appropriate in a relationship.

**CD4 cells**
A type of white blood cell that helps the body to fight infections.

**Combination Prevention**
Can refer to both:
- A programmatic approach to HIV prevention that includes behavioural, medical and structural interventions aimed at reducing HIV transmission within a community or population.
- The use of multiple prevention methods such as condoms, STI screening and treatment, and oral PrEP to maximize one’s protection from HIV and other unwanted sexual health outcomes.

**Compassion fatigue**
Emotional and physical exhaustion that can happen as a result of caring for others.

**Continuation**
The act of continuing to take oral PrEP while an individual is vulnerable to HIV.

**Feminine**
Social ideas about characteristics that are ideal or acceptable for women.

**Gender**
Social ideas about what traits and behaviours are acceptable for people born with female or male biological characteristics.

**Gender-based violence (GBV)**
Violence that is used to maintain and reinforce power differences based on gender.
**Gender inequality**
The unequal treatment of someone because of their gender, and the unequal distribution of power and resources between women and men.

**Gender norms**
Social ideas and attitudes about the way people born with male or female biological characteristics should look and behave.

**Gender-transformative**
Something that challenges gender norms or gender roles.

**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.

**Immune system**
The system of the body that fights infection and disease. It includes white blood cells and antibodies.

**Intersex**
A person born with biological characteristics that do not fit within the typical characteristics of either male or female bodies.

**Masculine**
Social ideas about characteristics that are ideal or acceptable for men.

**Mucous membranes**
Thin, delicate skin inside the vagina and anus that is vulnerable to tearing. HIV can pass through mucous membranes more easily than other skin.

**Oral pre-exposure prophylaxis (PrEP)**
A type of antiretroviral medication that is taken by HIV-negative people to protect themselves from HIV. It works by creating a shield around their CD4 cells.

**Oral sex**
Sexual activities that involve one person using their mouth on another person’s genitals.

**Peer**
A person who belongs to the same social group as another person. This social group might be based on age, gender, class or other parts of a person’s identity or life experiences.

**Post-exposure prophylaxis (PEP)**
A type of antiretroviral medication that stops HIV from spreading to other cells.

**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.
Sexuality
All parts of a person’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.

Transactional sexual relationships
Sexual relationships that are based on a girl’s or woman’s need for material or financial support.

Transgender
A person whose gender is different from the sex assigned to them at birth.

Undetectable viral load (UVL)
When the levels of HIV in the blood of an HIV-positive person are so low that they cannot be detected. If a person has an undetectable viral load, they cannot transmit HIV.

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

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.
10 Tips for Effective Facilitation

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

2. **Reflect on your values, attitudes and beliefs and how they might affect your work.** This training deals with many sensitive and personal topics, including gender, sexuality, sex, relationships and violence. Everybody has their own attitudes and beliefs when it comes to these topics. As a facilitator, it is your role to create a non-judgmental space and allow participants to make their own choices – even if they are different to 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.

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

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

5. **Be inclusive and ensure that everyone can participate equally.** In an inclusive learning environment, everyone has an equal opportunity to contribute and each person’s contributions are valued. As a facilitator, it is your role to consider the diverse needs of participants and ensure there are no barriers to participation. It is also your role to monitor the way the group interacts and identify and address any power imbalances that may prevent someone from participating. You can do this by encouraging the group to value and respect diversity and encouraging more talkative people to create space for quieter participants to contribute.

6. **Encourage open and honest communication about sex.** Talking to AGYW about sex openly and in a non-judgemental way will help to ensure they are fully informed and empowered to make decisions about their sexual health. Being open and honest about sex is more likely to have a positive influence on the behaviour of AGYW than focusing on the risks of sex. Use the following tips to encourage open and honest conversations about sex:
- Respect participants’ experiences and autonomy
- Highlight positive behaviours rather than shaming risky behaviours
- Do not use jargon or complex medical terminology
- Make sure you include people with different sexualities and genders
- Be open and honest and acknowledge when you do not know the answer to a question.

7. **Prepare to support participants through personal and difficult topics.** In almost any group of AGYW in sub-Saharan Africa, there will be participants who have been affected by HIV and/or gender-based violence. Some may share their experiences during the training. Others may feel self-conscious, ashamed or worried they will be singled out. If participants share an experience of violence, it is critical that you are prepared to respond. If you are not sure how to respond, read the **Responding to Disclosures of Violence** session for guidance. You should also have information about local, youth-friendly referral services that you can share with participants.

8. **Use active listening to validate participant contributions.** Active listening encourages open communication. It is more than just listening to what people say. Active listening is:
   - Using body language and facial expressions to show interest and understanding (you might nod your head or turn your body to face the person speaking)
   - Listening to how things are said by paying attention to a speaker’s body language and tone of voice
   - Asking questions to show you want to understand
   - Summarising the discussion, saying it again in different words and inviting feedback. This helps you check that you have understood.

9. **Ask questions to encourage deeper thinking and challenge assumptions.** As a facilitator, the ability to ask meaningful questions that encourage thoughtful discussion and reflection is an important skill. 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.

10. **Debrief with colleagues.** Talking to your colleagues about the training can help you improve your facilitation skills and develop strategies for overcoming challenges. It can also be helpful to debrief with colleagues if you are supporting participants through difficult experiences.
PART 2
Training Manual
Using this Training Manual

This training manual provides comprehensive information about each topic and detailed session plans that will guide you to facilitate the training.

The manual is designed to support facilitators with different levels of knowledge and experience in the topics it covers. The training manual includes comprehensive information about each topic covered in the training, including gender, sexual and reproductive health and rights, HIV and oral PrEP. You will find this information in the Essential Knowledge at the beginning of each new topic.

The Training Manual has been designed with the flexibility to enable you to customise a training package that responds to your context and the needs of participants. It can be used from start to finish as a complete training program, or you can incorporate parts of it into an existing training package.

Oral PrEP Training Module

The training is centred around a core Oral PrEP Training Module. This module aims to:

- Educate participants about oral PrEP
- Equip them with skills to support their peers to use oral PrEP
- Build support in their communities.

If you are already working with HIV Prevention Ambassadors, this module can be pulled out of the package and integrated into existing training.

If you decide to only use the Oral PrEP Training Module, we recommend you review the other sessions to make sure participants have the knowledge and skills covered in other parts of the training. We also recommended you incorporate the Introduction session and the Ambassador Graduation.

Supporting Sessions: Foundational Knowledge and Ambassador Skills

Sessions from these modules can be added around the Oral PrEP Training Module to fill gaps in the knowledge and skills of AGYW working in HIV prevention peer-support or education roles. All sessions are self-contained; they do not depend on other sessions. Each contains all the information you need to deliver the session, including essential knowledge for facilitators and session materials.
Training Introduction

Introduction

We recommend that you begin your training with the Introduction, as this session creates a safe space for participants to discuss the sensitive topics included throughout the training. This session should only be skipped if you have already supported participants to create a safe space.

Foundational Knowledge

- Human Rights
- HIV and AIDS - the basics
- Vulnerability to HIV
- Gender inequality and violence
- Responding to disclosures of violence

*Foundational Knowledge* sessions are self-contained and can be integrated at any point in the training. The topics covered in these sessions will provide participants with the foundational knowledge required to be effective HIV Prevention Ambassadors. Unless participants have been previously trained in these subjects, we recommend that you include these sessions in the training.

Oral PrEP Training Module

- Combination prevention and oral PrEP
- Finding out about oral PrEP
- Deciding to use oral PrEP
- Getting oral PrEP
- Taking and staying on oral PrEP
- Telling others

The Oral PrEP Training Module is the core of the HIV Prevention Ambassador Training. The oral PrEP sessions are a package. They must be delivered in order as each session builds on the previous session.

- Awareness raising
- Advocacy
- Action planning

The *Awareness Raising and Advocacy* sessions support participants to develop the knowledge and skills they need to raise awareness of oral PrEP in their communities and create a supportive environment for oral PrEP use. These sessions can be removed from the Oral PrEP training package if the role of Ambassadors will not include these activities.

Ambassador Skills Training Module

- Finding out about oral PrEP
- Deciding to use oral PrEP

The *Ambassador Skills sessions* will help participants develop skills to provide support to their peers. This includes how to set boundaries, protect confidentiality, and prevent vicarious trauma through self-care. We recommend that you include these sessions in all HIV Prevention Ambassador training, unless participants are experienced peer-support workers.

Closing

- Ambassador graduation

The *Ambassador Graduation* session acknowledges the hard work of participants and supports them to think about how this training will inform their work as Ambassadors. It is a crucial session, regardless of how this training is being customised.
INTRODUCTION

TRAINING 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

HUMAN RIGHTS

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and oral PrEP. They will also deepen their understanding of the topic by identifying how a person’s ability to exercise these rights can have an impact on that person’s life.

HIV AND AIDS — THE BASICS

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

VULNERABILITY TO HIV

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

GENDER INEQUALITY AND VIOLENCE

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

RESPONDING TO DISCLOSURES OF VIOLENCE

Participants will learn how to respond to disclosures of violence from their peers. They will examine messaging about women and violence and will learn to question messages that work to excuse or justify violence against women and children. They will also learn the CARE response (Create a safe space, Actively listen, Reassure and Empower) for responding to disclosures of violence.
## ORAL PREP TRAINING

### ORAL PREP ESSENTIAL KNOWLEDGE

### COMBINATION PREVENTION AND ORAL PREP

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

### FINDING OUT ABOUT ORAL PREP

Participants will begin working on the Oral PrEP Journey Map. The Journey Map outlines the stages their peers may go through when deciding to use oral PrEP. Participants will create a character and support them through their journey over the next five sessions. Participants will also identify the information they will need as Ambassadors to educate their peers about oral PrEP and strategies for communicating this information.

### DECIDING TO USE ORAL PREP

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

### GETTING ORAL PREP

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

### TAKING AND STAYING ON ORAL PREP

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

### TELLING OTHERS

Participants will work through the final step of the Oral PrEP Journey Map – Telling Others. They will examine the reasons their peers may choose to tell their parents and/or partners about their use of oral PrEP. They will also learn strategies to support their peers to consider their options and make their own decisions about whether to disclose their use of oral PrEP.
AWARENESS RAISING

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

ADVOCACY

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

ACTION PLANNING

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

AMBASSADOR SKILLS

PEER SUPPORT SKILLS

Participants will learn skills to support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next. They will also learn and practice using the CARE response (Create a safe space, Actively listen, Reassure, and Empower) to support their peers. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

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 identify strategies for self-care and mutual support.

CLOSING

AMBASSADOR GRADUATION

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

Session Plans

Session Plans provide detailed instructions to guide you to facilitate the session. Step-by-step instructions are provided 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. These stages will support participants to build their knowledge of the subject, develop skills to apply their knowledge, and identify how they can use their knowledge and skills in their roles as HIV Prevention Ambassadors.

EXPLORE
This stage creates an opportunity for participants to share their existing knowledge, experiences and ideas with the group through an interactive activity. Your role as the 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 support participants to apply what they learned in the previous stage and develop skills that will support them in their role as Ambassadors. This is a crucial stage in the learning process – without it, participants are unlikely to retain anything the learned in the previous stage.

REFLECT
Reflection 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.
Session Timing

Sessions are designed so they can be delivered within two hours, this includes:

EXPLORE: 30 – 45 minutes
APPLY: 30 – 45 minutes
REFLECT: 15 – 20 minutes

This allows additional time for energisers and short breaks (note that energisers are not included in the session plan – see Training Preparation.

The session plans do not include timing for each activity. This is because the time required will vary within each context depending on:

- The size of the group
- The knowledge and experience of participants
- Literacy of participants
- Participants’ previous experience in education or training
- The facilitator’s experience in facilitating workshops.

We recommend you review each session and plan the timing of activities based on your specific context.
Introduction
INTRODUCTION

SESSION OVERVIEW

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

LEARNING OUTCOMES

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.

EXPLORE

INTRODUCTION

1. As 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, facilitate an “ice-breaker” to support 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. Explain to participants that it is normal for people to have a mixture of feelings when starting something new like this. It can be really helpful to identify these feelings at the beginning.

2. Explain that you will be asking them to identify their hopes and fears about the training.

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

4. Give each participant some sticky notes (use two different colours if you have them) and a pen.
5. Ask participants to write at least one thing they hope to get out of the workshops on their sticky notes and to stick them on the piece of flip chart paper labelled “Hopes”.

6. Ask participants to write at least one thing they fear about the workshops on their sticky notes and to stick them on the piece of flip chart paper labelled “Fears”.

7. Read out a selection of hopes and fears to the group. If possible, group the hopes and fears into common themes.

8. Reassure participants that their hopes and fears are valid and normal, and you will try to address them during the workshop.

---

**ACTIVITY: COMMUNICATING OUR NEEDS**

**PREPARATION**

1. Write “My needs” and “My responsibilities” on separate pieces of flip chart paper.

2. Stick the pages up where everyone can see them.

---

1. Introduce the activity by noting:
   - The workshops will include discussions about some personal and sensitive topics, including relationships, sex, and violence
   - Participants will identify what they need from the group to feel comfortable participating in activities and sharing their experiences
   - They will also identify how each person is responsible for helping to create a supportive and confidential space for these conversations.

2. Ask participants to think about how the group can help them feel comfortable to share their thoughts, feelings and experiences in these sessions and to write their answers on sticky notes.

3. Invite participants to share their answers with the group and stick their notes under “My needs”.

4. When the group has finished, read through their answers. If there are similar answers, group them together and note their shared needs.

5. Ask participants to think about how each member of the group can contribute to creating a space that meets the needs of participants and to write their answers on sticky notes.

6. Invite participants to share their answers with the group and stick their notes under “My responsibilities”.

---

**FACILITATION TIPS**

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

Give an example, such as respecting each person’s right to make their own life choices.
7. When the group has finished, read through their answers. If there are similar answers, group them together and note their shared responsibilities.

8. If confidentiality has not been addressed, ask participants to consider its importance by giving examples of information they might not want other people to find out about.

9. Support participants to identify what types of information can be shared and what types of information should be kept confidential.

10. Discuss with participants that even when we do our best, confidentiality can never be fully guaranteed. It is important to choose what information we feel comfortable sharing with others.

11. Ask participants if they can commit to the responsibilities they have identified.

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).

Confidentiality is about how we keep someone’s personal information private or secret.

Put the pieces of flip chart paper up where everyone can see them. Begin every session by highlighting the needs and responsibilities of the group.

REFLECT

ACTIVITY: REFLECTION CIRCLE

1. Bring participants together into a circle.

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

SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

Encourage all participants to share their reflections on the session so that no one person dominates the discussion.

Try to bring the different messages from the activities together, explaining how confidentiality and rules for ensuring a safe space will help them realise their hopes and reduce their fears for the training.
Foundational Knowledge
FOUNDATIONAL SESSION

HUMAN RIGHTS

SESSION OVERVIEW

Participants will learn about human rights and how they can be applied to sexual health, HIV prevention and oral PrEP. They will also deepen their understanding of the topic by identifying how a person’s ability to exercise these rights can have an impact on that person’s life.

LEARNING OUTCOMES

By the end of this session, participants should:

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

ESSENTIAL KNOWLEDGE

What are human rights?

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

There is agreement across the world that as humans, we all share basic rights. Everybody is entitled to these rights, regardless of who they are or where they live. These rights are listed in the Universal Declaration of Human Rights, 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
- Be treated fairly by the law
- Privacy
- A standard of living needed for good health and well-being
- Education

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

- Everybody has a duty to protect the rights and freedoms of other people
- Nobody has the right to violate the rights or freedom of others.
Many regions and countries have created their own human rights agreements to strengthen the United Nations agreements, such as the African Charter on Human and Peoples’ Rights. New agreements are also created to respond to new understandings about what people need to live safe, healthy and fulfilling lives.

Human rights cannot be taken away or given up, but they can be violated. AGYW often experience direct violations of their rights, such as when others use violence against them. They also experience many barriers to exercising their rights, such as gender inequality, discrimination based on age, and a lack of social power. This has been recognised within the human rights system, and as a result, specific rights have been created to protect the rights of women and girls. These rights are documented in the Convention on the Elimination of all Forms of Discrimination Against Women (or CEDAW for short).

What are sexual and reproductive health and rights?

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

- The right to health includes sexual and reproductive health
- The achievement of good sexual and reproductive health depends on the realisation of other rights (sexual and reproductive rights).

**Sexual and reproductive health**

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

**Sexual and reproductive rights**

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

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

How are human rights and HIV connected?

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

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

o 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.

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

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

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

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

<table>
<thead>
<tr>
<th>HUMAN RIGHTS</th>
<th>HOW THESE RIGHTS SUPPORT AGYW TO PROTECT THEMSELVES FROM HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The right to equality and non-discrimination</strong></td>
<td>AGYW have the same rights as every other person, and this includes the right to consensual, safe, satisfying and healthy sexual relationships.</td>
</tr>
<tr>
<td>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.</td>
<td>They have the same right as any other person to access sexual health services and HIV prevention options. They should not be discriminated against because of their age or gender.</td>
</tr>
<tr>
<td><strong>The right to freedom</strong></td>
<td>AGYW have the right to decide what types of sexual behaviours they engage in and with whom.</td>
</tr>
<tr>
<td>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.</td>
<td>They have the right to make decisions about and access HIV prevention options.</td>
</tr>
<tr>
<td><strong>The right to control our own bodies</strong></td>
<td>AGYW have the right to choose if, when and how they have sex.</td>
</tr>
<tr>
<td>(often called bodily integrity)</td>
<td>They have the right to access HIV prevention options that will protect them from harm.</td>
</tr>
<tr>
<td>We have the right to control what happens to our bodies and to be protected from other people trying to harm us.</td>
<td>AGYW have the right to sex education. This includes information about sex, sexual health, HIV prevention and oral PrEP.</td>
</tr>
<tr>
<td><strong>The right to education</strong></td>
<td></td>
</tr>
<tr>
<td>We have the right to go to school and get an education.</td>
<td></td>
</tr>
<tr>
<td>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 includes access to safe drinking water, nutritious food and personal safety. We also have the right to the highest possible standard of health services.</td>
<td>AGYW have the right to access the information, services and resources they need to protect themselves from HIV. They have the right to a safe and consensual sex life. They have the right to youth-friendly sexual health services. They have the right to use oral PrEP.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>The right to the benefits of social and scientific advancement. We have the right to benefit from major technologies, discoveries or inventions that can improve our lives.</td>
<td>AGYW have the right to benefit from new technologies that can help them protect themselves from HIV, such as oral PrEP. This means it must be affordable and easy for them to get.</td>
</tr>
<tr>
<td>The right to privacy and confidentiality. We have the right to choose who we share our information with. This means that people we share information with should not share this with others without our permission.</td>
<td>AGYW have the right to privacy and confidentiality when accessing services. If a health care worker knows an AGYW is using PrEP, they should respect the AGYW’s confidentiality by not telling her partner or family members she is taking it. They have the right to choose who they share personal information with, such as their sexual practices or an experience of violence. They have the right to keep their use of oral PrEP private. Note: There are some situations where confidentiality might not apply, such as if a doctor believes somebody’s life is at risk. The doctor may have a responsibility to report this, but if they do report it, they also have a responsibility to tell you first.</td>
</tr>
<tr>
<td>The right to be free from abuse, degrading treatment and exploitation. No one, including our parents, partners, relatives or teachers, should physically, sexually or mentally abuse us or be violent toward us. The government should make sure we are protected from abuse and must take action if someone experiences violence or abuse.</td>
<td>AGYW have the right to live their lives free from all forms of violence. They have the right to use oral PrEP without fear of violence.</td>
</tr>
</tbody>
</table>

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

Governments play an important role in protecting human rights, but so do individuals. A person’s ability to exercise their rights depends upon other people respecting those rights. It is the responsibility of every individual to make sure their behaviour does not violate the rights of others.
It is also the responsibility of people who have more power than others to protect the rights of people with less power. While some groups have more power than others, as men do over women, power imbalances also exist between individuals. For example, older women may have more power than younger women, and women with an education may have more power than women who have not completed school. HIV Prevention Ambassadors may have more power than other AGYW in their community. In these times, they have an extra responsibility to protect the rights of those with less power.
**SESSION INSTRUCTIONS**

**KEY MESSAGES**

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

---

**EXPLORE**

### PREPARATION

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

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

---

**INTRODUCTION**

1. Ask the group if they know what human rights are. If they do, ask them if they can name any specific human rights.

2. Ask the group if they know what human rights might relate to in terms of HIV prevention and their roles as HIV Prevention Ambassadors.

---

**FACILITATION TIPS**

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

Use the Essential Knowledge and Key Messages to explain human rights to the group.
ACTIVITY: THE RIGHT TO PROTECT OURSELVES FROM HIV

1. Explain that in this activity, participants will be focusing on a selection of rights and identifying how they are connected to HIV prevention and the use of oral PrEP.

2. Use the following example to explain the activity: Everyone has the right to equality and non-discrimination. This means that AGYW have the same rights as everyone else. This is relevant to HIV prevention because it means AGYW have the right to access sexual health services and oral PrEP without being discriminated against because of their age or gender.

3. Start with one of the rights you have written up. Ask participants to explain what the right means (either on sticky notes or through discussion).

4. Next, ask participants to share their ideas about how the right is connected to HIV prevention and oral PrEP.

5. Repeat this activity with each right.

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

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

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

APPLY

ACTIVITY: EXERCISING OUR RIGHTS

1. Explain that in this activity, participants will consider how these rights can have an impact on the lives of AGYW.

2. Divide participants into two groups and give each group a piece of paper.

3. Ask one group to create a character of an AGYW who can exercise her rights.

4. Ask the other group to create a character of an AGYW who is unable to exercise her rights.

5. Give participants 10 minutes to create their character.

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).

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

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

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

If participants need help getting started, go through an example (see below).
13. At the end of the activity, lead a discussion by asking participants to consider the following questions:
   - What rights can AGYW exercise in their communities?
   - What are the barriers to achieving these rights in their communities?
   - Is it easier for some AGYW to exercise their rights than others?

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

**REFLECT**

**ACTIVITY: REFLECTION CIRCLE**

1. Bring participants together into a circle.

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

**SUGGESTED REFLECTION QUESTIONS**

- Were you aware of these rights before?
- How can you use your knowledge about these rights to support AGYW in your communities to protect themselves from HIV?

**FACILITATION TIPS**

Encourage participants to identify AGYW who may experience additional barriers to their rights including:
- Younger girls
- AGYW with a disability
- AGYW who are poor
- Sex workers
- Transgender girls/women

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

HIV AND AIDS — THE BASICS

SESSION OVERVIEW
Participants will learn essential knowledge on HIV and AIDS. They will also learn to identify myths about HIV and AIDS and discuss different strategies to dispel them.

LEARNING OUTCOMES
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.

MATERIALS USED IN THIS SESSION

- HIV and AIDS – Get the Facts! Ambassador Tool
- HIV Transmission and Prevention Ambassador Tool

ESSENTIAL KNOWLEDGE

What is HIV?
HIV stands for Human Immunodeficiency Virus. It is a virus that attacks the immune system. It does this by entering white blood cells called CD4 Cells and using them to copy itself and multiply.

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

What is AIDS?
Without treatment, HIV progresses to AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is caused by HIV. A person develops AIDS when the HIV virus has damaged their immune system so severely they are no longer protected from infections and illnesses.

A person is considered to have AIDS when they have less than 200 CD4 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.
How is HIV transmitted?

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

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

What are the symptoms of HIV?

A person with HIV does not always have symptoms. A person with HIV can be perfectly healthy. The only way to know if you or someone is HIV positive is to get tested.
Some people who have recently become infected with HIV can have a cluster of symptoms known as “acute HIV infection”. These symptoms include fever, fatigue, swollen tonsils and lymph nodes, a sore throat, joint and muscle aches, diarrhea or a rash. These symptoms usually start a few days after exposure to HIV and can continue for up to two weeks. Not everyone develops these symptoms, and because the symptoms of acute HIV infection are the same as the symptoms of the flu or other common infections, you cannot rely on them as signs someone has HIV.

**Is there a cure for HIV?**

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

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

**YOUR NOTES**
SESSION INSTRUCTIONS

KEY MESSAGES

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

EXPLORE

PREPARATION

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

INTRODUCTION

1. Introduce the session by referring to the Session Overview and Learning Outcomes.
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.
4. Provide a brief overview of the prevalence of HIV in your area.

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 out one statement at a time 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. Once participants have chosen, reveal if the statement is true or false.

Suggested questions:
- Can anyone tell me what HIV and AIDS stands for?
- Can anyone explain the difference between HIV and AIDS?

Make sure to discuss myths and explain why they are not correct.
8. Ask for a volunteer from the group that was correct to explain why the answer is correct, or if you think it is appropriate for your group, you could ask participants to debate why they think their answer is correct.

9. When you have finished the exercise, bring participants together in a circle and give them a copy of the HIV and AIDS – Get the Facts! Ambassador Tool and lead a discussion about what was surprising to them.


---

**APPLY**

**ACTIVITY: CORRECTING MYTHS**

1. Divide participants into small groups.

2. Ask each group to pick a myth 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.

---

**REFLECT**

**ACTIVITY: REFLECTION CIRCLE**

1. Bring participants together into a circle.

2. 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.

---

Refer to the HIV and AIDS – Get the Facts! Ambassador Tool to explain which statements are facts and which are myths.
SUGGESTED REFLECTION QUESTIONS

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

Try to encourage all participants to share their ideas during the reflection session. To prevent one participant from dominating, you could ask each person to share what they learned from the session.
### HIV & AIDS: Get the facts!

#### Myths

- You can tell if someone has HIV just by looking at them.
- You should avoid people who have HIV in case they give it to you.
- Using condoms or oral PrEP means that you don’t trust your partner.
- Adolescent girls and young women are more at risk of HIV because they are promiscuous.
- Some herbs can protect you from HIV when you put them in your vagina.
- Having sex with a virgin cures HIV.
- Having sex on your period reduces the risk of HIV.
- HIV positive women should not breastfeed their babies.
- Only gay people and sex workers can get HIV.
- If you get HIV you will get sick and die.

#### Facts

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can tell is someone has HIV just by looking at them.</td>
<td>There is no way to tell if someone has HIV by looking at them. Many people have HIV without knowing it. The only way to know if you are HIV positive is to have your blood tested.</td>
</tr>
<tr>
<td>You should avoid people who have HIV in case they give it to you.</td>
<td>You cannot catch HIV like you catch the flu. HIV can only be transmitted if there is contact between blood, semen, vaginal fluid and breastmilk. You cannot get HIV through kissing; hugging; using the same utensils; using the same toilet; mosquitoes or any other casual contact.</td>
</tr>
<tr>
<td>Using condoms or oral PrEP means that you don’t trust your partner.</td>
<td>Protecting yourself from HIV is not about trust. Anyone can be HIV positive – and many people don’t know their status. If you are in a loving and trusting relationship you should both want to protect each other from HIV. This means having safer sex, getting tested regularly and considering oral PrEP.</td>
</tr>
<tr>
<td>Adolescent girls and young women are more at risk of HIV because they are promiscuous.</td>
<td>Adolescent girls and young women are more likely to get HIV than their male peers but not because they are promiscuous. Women are more vulnerable to HIV because it is easier for HIV to enter through the walls of the vagina than it is through the penis. It is also harder for adolescent girls and young women to protect themselves from HIV because society doesn’t treat them equally and they have less power in their relationships to negotiate safer sex. Oral PrEP can help adolescent girls and young women take control of their health!</td>
</tr>
<tr>
<td>Some herbs can protect you from HIV when you put them in your vagina.</td>
<td>There are no herbs or natural remedies that can prevent or cure HIV. Inserted plants or herbs into your vagina can increase your risk for HIV as it can dry out the vagina leading to tears and allowing HIV to enter more easily.</td>
</tr>
<tr>
<td>Having sex with a virgin cures HIV.</td>
<td>This is not true. There is no cure for HIV.</td>
</tr>
<tr>
<td>Having sex on your period reduces the risk of HIV.</td>
<td>Having sex on your period can increase the risk of HIV transmission because HIV can be found in menstrual blood.</td>
</tr>
<tr>
<td>HIV positive women should not breastfeed their babies.</td>
<td>It is not that simple. Breast feeding provides many nutrients and protective factors to a baby and HIV transmission can be prevented with the right medication. HIV positive mothers should work with their doctor to find the best option.</td>
</tr>
<tr>
<td>Only gay people and sex workers can get HIV.</td>
<td>Anyone can get HIV.</td>
</tr>
<tr>
<td>If you get HIV you will get sick and die.</td>
<td>While there is no cure for HIV, there are treatments available, known as antiretrovirals or ARVs for short. If treatment is started early, and taken consistently, a person with HIV can live a long and healthy life without ever developing AIDS. These medications can also help prevent transmission to others.</td>
</tr>
</tbody>
</table>
HIV can be transmitted from one person to another through blood, semen, vaginal 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

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

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

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

VULNERABILITY TO HIV

SESSION OVERVIEW

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

LEARNING OUTCOMES

By the end of this session, participants should:

- Feel more confident talking about sex and HIV transmission during sex
- Understand the biological drivers of AGYW’s increased vulnerability to HIV
- Understand how a girl’s/woman’s vulnerability to HIV transmission changes with different sexual activities
- Identify ways a girl/woman can reduce her vulnerability to HIV.

MATERIALS USED IN THIS SESSION

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

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

ESSENTIAL KNOWLEDGE

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

This language can create a barrier to HIV prevention because:

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

It is recommended that the term vulnerability is used instead of “risk”. For example: AGYW are more vulnerable to HIV than their male peers.
Why are AGYW more vulnerable to HIV?
There are two main reasons AGYW are more vulnerable to HIV than their male peers. These are:

- **Biological:** Women’s bodies are more vulnerable to HIV than men’s bodies.
- **Social:** Gender norms and unequal power between women and men make it harder for AGYW to protect themselves from HIV.

This session aims to educate AGYW about their biological vulnerability to HIV during sex. The social drivers of AGYW’s vulnerability to HIV are explored in **GENDER INEQUALITY AND VIOLENCE.**

Why are women’s bodies more vulnerable to HIV than men’s?
Women’s bodies are more vulnerable to HIV than men’s bodies because:

- A vagina has a larger area of delicate skin, known as mucous membranes, than the penis. This skin is easily broken, which can create a way for HIV to enter the bloodstream.

Semen of HIV-positive men contains more of the virus than the vaginal fluid of HIV-positive women. Semen also remains in the vagina for a long time after sex.

This vulnerability to HIV infection increases:

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

How is HIV transmitted during sex?
HIV is transmitted during sex when:

A body fluid containing a large amount of HIV (blood, semen, vaginal fluid or rectal fluid) enters the bloodstream. HIV can enter the blood through:

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

How likely is it that HIV will be transmitted during sex?
The likelihood that HIV will be transmitted through sexual contact is different for different sexual activities. A person’s vulnerability to HIV during these activities also changes depending on their role in the activity. It is important that AGYW understand how their vulnerability to HIV changes with different sexual activities. This will help them make informed decisions about which activities they engage in. It will also help them consider how they can make a sexual activity safer. Different sexual activities and how vulnerable they make a person to HIV are detailed below.
ABSTINENCE (CHOOSING NOT TO HAVE SEX)

Completely safe!
You can still express feelings and sexual desires if you choose not to have sex. This can be done safely by:
- Kissing (saliva does not transmit HIV, so kissing is completely safe)
- Massage and touching

GIVING A HAND-JOB/GETTING FINGERED/MUTUAL MASTURBATION

HIV – NO, STIs – YES, Pregnancy – NO
- Touching each other's genitals is completely safe. It is not possible to get HIV, STIs or become pregnant this way.
- It is not possible to get HIV from touching genitals or kissing, but you can get STIs (herpes). You can also get genital warts from contact between genitals.
- Mutual masturbation (masturbating together) or using sex toys.

RECEIVING ORAL SEX

HIV – NO, STIs – YES, Pregnancy – NO
HIV cannot be transmitted through saliva, so it is not possible to get HIV when receiving oral sex.

It is possible to get chlamydia, herpes, gonorrhoea, syphilis and genital warts when receiving oral sex.

GIVING ORAL SEX TO A WOMAN

HIV – YES (but very unlikely), STIs – YES, Pregnancy – NO
HIV can be transmitted through vaginal fluid, so while it is possible to get HIV when giving oral sex to a woman if the person giving it has open sores in their mouth, it is very unlikely.

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

GIVING ORAL SEX TO A MAN

HIV – YES (but very unlikely), STIs – YES, Pregnancy – NO
HIV can be transmitted in semen and pre-semenal fluid, but it must be able to enter the bloodstream first. If a man ejaculates in a person's mouth, that person could get HIV if they have cuts or sores in their mouth. A person cannot get HIV from swallowing semen; the acid in the oesophagus and stomach will kill any HIV in the semen.

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

VAGINAL OR ANAL SEX WITH EITHER A MALE OR FEMALE CONDOM

HIV – YES (but only if the condom slips off or breaks), STIs – YES, Pregnancy – NO
When used correctly, both male and female condoms are very effective at protecting against HIV and most STIs. They are also effective at preventing pregnancy. It is only possible to get HIV if the condom slips off or breaks. Using lubricant (water or silicone-based) will help prevent condoms from breaking.

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

HIV – YES, STIs – YES, Pregnancy – YES

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

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

UNPROTECTED ANAL SEX

HIV – YES, STIs – YES, Pregnancy – NO

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

YOUR NOTES
KEY MESSAGES
- Women’s bodies are more vulnerable to HIV than men’s bodies.
- The likelihood that HIV will be transmitted through sexual contact is different for different sexual activities.
- There are many ways AGYW can protect themselves from HIV, including:
  - Abstinence
  - Only engaging in sexual activities where they are not vulnerable to HIV
  - Using condoms during sex
  - Using oral PrEP as an additional method (it is important to always share information about the range of available options to protect against STIs and pregnancy, including condoms and contraception).
- If AGYW are not having protected sex (and this is not something they are able or willing to change) they can still make small changes to their sexual activities to reduce their vulnerability to HIV.

EXPLORE

PREPARATION

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

<table>
<thead>
<tr>
<th>Sex</th>
<th>Vagina</th>
<th>Oral sex</th>
<th>Pre-ejaculate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anus</td>
<td>Semen</td>
<td>Rectal fluid</td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td>Ejaculation</td>
<td>Vaginal fluid</td>
<td></td>
</tr>
</tbody>
</table>

APPLY
Write the sexual activities below on separate pieces of paper or card.

- Hugging
- Kissing
- Touching / Massage
- Mutual masturbation
- Using sex toys
- Giving a hand job
- Getting fingered
- Receiving oral sex
- Giving oral sex to a woman
- Giving oral sex to a man
- Vaginal sex on oral PrEP
- Anal sex on oral PrEP
- Vaginal sex with a male condom
- Vaginal sex with a female condom
- Anal sex with a male condom
- Anal sex with a female condom
- Vaginal sex without a condom but the man pulls out before ejaculating

FACILITATION TIPS

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

If you have a small group or are short on time, you can select just a few of the terms to focus on.

You will be giving each participant one card, so you may need to choose some activities from this list or add some new ones!

These are listed in order of activities where AGYW will be the least vulnerable to HIV to activities where they will be the most vulnerable to HIV. Refer to the Essential Knowledge for more detailed information.
INTRODUCTION

1. Introduce the session by noting:
   - It will focus on the ways that HIV is transmitted during sex.
   - Even though it can be uncomfortable to talk about sex in a group, it is important that participants understand exactly how HIV is transmitted during sex. This will give them the information they need to protect themselves from HIV and to support their peers to do the same.

2. Establish a safe environment to discuss sex by highlighting:
   - It is common to feel embarrassed.
   - They can support each other by being respectful and non-judgemental.
   - There is no expectation that they will have any knowledge about sex. Some people might, but others may not, and both are perfectly fine.
   - It is the right of every person to make their own decisions about their sex lives without feeling pressured. This includes if and when they have sex and with whom.
   - Whether they are having lots of sex or none, they should not feel embarrassed. It is their choice.

ACTIVITY: LET’S TALK ABOUT SEX

1. Explain the activity by noting:
   - You have written up some terms people use when talking about sex and HIV transmission (see activity preparation above).
   - You will be asking participants to write some other ways to say these terms on sticky notes (and to stick them on the page with the term).
   - They should think about how they would say these things if they were talking to a friend.

2. Read out the first term and ask participants to write down other ways of saying it on sticky notes.

3. Repeat the process for each term.

4. Read out the answers for each term.

5. Facilitate a discussion about the answers, covering the following:
ACTIVITY: SAFER SEX CONTINUUM

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

12. Lead a discussion by asking participants to consider the following questions:
   - Why might your peers be engaging in sexual activities where they are vulnerable to HIV?
   - What are some barriers that might make it harder for your peers to reduce their vulnerability to HIV?
   - How can you and your peers protect yourselves from HIV, STIs and pregnancy?

OPTIONAL ACTIVITY

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

REFLECT

ACTIVITY: REFLECTION CIRCLE

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

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

AGYW can reduce their vulnerability to HIV with condoms or oral PrEP, but if they are unable to do that, they can also make small changes to sexual activities, such as by using more lubricant, having unprotected vaginal sex instead of unprotected anal sex, or their partner pulling out before ejaculating.
FOUNDATIONAL SESSION

GENDER INEQUALITY AND VIOLENCE

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Recognise how gender norms influence the behaviour and experiences of women and men
- Understand how these gender norms lead to a power imbalance between women and men
- Understand that gender inequality is the root cause of violence against women
- Identify ways that gender norms make it harder for AGYW to protect themselves from HIV

MATERIALS USED IN THIS SESSION
Gender Inequality Problem Tree Ambassador Tool

ESSENTIAL KNOWLEDGE

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

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

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

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

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

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

Some gender norms associated with being female:
- Quiet
- Submissive
- Caring and gentle
- Obedient

Some gender norms associated with being male:
- Strong
- Powerful
- Dominant
- Smart

Gender norms can harm both women and men because they unnecessarily restrict how we can behave.
- Boys are often taught to hide their emotions. This can have a negative impact on their emotional well-being.
- Girls are often taught to be quiet and submissive to men. This means that men often have more power and influence in the household and in making community decisions.

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

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

Gender is not the only factor that influences a person’s access to resources and opportunities. Many people experience discrimination and exclusion because of their identity or experience. This creates additional barriers to resources and opportunities. Some examples of people who experience inequality include:
- Young people and older people
- Widows
- People who identify as lesbian, gay, bisexual, transgender or intersex
- People living in poverty
- People belonging to racial, ethnic or caste minorities
- People with disabilities
- People living with HIV

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

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

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

**Gender-based violence**

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

- **Gender inequality is a major cause of men’s violence against women.** The belief that men are naturally strong, dominant and powerful is used to explain and justify men’s violence against women. In some societies, these gender norms are so strong that men are expected to beat their wives.

- **Men’s violence against women reinforces gender inequality.** Some men use violence as a tool to show and keep their power over women.

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

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

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

- **Physical abuse**, such as:
  - Slapping
  - Hitting
  - Kicking
  - Beating

- **Sexual abuse**, such as:
  - Rape
  - Unwanted sexual advances or sexual harassment, including at school or at work
  - Use of coercion (such as threats, blackmail or intimidation) to force someone to do something sexual that they do not want to do, such as having sex without a condom
  - Sexual acts with someone who cannot consent, including someone who is under the influence of alcohol, asleep, or not intellectually capable of giving informed consent
  - Sexual abuse of children
  - Trafficking of women and girls for sex
o **Emotional/psychological abuse**, such as:
  - Insults, belittling, humiliation
  - Intimidation, such as destroying things
  - Threats of harm
  - Threats to take away children
  - Controlling behaviours, such as isolating a person from family and friends, or monitoring their movements or communications, including through stalking

o **Economic violence**, such as:
  - Use of money or resources to control an individual
  - Blackmail
  - Being refused the right to work or forced to give up earnings
  - Being refused pay for money that is earned/due
  - Having someone withhold resources as punishment.

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

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

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

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

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

```
<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men have a much stronger biological need for sex than women do. They cannot control their sexual urges.</td>
<td>Women are more valuable when they are virgins.</td>
</tr>
<tr>
<td>A man has the right to have sex with his partner without thinking about what she wants or needs.</td>
<td>It is shameful for women to enjoy sex and talk about sex.</td>
</tr>
<tr>
<td>Sex is a sign of manhood, so men should have sex with as many partners as possible.</td>
<td>A woman should only have sex with her husband.</td>
</tr>
<tr>
<td>A man’s pleasure is more important than safe sex.</td>
<td>A woman has to have sex with her husband whenever he wants it.</td>
</tr>
</tbody>
</table>
```
These gender norms make it harder for AGYW to protect themselves from HIV because:

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

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

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

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys should be educated so they can get a good job.</td>
<td>Learning to be a good wife is more important than going to school.</td>
</tr>
<tr>
<td>Men should be ambitious and driven.</td>
<td>Women should help their husbands achieve their goals.</td>
</tr>
<tr>
<td>It is a man’s role to make money for the family.</td>
<td>It is a woman’s role to stay at home and raise children.</td>
</tr>
<tr>
<td>Men should be the head of the household and make decisions about money.</td>
<td>Women are not good decision-makers or leaders.</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Men cannot control their anger/impulses towards violence.</td>
<td>o Women should prevent violence by obeying their partners/husbands and not making them angry.</td>
</tr>
<tr>
<td>o Men have the right to discipline and control their partners/wives.</td>
<td>o Violence is a private matter that women should never talk about.</td>
</tr>
<tr>
<td>o It is masculine for men to use violence to assert their dominance.</td>
<td>o A woman should stay in a violent relationship to keep her family together</td>
</tr>
</tbody>
</table>

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

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

NOTE: This session talks about violence and may be distressing for participants. Encourage participants to take time out or ask for help if they find the session challenging. Participants might talk about their own experiences of violence during this or other sessions. It is critical that you are prepared to respond. Because women are usually blamed for the violence they experience, it can be difficult for them to talk about and they often remain silent. If someone talks about violence they have experienced, it is very important to (1) believe them, (2) avoid blaming them, (3) listen empathetically without offering solutions and (4) avoid telling them how to feel or what to do. For example, do not tell them they should leave the relationship or report the violence to the local authorities. You can ask them about these options, but it is important they feel in control and have the right to decide what is best for them.

KEY MESSAGES

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

EXPLORE

INTRODUCTION

1. Ask participants if they have heard of the term “gender norms” before and if they know what it means.
2. Ask participants if they have any examples of norms that are different for women and men.

ACTIVITY: RULES FOR BOYS AND RULES FOR GIRLS

1. Ask for volunteers to draw an outline of a man and a woman on separate pieces of flip chart paper.
2. Hang them up side by side somewhere everyone can see.
3. Ask participants to think about what messages girls/women and boys/men are told about how they should behave. Write them on sticky notes (one message per sticky note) and stick them up on the flip chart paper of either the man or woman.

4. Encourage participants to think about the messages (norms) related to:
   - How boys and girls are raised differently, including which toys they are expected to play with
   - How boys/men should behave to be masculine (manly)
   - How girls/women should behave to be feminine (womanly)
   - Girls’/women’s and boys’/men’s sexual activity
   - The types of roles that are appropriate for girls/women and boys/men, particularly in relation to the family.

5. Once you have a good collection of norms for girls/women and boys/men, lead a discussion using the following prompting questions:
   - Why are there different rules (norms) for girls/women and boys/men?
   - Are there any differences that seem unfair?
   - What are some ways these rules might be harmful to girls/women and boys/men?

**ACTIVITY: GENDER INEQUALITY PROBLEM TREE**

1. Explain that in this session, participants will be exploring how gender norms contribute to gender inequality and violence. They will then explore how gender inequality and violence can make it harder for AGYW to protect themselves from HIV.

2. Acknowledge that talking about violence can be very difficult for anyone who has personally experienced it. Let participants know that you will not be asking them to talk about their personal experiences – they are in control of who they talk to and what they talk about.

3. Use this opportunity to explain that because girls/women are often blamed for the violence they have experienced, they may feel embarrassed or ashamed. Be clear that violence is never the survivor’s fault. Men make a choice to use violence. Men blame women so they do not have to take responsibility for their behaviour.

4. Remind participants they are in a safe space. They will not be judged. They will be supported.

5. Remind participants of the group rules. Encourage them to think about how they can support each other through this session.

6. Ask participants if they know what gender inequality means and support them to explore the meaning.
7. Ask participants if they know what gender-based violence means and support them to consider different types of violence.

8. Ask participants if they have any thoughts on how gender inequality, violence and HIV might be connected.

9. Explain that you will be using a “Problem Tree” to show how these issues are connected.

10. Draw a tree on a whiteboard or a piece of flip chart paper (using the Gender Inequality Problem Tree Ambassador Tool as an example).

11. Write “Gender Inequality and Violence” on the inside of the tree trunk.

12. Explain that the gender norms from the previous activity are the root causes of gender inequality and violence.

13. Ask for a volunteer to select a sticky note from the first exercise and explain how they think the gender norm contributes to men having more power or how it is used to justify 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 AGYW to protect themselves from HIV. Write these ideas on the branches.

17. Ask participants to reflect on whether the problem tree represents what they see in their communities.

18. Direct participants to the Gender Inequality Problem Tree Ambassador Tool.

19. Explain to participants that oral PrEP is the first HIV prevention tool that AGYW can decide to use without their partner’s involvement. Ask them to think about how this could help AGYW overcome some of the barriers to HIV prevention discussed.

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

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

REFLECT

ACTIVITY: REFLECTION CIRCLE

1. Bring participants together into a circle.

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

SUGGESTED REFLECTION QUESTIONS

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

FACILITATION TIPS

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

Gender inequality makes women more vulnerable to violence.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Gender norms give men more power than women.

If girls/women can’t talk about sex, they cannot get the information they need to make informed decisions about sex and their sexual health.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.

Gender inequality makes women more vulnerable to violence.

Gender norms give men more power than women.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.

Gender inequality makes women more vulnerable to violence.

Gender norms give men more power than women.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.

Gender inequality makes women more vulnerable to violence.

Gender norms give men more power than women.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.

Gender inequality makes women more vulnerable to violence.

Gender norms give men more power than women.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.

Gender inequality makes women more vulnerable to violence.

Gender norms give men more power than women.

Gender norms make it harder for girls/women to have control over their bodies and make decisions about their health.

Violence (and gender inequality) make it harder for girls/women to protect themselves from HIV.

Fear of judgment may prevent girls/women from seeking prevention, testing and treatment.

Partners and affairs - Increasing their risk of HIV.

Men are encouraged to have multiple partners and affairs - Increasing their risk of HIV.

Fear of violence may prevent girls/women from negotiating safer sex.

When women depend on their partners financially, it makes it harder for them to negotiate safer sex and to leave harmful/violent relationships.

Fear of violence may prevent girls/women to HIV.

Sexual violence exposes girls/women to HIV.

Men have the right to discipline their wives.

Women’s role is to cook, clean and raise children.

Men’s role is to provide for his family.

It is shameful for women to enjoy sex and talk about sex.

Women should prevent violence by obeying their partner/husband.

Women should only have sex with their husband.

Marly men have lots of sex.

Men cannot control their anger.

Women should be submissive.

Women should be tough/dominant/aggressive.
FOUNDATIONAL SESSION

RESPONDING TO DISCLOSURES OF VIOLENCE

SESSION OVERVIEW

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

LEARNING OUTCOMES

By the end of this session, participants should:

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

IMPORTANT NOTE: Participants may share experiences of violence during this session. It is critical that you are prepared to respond. It is very important to listen empathetically, validate their emotions and empower them to determine what support they would like from you. Be prepared to provide information and referrals to local, youth-friendly services, including health, social and legal services, if requested by participants.

MATERIALS USED IN THIS SESSION

- CARE Response Ambassador Tool
- CARE Response – Disclosures of Violence Worksheet
What does it mean to disclose violence?

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

- Stating they have experienced violence during a group discussion
- 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 more trust develops in their relationship. When someone raises their experience of violence, directly or indirectly, let them guide your response. Simply asking if they would like to talk will let them know you have heard them without putting pressure on them.

What is gender-based violence?

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

- **Gender inequality is a major cause of men’s violence against women.** The belief that men are naturally strong, dominant and powerful is used to explain and justify men’s violence against women. In some societies, these gender norms are so strong that men are expected to beat their wives.

- **Men’s violence against women reinforces gender inequality.** Some men use violence as a tool to show and keep their power over women.

- Violence used to reinforce gender-related power differences is known as gender-based violence, or GBV for short.

- GBV can include many types of abuse. People usually think of violence in terms of physical violence, but there are other forms of violence that are used to harm or maintain power over others, including sexual violence, emotional (or psychological abuse) and controlling behaviours.

GBV can occur within or outside of relationships. When it occurs inside relationships, it is called intimate partner violence (or domestic violence).
Messages used to justify and excuse men’s violence against women and blame and silence victims

<table>
<thead>
<tr>
<th>Message/Myth</th>
<th>What are the facts?</th>
<th>How does this message maintain violence?</th>
</tr>
</thead>
</table>
| Girls/women who wear slutty clothing are asking to be raped | - Rape is a violation of a person’s human rights and it is against the law.  
- Girls/women have the right to decide if, when, where, how and with whom they have sex. There are no exceptions.  
- It is a myth that men cannot control their sex drive. We know this because most men do not rape girls/women.  
- Men who rape girls/women do not do it in response to something she has done or what she is wearing. We know this because many girls/women who have been raped were not drinking, were not out at night and were not wearing revealing clothing.  
- Men rape women because they want to feel powerful and in control. They also know they can get away with it. | These messages are called victim-blaming. Girls/women are blamed for all forms of violence, including sexual violence and intimate partner violence. Victim-blaming maintains violence by shifting the blame from the perpetrator and silencing victims. As a result:  
- The focus and blame are shifted from the actions of the perpetrator onto the actions of the victim  
- Victims often feel it is their fault, so they feel too ashamed to report the violence or ask for help  
- People often blame victims for violence – sometimes directly, sometimes indirectly. They might tell them not to stay out late or to wear different clothing.  
- Many victims choose not to tell anyone because they fear they will be blamed.  
- Police and judges often blame the victim rather than the perpetrator. As a result, men do not fear being punished for their crimes.  
- Perpetrators feel less responsible, guilty and fearful of being caught, which means they are more likely to do it again. |
| Girls/women sometimes provoke their partners to beat them | - Violence is a violation of a person’s human rights and it is against the law.  
- Girls and women have the right to live a life free from violence.  
- Men do not beat their partners because they cannot control their anger. We know this, because these same men control their anger in other situations. For example, they do not hit their bosses when they get angry. We also know this is true because many men are not violent.  
- A man who is violent chooses to be violent.  
- Men use violence to feel powerful and in control.  
- Many men (and women) grow up believing that women should obey their partners, and that it is a man’s right to use violence to punish their partners if they do not obey them. | When violent men blame their partners for their violence, it is a type of violence – emotional violence. Men who use violence in relationships often try to convince their partners that it is their fault. They may try to convince them that no other man would put up with them. This can leave girls/women feeling too ashamed and worthless to leave them. |
These messages are used to keep men in power. They are not true. Women have the same rights as men, including the right to freedom, to make their own decisions and to do what they want (as long as it does not violate anyone else’s rights).

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

- Violence against girls/women is a violation of their human rights and it is against the law.
- The only way to end violence against girls and women is to raise awareness of the problem.

This message maintains violence by silencing victims and preventing others from intervening. As a result:

- Girls/women may feel guilty asking for help or even talking to their friends/family about the violence they are experiencing.
- Girls/women who do seek help may be shamed for it and not listened to.
- Friends and family of the violent partner may not feel it is appropriate to talk to them about their behaviour.
- People may not intervene when they witness violence.

**Girls/women often make up being raped for attention**

- It is very unlikely that someone would make up being raped.
- We can dispel this myth by considering what somebody has to gain and lose by making up a rape.
- It takes a lot of courage for someone to report or talk about being raped. Girls/women are often blamed and judged. Even if they are able to overcome these barriers, men are rarely convicted of rape. This means that the girls and women will have put themselves through the blame and judgement but will not achieve anything.
- This myth is maintained because victims of rape often behave in ways we do not expect. For example, victims may:
  - Take a long time before they tell anyone
  - Get confused and forget some details

This message maintains violence by silencing victims and leading others to doubt the truthfulness of victims. As a result:

- People, including friends, family, police and health workers, often do not believe victims.
- These same people may interrogate victims and try to test them to see if they are lying.
- Many victims choose not to tell anyone because of the fear they will not be believed.
- Perpetrators benefit from this myth because they are less likely to be caught and held accountable for their actions.
Victims behave in different ways because everyone responds to traumatic experiences differently. It is common for people who have experienced trauma to have trouble remembering what happened. When this happens, the brain may naturally fill in some details. This is why it can seem like someone is lying.

The brain may also turn off someone’s emotions so they can cope better.

<table>
<thead>
<tr>
<th>If the violence was serious, the girl/woman would leave their partner/husband</th>
<th>It is not always easy for girls/women to leave abusive partners. There are many reasons girls/women stay in violent relationships. For example, they might:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Be afraid to leave – many violent men threaten to kill their partners/wives if they leave</td>
</tr>
<tr>
<td></td>
<td>o Be financially dependent on their partner</td>
</tr>
<tr>
<td></td>
<td>o Think that violence is a normal part of a relationship</td>
</tr>
<tr>
<td></td>
<td>o Fear being shamed or shunned by their community</td>
</tr>
<tr>
<td></td>
<td>o Have nowhere to go</td>
</tr>
<tr>
<td></td>
<td>o Still love their partner and hope that they can change</td>
</tr>
<tr>
<td></td>
<td>o Blame themselves and not feel they deserve better – this is often the result of psychological abuse</td>
</tr>
<tr>
<td></td>
<td>o Not want to separate their children from their father or leave without their children</td>
</tr>
<tr>
<td></td>
<td>o Be getting pressured by their family and their in-laws not to break up the marriage.</td>
</tr>
<tr>
<td>This message maintains violence by silencing victims and leading others to doubt the truthfulness of victims. As a result:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Girls/women in violent relationships are often shamed for not leaving. The fear of being shamed can prevent them from seeking support.</td>
</tr>
<tr>
<td></td>
<td>o People, including friends, family, police and health workers, often do not believe victims or think they are not deserving of support because they have not left their partners.</td>
</tr>
</tbody>
</table>
Supporting Ambassadors to respond to disclosures of violence

The CARE response has been developed to guide Ambassadors to respond to disclosures of violence from their peers.

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

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

<table>
<thead>
<tr>
<th>STEP</th>
<th>How do I do this?</th>
<th>What does this look like in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Create a safe space</strong></td>
<td>A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen - you will not judge her or tell her what to do. Let her know that she can trust you to protect her confidentiality.</td>
<td>“Would you like to talk? “Are you happy to talk here or is there somewhere else you would feel more comfortable?” “Everything you tell me will stay between us.” “Take your time, there is no pressure. If you’re not ready to talk, we can just be together for a while.”</td>
</tr>
<tr>
<td><strong>Actively listen</strong></td>
<td>Show her that you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give her space to talk, and acknowledge and validate her feelings.</td>
<td>Listening deeply and focusing your full attention on her, not on what you are thinking. Showing you are listening by nodding and giving small acknowledgements like “mm hm”. Giving her space to talk and allowing silences. Communicating your empathy: “I’m sorry that happened to you” Not offering advice</td>
</tr>
<tr>
<td><strong>Reassure</strong></td>
<td>Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.</td>
<td>“I believe you” “You are not to blame. You have the right to be safe. What he did/is doing is a crime.” “I hear that you are blaming yourself, I want you to know that it is not your fault, even if it doesn’t feel that way at the moment.” “There is no right or wrong way to feel. They are your feelings and they are valid”</td>
</tr>
<tr>
<td><strong>Empower and support</strong></td>
<td>Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.</td>
<td>“Do you feel that you have the support you need?” “Would you like to explore some options for getting more support?” “Is there anything that’s worrying you?” “It’s your choice – you know yourself better than anyone else! If you decide you’d like some support in the future, just let me know and I can give you some information.”</td>
</tr>
</tbody>
</table>
SESSION INSTRUCTIONS

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

EXPLORE

PREPARATION
Write “I agree” on a piece of paper (any size) and “I disagree” on another piece. 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). If you do not have a long enough wall for participants to spread out, you can also put the paper on the ground.

INTRODUCTION
1. Explain to participants that in their roles as Ambassadors, their peers may turn to them for support with things other than oral PrEP.
2. Explain that as discussed in earlier sessions, violence from parents and partners makes it more difficult for AGYW to protect themselves from HIV.
3. Unfortunately, violence against women and girls is very common in many parts of the world – including sub-Saharan Africa.
4. Remind participants that violence is driven by gender norms that give men more power than women. These gender norms also justify and excuse violence, often blaming the victim instead of the perpetrator. When we grow up hearing the same messages over and over, we can start to believe them, even if they are not true or harmful to us.

FACILITATION TIPS
If you are aware of the prevalence of violence against women in your area, you can provide specific information here.
ACTIVITY 1: VOTE WITH YOUR FEET

1. Explain to participants that they are going to explore some of the common messages about violence to see if they believe them (these are written below). It is important that everyone is honest with themselves during this activity. Sometimes we can know that 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 myths, we need to first be honest with ourselves about what we believe and why.

2. Read the first statement from the list below and ask participants to stand at a point on the line between “I agree” and “I disagree”.

3. When participants have chosen their place, ask for volunteers to reflect on their answers.

4. When participants share attitudes that align with the messages, it is important to validate their honesty while also explaining why the messages are not true. For example, you might say “Thank you for being honest about your beliefs. That’s a really common belief in many communities. But when we spend time thinking about it, we see that it’s not true.”

5. Use the information in Essential Knowledge to clarify that these messages are not based on facts; they are myths that are used to justify and excuse men’s violence against women.

MESSAGES ABOUT VIOLENCE AGAINST WOMEN AND GIRLS

- Girls/women who wear slutty clothing are asking to be raped
- Girls/women sometimes provoke their partners to beat them
- Violence between couples is a private matter that should not be discussed
- Girls/women often make up being raped for attention
- If the violence was serious, the girl/woman would leave their partner/husband

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

1. Explain to participants that in this activity they will learn how to respond if a peer discloses that they have experienced violence.

2. Using the Key Messages and Essential Knowledge as your guide, explain to participants that 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.

3. Explain and reinforce to participants that they are not expected to provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. Their role is to provide a safe space for their peers to talk about their experiences, express their feelings and needs and explore what they would like to do next.

4. Using the Key Messages and Essential Knowledge as your guide, explain the survivor-centred approach, highlighting that girls and women who have experienced violence have the right to:
   - Be treated with respect and dignity – this includes being believed
   - Receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity or any other characteristic
   - Make their own decisions about what they need and how they want to act
   - Choose whom they will or will not share their experiences with and what information they want to be kept confidential.

5. Explain that girls and women who have experienced violence may feel vulnerable and powerless. Giving them space to regain their power and make their own decisions is an important part of the healing process.

6. Ask participants to contribute their thoughts about what someone could say or do that would negatively impact a girl/young woman who was sharing her experience of violence.

7. Support participants to come up with the following list:
   - Being judgemental
   - Questioning her behaviour or blaming her
   - Giving advice or telling her 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 her up: “Don’t cry, it’s not so bad.”
   - Justifying or minimising violence: “At least he apologised.”

8. When the discussion has come to a natural end, explain that in the next session they will learn how to respond to their peers when they share an experience of violence.
ACTIVITY 1: RESPONDING TO THE DISCLOSURES OF VIOLENCE WITH THE CARE RESPONSE

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

Step 1: Create a safe space

1. Write “Safe space” on a piece of flip chart paper 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 their experiences of violence.
4. Ask them to write their ideas down on sticky notes and put them up on the piece of flip chart paper or whiteboard.
5. Ask participants to break into pairs to identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about their experience of violence (or anything else of a sensitive nature).
6. Ask participants to note down their answers on their worksheets.
7. Let participants know they have five minutes to do this.
8. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate a safe space for their peers.

Step 2: Actively listen

1. Ask participants if they know what “active listening” means, and in particular, if they can explain the difference between listening and active listening.
2. Explain that people often use the word listening to refer to hearing. However, hearing is not something someone has to do purposefully or actively. Active listening on the other hand is intentional. The goals of active listening are to:
   o Connect with the other person
   o Understand what they are saying and feeling
   o Demonstrate that you are listening.
3. Explain that we can achieve these goals by:
   o Listening deeply. We do this by staying focused on what they are saying and how they are saying it rather than on our own thoughts
   o Trying to understand how they are feeling. We do this by paying attention to the way they are communicating, including their body language
   o Demonstrating we are listening by nodding, reflecting their emotions in our facial expressions and tone and offering small verbal acknowledgements such as “hmm”.
4. Explain to participants that we all instinctively know what makes a good listener because we know how it feels when we are really listened to.

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

○ Physically safe from possible threats
○ Private
○ Non-judgemental
○ Non-discriminatory (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.
5. Ask participants to consider a time when they were struggling with something in their life and they wanted to talk to someone about how they were feeling.

6. Explain to participants that for this exercise, it is not necessary to remember an experience that was traumatic for them or something that they still find upsetting. Encourage them to think of experiences that are common to many of us, such as having an argument with someone we love, feeling hurt by something someone has done, or feeling worried or stressed about something in our lives. Let them know that they do not need to share this experience with anyone.

7. Ask participants to remember if they were able to talk to someone about this experience.

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

9. Explain to the group that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.

10. Draw a line down the middle of a piece of flip chart paper. On the left side write “Qualities you look for” and on the right side write “Things you worry they will do or say”.

11. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper or whiteboard.

12. When participants run out of ideas, read through the notes and summarise.

13. Ask participants to work in their pairs to identify how they would demonstrate active listening to a peer who wanted to talk to them about their experience of violence (or anything else of a sensitive nature).

14. Ask participants to note down their answers on their worksheets.

15. Let participants know they have five minutes to do this.

16. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate active listening.

Step 3: Reassure

1. Remind participants of the activity at the beginning of this session and the messages that are used to blame and silence girls/women who experience violence. These messages can be so powerful that girls/women who experience violence blame themselves, which can cause them to feel ashamed.

2. It is also common for girls and women who have experienced violence to be fearful that people will think they are lying. Some girls/women may even question their own memory and doubt themselves.

3. This shame and fear can stop many girls/women from seeking help, and some never tell anyone.
4. Explain to participants that reassuring their peers that they believe them, that it is not their fault, and that their feelings are valid is one of the most valuable things they can do. It can be a great relief to someone who has experienced violence to know that someone believes them. It can also help them to see that it is not their fault, and they may feel more confident in getting help.

5. Ask participants to work in their pairs to identify how they would reassure a peer who is disclosing their experience of violence (or anything else of a sensitive nature).

6. Ask participants to note down their answers on their worksheets.

7. Let participants know they have five minutes to do this.

8. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to reassure their peers when they disclose experiences of violence.

Step 4: Empower and support

1. Explain to participants that violence is about power and control. Survivors of violence, including intimate partner violence and sexual violence, commonly feel powerless. It is important to support survivors of violence to feel in control again.

2. Explain that the final step, Empower and support, is about supporting their peers to identify what (if anything) they need and helping them to connect with more support or available services if that is what they would like.

3. Ask participants to work in their pairs to identify how they would empower and support a peer who is disclosing their experience of violence (or anything else of a sensitive nature) and note down their answers on their worksheets.

4. Let participants know they have five minutes to do this.

5. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to empower and support their peers to identify what they might need and how they might seek further support.

6. Lead a discussion with participants about this exercise by asking for participants to share what they think of the CARE response.

7. Wrap up the activity by highlighting that it is normal to feel worried that they will do or say the wrong thing. Reassure them that just by being open and willing to listen and support their peers they will be making a big difference to their lives.

8. Direct participants to the CARE Response Ambassador Tool, which they can use to prepare for these conversations.
Activity: Reflection Circle

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

SUGGESTED REFLECTION QUESTIONS

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

### Create a safe space

A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen – you will not judge her or to tell her what to do. Let her know that she can trust you to protect her confidentiality.

### Actively listen

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

### Reassure

Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.

### Empower and support

Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.
**CARE Response - Disclosures of Violence**

<table>
<thead>
<tr>
<th>STEP</th>
<th>How do I do this</th>
<th>What does this look like in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a safe space</td>
<td>A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen – you will not judge her or to tell her what to do. Let her know that she can trust you to protect her confidentiality.</td>
<td>........................................</td>
</tr>
<tr>
<td>Actively listen</td>
<td>Show her that you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give her space to talk, and acknowledge and validate her feelings.</td>
<td>........................................</td>
</tr>
<tr>
<td>Reassure</td>
<td>Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.</td>
<td>........................................</td>
</tr>
<tr>
<td>Empower and support</td>
<td>Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.</td>
<td>........................................</td>
</tr>
</tbody>
</table>
Oral PrEP Training Module
What is oral PrEP?

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

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

<table>
<thead>
<tr>
<th>Pre</th>
<th>Exposure</th>
<th>Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>coming into contact with the HIV virus</td>
<td>medication to prevent an infection from happening</td>
</tr>
</tbody>
</table>

Oral PrEP is an additional option for HIV prevention. It is designed to contribute to the existing package of HIV prevention options, not replace them. Each method has its benefits and challenges, and the best approach varies by individual and relationship. An AGYW needs to think about what method will work best for her given her particular needs. For example, she may need to think about protection from HIV, STIs and pregnancy.

What is combination prevention?

The term combination prevention is often used when referring to programs and strategies that include behavioural, medical and structural interventions aimed at reducing HIV transmission within a community or population.

In this training package, it is used to refer to the individual use of multiple prevention methods, such as condoms, STI screening and treatment and oral PrEP, to maximise protection from HIV and other unwanted sexual health outcomes.

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

AGYW can reduce their vulnerability to HIV during sex by:

- Abstaining from sex
- Using male or female condoms every time they have sex, including vaginal, anal and oral sex
- Reducing their number of sexual partners
- Regularly testing for HIV
- Regularly screening for STIs and treating them immediately
- Using oral PrEP
- Using post-exposure prophylaxis (PEP)
- Knowing their partners’ HIV status
- Having sexual partners use antiretroviral therapy (ART) if they are living with HIV
- Undergoing voluntary male medical circumcision (VMMC) (men only).

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

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

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

- Taking HIV medication during pregnancy, birth and breastfeeding
- Treating their baby with HIV medication
- Reducing risks when breastfeeding
- Using family planning methods.

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

**FINDING OUT ABOUT ORAL PREP AND DECIDING TO USE IT**

**Who is oral PrEP for?**

The World Health Organization (WHO) recommends oral PrEP for AGYW vulnerable to HIV as an additional prevention option within combination HIV prevention. However, determining who is most vulnerable to HIV can be complicated. Research shows that AGYW often underestimate their own vulnerability. A person’s vulnerability is influenced by environmental factors, such as the prevalence of HIV in their community; social factors, such as gender norms and inequality; and the sexual activities they engage in, such as having unprotected sex with multiple partners.

AGYW in sub-Saharan Africa are a priority population for oral PrEP because of their disproportionate vulnerability to HIV. Despite this, oral PrEP is still often viewed as an HIV prevention method that is only used by men who have sex with men and female sex workers. While these are also priority populations for the use of oral PrEP, thinking about oral PrEP this way is a significant barrier for AGYW who may not identify as being vulnerable to HIV.

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

The following information may be useful when identifying which AGYW would benefit from using oral PrEP as part of their combination prevention strategy. AGYW may be vulnerable to HIV if they are sexually active and they:

- Are in a sexual relationship where they do not use condoms every time they have sex and:
  - They do not know the status of their partner
  - They do not have confidence that their partner is monogamous
  - They are not able to talk to their partner about sex or negotiate safer sex
  - They, or their partner, has recently had an STI
  - Their partner has HIV and is on treatment but is not confident they have an undetectable viral load
  - They are in a transactional sexual relationship
  - Their partner is violent or controlling
  - Their partner is much older than they are
They want a way to protect themselves from HIV in a way they do not have to discuss with their partner

- Have multiple partners
- Use alcohol and drugs before having sex
- Inject drugs and do not always use new equipment

Oral PrEP can be used to complement other HIV prevention strategies for pregnant and breastfeeding women. In places where HIV rates are high, it can form part of a comprehensive package to reduce HIV infections and transmission from mothers to infants. It is important for women to talk with their health care providers about using oral PrEP during pregnancy.

Oral PrEP might also be suitable for AGYW who are experiencing repeated sexual violence. It is important that AGYW experiencing sexual violence are aware of and can access oral PrEP if they want to. However, this should not be used to justify use of the medication. Messaging that uses vulnerability of AGYW to HIV due to rape contributes to stigma about oral PrEP and about AGYW who are sexually active. It is important to empower AGYW and support them to make a choice to use oral PrEP to protect their health.

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

**How does oral PrEP work?**

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

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

The most common brand of oral PrEP is Truvada, which is a combination of two antiretrovirals (ARVs) called tenofovir and emtricitabine. There are also generic versions of oral PrEP. This means that the drug is made by a different company and will have a different brand name, but the ingredients are the same, and it works just as well!

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

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

Oral PrEP, PEP and ART all use antiretroviral medications. It is important that Ambassadors understand the differences between these medications, including when each can be taken and who they are for, so they can explain these differences to others. Sometimes the same ARVs are used for oral PrEP, PEP and ART. For example, Truvada can be used in all three.

It is important for Ambassadors to understand that oral PrEP, PEP and ART must be used as prescribed and cannot be interchanged. It is also important to be able to explain that unlike ART, oral PrEP is only for people who are HIV-negative. The differences between oral PrEP, PEP and ART are summarised below.
Oral PrEP (pre-exposure prophylaxis) is for HIV-negative people to use before they are exposed to HIV. The antiretrovirals used in oral PrEP work by creating a shield around the CD4 cells to protect them from being infected by HIV.

PEP (post-exposure prophylaxis) is for HIV-negative people to use immediately after being exposed to HIV. The antiretrovirals used in PEP work by stopping the virus from multiplying and spreading to new cells. If this medication is taken early (within 72 hours of being exposed to HIV), it can isolate the virus to a few cells. When these cells die (which they do naturally) so does the virus.

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

Refer to the Oral PrEP, PEP, and ART Ambassador Tool for a summary on how oral PrEP, PEP and ART differ, including who they are for, how they work, when they are used and how effective they are.

How effective is oral PrEP?

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

Does oral PrEP protect against other STIs and pregnancy?

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

Are there other ways to take PrEP?

Because different AGYW have different HIV prevention needs and product preferences, and an AGYW’s needs and preferences may change during her lifespan, researchers are always looking for new HIV prevention products. Other options being developed include:

- **Vaginal ring** – a silicone ring that is inserted into the vagina and worn continuously to slowly release PrEP medication. A vaginal ring containing an ARV called dapivirine has been shown to be safe and effective. There are other rings being developed that could prevent both HIV and pregnancy.

- **Injectable** – different types of PrEP injections are still being developed and tested to see if they work to prevent HIV. A PrEP injection could provide long-term protection against HIV.
The time span from initial product development to rollout into the community is long. Products must go through many years of testing. They must also gain approval from regulators, including national ministries of health. Check the Useful Resources below to get details on what new products may be approved or available in your location.

**GETTING ORAL PREP**

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

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

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

- Telling them about the process so they know what to expect
- Giving them information about youth-friendly services in their area where they can get oral PrEP
- Talking through any concerns they might have, such as getting an HIV test
- Helping their peers see their health care provider, such as by making an appointment, helping them identify transport options, or going with them to provide support.

**TAKING AND STAYING ON ORAL PREP**

**Taking Oral PrEP**

*How is oral PrEP taken?*

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

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

*Are there any side effects?*

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

About 1 in 10 people who use oral PrEP will experience minor side effects such as:

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

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

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

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

**Does oral PrEP interact with other medications, drugs or alcohol?**
Oral PrEP does not interact with contraceptives or other medications, drugs or alcohol.

**How is oral PrEP stored?**
Oral PrEP should be kept in a cool, dry place, away from children, and in a tightly closed container.

**What are the barriers to daily use?**
AGYW struggle with taking oral PrEP every day for a number of reasons, including:

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

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

- Taking the pill at the same time every day
- Incorporating the pill into their daily activities, like part of their morning routine or when a favourite TV show comes on
- Setting a phone alarm
- Encouraging trusted partners, family members or friends to remind them
- Using daily pill boxes
- Keeping pills in a place that is easy to find
- Trying not to run out of oral PrEP completely
- Keeping a back-up supply of oral PrEP
- Keeping their appointments with health care providers.

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 an AGYW is not sure whether she took her pill on a certain day, it is ok to take another pill. If an AGYW takes oral PrEP daily, she will still have high levels of protection if she occasionally misses a pill. If she usually misses more than one pill per week, she should think about other ways to help her take oral PrEP every day.

**Staying on oral PrEP**

Oral PrEP can be used during periods in an AGYW’s life when she is vulnerable to HIV, and it can be stopped when her circumstances change. It is not a lifelong medication.

If an AGYW no longer feels vulnerable to HIV or wants to stop using it for other reasons, they should speak to a health care provider.

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

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

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

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

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

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

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

Other AGYW may choose not to tell their partners because:

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

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

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

Other AGYW may choose not to tell their parents because:

- They worry their parents may not be supportive or will try to control their decision
- They worry their parents will think they are sleeping around
- They worry their parents may force them to stop using oral PrEP
- They worry their parents or other family members may be violent
- They do not feel the need to share the decision with their parents, because they should be able to make their own decisions about their own bodies.
HIV Prevention Ambassadors can play a key role in supporting their peers to decide who, if anyone, they would like to tell about their use of oral PrEP. Ambassadors can also help their peers to identify strategies for either telling people about their use of oral PrEP or keeping it private. Ambassadors can support their peers by:

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

**AWARENESS RAISING**

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

Social stigma is one of the biggest barriers to oral PrEP use among AGYW. This stigma is partly associated with the fact the oral PrEP was originally approved for men who have sex with men and sex workers. The other part of the picture is that sex is considered to be shameful for AGYW. There are strong social norms in many parts of sub-Saharan Africa that stigmatise AGYW for having sex outside of marriage and for talking about sex. These two factors combined have created the view that AGYW who use PrEP are promiscuous.

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

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

Addressing the questions and concerns of partners, parents and other key people in the community is the most effective way to build more support in the community.

**Key messages for gaining the support of parents include:**

- Many AGYW find it difficult to negotiate safer sex with their partners
- Oral PrEP is safe – it will not affect their daughter’s fertility
- Using oral PrEP does not result in AGYW having more sex or riskier sex
- Supporting your daughter to use oral PrEP will help keep her safe from HIV.
Key messages for gaining the support of partners include:

- Everybody has the right to make their own decisions about their health. Oral PrEP is one way your partner can protect her health.
- Using oral PrEP does not mean your partner does not trust you or that she is having an affair.
- If your partner is using oral PrEP it will not affect you in any way. It will not protect you from HIV.
- You will still need to use condoms to protect each other from other STIs and for contraception.

## MYTHS ABOUT ORAL PREP

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral PrEP is for people who are HIV positive</td>
<td>Oral PrEP can only be used by people who are HIV negative. The medication used in oral PrEP is similar to the medication used to treat people who are HIV positive – but they work in different ways. Oral PrEP protects HIV negative people from getting the virus.</td>
</tr>
<tr>
<td>Oral PrEP is only for sex workers and women who are promiscuous</td>
<td>Oral PrEP is for anybody that is vulnerable to HIV. Rates of HIV infection among adolescent girls and young women in this country are very high. This is not because they are promiscuous. It is because they often do not have access to the information and prevention methods they need to protect themselves from HIV. Oral PrEP can change this!</td>
</tr>
<tr>
<td>Oral PrEP is for girls and women who have been raped</td>
<td>Oral PrEP is not effective after someone has been exposed to HIV. It needs to be taken every day and build up in a person’s body to protect them from HIV.</td>
</tr>
<tr>
<td>Like ART, oral PrEP only works if taken for life</td>
<td>Oral PrEP only needs to be taken while someone is vulnerable to HIV. Some people use oral PrEP during periods of vulnerability and then decide to stop using it when they are no longer vulnerable.</td>
</tr>
<tr>
<td>A person is protected from HIV as soon as they start taking oral PrEP</td>
<td>Oral PrEP has to build up in your system before it will protect you from HIV. Talk to your health care provider to find out how long you will need to take it before it will protect you from HIV.</td>
</tr>
<tr>
<td>Oral PrEP can only protect someone if they are having anal sex</td>
<td>Oral PrEP targets HIV. It is effective no matter how the virus is transmitted.</td>
</tr>
<tr>
<td>If a person takes oral PrEP and becomes HIV positive, then ART will not work; oral PrEP leads to ART resistance</td>
<td>The risk of developing HIV drug resistance is very small (&lt;0.1%), especially if clients take oral PrEP every day and get tested for HIV regularly.</td>
</tr>
<tr>
<td>Oral PrEP has terrible side effects</td>
<td>All medication causes side effects in some people. About 1 in 10 people experience minor side effects when they first start using oral PrEP (such as headaches, weight loss, nausea, vomiting and abdominal cramps). These will usually go away in a few weeks.</td>
</tr>
<tr>
<td>Oral PrEP will make a person infertile</td>
<td>This is not true. It has been proven that oral PrEP has no effect on fertility (a person’s ability to get pregnant).</td>
</tr>
<tr>
<td>Oral PrEP reduces a person’s sex drive</td>
<td>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 lack of arousal.</td>
</tr>
<tr>
<td>Oral PrEP reduces the effectiveness of contraception</td>
<td>Oral PrEP has no effect on any methods of contraception.</td>
</tr>
<tr>
<td>Oral PrEP does not work if</td>
<td>Alcohol and drugs will not affect oral PrEP. However, alcohol or drug use</td>
</tr>
</tbody>
</table>
taken with alcohol and drugs may make it more difficult to remember to take oral PrEP daily or may lead to riskier sex.

| Oral PrEP interferes with other HIV prevention methods like condoms and lubricants | Oral PrEP has no impact on the effectiveness of condoms and lubricants. Oral PrEP complements other prevention efforts but does not protect against STIs and pregnancy, so correct and consistent use of condoms strengthens prevention. |
| --- |
| If someone is taking oral PrEP, they do not need to use condoms | Oral PrEP can be more than 90% effective, but it does not protect against STIs and pregnancy, so it is better if someone uses condoms with oral PrEP. |
| Since the oral PrEP pill is so big, it is ok to crush it or break it in half | It is definitely not advisable to crush the tablet. It is also not advisable to break it in half, as the dosage may be compromised (i.e. some of the pill may be lost). Some health care workers say that if the pill is not swallowable (some people just cannot swallow a large pill), it is better to cut it in half (without losing any of the pill) than to not take it at all. However, many pharmacists advise against this. |
| People can share oral PrEP pills with others | Most definitely not! Anyone who wants to use oral PrEP must get tested for HIV and talk with a health care worker to make sure it is okay for them to use oral PrEP. |

### ADVOCACY

**What is advocacy?**

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

**What are the barriers to oral PrEP?**

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

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

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

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

**Laws and policies that restrict access to sexual and reproductive health information, services and HIV prevention tools**
Age restrictions or requiring parental consent to access health services, counselling and prevention tools, such as condoms, contraception, HIV testing and oral PrEP.

Health care policies that require the user to pay to access health services (rather than being government funded).

Education policies that do not prioritise comprehensive sex education.

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

- Staff are not trained to provide services to AGYW.
- Health care facilities are too expensive or difficult to get to, or their opening hours do not meet the needs of AGYW.
- Health care facilities are not private, or they have poor privacy and confidentiality standards.
- Stigma and discrimination against AGYW.

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

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

**How can Ambassadors remove barriers to oral PrEP?**

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

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

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

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand key information about oral PrEP
- Be able to correct myths about oral PrEP
- Be aware of the different methods people can use to prevent HIV
- Understand that oral PrEP is an additional method of HIV prevention that can be used along with condoms.

MATERIALS USED IN THIS SESSION
- Test and Prevent Ambassador Tool
- HIV Transmission and Prevention Ambassador Tool

KEY MESSAGES
- Combination prevention involves the use of multiple prevention methods to maximise an AGYW’s protection from HIV and other unwanted sexual health outcomes. These methods include condoms, STI screening and treatment, and oral PrEP.
- The prevention of HIV is everyone’s responsibility. There are many ways AGYW can protect themselves from HIV or prevent the spread of the virus to others.
- Oral PrEP is an additional method of prevention; it is one of many options. Using more than one method as part of a combination prevention strategy can maximise an AGYW’s protection from HIV.
- When choosing which method(s) to use, AGYW need to think about HIV, STIs and pregnancy. Oral PrEP does not prevent STIs or pregnancy, so it is important to use condoms and contraception as well.
- Oral PrEP needs to be taken daily. Daily use is critical to provide protection against HIV.
- Regular HIV testing is crucial to the prevention of HIV because most HIV transmissions come from people who do not know they are HIV positive.
- One advantage of oral PrEP is that it can be used by AGYW without the knowledge of their parents, partners or anyone else.
**PREPARATION**

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

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

**INTRODUCTION**

1. Begin by asking participants if they have heard about oral PrEP.
2. Use the Oral PrEP Essential Knowledge to provide a brief overview of oral PrEP.

**ACTIVITY: FACT OR MYTH**

1. Ask participants to share something they have heard about oral PrEP (either a fact or a myth) on a sticky note and to stick it up the piece of flip chart paper with the heading “Things people say about oral PrEP”.
2. Once participants have finished, ask them to stand up.
3. Read out 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 corresponding piece of flip chart paper.
4. Once participants have chosen, refer to Oral PrEP Essential Knowledge to reveal if the statement is a myth or a fact.
5. Ask for a volunteer that was correct to move the sticky note to the correct piece of flip chart paper and explain why they chose that answer.
6. If the volunteer has missed any important information in their explanation, use the information in Key Messages and Oral PrEP Essential Knowledge to give more details.

**FACILITATION TIPS**

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

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

If participants are more advanced, encourage them to debate why they think their answer is correct before revealing if the statement is a myth or a fact.
**PREPARATION**

Create a set of HIV Prevention Cards by writing the following HIV prevention methods in large text on separate cards:

- Abstinence
- Condoms (male and female)
- Oral pre-exposure prophylaxis (oral PrEP)
- Post-exposure prophylaxis (PEP)
- STI screening and management
- HIV testing
- Antiretroviral therapy (ART)

Repeat the process so you have two sets of cards.

If you have more than 21 people in your group, make three sets of cards.

**INTRODUCTION**

1. Introduce the activity, noting:
   - The prevention of HIV is everyone’s responsibility.
   - Oral PrEP is an additional method of prevention, but it is not the only one. There are many ways people can protect themselves from HIV and prevent the virus from spreading.
   - Using multiple prevention tools – called combination prevention – is a way to get maximum protection against HIV.
   - In this activity, they are going to play a fun game to see how much they know about different HIV prevention methods.

2. Ask participants to share some of the different ways people can protect themselves and others from HIV.

**ACTIVITY: COMBINATION PREVENTION**

1. Break the participants into two groups (or three groups if there are more than 21 participants). Give each group a set of the HIV Prevention Cards you have prepared (see PREPARATION above).

2. Ask each group to come up with a name for their group.

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

4. Explain to participants that you will be reading out different explanations about HIV prevention methods, but you will not tell them what the method is. Each group will then decide which HIV prevention method the statement refers to and hold this card up. The fastest group to hold up the correct answer will win a point.

If participants do not have a lot of existing knowledge about oral PrEP, you can direct them to the Test and Prevent Ambassador Tool to help them with this exercise.
5. Read out each of the statements below.
6. Give one point to the fastest team to raise the correct card.
7. If participants are uncertain or give incorrect answers, give them more information about the prevention methods.
8. Add up the points at the end and announce the winner.
9. Direct participants to the **Test and Prevent Ambassador Tool** and the **HIV Transmission and Prevention Ambassador Tool** and summarise key messages about combination prevention.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>This prevention method creates a barrier between the skin and body fluids that may contain HIV.</td>
<td>Condoms</td>
</tr>
</tbody>
</table>
| This prevention method has to be used every day for it to be effective. | Oral PrEP  
PEP is partially correct as it is used every day for 4 weeks. |
| This prevention method can be used in emergencies if you have been exposed to HIV. | PEP  |
| If you use this method, it can protect your sexual partner from HIV, but it will not protect you. | ART  |
| These prevention methods are effective at preventing the transmission of most STIs. | Abstinence  
Condoms  
STI screening and management |
| These prevention methods prevent pregnancy. | Abstinence  
Condoms |
| These prevention methods reduce your vulnerability to HIV during sex. | Condoms  
Oral PrEP  
STI screening and management |
| This prevention method uses antiretroviral medication to create a shield around your cells to protect them from HIV. | Oral PrEP  |
| These prevention methods should be used by everyone who is sexually active | HIV testing  
STI screening and management |
| These methods use antiretroviral medication to stop HIV from copying itself and spreading to new cells. | PEP  
ART |

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

Having an STI increases a person’s vulnerability to HIV, so testing and treating STIs can reduce a person’s vulnerability.

**STI screening** refers to a clinician’s review of a person’s sexual history and any symptoms he or she may have. **STI testing**, which specifically refers to testing samples for the presence of sexually transmitted infections.

Highlight that regular HIV and STI testing is crucial to the prevention of HIV because most HIV transmissions come from people who do not know they are HIV positive. Also emphasise that knowing a partner’s status or testing together is a key step in HIV prevention.
ACTIVITY: REFLECTION CIRCLE

1. Bring participants together into a circle.

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

SUGGESTED REFLECTION QUESTIONS

- Did you learn about any new methods of HIV prevention today?
- What factors might influence which prevention methods a person chooses to use?
- What methods are used the most/least? Why?
- How can AGYW use oral PrEP to protect themselves from HIV?

Support participants to consider how oral PrEP can be used by AGYW to overcome barriers they face to using condoms.
FINDING OUT ABOUT ORAL PREP

SESSION OVERVIEW
Participants will begin working on the Oral PrEP Journey Map. The Journey Map outlines the stages their peers may go through when deciding to use oral PrEP. Participants will create a character and support them through their journey over the next five sessions. Participants will also identify the information they will need as Ambassadors to educate their peers about oral PrEP and strategies for communicating this information.

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand and be able to explain how oral PrEP works to prevent HIV
- Understand and be able to explain the differences between oral PrEP, PEP and ART
- Know how to communicate key information about oral PrEP to their peers.

MATERIALS USED IN THIS SESSION
- Oral PrEP Journey Map Worksheet
- Character Profile Worksheet
- Oral PrEP, PEP and ART Ambassador Tool

KEY MESSAGES
- The process of deciding to take oral PrEP is complex. People may need both time and support to decide whether it is right for them.
- The word PrEP stands for Pre (before) Exposure (coming into contact with the HIV virus) Prophylaxis (medication to prevent an infection from happening).
- Oral PrEP is a tablet that is taken once a day by an HIV-negative person to protect themselves from getting HIV. The medication does not protect a person straight away. It needs time to build up in the body to reach maximum effectiveness.
- When HIV enters the body, it attacks and enters immune cells known as CD4 cells. Oral PrEP creates a shield around these cells to protect them from HIV. If a person is taking oral PrEP every day and they are exposed to HIV, it will not be able to infect their blood cells. The virus will die, and the person will not get HIV.
- Oral PrEP contains antiretrovirals (ARVs). These are a type of medication that stops HIV from copying itself and spreading to other cells.
- There are many types of antiretrovirals that all work in different ways to fight HIV. PrEP, PEP and ART use different combinations of antiretrovirals to fight the virus at different stages of reproduction.
- Oral PrEP, PEP and ART cannot be swapped – they only work when used as prescribed.
INTRODUCTION

1. Introduce the session by noting that over the next five sessions, participants will learn how to support their peers to:
   - Find out about oral PrEP
   - Feel comfortable taking oral PrEP
   - Get oral PrEP
   - Take oral PrEP correctly and continue to take it while they are vulnerable to HIV
   - Tell others they are using oral PrEP.

2. Show participants the Oral PrEP Journey Map. Explain that it shows the different stages their peers might go through when deciding to use oral PrEP.

3. 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 stages.
   - It may take somebody a long time to take a step forward on this journey. For example, they may choose to use oral PrEP but not start taking it for weeks or months.
   - Some AGYW start taking oral PrEP but then stop, even if their vulnerability to HIV has not changed.

4. Explain that they will be creating a character, and in each session, they will support their character through her journey with oral PrEP.

ACTIVITY: CHARACTER PROFILE

1. Give each participant a copy of the Character Profile Worksheet.

2. Ask them to create a character that represents someone they are likely to be supporting in their roles as Ambassadors.

3. Give the group 10 minutes to complete their character profile, including drawing their character in the circle.

4. When everyone has finished, ask the group to stand up and walk around introducing their character to the other characters.

5. When the group have had enough time to introduce their characters, bring them 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. Support them to consider how the needs of marginalised
groups in the community might be different, including sex workers, women with disabilities, uneducated or illiterate women, and other groups that experience discrimination.

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

Is she vulnerable to HIV? How does she protect herself?
She’s having sex with her boyfriend.
He wears condoms sometimes but not when he has been drinking.

What does she know, think and feel about HIV?
She knows she can get HIV from having unprotected sex.
She worries about it a lot.
She wants to use condoms more often, but she’s afraid if she asks her boyfriend to use them he will leave her.

What does she know, think and feel about oral PrEP?
She doesn’t know much about oral PrEP, but she heard it’s for sex workers and sluts.
She also heard it makes you infertile.
She doesn’t want to ask questions about it in case people think she’s cheating on her boyfriend.

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

ACTIVITY: JOURNEY MAP STEP ONE — HELPING YOUR PEERS FIND OUT ABOUT ORAL PRÉP

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

Encourage the group to consider their peers who may be particularly vulnerable to HIV or have more difficulty using oral PrEP, such as
- Younger girls
- AGYW with a disability
- AGYW who are poor
- Sex workers
- Trans girls/women.

To facilitate this session, you will need a good understanding of the way oral PrEP works. If you need to refresh your knowledge, revisit Oral PrEP Essential Knowledge.
5. Explain to participants that in the first column (*What we will need to know*) they will be writing what they, as Ambassadors, will need to know about oral PrEP to educate their peers.

6. In the second column (*What we already know*) they will write what they already know as a group.

7. In the third column (*What we need to find out*) they will write the things they do not understand about oral PrEP.

8. Let them know they will be giving a five-minute presentation to the group, and they will have the opportunity at the end of the activity to ask you (the facilitator) and the group questions to help fill their gaps in knowledge.

9. Give groups 15 minutes to note down their ideas.

10. Bring the groups back together and ask each group to present their work.

11. During each presentation, note 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 down during their presentations, combining similar points.

14. Ask the group if anyone would like to try and address the gaps in knowledge listed under “What we need to find out”.

15. Using the *Oral PrEP Essential Knowledge*, the *Key Messages* and the *Oral PrEP, PEP and ART Ambassador Tool*, help participants fill in their knowledge about oral PrEP.

16. Direct participants to their *Oral PrEP Journey Map Worksheet* and explain they will now be identifying the key messages they want to communicate to their characters.

17. Ask participants to break into pairs by talking with other participants and finding someone whose character will need similar key messages.

18. Give participants five minutes to identify the key messages they want to communicate to their characters.

19. Once everyone has finished, go around the circle and ask each pair to share one key message.

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

- How does HIV attack the body?
- What medication is in oral PrEP?
- Why does oral PrEP have to be taken every day?
ACTIVITY: REFLECTION CIRCLE

1. Bring participants together into a circle.

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

SUGGESTED REFLECTION QUESTIONS

- Did you understand how oral PrEP worked before this session?
- Do you think this information is important for AGYW to know?
- What do you think about oral PrEP as an option for preventing HIV? What do you like about it? Do you have any concerns?
DECIDING TO USE ORAL PREP

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand concerns their peers may have about using Oral PrEP
- Know the answers to key questions about oral PrEP
- Understand that is their role as Ambassadors to empower their peers to make their own decisions about using oral PrEP.

MATERIALS USED IN THIS SESSION
- Oral PrEP Journey Map Worksheet
- Oral PrEP: Answering your Questions Ambassador Tool

KEY MESSAGES
- It is normal for AGYW to have concerns about starting a new medication. Ambassadors can play an important role by addressing these concerns and supporting their peers to make informed decisions about using oral PrEP.
- Common concerns AGYW have about using oral PrEP include:
  - Worrying people will think they have HIV
  - Worrying about side effects, including those that are not real, such as weight gain and infertility
  - Being afraid of having an HIV test because they worry they may be HIV positive
  - Worrying about telling their parents and/or partner
  - Not wanting to take the medication forever
- AGYW should be empowered to make their own decisions about using oral PrEP. An Ambassador’s role is to provide their peers with the information and support they need to make informed decisions.
INTRODUCTION

1. Direct participants back to their Oral PrEP Journey Map Worksheet.

2. Remind them that in the last session they identified key messages their character needs to know about oral PrEP.

3. While these key messages will create awareness about oral PrEP, their peers will likely need more information and support before they decide if they want to use it.

4. Explain that an individual’s decision about using oral PrEP will be influenced by lots of different things, such as their values and priorities, their family, their peer group, their sexuality and sexual practices, and their relationships.

5. Their peers will likely have a range of questions and concerns when deciding if they want to use oral PrEP. This session will focus on identifying how participants can support their peers to make informed decisions about using oral PrEP.

ACTIVITY: JOURNEY MAP STEP TWO – ADDRESSING YOUR PEERS’ CONCERNS

1. Direct participants to step two of the Oral PrEP Journey Map Worksheet.

2. Explain that they will choose a concern that their character may have about using oral PrEP.

3. Facilitate a brainstorming session about the different concerns their peers might have that could stop them from considering using oral PrEP. Note their ideas down on a piece of flip chart paper or whiteboard.

4. Highlight to participants that it is not their job to tell their peers if oral PrEP is right for them. Instead, they should empower their peers to make their own decisions about using oral PrEP.

5. Ask participants to break into pairs.

6. Ask each person in the pair to introduce their character to their partner.

7. Ask participants to complete their Journey Maps by identifying:
   - One concern their characters may have about using Oral PrEP
   - Ways they can help their characters to overcome their concerns and support them to make an informed decision about using oral PrEP.

8. Once participants have finished, bring the group back together.

9. Ask each pair to give a short presentation, explaining the concern they discussed and how they addressed it to support their characters to make an informed decision about using oral PrEP.

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

If they choose concerns about getting oral PrEP or about their partners or parents finding out, let them know that these are really important points and will be the focus of future sessions.
**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. Split the group into pairs, and direct them to the Oral PrEP: Answering your Questions Ambassador Tool.

3. Ask participants to spread out and act out the role plays. After completing the role play, ask them to swap roles so they both get to practice asking and answering the questions.

4. After everyone has finished, ask them to put away their handouts.

5. Ask the group to form a circle.

6. Ask for a volunteer to play the role of an HIV Prevention Ambassador and to stand in the middle of the circle.

7. Ask for another volunteer to play the role of an AGYW. Ask them to come into the circle and ask the HIV Prevention Ambassador a question about oral PrEP.

8. The person playing the role of the AGYW will then become the Ambassador. Ask another volunteer to step into the circle and ask them a question.

9. Repeat this process until the key questions have been answered.

10. Once the activity has come to a natural end, ask participants to sit together 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?
- Are some concerns more difficult to address than others?
- Did you, or do you, share any of these concerns? What helped you to overcome these concerns?

**FACILITATION TIPS**

- Encourage participants to do the activity without referring to their Training Packages, but it is also okay if they need them.
- Encourage participants to come up with questions independently. If they get stuck, use the handout to prompt them.

- If you think it is appropriate, you might ask if anyone in the group has had a personal experience with oral PrEP they would like to share.
GETTING ORAL PREP

SESSION OVERVIEW
Participants will work through the third step of the Oral PrEP Journey Map – Getting Oral PrEP. Participants will identify barriers that may prevent their peers from getting oral PrEP. Participants will also learn strategies to support their peers to overcome these barriers and present their strategies to the group.

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand the barriers to getting oral PrEP
- Know how to support their peers to get oral PrEP

MATERIALS USED IN THIS SESSION
- Oral PrEP Journey Map Worksheet

KEY MESSAGES
- Before AGYW can start taking oral PrEP, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This can be a barrier for AGYW and prevent them from using oral PrEP.
- AGYW must have an HIV test before getting oral PrEP. This can be a barrier for AGYW who are worried they may be HIV positive.
- Ambassadors play an important role in supporting their peers to get oral PrEP.

INTRODUCTION
1. Direct participants back to their Oral PrEP Journey Map Worksheet.
2. Remind them that in the last session they identified how they can support their peers to overcome their concerns and empower them to make an informed decision about using oral PrEP.
3. Explain that they will now be imagining that their character has decided to use oral PrEP, and they have progressed to the next step of their journey – getting oral PrEP.
ACTIVITY: JOURNEY MAP STEP THREE — SUPPORTING YOUR PEERS TO GET ORAL PREP

1. Direct participants to step three of the Oral PrEP Journey Map.

2. Explain that before AGYW can start taking oral PrEP, they will need to see a health care provider who can prescribe their medication and provide regular check-ups. This can be a barrier for AGYW and prevent them from using oral PrEP.

3. Facilitate a brainstorming session about the barriers that might prevent their characters from going to a health care provider to get oral PrEP. It might be something they are worried about, or something that makes it difficult for them to get there.

4. Ask each person to select a barrier from the list that they think could prevent their character from getting oral PrEP.

5. Ask participants to move around the room and talk with other participants to find someone that has identified the same barrier for their character.

6. When they find a partner with a shared barrier, ask them to sit together to complete their Journey Maps by identifying how they could help their characters to overcome the barrier and get oral PrEP.

7. When participants have finished, ask them to stay in their pairs for the next activity.

APPLY

1. Explain to participants that you would like them to create a short role play of one to two minutes between an HIV Prevention Ambassador and one of her peers. In the role play, the peer will tell the Ambassador what barrier she is facing to getting oral PrEP, and the Ambassador will offer support to help her overcome this barrier.

2. Give the pairs 15 minutes to do this.

3. Bring the group back together and ask each pair to present their role play to the group.

4. Once everyone has presented their role plays, ask participants to sit together for reflection.

FACILITATION TIPS

If there are participants who do not have the same barrier as another participants, they can match up with someone else and choose one of their barriers.
### 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 know where to get oral PrEP from in your community?
- Have you heard of people in your community finding it difficult to get oral PrEP?
- Do some people in your community face more barriers than others?

If you think it is appropriate, you could ask if any participants have had a personal experience with one of these barriers, if they overcame it and how.
TAKING AND STAYING ON ORAL PREP

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand the importance of taking oral PrEP every day and continuing to take it while they are vulnerable to HIV
- Identify the reasons their peers may find it difficult to take oral PrEP every day
- Identify the reasons their peers may choose to stop taking oral PrEP while they are still vulnerable to HIV
- Know how to support their peers to take and stay on oral PrEP

MATERIALS USED IN THIS SESSION
Oral PrEP Journey Map Worksheet

KEY MESSAGES
- Oral PrEP can be used during periods in an AGYW’s life when she is vulnerable to HIV. She can stop using it when her circumstances change.
- During periods when AGYW are vulnerable to HIV, oral PrEP has to be taken every day to be effective. If they do not take oral PrEP daily, their ARV levels will not be high enough to protect them from HIV.
- Many AGYW struggle to take oral PrEP every day. Common reasons include:
  - Not understanding how oral PrEP works and the importance of taking it every day
  - Worrying people will see them taking the tablets
  - Getting tired of taking it every day
  - Forgetting to take it.
- AGYW may stop taking oral PrEP altogether for many reasons, including:
  - Experiencing side effects
  - Worrying people will find out and judge them or think they are HIV positive
  - Underestimating their vulnerability to HIV.
INTRODUCTION

1. Direct participants back to their Oral PrEP Journey Map Worksheet.

2. Remind them that in the last session they supported their character to get oral PrEP.

3. Explain that getting oral PrEP is not the last step. Many AGYW start taking oral PrEP but do not take it every day. They may also stop taking it while they are still vulnerable to HIV. Ambassadors play an important role in supporting their peers to take oral PrEP every day and to continue taking it while they are vulnerable to HIV.

4. Highlight that oral PrEP only needs to be used during periods in an AGYW’s life when she is vulnerable to HIV. She can choose to stop taking it when she is no longer vulnerable. However, it is important for AGYW to talk to their healthcare provider before doing this.

ACTIVITY: JOURNEY MAP STEP FOUR – SUPPORTING YOUR PEERS TO TAKE AND STAY ON ORAL PREP

1. Ask participants why it is important that their peers take oral PrEP every day and continue taking it while they are vulnerable to HIV.

2. Facilitate a brainstorming session about the different reasons their peers might find it difficult to take oral PrEP every day and continue to take it, and record their answers on a whiteboard of a piece of flip chart paper.

3. Explain that in this activity they will be identifying key messages to communicate to their peers, and strategies to help them take their oral PrEP every day and continue to take it.

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 they will be identifying the key messages that will help their peers to take oral PrEP correctly and continue to take it, and strategies for providing ongoing support with this. Highlight that their peers may need ongoing support to continue taking oral PrEP correctly.

7. Explain that you would like them to prepare a five-minute presentation to the group on their key messages and support strategies.

8. Ask half the groups to focus on supporting their peers to take oral PrEP daily.

9. Ask the other half to focus on supporting their peers to continue taking oral PrEP while they are vulnerable to HIV.

10. Give groups 30 minutes to do this and then bring everyone back together.

To effectively facilitate this session, you need to understand the reasons AGYW may find it difficult to take oral PrEP every day and the reasons they might stop taking it. It will also be helpful if you are aware of different strategies Ambassadors can use to support their peers to take and stay on oral PrEP. If you need to refresh your knowledge, refer back to Oral PrEP Essential Knowledge.

If participants need help identifying strategies, you can find examples in Oral PrEP Essential Knowledge.
**APPLY**

1. Ask each group to present their strategies back to the larger group.
2. Once all groups have presented, lead a discussion about what they learned from the other groups’ presentations.
3. When the discussion comes to a natural end, ask participants to complete step four of their Journey Map.

**REFLECT**

**ACTIVITY: REFLECTION CIRCLE**

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

**SUGGESTED REFLECTION QUESTIONS**

- What did you learn today that will help you in your roles as Ambassadors?
- Do you think your peers understand the importance of taking oral PrEP every day and continuing to take it while they are vulnerable to HIV?
- Do the same strategies work for everybody? How do you know what strategies are likely to be the most effective?

**FACILITATION TIPS**

- If you think it is appropriate, you might provide feedback to groups after they present.
- If you think it is appropriate, you might ask if anyone in the group has had a personal experience with oral PrEP they would like to share.
TELLING OTHERS

SESSION OVERVIEW
Participants will work through the final step of the Oral PrEP Journey Map – Telling Others. They will examine the reasons their peers may choose to tell their parents and/or partners about their use of oral PrEP. They will also learn strategies to support their peers to consider their options and make their own decisions about whether to disclose their use of oral PrEP.

LEARNING OUTCOMES
By the end of this session, participants should:

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

IMPORTANT NOTE: This session requires participants to understand why it may be difficult or unsafe for girls/women to tell their parents or partners they are using oral PrEP. If participants do not have this knowledge, we recommend that you do the Gender Inequality and Violence session before you do this session.

This session may also raise the issue of violence in relationships. If participants are not experienced with this topic, we recommend that you include the Responding to Disclosures of Violence session either before or after this session. If participants share experiences of violence during this session, it is critical that you are prepared to respond. It is very important to listen empathetically, validate their emotions and empower them to determine what support they would like from you. You can read more about how to respond to disclosures of violence in the Essential Knowledge contained in Responding to Disclosures of Violence.

MATERIALS USED IN THIS SESSION
- Oral PrEP Journey Map Worksheet
- Telling Others Role Play 1: Deciding Ambassador Tool
- Telling Others Role Play 2: Telling your Partner Ambassador Tool
- Telling Others Role Play 3: Keeping your Oral PrEP Use Private Ambassador Tool

KEY MESSAGES
- AGYW can use oral PrEP without telling their parents, partner or anyone else.
- AGYW have the right to decide who they tell about their use of oral PrEP. Using oral PrEP is a health decision, everybody has the right to make their own decisions about their health.
- There is no way to tell when somebody is using oral PrEP.
- Oral PrEP may be particularly useful for AGYW who do not feel comfortable or safe negotiating safer sex, particularly if they are in violent or controlling relationships.
- It may not be safe for AGYW experiencing violence to tell their partner they are using oral PrEP. Ambassadors can play an important role in supporting their peers to develop strategies for keeping their oral PrEP use private.
INTRODUCTION

1. Direct participants back to their Oral PrEP Journey Map Worksheet.

2. Remind them that in the last session they learned strategies to support their characters to take and stay on oral PrEP.

3. Explain that in this session, they will focus on how they can support their character through step five of the Oral PrEP Journey Map, deciding if they want to tell their parents and/or partner that they are using oral PrEP.

4. Explain that one of the unique things about oral PrEP is that AGYW do not need to involve their partners or anyone else in their decision to take it.

5. Explain that AGYW have the right to decide who they tell about their use of oral PrEP.

6. Ask participants to consider the following questions:
   - What are the reasons AGYW might choose to tell their partner and/or parents?
   - What are the reasons AGYW might choose not to tell their partner and/or parents?
   - Is there a right or wrong choice?
   - What is your role as an Ambassador when supporting your peers with this decision?

7. If it was not raised in the discussion, explain to participants that boys/men often have more power in relationships than girls/women. This can make it difficult or even unsafe for AGYW to talk to their partners about using oral PrEP.

8. In some relationships, male partners expect to have control over the decisions their partner makes, particularly when it is about their sexual health. This is a form of violence.

9. In violent relationships, it can be unsafe for AGYW to negotiate safer sex or to tell their partners they are using oral PrEP. This is not the only reason AGYW may choose not to tell their partners, but it is an important consideration when supporting AGYW to make the decision.

10. Explain that in this activity, they will practice supporting their peers to decide if they want to tell their partners.
ACTIVITY: ROLE PLAY PREPARATION

1. Split the group into three smaller groups.
2. Allocate each group one of the role play scenarios:
   - **Telling Others Role Play 1: Deciding**
   - **Telling Others Role Play 2: Telling your Partner**
   - **Telling Others Role Play 3: Keeping your Oral PrEP Use Private**
3. Ask each group to go through the role play together.
4. Ask the group to:
   - Choose one of the participant’s characters 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 handouts, so they will need to practice.
7. Give the groups 20 minutes to prepare their role plays.

ACTIVITY: ROLE PLAYS

1. Invite the group doing the **Telling Others Role Play 1: Deciding** to come to the front to present their role play to the group.
2. When the first group has finished, invite the second group to the front to act out the **Telling Others Role Play 2: Telling your Partner**.
3. When the second group has finished, invite the third group to the front to act out the **Telling Others Role Play 3: Keeping your Oral PrEP Use Private**.
4. When the third group has finished, invite participants to reflect on all of the role plays by asking the following questions:
   - Do you think these were realistic scenarios?
   - Were there any questions that were not addressed in these scenarios?
   - Would the conversations be different if they were with your character?
   - Do you think this role play can also apply to scenarios where a peer is considering how to tell their parents?
5. Ask the group to consider whether they think their character would tell their partner and/or parents about using oral PrEP.

FACILITATION TIPS

Groups can choose how they would like to go through the role play. They may nominate two people, or they may take turns in the different roles.

Remind groups that they will be doing the role play without their handouts.

For more advanced groups, you might consider asking the group to provide constructive feedback to support participants to improve their approach.
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 oral PrEP without telling their parents or partners?
- How do you feel about supporting your peers to use oral PrEP in private?
- If you were in the position of one of the young women in the role plays, do you think you would choose to tell your partner or parents? Why/why not?
- What are the advantages and disadvantages of telling your partner or parents about using oral PrEP?

Point out that AGYW might not always make decisions that they as Ambassadors would make, and that this is okay.
AWARENESS RAISING

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

LEARNING OUTCOMES
By the end of this session, participants should:

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

MATERIALS USED IN THIS SESSION
- Circles of Influence Worksheet
- Awareness Raising Role Play Ambassador Tool

KEY MESSAGES
- Attitudes of people in the lives of AGYW can influence their decision to use oral PrEP, making it either harder or easier for them to use it.
- Different people will have different levels of influence over the decisions of AGYW. Some people have influence because they are respected and trusted people. AGYW look to these types of people for advice. Other people have influence because they have more power than AGYW. These types of people use their power to control the decisions of AGYW.
- When partners and parents are supportive of oral PrEP, AGYW are more likely to use it. The support of parents/partners can also help AGYW use it correctly and keep taking it while they are vulnerable to HIV.
- When attitudes and expectations of how people should behave are shared within a group or community, they are called social norms.
- Social norms can have more of an influence on an individual’s behaviour than their own thoughts and beliefs. This is because people worry about being judged or excluded from their group or community if they do not follow these norms.
- Social norms about AGYW having sex and using oral PrEP are a key barrier to the use of oral PrEP and the prevention of HIV.
INTRODUCTION

1. Remind participants that in the last five sessions they supported their character to overcome barriers to getting and using oral PrEP.

2. Explain that in this session they will be exploring how they can help build support for oral PrEP in their communities. This will reduce barriers to oral PrEP use and make it easier for AGYW to protect themselves from HIV.

3. Explain that the attitudes of people in the lives of their peers can influence whether they choose to use oral PrEP. These attitudes are most powerful when they are shared by groups and communities. Shared attitudes and expectations about how people should behave are called social norms.

4. Lead a discussion about the influence of community attitudes and norms by asking the question below.
   - What are the strongest attitudes about AGYW using oral PrEP in your communities?
   - Do these attitudes and norms influence what your peers think about using oral PrEP?
   - Do different groups in the community have different attitudes?

5. Ask participants to identify what groups of people have a lot of influence in the lives of their peers and write this list on a piece of flip chart paper or whiteboard.

6. Explain that in the next activity they will be identifying how much influence they have with different groups in the community.

ACTIVITY: CIRCLES OF INFLUENCE

1. Referring to the Circles of Influence Worksheet, explain to participants that their inner circle includes the individuals and groups that respect, trust and listen to them the most. This might include their friends and relatives, or people who look to them for advice. This is where they will have the most influence, so it is the best place to start raising awareness about oral PrEP.

2. Give participants five minutes to write down some of the people who are in their inner circles.

3. Explain that their middle circle includes the individuals and groups who will usually take the time to listen to what they have to say, but may not necessarily agree with it or follow their advice. Influencing the attitudes, beliefs and behaviours of their middle circle might be difficult, but it is not impossible.

4. Give participants five minutes to write down some of the people who are in their middle circle.

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

Highlight that some people have influence because they are respected and trusted by AGYW. Other people will influence the choices of AGYW because they have more power than them and they use that power to control their decisions.

Participants only need to list the role of the person, for example, mother, friend, partner or community leader. They do not need to list the names of individuals.
5. Explain to participants that their outer circle includes the individuals or groups who they have little or no influence over – those that might not listen to or respect their opinions. These are the people that 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 circle.

7. Once participants have completed their worksheets, ask for a volunteer to read out some of the people in their inner, middle and outer circles and why they put them there.

8. Invite others to share some of their answers that may be different to the first person’s.

9. Referring to the list you created earlier of the people or groups with the most influence in the lives of their peers, ask if anybody has any of these groups in their inner or middle circles.

10. Highlight that influencing these people will likely have the greatest impact of bringing about change.

11. For those participants who do not have any of the listed groups in their inner or middle circles, explain that they can still influence them directly. Ask the group to imagine what happens when they throw a stone into water. The stone only directly impacts a small amount of water, but this impact continues to flow outward. This is known as the ripple effect.

12. Ask participants to consider how raising awareness of oral PrEP and influencing the attitudes of people in their inner circle could flow on to change attitudes in the community.

**ACTIVITY: GROUP ROLE PLAY**

1. Explain to participants that in this activity they will practice responding to the questions and concerns of different members of the community, including parents, partners and community leaders. Highlight that parents and partners usually have the most influence in the lives of AGYW.

2. Lead a discussion about the reasons some parents support their daughters to use oral PrEP and the reasons other parents do not.

3. Repeat the discussion, but this time focus on partners.

4. Break participants 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 that each person has a turn playing the Ambassador.
6. Give pairs 20 minutes to do this and then bring the group back together.

7. Ask one pair to volunteer to act out the role play in front of the group. This should only take a couple of minutes.

8. Ask participants to put down their handouts and stand in a circle.

9. Explain that you will be practicing responding to questions and concerns from community members.

10. Ask participants to consider a time when someone else successfully changed their opinion about something. Ask for one or two people to share their answer.

11. Explain that one of the most effective ways to change someone’s opinion and get their support is to:
   - Listen to their opinion or concerns
   - Acknowledge their point of view and show that you understand what they are saying
   - Find something that you can agree with them about, such as highlighting that everyone wants to stop the spread of HIV
   - Address their concerns and explain why oral PrEP is essential for the prevention of HIV.

12. Explain that you will be asking for volunteers to step into the circle and play the role of a community member with a concern or question about oral PrEP. You will then be asking for someone else to step into the circle and respond.

13. Demonstrate this by stepping into the circle, introducing yourself as a community leader, and expressing a concern about oral PrEP.

14. Ask for a volunteer to step into the circle and respond to your concern.

15. Once the discussion has come to an end, ask the volunteer to become the community member. Ask them to introduce themselves and ask a question or express a concern.

16. Ask for a volunteer to step into the circle and respond to their concern.

17. Repeat this activity until everyone has had a turn.

18. Once the activity has come to an end, bring participants together for reflection.

A concern you can use for your example is that oral PrEP will lead to girls and women having more sex.

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

ACTIVITY: REFLECTION CIRCLE

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

SUGGESTED REFLECTION QUESTIONS

- How did you find that activity?
- Have you heard the questions and concerns raised in this activity within your communities?
- Do you think you will feel comfortable talking to people in the community about oral PrEP?
- What groups do you think will be most challenging to talk to and gain support from?
- Who can support you to influence community attitudes?

Reassure Ambassadors that it is up to them to choose what activities they feel comfortable doing as Ambassadors. If they do not feel comfortable building support in their community, they can focus on supporting their peers.
ADVOCACY

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand the barriers and enablers to oral PrEP use
- Understand the importance of working with alliances and coalitions to influence change
- Know how to create an advocacy strategy.

MATERIALS USED IN THIS SESSION
Removing Barriers to Oral PrEP Worksheet
Advocacy Planning Worksheet

KEY MESSAGES
- The environment around their peers can make it easier or harder for them to choose and use oral PrEP. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.
- The ability of AGYW to use oral PrEP is influenced by a range of factors, such as laws, policies, funding decisions, priorities and practices of people and institutions at local, national and international levels.
- Changes at the environmental level require the support of decision-makers who have direct influence over laws, policies, funding decisions, priorities and practices of institutions such as health care facilities, schools and government departments.
- Advocacy activities aim to influence decision-makers to make changes to remove barriers and create an enabling environment.
- Ambassadors will be most effective if they work with groups and organisations who share the same vision. Coalitions (groups of people working toward the same goal) have more power to influence decision-makers than individuals.
EXPLORE

INTRODUCTION

1. Direct participants back to their Oral PrEP Journey Maps.
2. Remind them that in those activities, they focused on supporting their peers to overcome barriers to oral PrEP. Explain that in this session, they will be exploring how they can change the environment around their peers to make it easier for them to use oral PrEP.
3. Explain that the environment around their peers can make it easier or harder for them to choose and use oral PrEP. The aspects of an environment that make it harder are called barriers. The aspects that make it easier are called enablers.

ACTIVITY: REMOVING BARRIERS TO ORAL PREP

1. Ask participants to think back to the barriers they identified that made it harder for their character to find out about oral PrEP, decide to use it, get it, take and stay on it, and tell others about using it.
2. Facilitate a discussion to identify barriers, writing their answers on a piece of flip chart paper or whiteboard.
3. Direct participants to the Removing Barriers to Oral PrEP Worksheet. Explain that they will be breaking into groups and each group will work to identify what could be changed about the environment to remove these barriers and make it easier for them to use oral PrEP.
4. Ask participants to select one of the five areas of the worksheet they would like to work on and to form a group with other participants who would like to work on the same area.
5. Give groups 10 minutes to come up with a list of changes that could be made in the environment to make it easier for their peers to use oral PrEP.
6. Bring participants back together and ask each group to present their answers. Write their answers on a piece of flip chart paper or whiteboard.
7. Facilitate a discussion about the enablers they identified, highlighting any overlap between the different areas.

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

This activity is designed to let participants decide the level they would like to work at. For example, they may focus on barriers within their communities, or more experienced advocates may focus on national policies and laws that create barriers to oral PrEP use.

The groups should be driven by the interests of participants. It is okay if there are some areas that are not included in this activity. If there are large numbers of people in one group, you might consider breaking them into two groups.
**ACTIVITY: ADVOCATING FOR CHANGE**

1. Using the *Essential Knowledge* and *Key Messages*, explain that:
   - Participants are not expected to directly remove these barriers to oral PrEP
   - Removing barriers within the environment requires the support of decision-makers who can have direct influence over laws, policies, funding decisions, priorities and practices of institutions, such as health care facilities, schools and government departments
   - They can contribute to creating an enabling environment by influencing these decision-makers to take action
   - They will be most effective if they work with others.

2. Direct each group to their *Advocacy Planning Worksheet*.

3. Go through the worksheet questions, explaining that these questions will help them to decide what actions they can take to create an enabling environment for oral PrEP use in their communities. Once they have finished this worksheet, they will use this information to create a strategy for achieving their objective.

4. Give groups five minutes to identify the problem (or barrier) they want to address, and what they want to achieve (their objective).

5. Next, ask 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. Next ask groups to identify opportunities for influencing these people. For example, do they have any connections they can use? Are there established ways of communicating with them or participating in the decisions? Are there any events, meetings or other opportunities they can use to get their attention?

7. Next, ask groups to identify people that are likely to be supportive of their objective (allies). Explain that working with allies is the most effective way to achieve change, because it strengthens their influence. Explain that allies can include individuals who are supportive of them and their objective, or individuals, groups or organisations that are already working in the area that they can join forces with. Give them five minutes to do this.

8. Finally, give them five minutes to identify the support and resources they have, and those they will need to effectively influence change.

9. Ask groups to use this information to decide what activities they can do to work toward their objective.

10. Give each group a piece of flip chart paper and ask them to create a strategy for influencing the key decision-makers to remove barriers and create an enabling environment for oral PrEP use.

**FACILITATION TIPS**

- **Problem:** AGYW do not know what health services are available to them.
- **Objective:** Health care providers visit the local school to provide information about their services.
- **Who has the power?** Health care providers, the principal and teachers, the school committee.
- **Opportunities:** The school committee is looking for members.
- **Allies:** There is a doctor at the health care facility that is supportive of AGYW getting oral PrEP.
- **Support and resources we need:** Support from at least one committee member. Information about the rates of HIV among AGYW and the importance of education and access to services to prevent HIV.

Use the *Oral PrEP Essential Knowledge* to support participants to identify the different types of advocacy activities they could use.
ACTIVITY: REFLECTION CIRCLE

1. Bring participants together into a circle.

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

SUGGESTED REFLECTION QUESTIONS

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

Materials
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 will transmit HIV to others.

**TREATMENT**

**Antiretroviral therapy (ART)**

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 is not enough of the virus to pass on to others. This is called an undetectable viral load.

**RESPOND**

If you’ve been exposed to HIV, act quickly!

If you’re worried you might have been exposed to HIV, you can take emergency medication to reduce the risk that you’ll get HIV.

**PEP (Post-Exposure Prophylaxis)**

If HIV makes it into the body, PEP can stop it from spreading to other cells. When HIV can’t spread, it dies. This may prevent a person from becoming HIV positive. PEP must be started within 72 hours of exposure and taken every day for 4 weeks.

**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 sexually transmitted infections.

- Oral PrEP (Pre-Exposure Prophylaxis)

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

Abstinence, reducing you number of sexual partners, and voluntary medical male circumcision can also help prevent HIV.

**TEST**

Test for HIV & STIs – and do it regularly!

Most HIV transmissions come from people who don’t know they’re HIV positive. Knowing you’re HIV positive gives you the power to protect your health and prevent transmission to others. Knowing your partner’s status is also important for making decisions about HIV prevention.

When you’re getting tested for HIV, you can also test for other sexually transmitted infections. Most STIs can be treated, but if they go untreated, they can cause serious health problems. STIs also make you vulnerable to HIV – so testing regularly and treating STIs helps to prevent HIV.

**PREVENT**

Test for HIV & STIs – and do it regularly!

Most HIV transmissions come from people who don’t know they’re HIV positive. Knowing you’re HIV positive gives you the power to protect your health and prevent transmission to others. Knowing your partner’s status is also important for making decisions about HIV prevention.

When you’re getting tested for HIV, you can also test for other sexually transmitted infections. Most STIs can be treated, but if they go untreated, they can cause serious health problems. STIs also make you vulnerable to HIV – so testing regularly and treating STIs helps to prevent HIV.
HIV TRANSMISSION

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

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

HIV PREVENTION

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

**PEP**
If you have been exposed to HIV you can prevent infection by taking HIV medication called PEP within 72 hours of exposure

**ART**
If you are HIV positive you can prevent transmission to others by taking HIV medication

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

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

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

- Taking HIV medication during pregnancy, birth and breastfeeding.
- Treating their baby with HIV medication.
- Reducing risks when breastfeeding.
- Family planning.

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

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

YOU CANNOT GET HIV FROM TOUCHING, KISSING OR SHARING FOOD AND DRINK WITH SOMEONE WHO IS HIV POSITIVE.
Oral PrEP Journey Map

1. Hi I’m ____________________________
   I’ve heard about oral PrEP but I don’t really know much about it

2. I am interested in using oral PrEP but I worry about ________________

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

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

5. Do I need to tell my partner or parents?

Worksheet

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

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

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

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

It is a great feeling to be in control of my health and know that I am protected from HIV.
Character Profile

Name

Who is she?

Is she vulnerable to HIV?
How does she protect herself?

What does she know, think and feel about HIV?

What does she know, think and feel about oral PrEP?
Antiretrovirals are a type of medication that make it harder for HIV to attack the cells in a person’s body and to spread to other cells. Oral PrEP, PEP and ART use different combinations of antiretrovirals that work in different ways to fight the virus at different stages. Oral PrEP, PEP and ART cannot be swapped – they only work when used as prescribed.

**Oral PrEP (Pre-Exposure Prophylaxis)**

**WHO IS IT FOR?**
People who do not have HIV and want to protect themselves from getting it.

**HOW DOES IT WORK?**
Oral PrEP protects a person from HIV by creating a shield around the cells that HIV tries to attack.

**WHEN IS IT USED?**
During periods in a person’s life when they are vulnerable to HIV.

**HOW EFFECTIVE IS IT?**
Oral PrEP has to be taken every day. Once it builds up in the body, it can be over 90% effective at preventing HIV.

**PEP (Post-Exposure Prophylaxis)**

**WHO IS IT FOR?**
People who are worried they have been exposed to HIV in the last 72 hours.

**WHAT DOES IT DO?**
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?**
It depends on a lot of things, but if someone starts taking PEP straight away and they take it every day for 4 weeks, there’s a high chance it will prevent them from becoming HIV positive.

**ART (Antiretroviral Therapy)**

**WHO IS IT FOR?**
People who are HIV positive.

**WHAT DOES IT DO?**
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.

**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.
It is a medication that an HIV-negative person can take to protect themselves from HIV. The word PrEP stands for Pre (before) Exposure (coming into contact with the virus) Prophylaxis (medication to prevent an infection from happening).

Oral PrEP creates a shield around your blood cells to protect them from HIV. Because HIV cannot infect these blood cells, the virus dies.

If you take it every day, it will build up in your system and become over 90% effective at preventing HIV. Talk to your health care provider to find out how long you need to take it before it will protect you from HIV.

Oral PrEP is just like any other medication. A small number of people experience minor side effects like headaches, weight loss, nausea, vomiting or abdominal pain, but these will likely go away in a few weeks.

Alcohol and other drugs will not affect oral PrEP. But make sure to keep yourself safe when drinking or using drugs. If you are having sex, make sure to use condoms to protect yourself from other STIs and pregnancy.

The first step is to see a health care provider. They will help you take the next steps.
You don’t have to tell anyone. Your body belongs to you, and you have the right to make your own decisions about your health.

Some women use oral PrEP without their partner knowing, and some choose to tell their partner. It’s your decision. It might be helpful to think about the reasons you would like to tell him and the reasons you don’t want to.

Lots of women who use oral PrEP say it really helps to have their partner’s support. It also makes them feel more comfortable taking it.

I understand why you might worry about that. It’s normal to feel guilty about keeping something a secret. We grow up being told that keeping secrets is a bad thing. I want you to know that it’s your choice if you want to tell your partner. You don’t need to feel guilty about making a decision to protect your health. If you choose not to tell him, I can support you to keep it private.

Are there any reasons you don’t want to tell him?

These are really common concerns. You could try talking to him about oral PrEP without telling him you’re thinking about using it. For example, you could explain that other women your age are using it. This might give you an idea of what he thinks about oral PrEP and whether he’s likely to be supportive.

If you do decide to tell him, we can practice responding to his concerns. Don’t forget, if you tell him and he’s not supportive, you can still make your own decision about whether you want to use it.
I'm glad to hear you're interested in talking to your partner. Many women say it's helpful to have their partner's support. Your partner is most likely to be supportive if he has accurate information about oral PrEP. Without it, he may believe some of the myths, which might make him less supportive.

Do you know if your partner knows much about oral PrEP?

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

The first decision you’ll need to make is whether you’ll tell him that you’re considering using oral PrEP, or you’re using oral PrEP.

If you choose to tell him you’re considering using oral PrEP, you could think about saying:

- Did you know that HIV rates among girls and young women in our community are very high?
- I’ve been thinking about using oral PrEP just to make sure I’m protected against HIV.
- It’s being recommended for girls/women to help prevent HIV.
- I’ve heard a lot about it. It’s completely safe and won’t have any impact on you.
- It will just be like taking other medication to prevent getting sick.
- I would really like your support. Taking oral PrEP will help me feel protected from HIV. Many girls/women my age are getting HIV, so I want to be as protected as I can be.

You can think about saying:

- Using oral PrEP is just like using any other medication that protects your health – it’s not a big deal.
- It was recommended to me by a health care worker. I made the decision on my own because it’s about my health and it won’t have any impact on you.
- I take it because many girls/women my age are getting HIV, and I want to know I’m protected no matter what.

These are just some options. You know your partner best, so it’s important that you decide what you want to say. Don’t forget, taking oral PrEP is your right. You are making a responsible decision to protect your health.

You could try explaining that using oral PrEP isn’t about your relationship – it’s a decision about your health. You could also try to explain that you’re trusting him by asking for his support.

Explain that Oral PrEP will only protect you from HIV. It won’t protect him. It also won’t protect either of you from STIs. Condoms are always the best method because they protect against HIV, STIs and unplanned pregnancy.

Sure, here are some tips:

- Picking your timing is important. Try to find a time when he is in a good mood, you are both sober and you have some privacy.
- If you’re worried that he may get angry or could be violent, try to find a place where you can easily leave or get help if you need to.
- Try practicing what you’re going to say. I’m happy to do that with you, or you could ask a friend.
- If you have any friends that are using oral PrEP and have told their partners, you could ask them for advice.
It’s great you’ve made a decision that works best for you. Many women make the same decision, and they successfully use oral PrEP without telling their partners.

Do you have any questions about keeping your oral PrEP use private?

If you want to tell other people in your life, such as your family or friends, make sure they understand you’ve chosen not to tell your partner. And only tell people you trust.

There are lots of ways to keep your pills hidden. You could try:

- Keeping it with other medications in a different container
- Keeping it in your bag in a little pouch
- Keeping it with your tampons or pads

Women who are really worried about their partners finding their pills might keep them somewhere else, like at a friend’s house, but this can make it difficult to remember to take them every day. Other women don’t hide the pills, and instead pretend they are something else, like pills for period pain or their contraceptive.

Although many women use oral PrEP without their partner finding out, it’s a good idea to plan what you will say if he does.

You can think about saying:

- Using oral PrEP is just like using any other medication that protects your health – it’s not a big deal.
- It was recommended to me by a health care worker. I made the decision on my own because it’s about my health and it won’t have any impact on you.
- I take it because many girls/women my age are getting HIV, and I want to know I’m protected no matter what.

You could also say you were just trying it and were going to let him know if you decide to take it. These are just some options. You know your partner best, so it’s important that you decide what you want to say.

It might be helpful to practice what you’re going to say. I’m happy to do that with you, or you could ask a friend.

Don’t forget, taking oral PrEP is your right. Your body belongs to you, and you have the right to make your own decisions about your health. You’re not alone. Many girls and women choose to use oral PrEP without telling anyone.

If you have any more questions or concerns you can always talk to me. And if you decide you want to tell your partner at a later time, I can support you to do that too.
My Circles of Influence

Who can you influence?

Worksheet

- High influence
- Medium influence
- Low/no influence

[Diagram showing circles labeled Low/No Influence, Medium Influence, and High Influence with space for notes in each section]
It's a medication that an HIV-negative person can take to protect themselves from HIV. Oral PrEP creates a shield around a person’s blood cells to protect them from HIV. If a person is taking oral PrEP every day and they are exposed to HIV, it will not be able to infect their blood cells. The virus will die, and the person will not get HIV.

Oral PrEP is for anybody that’s vulnerable to HIV. Rates of HIV infection among adolescent girls and young women in this country are very high. This is not because they are promiscuous. It's because they often do not have access to the information and prevention methods they need to protect themselves from HIV. Oral PrEP can change this!

You’re right, abstinence is one way girls and young women can protect themselves from HIV, but abstinence doesn’t work for everyone. HIV is increasing among girls and women, so it’s best to have different options so they can choose the most effective one for them.

You don’t have to worry about oral PrEP encouraging more girls/women to have sex, there have been lots of studies and they all show that this is not true.

It’s also important to remember that married girls and women also get HIV. It’s also possible for girls practicing abstinence to get HIV if they’re raped.

This is a very common myth, but it’s not true. It’s been proven that oral PrEP has no effect on fertility.

Supporting girls and young women to use oral PrEP is an important way you can help prevent HIV. If more girls and young women use oral PrEP, the rates of HIV in this community will decrease. It’s also important to reduce the risk of HIV transmission in your own life. You can do this by having an HIV test so you know if you’re HIV positive. Most HIV transmissions come from people who don’t know they’re HIV positive. If you are HIV positive, there is medication that can keep you healthy and prevent you from passing it on to others. You can also make sure you’re protecting yourself and your partner by always using condoms.
Removing Barriers to Oral PrEP

- What would make it easier for your peers to choose oral PrEP?
- What would make it easier for your peers to get oral PrEP?
- What would make it easier for your peers to find out about oral PrEP?
- What would make it easier for your peers to take oral PrEP correctly and continue taking it?
- What would make it easier for your peers to tell their partners and parents about using oral PrEP?
# Advocacy Planning

<table>
<thead>
<tr>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the problem you want to address?</td>
<td></td>
</tr>
<tr>
<td>What do you want to achieve (your objective)?</td>
<td></td>
</tr>
<tr>
<td>Who has the power to do this?</td>
<td></td>
</tr>
<tr>
<td>What opportunities are there to influence them?</td>
<td></td>
</tr>
<tr>
<td>Who are your allies that you can work with to strengthen your influence?</td>
<td></td>
</tr>
<tr>
<td>What support or resources do you have, and what will you need?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>What are your most passionate about doing as an Ambassador?</td>
<td></td>
</tr>
<tr>
<td>What are your personal strengths that will help you in your role as an Ambassador?</td>
<td></td>
</tr>
<tr>
<td>What types of activities are you most interested in doing to contribute toward the goal?</td>
<td></td>
</tr>
<tr>
<td>Where do you have the most influence?</td>
<td></td>
</tr>
<tr>
<td>What is one thing you can achieve that will contribute towards the goal (your objective)</td>
<td></td>
</tr>
<tr>
<td>What support or resources do you have, and what will you need to achieve this?</td>
<td></td>
</tr>
</tbody>
</table>
Ambassador Skills
PEER SUPPORT SKILLS

SESSION OVERVIEW
Participants will learn skills to support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next. They will also learn and practice using the CARE response (Create a safe space, Actively listen, Reassure, and Empower) to support their peers. Participants will then explore the importance of confidentiality in their roles as Ambassadors.

LEARNING OUTCOMES
By the end of this session, participants should:
- Know how to support their peers using the CARE response
- Understand the importance of protecting their peer’s confidentiality.

IMPORTANT NOTE: This session teaches participants to use the CARE response to support their peers to deal with a range of personal topics. This tool was used in Responding to Disclosures of Violence. It is important to complete this Peer Support Skills session, even if you have already done Responding to Disclosures of Violence. The Facilitation Tips will guide you to adapt the activities.

If you have not done Responding to Disclosures of Violence, we recommend that you read the Essential Knowledge before doing this session. Many AGYW experience violence, so it is likely to be raised as an issue in this session. If this happens, it is critical that you are prepared to respond. It is very important to listen empathetically, validate their emotions and empower them to determine what support they would like from you. Be prepared to provide information and referrals to local, youth-friendly services, including health, social and legal services, if requested by participants.

If participants are concerned about supporting their peers who have experienced violence, we recommend that you either integrate parts of Responding to Disclosures of Violence or run the complete session after this one.

MATERIALS USED IN THIS SESSION
CARE Response – Peer Support Worksheet
CARE Response Ambassador Tool
**What is peer support?**

Peer support refers to Ambassadors providing information, emotional support and practical help to their peers. As peers, it is not their role to provide counselling. Without professional training, providing counselling can cause more harm than good.

The role of an Ambassador is to provide a safe space for their peers to talk about their experiences, express their feelings and needs, and explore what they would like to do next. Because they are peers and have similar experiences, AGYW are more likely to feel comfortable talking with Ambassadors than professional counsellors. Many AGYW do not have someone to talk to about their personal issues and challenges, so Ambassadors are helping simply by listening to their peers. Ambassadors should also be equipped with information about local and ideally youth-friendly counselling and support services so they can refer their peers who are looking for more support.

This session uses the CARE response to support participants to provide peer support (shown in full on the next page). This approach guides participants to:

- Create a safe space
- Actively listen to their peers
- Reassure her that she is not alone, that all feelings are valid, but she will not always feel this way
- Empower and support her to identify her needs and access more support.

**Confidentiality**

Ambassadors cannot do their jobs unless they have the trust of their peers. If their peers cannot trust that their confidentiality will be protected, they are unlikely to discuss personal issues with the Ambassador, including HIV prevention and oral PrEP. Protecting the confidentiality of their peers is therefore one of the most important aspects of their role.

Protecting a person’s confidentiality is not as simple as it may sound. It can be particularly difficult for Ambassadors as they are working in their communities and are likely to have existing relationships with the people they are supporting. In these environments, Ambassadors may breach 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 accidently reveal details that identify them.
- A peer tells them she wants to use oral PrEP, but she is worried about her partner finding out. The Ambassador reassures her by sharing an experience of another peer.
- An Ambassador sees a peer they want to follow up with. They approach them and reference a personal conversation without realising there is somebody nearby that can hear.

Breaking a peer’s confidentiality can cause serious harm, including:

- Exposing them to stigma and discrimination
- Putting them at risk of violence
- Causing emotional distress
- Reducing the likelihood they will seek help in the future.

It may also reduce the level of trust other people have in the Ambassador.
The following strategies can be used to prevent the risk of unintentionally breaking confidentiality:

- If you are unsure if the information that has been shared with you is confidential, ask.
- Always ask your peer’s permission if you would like to share their information with others, such as with service providers.
- Always make sure you are in a private place before discussing a personal issue with peers.
- Avoid taking notes. If you must take notes, do not use names or other identifying information.
- It is okay to debrief about your work with key people, such as peer Ambassadors or a support person, such as a counsellor. You can do this without breaching your peer’s confidentiality by focusing on the issues and your experiences and by not disclosing any information that would identify the individual.
- Be clear about if or when you are required to break confidentiality and communicate this to your peers.

The key message for Ambassadors is that each person has the right to decide who they share their personal information with. It is a core responsibility of Ambassadors to take every step to protect this right.

**Confidentiality and preventing harm**

Professional counsellors and health workers may be legally required to break a person’s confidentiality if they or someone else is at an immediate risk of serious harm or death. These laws vary in each country. It is unlikely that these laws would apply to voluntary peer Ambassadors; however, it is important to be certain 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. Some examples of when it may be appropriate for Ambassadors to break confidentiality include if they:

- Believe a peer may be contemplating suicide
- Learn about a child being abused
- Are worried a peer may be killed by a violent partner.

Ambassadors should be provided with clear guidelines and procedures about when they should break confidentiality and what they should do if they believe someone is at an immediate risk of serious harm or death (see Preparation at the beginning of this training package).
## Using the CARE Response

### CARE Response - Peer Support

<table>
<thead>
<tr>
<th>STEP</th>
<th>How do I do this?</th>
<th>What does this look like in practice?</th>
</tr>
</thead>
</table>
| Create a safe space | A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen - you will not judge her or to tell her what to do. Let her know that she can trust you to protect her confidentiality. | “Would you like to talk?  
“Are you happy to talk here or is there somewhere else you would feel more comfortable?”  
“Everything you tell me will stay between us.”  
“Take your time, there is no pressure.  
If you’re not ready to talk, we can just be together for a while.” |
| Actively listen      | Show her that you are listening deeply and with empathy. Use your body language to communicate that you are paying attention. Give her space to talk, and acknowledge and validate her feelings.                                           | Listening deeply and focusing your full attention on her, not on what you are thinking.  
Showing you are listening by nodding and giving small acknowledgements like “mm hm”.  
Giving her space to talk and allowing silences.  
Communicating your empathy: “I'm sorry that happened to you”  
Not offering advice |
| Reassure            | Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.                     | “You are not alone”  
“I am here for you”.  
“I’m glad you spoke to me about this, we can get through this together”  
“There is no right or wrong way to feel. They are your feelings and they are valid” |
| Empower and support | Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.                                      | “Do you feel that you have the support you need?”  
“Would you like to explore some options for getting more support?”  
“Is there anything that’s worrying you?”  
“It’s your choice - you know yourself better than anyone else! If you decide you’d like some support in the future, just let me know and I can give you some information.” |
SESSION INSTRUCTIONS

KEY MESSAGES

- Ambassadors can support their peers by providing a safe space for them to talk about their experiences, express their feelings and needs, and explore what they would like to do next.
- Ambassadors are not counsellors. Without professional training, providing counselling can cause more harm than good.
- Everybody has the right to decide who they share their personal information with. It is a core responsibility of Ambassadors to take every step to protect this right.
- Breaking a peer’s confidentiality can cause serious harm.

EXPLORE

INTRODUCTION

1. Explain to participants that in their roles as Ambassadors, their peers may turn to them for support with things other than oral PrEP.
2. Ask participants to suggest some of the issues their peers may discuss with them and write these on a piece of flip chart paper or a white board.
3. Explain that in this activity they will learn how to listen and respond to participants who are seeking emotional support using the CARE response.
4. Explain and reinforce to participants that they are not expected to provide counselling to their peers. Without professional training, providing counselling can cause more harm than good. Their role is to provide a safe space for their peers to talk about their experiences, express their feelings and needs and explore what they would like to do next.

ACTIVITY PART 1: CARE

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

Step 1: Create a safe space

1. Write “Safe space” on a piece of flip chart paper or a whiteboard.
2. Ask participants what it means for a space to be safe.
3. Lead a brainstorming session with participants about what their peers might need from a space for them to feel safe to talk about personal issues or problems they are experiencing.

FACILITATION TIPS

If you have already done the CARE Response – Disclosures of Violence Worksheet, remind participants about the CARE response and ask them to consider how they can apply it to other issues their peers may talk to them about. You can then skip PART 1 of EXPLORE and move to PART 2.

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

- Physically safe from possible threats
- Private
- Non-judgemental
- Non-discriminatory (knowing they will be treated equally and fairly regardless of their age, race, religion, HIV status or any other characteristic)
- Confidential
- Respectful
- Knowing they are in control
4. Ask them to write their ideas down on sticky notes and put them up on the piece of flip chart paper or whiteboard.

5. Ask participants to work in their pairs to identify how they would create and demonstrate a safe space for a peer who wanted to talk to them about a personal issue or problem.

6. Ask participants to note down their answers on their worksheets.

7. Let participants know they have five minutes to do this.

8. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate a safe space for their peers.

Step 2: Actively listen

1. Ask participants if they know what “active listening” means, and in particular, if they can explain the difference between listening and active listening.

2. Explain that people often use the word listening to refer to hearing. However, hearing is not something someone has to do purposefully or actively. Active listening on the other hand is intentional. The goals of active listening are to:
   - Connect with the other person
   - Understand what they are saying and feeling
   - Demonstrate that you are listening.

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

4. Explain to participants that we all instinctively know what makes a good listener because we know how it feels when we are really listened to.

5. Ask participants to consider a time when they were struggling with something in their life and they wanted to talk to someone about how they were feeling.

6. Ask participants to remember if they were able to talk to someone about this experience.

7. Explain that we all know what we need from someone for us to feel safe and comfortable talking to them about something that is upsetting us. At times, we have a person who is able to provide this, and at other times, we do not have anyone that we feel comfortable talking to. We often choose not to talk to anyone if we cannot identify the right person to talk to.
8. Explain to the group that you would like them to brainstorm the qualities that we look for when choosing someone to talk to.

9. Draw a line down the middle of a piece of a piece of flip chart paper or whiteboard. On the left side write “Qualities you look for” and on the right side write “Things you worry they will do or say”.

10. Ask participants to write down their ideas on sticky notes and put them up on the piece of flip chart paper or whiteboard.

11. When participants run out of ideas, read through the notes and summarise.

12. Ask participants to work in their pairs to identify how they would demonstrate active listening to a peer who wanted to talk to them about a personal issue or problem.

13. Ask participants to note down their answers on their worksheets.

14. Let participants know they have five minutes to do this.

15. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to create or demonstrate active listening.

Step 3: Reassure

1. Ask participants to work in their pairs to identify how they would reassure a peer. The aim is to reassure their peers so they feel hopeful and less alone and know they will be supported.

2. Ask participants to note down their answers on their worksheets.

3. Let participants know they have five minutes to do this.

4. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to reassure their peers.

Step 4: Empower and support

1. Explain that the final step, Empower and support, is about supporting their peers to identify what (if anything) they need and helping them to connect with more support or available services if that is what they would like.

2. Ask participants to work in their pairs to identify how they would empower and support a peer and note down their answers on their worksheets.

3. Let participants know they have five minutes to do this.

4. Once participants have finished, bring them back together. Ask for each pair to share one thing they could do to empower and support their peers to identify what they might need and how they might seek further support.

5. If you have time, you might like to include a short role play at the end of this activity. This will give participants the opportunity to practice the CARE response. The instructions are below. If you are short on time, skip ahead to the APPLY activity.

6. Direct participants to the CARE Response Ambassador Tool, which they can use to prepare for these conversations.
OPTIONAL ACTIVITY: ROLE PLAY

1. Ask for two volunteers to come to the front and participate in a short role play to show how the CARE response would work in practice.
2. Ask for one person to play the role of a peer and to approach the Ambassador with an issue or a problem they would like to discuss.
3. Repeat the role play as many times as you can fit into the session to address different issues.
4. When wrapping up the activity, make a point of acknowledging how challenging this exercise is. Highlight that these skills are built over time, nobody is perfect, and we all make mistakes. Reassure them that just by being open and willing to listen and support their peers they will be making a big difference to their lives.

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

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 as HIV Prevention Ambassadors, their peers may trust them with information they would not tell anyone else.
4. Ask participants to give examples of information that peers may share with them as Ambassadors that they will need to keep confidential, and 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 who to share their information with, so they can choose not to pass their note on.
6. Once participants have passed their notes, ask each person who shared their note, how they feel knowing that someone else has their personal information?

Confidentiality means that when someone shares something they would like kept private, that information is not shared with anyone else – it is kept secret. Confidentiality can also apply if you find out personal information that the person would likely want to keep private.
7. Ask participants to pass the note back to the owner and let them know they can all destroy their notes.

8. If any participants chose not to share their note, ask them to explain their choice. Then ask them to imagine they were not able to access the health services they needed without sharing this information. Ask them to decide if they would now choose to share their information.

9. Lead a discussion about confidentiality by asking:
   - Has someone ever shared confidential information about you with others? How did it make you feel?
   - Have you ever shared information about someone that was supposed to be confidential? Why did you do it? How did it affect the other person?

**ACTIVITY: CONFIDENTIALITY IN PRACTICE**

1. Ask participants to work in their pairs to create a scenario where a peer shares personal information with an Ambassador and the Ambassador breaches that peer’s confidentiality, considering the following questions:
   - How did the Ambassador (or should the Ambassador) have known the information was confidential?
   - How did the Ambassador breach confidentiality? Was it on purpose or an accident?
   - What information did the Ambassador share, and who did they share it with?
   - How did this impact their peer?
   - How did this impact 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. Allow the session to flow into the REFLECT session below.

---

**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 your responsibility to protect the privacy and confidentiality of your peers?
- What can be challenging about keeping people’s information confidential?
A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen – you will not judge her or to tell her what to do. Let her know that she can trust you to protect her confidentiality.

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

Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.

Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.
## CARE Response - Peer Support

### Create a safe space

A safe space is both physically and emotionally safe. Make sure you are somewhere private, where she feels physically safe. Explain that you are just there to listen – you will not judge her or to tell her what to do. Let her know that she can trust you to protect her confidentiality.

### Actively listen

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

### Reassure

Reassure her by letting her know that she is not alone, you are there for her and that her feelings are valid. If she has shared an experience of violence, let her know that you believe her and that it is not her fault.

### Empower and support

Let her know that she is in control of what happens next. Help her to identify her needs and consider her options. Be ready to provide her with information about support services that she has access to.
BOUNDARY SETTING AND SELF-CARE

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 identify strategies for self-care and mutual support.

LEARNING OUTCOMES
By the end of this session, participants should:
- Understand the risk of compassion fatigue and vicarious trauma when doing care work
- Know how to set boundaries to prevent compassion fatigue and vicarious trauma
- Learn self-care strategies to nurture their health and well-being.

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 impacted by other people’s trauma. If we are exposed to too many traumatic experiences, we may develop an unbalanced, depressing view of the world. This can result in us experiencing similar symptoms to someone who has directly experienced a traumatic event.

This feeling is most likely to build up over time rather than happening as a result of being exposed to a single person’s trauma. Someone who is experiencing vicarious trauma may:
- Experience recurring thoughts about other people’s experiences
- Experience unwanted images in their mind of other people’s traumatic experiences
- Feel profound 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 assume all people will hurt them
See the world differently – they might lose sight of the positive things in the world and only see the
negative.

Ambassadors are at a high risk of compassion fatigue and vicarious trauma. This is because they will regularly
be exposed to the traumatic experiences of their peers and may have had similar experiences. The fact that
they will likely share the same background and community as their peers might also make it harder for them
to distance themselves from what they are hearing. Additionally, Ambassadors might have less structured
support systems in place than people in formal support roles, so they may not have as many people to turn to
when they encounter difficulties.

It is crucial that Ambassadors are given support to protect their health and well-being. Ambassadors can do
this by:

- Establishing boundaries to limit the personal impact of their work
- Listening to their bodies, thoughts, and feelings so they can respond to their needs
- Practicing self-care.

What are boundaries and why are they important?

Boundaries are the formal and informal understandings about how people interact with each other. They are
guidelines that define what is and is not okay in any relationship, even though we do not necessarily think or
talk about them. Over time, we learn about what 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 healthcare workers, 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 traum.

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 yourself and prioritising your 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.

There is no right or wrong way to practice self-care. Different people have different needs, so it is important
to create space for people to choose what works for them. Below is a list of strategies that have been shown
to prevent or reduce the impact of compassion fatigue and vicarious trauma.
- **Being kind and compassionate to ourselves.** This involves acknowledging and validating our feelings, forgiving ourselves for our mistakes and weaknesses, and focusing on our strengths. This can include using personal affirmations, which is when we say positive things to ourselves, such as “I am a strong.”

- **Taking care of our physical needs.** Our physical and mental health are interlinked. Making sure we are getting enough rest, eating well and exercising can make a big difference to our emotional well-being.

- **Doing something we enjoy.** It sounds simple, but doing something we enjoy can make a big difference to our mental and emotional well-being. All forms of recreation, social activity and creative expression can be effective ways to calm ourselves, de-stress and re-connect with the world in a positive way. For instance, we could see friends or do something that is pleasurable, like art, gardening or cooking.

- **Taking a moment for ourselves.** When we are feeling overwhelmed, taking a moment to ourselves to breathe deeply and relax can make all the difference. It is even better if this is accompanied by something calming like taking a walk, listening to music or sitting in the sun.

- **Connecting with our spiritual selves or value systems.** Some people go to church or pray, and others might meditate or reflect.

- **Sharing how we are feeling.** Some people benefit from talking about their feelings, while others might prefer to write in a journal.

- **Finding a way to “switch off”.** This helps to protect our personal lives and mental well-being. It allows us to set boundaries that keep our work separate from our personal lives. Switching off is a conscious process of closing off those parts of our lives or minds that need to be protected when we are at work, and then turning them back on again in our personal lives. It can also mean consciously putting our work aside or out of our minds when we are enjoying our personal time.
**SESSION INSTRUCTIONS**

**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 crucial 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 to protect us from vicarious trauma and compassion fatigue. Engage in self-care regularly to protect yourself.
- 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.

**EXPLORE**

**PREPARATION**

Write “It’s okay by me”, “It’s never okay”, and “It might be okay if...” on separate pieces of paper (any size) and place them on the floor or stick them up on the wall. Allow enough space between the pieces of paper for participants to stand around them.

**INTRODUCTION**

1. Using the Essential Knowledge and Key Messages, explain to participants that:
   - Providing emotional support to their peers can have an impact on their mental health and well-being
   - It is important to learn how to minimise this impact to prevent compassion fatigue and vicarious trauma.

2. 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

**FACILITATION TIPS**

When discussing compassion fatigue and vicarious trauma, make sure to emphasise that it is not a sign of weakness. Most people in care and support roles will experience some symptoms of compassion fatigue and vicarious trauma. It is not because we are bad at our roles, but because we care deeply.
- Listening to their bodies, thoughts and feelings so they can respond to their needs
- Practicing self-care.

**WARM UP ACTIVITY: MY BOUNDARIES**

1. Explain to participants that they are going to do a quick exercise to explore what boundaries are.
2. Ask half the room to stand in a line on one side of the room and the other half to stand in a line facing them.
3. Explain the exercise by noting:
   - There are many types of boundaries, including physical boundaries, emotional boundaries and professional boundaries.
   - Boundaries exist in all our relationships, but they are not something we usually talk about. We often do not know we have a boundary in place until we feel that someone has crossed over it.
   - Physical boundaries are the most obvious, and in this exercise, participants will explore their physical boundaries.
   - You will be asking them to take steps toward the person on the opposite side of the room until they feel uncomfortable moving closer.
   - This will help us to see how different people have different physical boundaries
4. Explain that you when you say “step”, you would like them to take a step toward each other. When they start to feel uncomfortable they should raise their hand. This means that the person opposite them should stop and not come any closer.
5. Say “step” out loud and wait for participants to take a step forward. Continue to do this until either all participants have their hands up, or participants are as close as they can be.
6. When the activity is finished, encourage the group to reflect on their boundaries with the following questions:
   - For those of you who put your hand up, how did it feel to have someone getting close to your boundary?
   - Why do some people have different boundaries than others?
   - Do your physical boundaries change in different situations?
   - How do we know a person’s physical boundaries without them telling us?
   - What are some examples of other boundaries, such as emotional boundaries?

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.

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 out some scenarios, 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 sign, depending on how they feel.

3. Read out a scenario below. Once participants have chosen where to stand, ask for volunteers to explain their choice. If participants have chosen “It might be okay if...”, ask them to explain a scenario when it would be okay.

4. Continue the exercise by reading out the scenarios below.

5. Once you have read through a few scenarios, ask if anyone would like to add another scenario.

6. When you have completed the activity, lead a discussion with participants by asking:
   - Why do we need to have boundaries?
   - What strategies could you use to create boundaries?

---

SCENARIOS

- A peer says she wants to take oral PrEP but cannot afford the bus to the clinic. She asks to borrow the money.
- A peer is experiencing violence and she asks if she can stay at your house.
- A peer gets kicked out of home after her parents find out she is using oral PrEP. She says that it’s your fault and she wants you to talk to her parents for her.
- A peer is worried she has HIV and comes to your house late at night to talk to you.
- A peer wants to use oral PrEP but is worried about keeping it at her house. She asks if she can keep it at your house.
- A peer wants to use oral PrEP and asks you to talk to her partner for her.

---

You will need the signs you prepared earlier for this activity. If you have not prepared them, go to the PREPARATION section 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 setting boundaries is unique to everyone. It is about setting the limits they need to protect their health and well-being.

It is up to you to decide how many scenarios you would like to use and to choose which ones are most relevant to your group. You can also make up your own.
ACTIVITY: REFLECTION AND SELFCARE 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.

3. Ask participants to share things they do when they feel stressed, sad or exhausted.

4. Explain that in this activity, they will be using art as a tool to explore how they are feeling about their roles as Ambassadors.

5. Let them know they have 30 minutes to create their artwork. Explain that their artwork can be anything they like. If they need some ideas, you could suggest:
   - Drawing a picture
   - Cutting out different colours of paper and sticking them together
   - Creating a mind map or a word cloud

6. Reinforce that this activity is about communicating their feelings, so they can do it in any way they like. There is no right or wrong way to do this exercise. It should be relaxing and support reflection.

7. Walk around and speak with anyone that is having trouble. Explain that sometimes it feels hard to start a new activity like this because we think too much about it. Ask them to focus on the feelings they have about the training and their roles as Ambassadors, pick up some materials, and just start creating something.

8. Keep track of time and regularly notify participants so they have enough time to finish their work.

9. When the group has finished, bring everyone back together into a circle and ask them to present their artwork back to the group.

10. Once everyone has presented, summarise the common themes between the group members.
<table>
<thead>
<tr>
<th>REFLECT</th>
<th>FACILITATION TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY: REFLECTION CIRCLE</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>SUGGESTED REFLECTION QUESTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>o How do you feel about putting boundaries in place?</td>
<td></td>
</tr>
<tr>
<td>o What can you remind yourself to practice self-care?</td>
<td></td>
</tr>
<tr>
<td>o How can you support each other?</td>
<td></td>
</tr>
</tbody>
</table>
Closing
AMBASSADOR GRADUATION

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

LEARNING OUTCOMES
By the end of this session, participants should:
- Have the capacity to reflect on the knowledge, skills and attitudes they have developed as a result of this training
- Be able to identify and commit to the following key principles that will guide their work as HIV Prevention Ambassadors.

MATERIALS USED IN THIS SESSION
Ambassador Certificate

EXPLORE

PREPARATION
Write the following on separate pieces of flip chart paper and hang them up together:
- Knowledge
- Skills
- Attitudes

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 1: LEARNING OUTCOMES
1. Ask participants to consider what they have learned during this training.
2. Ask them to write down something they have learned during this training on a sticky note. Go around the circle and ask participants to
share their answer with the group. After each person has shared with the group, ask them to put the sticky note on the piece of flip chart paper with the heading “Knowledge”.

3. Once all participants have shared, summarise their answers and identify common themes. Ask the group if they would like to highlight anything else they have learned that has not been mentioned.

4. Repeat this exercise by asking participants to write down and share:
   - A skill they have developed during the training
   - A change in their attitudes, feelings, values or way of thinking.

5. When you have finished the exercise, ask participants if anyone would like to share their thoughts or feelings about how the training has had an impact on them.

**APPLY**

**ACTIVITY: AMBASSADOR AGREEMENT AND GRADUATION**

1. Explain to participants that this is the final exercise in the training.

2. Explain that they will collectively identify core principles that will guide their work as Ambassadors.

3. Ask participants if they know what “principles” mean in this context.

4. Explain that principles are a set of ideas that can be used to guide behaviour. Principles are informed by values, ethics, and a shared understanding of what attitudes and behaviours will be most beneficial to the people you are working with.

5. Explain that 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.

6. Explain that the principles must be developed together so that everyone can fully commit to them at the end of the activity. Explain that you would like them to facilitate a discussion about their proposed principle to build agreement within the group.

7. Encourage participants to consider what they have learned throughout the training. Principles can include how they behave toward others, as well as how they should treat themselves.

8. Ask for a volunteer to come to the front and suggest a principle to the group.

9. Continue this exercise until the group are satisfied they have covered the core principles.

10. Explain to the group that you will now be writing these principles into an agreement. This means turning the principles into commitments that they can agree to. For example, Empowerment would become: “I will support my peers to make their own decisions.”
11. Write the following on a piece of flip chart paper: “I accept the responsibility of becoming an HIV Prevention Ambassador. I commit to...”

12. 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.

13. Continue this exercise until the group are satisfied with their agreement.

14. Wrap up this part of the activity.

15. Explain that you will be asking them to sign the agreement. After that, you will be giving them a certificate for completing the training.

16. Read out the name of each participant one by one.

17. Ask them to agree to the Ambassador Principles and sign the agreement.

18. 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 oral PrEP
- Respect the rights of my peers
- Provide non-judgemental 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. Bring participants together into their final Reflection Circle.

2. Give participants an opportunity to discuss how they are feeling about the training and their roles as HIV Prevention Ambassadors.

**SUGGESTED REFLECTION QUESTIONS**

- How do you feel about graduating as HIV Prevention Ambassadors?
- How can you support each other in your roles?
- What are your next steps?
Next steps

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 Ambassadors will be unique to each context, it will be up to you to determine the best way to support them moving forward. This should be done in consultation with participants, who can be empowered to identify their support needs. The types of support that may benefit Ambassadors include:

**Checking in with Ambassadors regularly.** It is important that Ambassadors know they can contact you if they need advice or support. You might also like to nominate another person as a point of contact. Ideally, Ambassadors will have someone specific they can talk with regularly about their roles.

**Providing Ambassadors with information** about local, youth-friendly services that they can share with their peers discreetly, including health, social and legal services.

**Offering ongoing support to process emotionally challenging aspects of their roles,** such as being exposed to stigma, supporting a peer through an HIV diagnosis or providing support to a peer experiencing violence. To offer this support, you might put them in contact with someone they can talk to or suggest workshops they can attend to access support and debrief about their experiences.

**Helping Ambassadors to develop their own support network.** Ambassadors will benefit greatly from feeling they are part of a team and having access to their own peer-support network. This can take the form of reflection and support workshops or informal gatherings that strengthen their mutual support. Similar programs have found that Facebook and WhatsApp groups are effective at connecting peer workers.

**Facilitating community engagement activities with community leaders, health care workers, 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 alongside Ambassadors, this may strengthen their credibility and influence in the community by demonstrating that their work is part of a larger program.

**Training Ambassadors in procedures for responding to critical incidents** in the community, including:

- If they believe a peer or child is at an immediate risk of serious harm
- If they are concerned that their own safety is at risk

Such procedures may need to be developed if none exist.

**Recognising and rewarding their work.** Ambassadors are more likely to continue with the program if they feel their work is being acknowledged and valued. This does not mean you need to provide financial incentives. There are many ways to acknowledge their work, including formal recognition of their roles, such as a name badge or a t-shirt, printing certificates of achievement to give out, or publicly acknowledging them for their good work.

**Providing Ambassadors with further opportunities for professional development.** If new programs come up that provide options for Ambassadors to add to their knowledge and skills, or if professional opportunities arise, these can support HIV Prevention Ambassadors to become community leaders.