

PrEP and PEP



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Until no child has AIDS.



Project Summary

The Eswatini Ready, Resourceful, Risk Aware (Triple R) Project: OVC, Adolescent Girls, and Young Women (locally named Insika Ya Kusasa) aims to prevent new HIV infections and to reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW) in Eswatini. Insika Ya Kusasa helps HIV-negative OVC and AGYW stay HIV-free and supports those who are HIV-positive to lead healthy lives. To these ends, the project increases socio-economic resilience to the impact of HIV and uptake of high-impact HIV, sexual and reproductive health, family planning, and sexual and gender-based violence services among OVC and AGYW.

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Acknowledgements

This job aid was developed with technical assistance from the Johns Hopkins Center for Communication Programs (JHCCP) for Pact's Ready, Resourceful, Risk Aware (Triple R) Project.

It was written by Lungile Dlamini-Zwane, Bongile Dlamini and Beth Deutsch, with technical support from Cheryl Lettenmaier and Sindy Matse (Eswatini National AIDS Programme (ENAP), Ministry of Health), for Life Mentors in Eswatini to use with AGYW aged 15-29 in small group sessions and through one-on-one mentorship. Input was provided by Pact's Mphikeleli Dlamini and Nicole Miller. It was further refined through feedback from a training of trainers' workshop for Insika HIV Prevention Field Officers and a training of Life Mentors. Field observations of Life Mentors' sessions with AGYW at community level further supported finalisation of the material by the JHCCP team.

Some content and scenarios in this job aid were adapted from the Eswatini Ministry of Health's (MOH's) PrEP booklet, MOH PrEP and PEP presentations. Special thanks to Nontsikelelo Ncongwane who took the beautiful cover picture for this job aid pro bono.

Disclaimer

This job aid is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), under the terms of Award No. 72067418CA00007. The contents are the responsibility of Pact and Johns Hopkins Center for Communication Programs (JHCCP) and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

DISCUSSION GOALS

To discuss PrEP as a new HIV prevention option for AGYW who are particularly vulnerable to HIV and to help participants understand how PrEP and PEP work to prevent HIV.

DISCUSSION TOPICS AND ACTIVITIES

Part 1:

Recap on Last Session (3 minutes)

Activity 1: What's this new thing called PrEP? (30 minutes)

Activity 2: Who is PrEP for? (20 minutes)

Activity 3: PrEP: Safety and other considerations (20 minutes)

Activity 4: Post-Exposure Prophylaxis (PEP) (20 minutes)

Activity 5: How safe is PEP? (15 minutes)

Wrap-Up (2 minutes)

By end of session, AGYW should have:

- ✓ Clear understanding of PrEP and PEP and how these prevent HIV.
- ✓ Clear idea of their own HIV risk and whether or not they should consider PrEP,
- ✓ Understanding of PEP and when it is needed,
- ✓ Agreement on next meeting.

DISCUSSION LENGTH | 1 hour 50 minutes

KEY TO ACTIVITY PLANNING



Activity Objectives



Activity Time



Materials Needed

Welcome and Recap

1. Greet the AGYW and welcome them to the Insika Ya Kusasa session.
2. Ask them to sit comfortably (in a circle, if having a group session). Sit in the circle with the group. Everyone should be at the same level, including yourself.
3. Thank the AGYW for coming.
4. Ask the AGYW to quickly share something good that happened to them since the last session.
5. Ask the AGYW to talk about what they learnt from the last session. Make sure to tactfully correct any wrong information without embarrassing the person giving the wrong information.

Explain that today we are going to discuss other available services that we can access to help us prevent getting HIV, in addition to condoms that we learnt about previously.

ACTIVITY 1: What's this new HIV prevention method called PrEP?



This activity explains what Pre-Exposure Prophylaxis (PrEP) is



30 Minutes



No Materials Needed

Step 1 Sitting in a circle, tell the AGYW to listen while you read the short story of Futhi.

Futhi's Story: Futhi is an 18-year-old woman who works for a HIV prevention organisation in Mbabane. She is madly in love with Siphoh. Siphoh is 9 years older than Futhi and has a good job. She loves spending time with him but they have to do it secretly because he is married. She worries about HIV. When she tried to talk with him about HIV once, he became angry with her, accusing her of not trusting him. They use condoms most of the time, but sometimes they forget or find themselves carried away and having sex without a condom. Recently, Futhi got an HIV test. She was very relieved to learn that she is HIV-negative. While she was at the DREAMS on Wheels mobile clinic, the nurse talked to her about PrEP. She learned that PrEP is a pill that she can take every day to protect herself from getting infected with HIV. The nurse told her that it is only for men and women 16 years or older who are HIV-negative. It is very effective and safe, but its effectiveness only starts after 7 days of continuous use. Futhi decided to start taking PrEP because she knew she could be at risk of getting HIV from Siphoh and felt it was worth protecting herself, her health and her future.

Read out the story to the AGYW in SiSwati:

Futhi ngudzadze loneminyaka lengu 18 losebentela inhlangotho lebukeyo tindzaba tekuvikela iHIV lese Mbabane. Usha emashushu ngelutsandvo ngesingani sakhe Siphohlo. Siphohlo mudzala kuna Futhi ngeminyaka lengu 9 kantsi futsi usebentela kahle. Futhi uyatsandza kucitsa sikhatsi ngesingani sakhe kepha kufanele bafihle nabahlangana ngoba Siphohlo ushadile. Futhi uyakhatsateka nge HIV. Wake wetama kukhuluma naSiphohlo nge HIV, kepha Siphohlo wakwata, wamtjela kutsi kusho kutsi akametsembi. Sikhatsi lesinyenti basebentisa ikhondomu, kepha kulesinye sikhatsi bayayikhohlwa batikhandze sebatsatsekile baze balala ngaphandle kwekhondomu. Kulamalanga, Futhi uhambe wayotihlola simo sakhe seHIV. Utive abanekekukhululeka nakatfolo kutsi ute ligciwane leHIV. Utsite nakavakashela i Dreams on Wheels mobile clinic, nesi wamtjela nga PrEP. Ufundze kutsi PrEP liphilisi langalinatsa onkhe malanga kutivikela kutsi angatfoli iHIV. Nesi wamtjela kutsi leliphilisi lalabadvuna nalabasikati labaneminyaka lengu 16 kuya etulu, labangenalo ligciwane leHIV. Lisebentela kahle kakhulu kantsi futsi liphephile, kepha licala kukuvikela ngemuva kwemalanga lasikhombisa (7) ulinatsa onkhe malanga. Futhi utsetse sincumo kutsi acale kutsatsa iPrEP ngoba bekati kutsi kungenteka abe sengotini yekutfolo iHIV kuSiphohlo, wabona kuncono kutivikela yena, imphilo yakhe kanye nelikusasa lakhe.

Step 2 After reading the story, ask the AGYW what they know about PrEP. Listen to their contributions and then, building on what they may already know, explain more about PrEP using the fact sheet below.

Step 3 Break the participants into 3 groups if having a big group, or less if having fewer participants. *(If having a one-on-one session, just read each statement and ask the AGYW to tell you whether they think it's TRUE or FALSE).* Tell the AGYW, we are going to have a contest. You will ask a question on whether each statement is TRUE or FALSE and each team will have a representative who will raise their hand if the team knows the correct answer. The first team to put their hand up will get the first chance to answer. If they answer correctly, they will win 10 points. Afterwards, read the correct information to the group to be sure they know the correct answer. Then, repeat this procedure with the other questions. Congratulate the winning team for being so knowledgeable about PrEP.

Here are the statement questions:

Statement 1: Is this statement true or false? PrEP is a daily pill to prevent HIV infection.

TRUE: PrEP is a combination pill (one pill made up of two medicines) that is taken every day to help protect your immune system (CD4 cells) from being infected with HIV.

Statement 2: Is this statement true or false? PrEP can cure HIV.

FALSE: PrEP does NOT cure HIV. PrEP is a new and very safe pill for HIV-negative people to take BEFORE exposure to prevent becoming infected with HIV.

Statement 3: Is this statement true or false? **If I take PrEP, I can stop using condoms when I have sex.**

FALSE: In addition to using PrEP, you should still use condoms to prevent other STIs and pregnancy, which PrEP does not prevent. PrEP is not meant to replace other HIV prevention methods, but is an extra HIV prevention option. Where possible, PrEP should be used with other prevention methods, such as male circumcision, partner reduction, STI treatment, non-penetrative sex and male or female condoms. Condoms protect against HIV infection in cases where you forget to take PrEP correctly.

Statement 4: Is this statement true or false? **PrEP can be used by a pregnant or breastfeeding woman who is HIV positive.**

FALSE: PrEP cannot be used by an HIV POSITIVE person. However, an HIV NEGATIVE woman who is either pregnant or breastfeeding can safely use PrEP to ensure that both she and her child are protected from HIV even if she has unprotected sex with her partner.

Step 4 Ask for a couple of volunteers (*or the AGYW, if having a one-on-one*) to tell you what they have learned about PrEP. Tactfully correct any incorrect information. Be sure that the following information is mentioned:

- ▼ PrEP is a pill that a man or woman can take daily to prevent HIV infection.
- ▼ PrEP is very safe.
- ▼ PrEP is only effective when you take it every day.
- ▼ When you take PrEP, you should continue to use condoms to protect yourself from other STIs and pregnancy. If you take PrEP incorrectly or forget to take it, condoms can protect you from HIV.

What is PrEP?

- ▽ PrEP is a combination pill that one can take daily to reduce their risk of HIV infection.
- ▽ PrEP means pre-exposure prophylaxis:
 - Pre = before
 - Exposure = coming into contact with HIV
 - Prophylaxis = treatment to prevent an infection from happening.

How does PrEP help prevent HIV infection?

HIV is a virus that attacks your body's immune cells (the cells that work to fight infections called CD4 cells).

- ▽ The 2 medications contained in PrEP block important pathways that viruses use to infect the immune system.
- ▽ If you take PrEP daily, it will **prevent HIV from entering the CD4 cells.**

How should PrEP be used?

- ▽ You must take one tablet by mouth every day.
- ▽ You may be at higher risk of becoming infected with HIV if you miss doses or stop taking PrEP and have unprotected sex.
- ▽ To effectively prevent infection, PrEP must be taken at least 7 days before sex and continued for a total of at least 28 days after an unprotected sexual encounter.

How effective is PrEP?

In people who take PrEP daily, as instructed, during the risk period, PrEP prevents more than 90% of infections.

What side effects does PrEP cause?

Some people get side effects when taking PrEP. These are usually mild and go away after the first month of use. You might experience headaches, gas, bloating, softer/more frequent stools, or nausea.

Where can I get PrEP?

For now, in Eswatini, PrEP is available at selected health facilities only. Visit the DREAMS on Wheels mobile clinic for a safe and confidential discussion on PrEP and referral. The government is looking to soon make PrEP available at all public health facilities in the country.

(Refer to or share the Insika Health Referral Directory for the selected health facilities that currently provide PrEP).

ACTIVITY 2: Who can take PrEP?



This activity discusses who can access PrEP in Eswatini, and allows participants the opportunity to consider whether or not PrEP might be a good prevention method for them



20 Minutes



No Materials Needed

Explain that now that we all know what PrEP is, we are going to talk about who PrEP is most suitable for.

Ask: Who do you think PrEP is good for? Listen to the AGYW and then highlight the following:

- ✓ Any HIV-negative man or woman 16 years or older
- ✓ A person who feels they are at risk for HIV
- ✓ A person with a sexual partner who is HIV positive
- ✓ People who are willing to take PrEP daily
- ✓ People who are able to attend regular follow-up visits.

Say: PrEP is available to anyone who personally feels or is identified by the healthcare worker as being at risk of getting HIV. I'd like us to look more closely at what may put someone at risk for HIV.

Say: While sitting comfortably (in a circle, if in a group), close your eyes and be quiet for about 1 minute. Now, I will ask you some questions that you should answer honestly in your heart(s). Be truthful because only you will know the answer.

Read the following questions aloud, making sure to pause for about 5 seconds after each question to give the AGYW enough time to reflect on each of their responses. Reassure the participant(s) at the start of the activity that they do not need to answer the question out loud, but should answer themselves truthfully in their hearts.

In the past SIX months:

- ▼ Have you had sex with a man, a woman or both?
- ▼ Have you had unprotected (condom-less) sex with partners who are HIV positive or whose HIV status you did not know?
- ▼ Do you have a partner who travels and/or whom you suspect has other partners?
- ▼ Do you have difficulty discussing condom use with your partner, or do not like to use condoms yourself?
- ▼ Is selling sex part of your regular source of income?
- ▼ Have you had a sexually transmitted infection?
- ▼ Have you had sex under the influence of alcohol and/or drugs?
- ▼ Have you experienced or do you expect to experience any situations which you consider to be risky for acquiring HIV?

Say: Any “yes” answer to the above questions means you are at risk of acquiring HIV because just by being sexually active you’re at risk. If you have had or are having UNPROTECTED sex, then you’re at an even higher risk for HIV and should consider an HIV test. If test results show you are HIV negative, you can request PrEP from your healthcare provider or consider other HIV prevention methods to protect yourself. If HIV positive, you can start ART in order to stay healthy and strong.

Say: Now, I am going to read a few scenarios and we will discuss whether you think the person should access PrEP or not, and why. Read each scenario and give answer below after listening to the AGYW.

Scenario 1

Nokubonga, a 24-year-old young woman, just tested HIV negative. During counselling she had said that her husband (who is the sole bread winner) was unfaithful to her and had many different sexual partners. A friend of hers, who is on PrEP, told her about PrEP and where to get it and she decided to enquire about it. She also reports having other multiple sexual partners to sustain herself.

Read to the AGYW in siSwati:

Nokubonga, dzadze loneminyaka lengu 24, usandza kutihlola simo sakhe watfola kutsi ute ligciwane leHIV. Ngesikhatsi bameluleka, uvetile kutsi indvodza yakhe (lekungiyona leyondla likhaya) ayikatsembeki kuye ngoba inetingani letinyenti. Umngani wakhe, lonatsa iPrEP, umtjele nge PrEP, nekutsi angayitfolaphi, wabese uncuma kutsi abute kabanti ngayo. Naye Nokubonga uvetile kutsi unaletinye tingani lalalana nato kuze atiphilise.

Scenario 2

Thandiwe, a 17-year-old young woman, has just found out she has an STI, but is HIV negative. She has just started dating a new partner that doesn't like the feel of condoms. While sexually active they have not talked about past sexual history or if he has other partners, and she doesn't feel comfortable asking.

Read to the AGYW in siSwati:

Thandiwe, loyintfombatane leneminyaka lengu 17, usandza kutfola kutsi unesifo selicansi (iSTI), kepha ute ligciwane leHIV. Usandza kucala kuvana nesingani lesisha lesingayitsandzi ikhondomu. Yize sebacalile kulalana, abakaze sebakhulume ngelimuva labo mayelana netingani noma kutsi sona lesingani sakhe kukhona yini lomunye lesivana naye, kantsi futsi Thandiwe akativa akhululekile kubuta lemibuto.

Scenario 3

Jabulani, a 39-year-old married man, recently visited the clinic at the request of his family for some heart issues. He agreed and ended up also being tested for HIV and discovered that he is actually HIV positive. His viral load has been found to be unsuppressed. His wife, Nosipho has also tested and found that she is HIV negative.

Read to the AGYW in siSwati:

Jabulani, loyindvodza leshadile leneminyaka lengu 39, uvakashele emfolamphilo ngekucelwa ngumndeni wakhe kutsi ayotfola kwelashelwa tinkhinga tenhlitiyo. Wavuma kuya, wagcina sekahlololwa neligciwane leHIV, lapho atfole khona kutsi unalo leligciwane. Kutfolakele kutsi linani leHIV engatini (i viral load) yakhe isetulu, ayikacinzeteleki. Umkakhe, Nosipho, naye ubese uyatihlola simo sakhe watfolakala kutsi yena ute iHIV.

Scenario 4

Nonhlanhla, a 28-year-old woman, is visiting the clinic with her husband who has been on ART for 8 months. Her husband had his VL taken last visit and the healthcare worker tells them the result shows that his viral load is undetectable (licinzetelekile). They are happy and they are talking about how this will motivate the husband to continue taking his ARVs daily as prescribed. The healthcare worker discusses condom use and they say that they consistently use a condom.

Read to the AGYW in siSwati:

Nonhlanhla, dzadze loneminyaka lengu 28, uvakashela umfolamphilo akanye nemkhwenyana wakhe losanetinyanga letingu 8 anatsa emaphilisi ekutsintsibalisa ligciwane leHIV. Umkhwenyana wakhe wahlolwa linani leHIV engatini (i viral load) nakagcina kuya emfolamphilo, nyalo ke sisebenti setemphilo simtjela kutsi licinzetelekile. Letitsandzani tiyjabula ngaloku, setikhuluma ngekutsi kutomkhutsata nemkhwenyana wa Nonhlanhla kutsi achubeke anatsa kahle emaphilisi akhe onkhe malanga njengoba atjelwa. Sisebenti setemphilo sicocisana nabo ngekusebentisa ikhondomu, bayasitjela kutsi ikhondomu yintfo labayisebentisa ngaso sonkhe sikhatsi.

Answers:

- Scenario 1:** Nokubonga is a candidate for PrEP, as a way of protecting herself from HIV, because her husband's behaviour puts her at risk. Her own behavior of having multiple partners also puts her at risk, especially if she has unprotected sex with these partners. Further tests will be done by the healthcare worker to determine if she qualifies for PrEP.
- Scenario 2:** Thandiwe is at high risk for HIV because she has already acquired a STI. She is also not using condoms, which is risky. She is, therefore, a candidate for PrEP because she is still HIV negative, but she will need to treat the STI together with her partner(s) and the healthcare worker will advise accordingly.
- Scenario 3:** Jabulani is HIV positive and, therefore, does not qualify for PrEP, but for ART. No matter what his CD4 count or viral load is, he can start ART at once. His wife, Nosipho, on the other hand, is a candidate for PrEP because she is HIV negative and her husband is HIV positive with a high viral load, thus putting her at high risk for HIV infection.
- Scenario 4:** Nonhlanhla's risk for HIV is quite low since she and her husband use condoms consistently and his viral load is also suppressed, which reduces the chances of him infecting her. It's a good thing that they still use condoms because that also protects against other STIs and any unwanted pregnancy. At this point, she does not really need PrEP, unless her situation changes. For example, if her husband stops taking his ART well and his viral load increases and becomes detectable again, or if they also stop using condoms consistently. In that situation, she would be at risk and should consider PrEP.

KEY MESSAGES:

- ▼ Any HIV negative person who feels they are at risk for getting HIV should speak to a healthcare worker on Dreams on Wheels, who will give more information and refer you to your closest facility that provides PrEP.

- ▼ DREAMS on Wheels provides sexual reproductive health (SRH) services (pregnancy prevention, STI screening and treatment, etc) for adolescent girls and young women, including PrEP information and referrals.

- ▼ Certain government health facilities also offer PrEP and I can provide you with the name of the health facility nearest you that can help you start PrEP. Please be aware, though, that the healthcare worker will do a risk assessment by asking you a number of questions and conducting some tests before she decides whether you can start PrEP or not.

NOTE TO MENTOR

Make sure to refer to the Insika Health Referral Directory for facilities that currently provide PrEP services.

ACTIVITY 3: How Safe is PrEP?



To reassure participants that PrEP is quite safe to use, and to discuss the benefits, challenges and adherence issues regarding PrEP



20 Minutes



Materials Needed

Ask: Has anyone ever taken any medication (e.g. painkillers like Panado or Grandpa, cough mixture, etc) that didn't make you feel very well? Can you share what happened? *Listen to the girls' feedback.*

Say: What some of you have shared are mostly what we call side effects of some medications. These are usually mild reactions to the medications, which affect some, but not all, people.

What side effects might you experience with PrEP? Can anyone share what they have heard? *Listen to the girls and then highlight the following:*

- ▼ Few people (about 1 out of 10) who start PrEP will have some short-term, mild side-effects, like a headache or nausea, but usually they go away after a few weeks.
- ▼ If you experience stomach-related side effects, it may be helpful to:
 - Take the pill with food
 - Take the pill at night before bedtime.

What should you do when experiencing side effects? *Ask the girls what they think and then emphasise the following:*

- ▼ Talk to your healthcare provider when you go back for your PrEP refill. Most side effects are annoying but will disappear. Your healthcare provider will work with you to manage any side effects. However, if the side effects are very severe, then you should not wait for your refill date, but should go back to your healthcare provider immediately for assistance, as advised by the healthcare provider.

Note that, with taking PrEP, there is need to see your healthcare provider regularly. Once you're initiated on PrEP, you will need to come back for a follow-up visit one month after starting PrEP, then once again 2 months later and every 3 months after that. At each visit, your healthcare provider will do routine HIV testing, to make sure that you remain HIV-negative, address any remaining questions or concerns you may have and give you your PrEP refill to support your adherence to PrEP.

Ask: What are some of the benefits of PrEP? *Listen to what the girls say, then summarise, being sure to mention the following:*

- ▼ PrEP is a tool that you can choose to make your sex life safer, and it is 90% effective at preventing HIV when taken daily.
- ▼ PrEP can be taken without your partner's or family's knowledge.
- ▼ PrEP can be taken during times when your risk for HIV is highest. For example, if your partner travels and you know when he will return, you can begin taking PrEP 7 days before his return and continue for 28 days from last sexual exposure before stopping. You must consult your healthcare provider to find out how to do this most effectively as you should never stop PrEP without your healthcare provider's knowledge and advice.

Ask: Can I use alcohol or contraceptives while on PrEP? *Ask the girls what they think and then emphasise the following:*

- ✔ Using alcohol or recreational drugs will NOT reduce the effectiveness of PrEP, however, excessive alcohol use can cause other health problems and sometimes results in poor decision-making, such as not using a condom during sex.
- ✔ PrEP is safe to use with all contraceptive (pregnancy prevention) methods.
- ✔ You can also use PrEP safely throughout pregnancy and breastfeeding.

Explain how much PrEP costs:

- ✔ There is no cost to you for the pills and lab tests for PrEP. The government of Eswatini, supported by its partner stakeholders, is providing this service free of charge to all emaSwati that want to protect themselves from HIV in this way.
- ✔ You can get more information on PrEP from the Dreams on Wheels mobile clinic, which can refer you to facilities that provide the service.

ACTIVITY 4: Post-Exposure Prophylaxis (PEP)



To discuss Post Exposure Prophylaxis as an additional HIV prevention method



20 Minutes



Cut-out Scenarios

Step 1 Tell the AGYW that now you are going to discuss Post Exposure Prophylaxis (PEP).

Ask: Who knows what Post Exposure Prophylaxis means? Listen to the AGYW, then explain:

- ▼ Post = after
- ▼ Exposure = coming into contact with HIV
- ▼ Prophylaxis = treatment to prevent an infection from happening.

Post-exposure prophylaxis (PEP) is medication people can take **AFTER** coming into contact with HIV (or potentially with HIV) to reduce their risk of becoming infected. PEP must be taken for a month (28 days) and must be started within 72 hours after possible exposure.

Step 2 Break the participants into three or less equal groups, depending on the number of AGYW attending the session. *(You do not need groups for a one-on-one session.)*

Hand out the printed and cut out scenarios shown below. Tell the AGYW to look at the scenarios and then discuss what kind of advice they would give to the person in the story.

Step 3 After discussing their scenarios for 8 minutes, ask each group to share their scenario and the type of help they think the person in their story needs. Allow others in the larger group to offer suggestions, then you summarise, drawing from the information below. *(In a one-on-one, tell the AGYW to take five minutes reading and understanding each scenario before proceeding to ask her the questions that follow.)*

Scenario 1:

Lungisile is a 20-year old young woman who is at university. She and some of her friends normally visit each other's rooms to study and sometimes to just chat. Some of the friends are males. Last night, they all enjoyed some alcoholic beverages in her room. Everyone started leaving one by one and Sabelo remained behind. She only noticed when Sabelo rose up to lock her door that the two of them were all alone in her room. When she asked him why he was locking her door, he gave her a funny look and told her to stop pretending she didn't want it. He proceeded to force himself on her, raping her without a condom, all the while covering her mouth so she wouldn't scream. Afterwards, he casually opened the door and walked out leaving Lungisile crying and in a state of shock at what had just happened.

Read to the AGYW in siSwati:

Lungisile ngudzadze loneminyaka lengu 20 lofundza enyuvesi. Yena nalabanye bangani bakhe bayaye bavakashelane emagumbini abo kuze badadise kanyekanye noma nje baticocele. Labanye balabangani badvuna. Itolo ebusuku, bahlangane bonkhe egumbini lakhe batijabulisa banatsa netjwala. Bonkhe bacale kuhamba ngamunye ngamunye, kwagcina sekusele Sabelo kuphela. Loku ukunake nakasukuma Sabelo akhiya umnyango wakhe, kwangukhona abona kutsi sebesele bobabili nje kuphela. Nakamubuta kutsi ukhiyelani emnyango, Sabelo umbuke ngendlela lengatayekeki wamtjela kutsi akayekele kutentisa ngatsi akafuni. Kulandzela loko, Sabelo ubese uyamgagadlela ngenkhani, wamudlwengula angakafaki nekhondomu, kuleso sikhatsi bekamubambe emlonyeni ngesandla kuze angamemeti. Nase acedzile, uvele wavula umnyango kwangatsi kute lokwentekile waphuma, ushiya emuva Lungisile uyakhala, ushacekile ngaloku lokucedza kumentekela.

Ask: What kind of help do you think Lungisile needs? Let the group that had this scenario present their discussions, or ask the one AGYW to tell you what she thinks if having a one-on-one session.

Then, reiterate this: Lungisile needs to immediately talk to a person she trusts to tell her/him what happened and seek medical help. The health facility will test her for HIV and, if negative, will put her on PEP treatment. She has to start taking the PEP pills within 72 hours of the incident and stay on the treatment for a month in order to effectively reduce her chances of HIV infection. She will be tested for HIV again after six weeks and two more times thereafter to confirm if she has indeed not been infected. A pregnancy test will also be done and if negative she will receive emergency contraceptives within 72 hours in order to prevent pregnancy, as well as STI treatment if necessary. She will also need post-abuse management counselling to help her deal with the rape experience. A criminal case should also be opened against Sabelo to make sure he does not do the same to other women.

Scenario 2:

Mary is a 23-year-old HIV negative woman who often enjoys spending some time with her 35-year-old boyfriend who is HIV positive. Although they have been engaging in sex frequently, they have always used a condom because of his HIV status. Last night they spent time together and, in the heat of the moment, they ended up having sex without a condom. She is now worried that she may have contracted HIV and she also does not want to get pregnant.

Read to the AGYW in siSwati:

Mary ngudzadze loneminyaka lengu 23 lote ligciwane leHIV lotsandza kucitsa sikhatsi sakhe nesingani sakhe lesineminyaka lengu 35, sona lesiphila ne HIV. Noma baya ecasini kanyenti, bebasebentisa ikhondomu sonkhe sikhatsi ngenca yesimo sesingani sakhe. Itolo ebusuku bacitse sikhatsi kanyekanye, njengenjwayelo, kwatsi ngekuphutfunywa yimiva, batikhandza sebaye ecasini bangakativikeli ngekondomu. Nyalo sewukhatsatekile kutsi kungenteka kutsi utseleleke nge HIV kantsi futsi akafuni kutetfwa angakahleli.

What kind of help do you think Mary needs? Let the group that had this scenario present their discussions, or ask the one AGYW to tell you what she thinks, if having a one-on-one session.

*Then, reiterate this: Mary has to visit her nearest health facility as soon as possible, before **72 hours pass, and request PEP** to prevent HIV infection, as well as emergency contraceptives to prevent pregnancy. She will receive HIV and pregnancy tests first to determine her HIV and pregnancy statuses. If still HIV negative, the healthcare worker should offer her PEP and if she's not pregnant, she will be given emergency contraception to prevent unwanted or unplanned pregnancy.*

Scenario 3

Thabi is a 27-year old nurse working in one of the health facilities in Manzini. She often has to inject patients and today was no different for her. However, as she was injecting a very ill patient, the man reacted to the needle prick by trying to hold her hand and she accidentally pricked her hand with the needle, which had traces of his blood on it.

Read to the AGYW in siSwati:

Thabi ngunesi loneminyaka lengu 27 losebenta kuleminywe yemitfolamphilo ka Manzini. Emsebentini wakhe, uvamise kujova tifulane, ngakho ke nalamuhla kube njalo. Kepha ke, utsite asajova lomunye umuntfu lobekagula kakhulu, lendvodza yajaka kubamba sandla sakhe nayiva umjovo ungena, watikhandza sekahlatjwe yinyalitsi yemjovo, lebeyinemanembelela engati yalendvoda kuyo.

What kind of help do you think Thabi needs? Let the group that had this scenario present their discussions, or ask the one AGYW to tell you what she thinks if having a one-on-one session.

Then, reiterate this: Thabi needs to get PEP within 72 hours of the incident in order to prevent HIV infection. However, she will need to first take an HIV test to determine if she is HIV negative. If found already living with HIV, she can be enrolled on ART. She will also be put on treatment to prevent other potential infections, like Hepatitis B or C.

Step 4 Summarise:

These are examples of how a person might be put at risk of HIV infection. It is important to remember that if you are worried you've been exposed to HIV, you can get PEP to reduce your chances of HIV infection, but you must begin taking PEP within 72 hours of the exposure (although the sooner you start the better).

Step 5 Explain how PEP works, using the following information.

PEP works by stopping HIV infected cells from replicating (reproducing). This multiplication starts within the first 24 hours of exposure. That is why it is so important to start taking PEP as soon as possible after exposure. If started early enough, PEP suppresses the reproduction in the few infected cells and they are eliminated.

While PEP works if started within 72 hours after exposure to HIV and continued for 28 days (4 weeks), it is most effective when started within the first hour after exposure to HIV.

When taken correctly, it reduces the risk of HIV infection by 75%. For this reason, it is very important to go to a hospital as soon as possible. There, you will be offered a test for HIV and given PEP drugs if you are HIV negative.

If you test positive within 72 hours of exposure, this means you were already infected with HIV when the exposure took place, and you will not be given PEP, but will be offered ART.

PEP makes infection with HIV less likely. However, it is NOT a cure for HIV. Also, the treatment may not work if you take the medicine incorrectly.

ACTIVITY 5: How Safe is PEP?



To discuss possible side effects of PEP and assure AGYW that PEP is quite safe to use if they are exposed to HIV



20 Minutes



No Materials Needed

Step 1 Ask the AGYW to stand in a line next to each other, or just stand alone, *if having a one-on-one session*. Ask them to imagine themselves very hungry and in desperate need of food.

Step 2 Tell the AGYW to imagine that the only food available anywhere is on the other side of a large river. To get there, you have to risk going on a canoe (small log-like boat) to the other side, which you have to row yourself even though you have never done this before.

Staying where you are could mean that you could die of hunger, while going on the canoe could mean that you could get to the food on the other side and survive. There is also a chance that you could have to face the risk of encountering dangerous animals or winds in the river while crossing to the other side.

Step 3 Now, tell the AGYW to think about which of the following two risks is greater and could have a more negative effect on their lives?

Choose the risk you would take of the two.

- ▼ If you would rather go on the canoe in order to get to the other side, **take two steps forward.**
- ▼ If you would rather stay where you are and risk starving to death, **move two steps back.**

Step 4 Explain: Everything in life has some level of risk, but one has to make choices based on what's best for them. So, while there is the risk of suffering some side effects when taking PEP (like there is some level of risk when crossing a huge river on the canoe), there is little risk to using PEP drugs over short periods.

Most side effects are not life threatening, so there is high benefit for the person using PEP when compared to the risk of not using PEP and getting HIV (*which can be compared to staying where you are and risking starvation and possible death in our example above*).

Share these possible side effects of PEP:

Mild side effects (*do not require discontinuation of drugs*)

- ▼ Nausea and vomiting
- ▼ Feeling generally unwell
- ▼ Tiredness
- ▼ Headache

Moderate side effects (*do not require discontinuation of drugs, but medical attention must be sought*)

- ▼ Muscle pain
- ▼ Body rashes
- ▼ Insomnia or inability to sleep
- ▼ Bad dreams

- ▼ Hallucinations or visions
- ▼ Extreme sleepiness

Tell the AGYW that not everyone experiences side effects from PEP. For those who do have side effects, they usually go away as they continue taking PEP. If severe side effects occur, the healthcare provider will assist you to handle them.

Step 5 Tell AGYW where they can get PEP:

You can get PEP from Dreams on Wheels when it's in your area, as well as your nearest health facility. See the *Insika Health Referral Directory* for places that can provide help for rape victims, including PEP, emergency contraception to prevent pregnancy, post abuse management services, amongst others.

The important thing is to get help as soon as possible in order to stay protected from HIV, STIs and unwanted pregnancy, as well as for psychological wellbeing if you have experienced abuse.

WRAP UP

1. Hold up 2 cards, one for PrEP and the other for PEP, and ask participants to tell you which is used when. *(see cards below)*
2. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting.
3. Ask if there are any more questions about today's discussions that they would like to ask.
4. Agree on and remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there (if this is not your last session).

**Most of the technical content in this job aid is adapted from the MOH PrEP booklet (SNAP) and a few of the scenarios and the risk assessment questions are adapted from FHI360 and SNAP presentations on PrEP. Most of the activities are original.*

The End.

Summary PrEP and PEP Cards (Make cards using the guild below and print them back-to-back for the session)



PrEP

Front

- ✓ **PrEP** is a new and effective HIV prevention option.
- ✓ Should be taken **BEFORE** exposure to HIV.
- ✓ It's a pill taken daily as long as you feel you're at risk for HIV.
- ✓ It's for HIV-**negative** people.

Back



PEP

Front

- ✓ **PEP** is an HIV prevention option taken **AFTER** exposure to HIV.
- ✓ It should be taken within 72 hours after HIV exposure for a period of 28 days.
- ✓ It's for HIV-**negative** people.

Back

REFERENCES

These foundational INSIKA Job Aids are evidence based materials drawn from well-known behavioural theories and adapted curricula. Design was informed by two key theories: Albert Bandura's Social Learning Theory - which proposes that people learn new behaviours and identify their own strengths and self-efficacy when they see them modelled in others, and Paolo Friere's Empowerment - Education model, which states that knowledge comes not from "experts" but rather group discussions and knowledge people have from within themselves and their communities. The job aids are meant to be used as a package, in conjunction with a mentorship guide which outlines targeting based on age profiles, key content and participatory methodologies based on USAID mentorship curricula, as well as a simplified mentorship process and template.

Existing curricula, which are based on these models and tested experiential techniques, were reviewed and specific activities adapted to AGYW in Eswatini context. Additional new content was developed to enhance individual mentorship plan development and mentorship sessions. Detailed references are provided below for each activity source and adaptation.

Activity 1: What's this new thing called PrEP? Source: Scenarios adapted from Ministry of Health PrEP presentation

Activity 2: Who is PrEP for? Source: Risk Assessment questions adapted from Ministry of Health PrEP presentation

Activity 3: PrEP: Safety and other considerations: Source: Some of the content adapted from MOH PrEP booklet

Activity 4: Post-Exposure Prophylaxis (PEP): Source: Original activities, technical content adapted from MOH PrEP presentation

Activity 5: How safe is PEP? Source: Most of the content original, side effects content from MOH PrEP presentation

INSIKA YA KUSASA JOB AID SET DEVELOPED FOR AGYW (15-29) MENTORSHIP SESSIONS

