

#### **4 Additional Community Mobilisation Sessions for Peer Educators**

These 4 additional sessions were developed as part of the SAPPHIRE trial. Originally, they were introduced in the intervention sites, but are now integrated in the package of activities that Peer Educators deliver. These activities focus on HIV prevention and treatment, and encourage sex workers to regularly test for HIV, and access ART and PrEP (where available). These can be used alongside the Peer Education Manual, and are particularly useful for talking about behaviour change related to taking medication for HIV prevention or treatment.

The 4 additional sessions are as follows:

(1) *Tree of Health: Ways of Protecting Ourselves* – Identifying all the health risks faced by sex workers and the different ways to prevent or mitigate these, including how the new Sisters with a Voice intervention activities can help.

(2) *Making Something a Habit* – Differentiating between routine daily activities and rarer, specific events, and way to integrate a new behaviour or clinical regimen (repeat testing, ART, PrEP) into daily routines to make them habitual.

(3) *Adhering to a Healthy Life* – Discussion of how many healthy behaviours require commitment and “tips and tricks” to ensure they are adopted. Brainstorming and ranking the best tricks for adhering to HIV care.

(4) *What is PrEP* – summary of some basic information on how PrEP works, with discussion of what its negatives and positives (challenges and benefits) might be, to help sex workers decide whether or not to take it.

The four sessions detailed below are designed to be delivered in order. It is envisioned that the sessions are appropriate for all sex workers interested in community mobilisation activities, regardless of HIV status or enrolment in repeat testing, ART or PrEP. This allows sex workers to participate in activities without disclosing their status to others.

If mixed groups prove unpopular, however, the activity *Adhering to a Healthy Life* could be offered to HIV+ and HIV- women separately, and the final activity, *What is PrEP?*, could be delivered just to women testing HIV-negative who are considering whether or not to enrol in PrEP.

## **(1) TREE OF HEALTH:**

### **Ways of Protecting Ourselves**

The purpose of this activity is to encourage women to think holistically about the kinds of health risks they face in their work. Although you can lead the group to focus on sexual health and HIV during the discussion, participants should think broadly about the risks they face as sex workers in the first part of the activity.

**Materials:** Flipchart paper, coloured pens, coloured paper, scissors, glue.

Have a picture of a bare tree prepared. Cut-outs of leaves, fruit, and flowers can be provided, or can be made by participants during the activity.

#### **Part I: Identifying health problems**

- (1) Ask the group to think about *all* the health issues or risks to their health that they face as sex workers. Explain that the tree in the picture represents a woman's health (any sex worker – no one has to discuss any personal health concern if they do not want to, they should think about *shared risks*).
- (2) Give out paper leaves, fruits, and flowers (or ask the group to draw/ cut these out of paper). First start with the leaves. A health problem or risk should be written on each leaf and glued on the branches of the tree. When they are finished, probe for *any other topics*. (As examples, participants may think of STI, pregnancy, HIV, alcohol related problems, stress, high blood pressure, poor diet, physical/sexual violence etc).
- (3) Next, ask the women to use the paper fruit (or draw these onto the tree). The fruit are the *consequences* of the health issues. For example, if one of the leaves is "getting pregnant" then the fruits might be "having an abortion" or "having a baby when I am not ready". Each fruit should be added near the health topic leaves of which it is a consequence. The consequences don't have to be physical, for example, a consequence of drinking too much could be having unprotected sex with clients or spending too much money.

Encourage the group to keep adding leaves and fruits as they discuss the health risks they face as sex workers. Help participants think of as wide a range of health issues as possible.

#### **Part II: How can we protect ourselves?**

- (1) Now ask the participants to draw/cut-out coloured flowers. The flowers are ways of protection against health problems and/or their consequences. They can draw or write ideas for how to prevent the "leaves" and their "fruits." They can also add flowers to show us how they look after themselves when they have health problems – for example, buy medicine, take a rest from work, seek help from friends, etc.
- (2) Encourage women to think of a flower for every leaf/fruit, and they can identify more than one prevention method for each. For example, if they are thinking about HIV acquisition, they can suggest *condom use*, and *PrEP*. Which risks are easier to avoid than others? Are there some risk for which there is very little protection? (For instance, taking contraception to avoid unwanted pregnancy is easier than trying to protect against violence). Really push sex workers to identify at least 1 method of protection for each problem (i.e. for violence: working together, not going with a client to a secluded place, intervening if another sex workers seems to be having a fight with a client) How to prevent alcohol misuse? What do sex workers do to deal with feeling sad, homesick, depressed?

(3) Use the completed tree diagram to show participants that they already have a lot of ways that they look after themselves and work to prevent health problems. They already know a lot! This activity should help the women feel that they have the power to understand their health and take control of it – and encourage them to share ways of protecting themselves and each other.

(4) **WAYS THAT SISTERS CAN HELP** At the end of the discussion, highlight how the different components of the Sisters with a Voice programme can help address many of the problems. Using post-it notes or a pen (you could draw butterflies that land on the flowers?) add CeSHHAR activities to the relevant methods of prevention. Be sure to specify how:

- Repeat testing allows women to know their status regularly so they can take appropriate action.
- Availability of ART will protect HIV+ women's health
- PrEP is a new method to avoid HIV infection
- Regular clinic services help protect against other infections/ health problems
- Adherence sisters will help remember to test regularly and/or take medication and also to alleviate stress and isolation
- Peer education and participatory activities bring women together to support each other and think of ways to work together for different forms of protection

The concluding point should be that sex workers have experience, resources and social support to protect themselves and each other from a wide range of risks related to their work. The Sisters programme is there to help them to do so as effectively as possible.

## **(2) MAKING SOMETHING A HABIT:**

### ***Routine Activities and Exceptional Events in Daily Life***

**Participants:** 5-7. If you have a big group, divide them into smaller groups for the mapping activity (or ask adherence sisters to work together as pairs).

**Materials:** Flipchart paper; coloured pens; post-it notes.

This activity will help us understand the difference between daily routines (things we do almost every day, in the same way, and at the same times) and less predictable, variable events that also occur each day (at different times, or less frequently, etc).

It helps participants identify what habits they already have, and how to incorporate a new behaviour or habit (such as taking a new medication) into their existing routines. This activity is also useful to identifying “tips and tricks” for remembering to adhere to ART or PrEP.

#### **Part I: Listing the activities of the day.**

- (1) First ask the group to talk about what they do in a typical day. Tell them we want a *group* idea of what a *typical* day looks like – we know that each individual will have different routines and activities, but as a group, perhaps they have a lot of daily events in common. Let them talk among themselves about what kinds of activities *throughout the day* they share from morning until night.
- (2) Give out the large pieces of paper and pens (a pen for each participant, if possible, and ideally each person in a small group should have their own unique colour). Ask them to draw pictures or symbols representing each activity of the day down the long side of the paper, starting with waking up and finishing with going back to bed. Some activities may happen during several parts of the day (e.g. eating) and some just once (e.g. going shopping). During this part of the activity, the group should work *together* and only add activities that they all do every day (e.g. waking up, having breakfast, washing, etc) (15-20 minutes)
- (3) Now ask each woman in the group to use their coloured pen to mark other activities on the daily schedule that she does every day (even if not all the others do, e.g. taking a child to school, working in a market stall). (10 minutes)
- (4) Discuss the day. Let the group explain their drawing to you. Ask the group to observe which *daily routines* are shared by many women, and what specific *habits* are daily events for some women but not others. Ask questions about *how* they remember to conduct their habits. Ask about all the different kinds of activities mentioned by groups. Some questions will be very silly, like “how do you remember to brush your teeth each day?” or “who reminds you to pick up your child from school?” Participants are likely to point out that these are things that are almost “instinctive” now – they don’t need any reminding, they just do these things.

#### **Part II: Exceptional events**

- (1) Explain that now that they have shared what a typical day looks like for them, we would like to think about the less common activities that can crop up. Pass out the post-it notes.
- (2) Ask each participant to think of 1-2 things that she had to do yesterday (or in the past few days). These can be activities that are semi-regular (going to the bank, visiting a relative) or more rare (going to a wedding, paying rent). Each woman should write these events on a post-it note and stick it on the daily routine chart at the time that it occurred (such as between lunch and going to work).

- (3) Discuss the charts again, and prompt for how the women knew that they needed to perform those events. How do they remember to pay rent? What do they do to ensure they go to the bank during opening hours? etc. Probe for different options – putting reminders in a calendar (or in the phone), being reminded by others, associating some things with the beginning/end of the month, keeping a note of an appointment somewhere visible.
- (4) Ask which “exceptional events” are easier to remember than others, and why? (responses might be that regular things, such as paying rent, are easy to remember because they have to be completed at the same time each month and are repeated for many years, while a one-off appointment needs a reminder or calendar).
- (5) Now reflect on whether some types of activities have become easier to remember over time. Paying rent, for example, may have been difficult to remember when they first started living independently, but then became “routine”. Similarly, when someone first gets a mobile phone, they might run out of credit because they forgot to buy more airtime, but after a while, they develop a “sense” of when to go buy some more airtime before running out – it become a *new habit*.
- (6) This can be the same with taking medication every day like ART or PrEP. For women who already take some kind of medication, adding new pills will be easier because they already have a routine. For others, it has to become a *new habit* that is incorporated into their daily life. Going back to the clinic for testing every 1 or 3 months may also be difficult to remember at first because it is a rarer event. They may need special reminders at first, but over time, it should also be like paying rent or getting phone credit – something that is a regular habit.
- (7) To wrap up, ask each participant to indicate on their daily routine chart *when* would be a convenient time to go for repeat testing (are they usually less busy in the mornings? Is there some time between finishing up afternoon chores and going to work?). Explain that PLANNING an event makes it easier to remember, and easier for it to become a habit. Similarly, what *daily routine event* can they link taking medication to, if necessary. What part of the day is the most predictable every day, and could help with remembering to take the drugs? These might be different for each woman.

## **(2) ADHERING TO A HEALTHY LIFE**

### ***What are the best tips and tricks for remembering pills and other healthy behaviours?***

The main aim of this activity is to think of practical ways for sex workers to remember to take their ART or PrEP medication. However, the concept of “adherence” is also widened to refer to remembering to live as healthily as possible and to take actions to make this possible. This includes returning for repeat testing, using condoms even if on PrEP or ART, avoiding dangerous situations, and working for a safer working environment for all.

Materials: Flipchart paper, coloured pens.

#### **Part I: What is adherence?**

- (1) Ask participants to define “adherence” and to tell you *why* it is important.
- (2) Write down their answers on a flipchart. It is quite likely that they will associate the term with taking HIV treatment. After they are done, ask if they “adhere” to anything else that is good for their health.
- (3) Make some suggestions for how we all adhere to healthy behaviours when possible (just list those that were not mentioned by sex workers, and add more to the suggestions below!):
  - eating regular & healthy meals
  - taking the contraceptive pill each day/ getting the contraceptive injection
  - remembering to take condoms to work (and use them)
  - brushing teeth every day
  - seeking treatment when sick
  - finishing a course of antibiotics or other prescribed medication
  - getting exercise/ taking vitamins
- (4) Lead a brief discussion on which of the healthy behaviours that were mentioned are easier or more difficult to adhere to, and why. Are there any “tricks” to maintaining good adherence?

#### **Part II: How to adhere to ART and PrEP? Free Listing**

- (1) Ask the women to list all the different ways that they can think of for how to remember to take daily medication. Although the focus within Sisters with a Voice programme is on taking ART or PrEP, ask the participants to think about any tips they have for remembering to take *any* kind of medication.
- (2) Probe for creative ways of remembering. Some options could be calendars, phone reminders, using relatives/children/partners, putting pills somewhere obvious, associating taking pills with another daily activity (this can be linked to the Making Something a Habit activity). Try to identify *at least* 8-10 tricks and tips.

### Part III: Pair Ranking

- (1) Create a “pair matrix.” This includes the list of “tips and tricks” for remembering medication written down the side of the flipchart paper AND across the top. Then draw horizontal and vertical lines to a table that can be filled in by the participants. Remember to cross out the boxes that will repeat the same pair comparisons. (see example below)

	Calendar	Friends & family	Phone alarm	Putting pills near toothbrush
Calendar				
Friends & family				
Phone alarm				
Putting pills near toothbrush				

- (2) Go through the matrix (chart) and for each pair make a comparison and ask “which is a better way to remind someone to take their pills?” For example, “calendar or a friend?” “phone alarm or putting pills near the toothbrush?” The group should discuss each choice and discuss which one to write in the box. If they cannot decide, you can skip that pair, or write “=” to show that the group was divided about which to choose.
- (3) When the entire chart has been completed, count up the number of times each “trick” has been chosen. Look through the entire chart and count up all the choices to get a “score” for each type of health information.
- (4) Ask the group if they agree with the final scores. Ask if they think the result is an accurate assessment of practical ways to remember to take ART, PrEP or any other daily medication.
- (5) Highlight how different tips/tricks might be appropriate for different times or individuals, and in fact, more than one can be used at any one time. But sometimes it can help to think of as many options as possible, compare them and prioritise those that work best for you.
- (6) Ask the group to think about whether any of these tips and tricks could be applied to other types of adherence, for example, could any be used to remember to return to Sisters with a Voice clinics for another HIV test or an ART monitoring appointment? What about remembering to use condoms at work?
- (7) Link this activity to the one on Different Ways of Protecting Oneself – there are many ways of health protection, and all of them need to be adhered to in some way. Each women (or adherence sister pair) should think about the tips and tricks she can use to help for each type of protection.

#### **(4) What is PrEP?**

This activity supports the information and counselling on PrEP provided by clinic staff. The purpose is to consider facts about PrEP and identify the benefits and drawbacks of taking it, and integrating it into sex workers' daily lives.

**Materials:** Flipchart paper, coloured paper (or post-it notes), including some that already have one PrEP fact statement written on each, glue.

##### **Part I: What is PrEP**

- (1) Ask the group (or smaller groups if the meeting is large) to take some pens and the flipchart paper and list all the things they can remember about PrEP. Hopefully some of the participants will have attended information sessions or been informed about PrEP from clinic staff or counsellors after testing. Share these in with all participants.
- (2) Correct any misconceptions, and answer any questions that the participants may have. If any important information about PrEP is missing, be sure to give a quick review of what PrEP is, how it is taken, and how it works.
- (3) Ask if any participants are taking it, and are willing to share their experiences with the group. If so, ask each woman to briefly discuss when she started PrEP, how easy it is to take daily, and to give any information she thinks would be useful to other sex workers who are thinking about using it.

##### **Part II: Negatives and Positives Chart**

- (4) Prepare the following 8 statements on small cut-outs of coloured paper. These "facts" are based on experience (research findings) about PrEP in other settings and different kinds of situations. Some of these may be the same for Sisters with a Voice clients, and some may not. *ADD* any facts from participants' own experiences to additional coloured card or post-it notes. Phrase these as statements about PrEP (e.g. if a woman says the pills are too big to swallow easily, or they are easy to keep in a purse)

In this activity, we are giving the women the *information* from other situation, but we are also asking what their *opinions* are about these statements:

- PrEP is available as just 1 pill
  - PrEP is taken at the same time every day
  - PrEP has fewer side effects than ART
  - Some people have headaches when they first start taking PrEP
  - You need to go back to a clinic for testing and monitoring every month to get PrEP
  - PrEP is only effective during the time a person is taking it daily
  - It is important to take PrEP every day or its effectiveness is weakened
  - PrEP does not protect from other sexually transmitted infections or pregnancy
- (5) Give the group a piece of flipchart paper and ask them to draw a line down the middle (in either direction). One side of the line indicates *positive* characteristics and the other one is *negative* characteristics.
  - (6) Read out each statement, one at a time, and hand it to the group. Let them discuss it. Do they think it is a negative or positive fact? How does it apply to the kinds of situations they face? After they have discussed it as a group, they should glue it on the flipchart paper, indicating whether it is positive or negative, and how it compares to the other statements (e.g. the most

positive facts at the top, and the most negative facts at the bottom, with the range in between, etc.)

- (7) When they have “ranked” all the statements (including the ones added by sex workers who have tried PrEP), ask if they have any ideas to add? Even if no one has tried using it yet, ask if they have any guesses and ideas about other the benefits and challenges they think they might face in taking it.

### **Part III: ADDITIONAL ACTIVITY FOR PAIRED HIV- “ADHERENCE SISTERS”**

- (1) Ask the pairs of Adherence Sisters to work together. Give each pair some coloured cards or post-it notes. Ask them to discuss the negative and positive chart that the group produced and to think about how these apply to each of them, specifically.
- (2) The pair should take it in turns to think about which negative aspects of PrEP that have been discussed bother them the most, and which positive benefits they feel are important. One woman should then list (out loud) how she could overcome some of the negative aspects if she decides to take PrEP, such as starting during a time she doesn’t expect to work too much (so the headaches won’t interfere), putting the pills somewhere she’ll see them every day etc. Her adherence sister should write down each suggested solution on a separate post-it.
- (3) When the first woman has thought of everything she can (realistically!) do to overcome the negative aspects of PrEP, the adherence sister can add more suggestions, if she thinks of others (such as putting a monthly reminder into the phone to avoid missing the PrEP monitoring appointments at the clinic, etc.) They can then reverse roles, if they would like, to think of specific issues that might affect the other woman in the pair and how to address these.
- (4) After 15 minutes or so, bring the whole group together and ask each pair to place their post-it notes *on top* of the statements about PrEP that were considered negative on the main chart. A group discussion can briefly address which of the negative characteristics might be easy to manage, and which are more difficult. Do the positive aspects outweigh the negative ones? Point out that this can vary between individuals – everyone has to make their own decision about the balance of PrEP’s positive and negative qualities.

At the end, remind all the participants that PrEP is free, and available from CeSHHAR clinics. Taking it is *entirely voluntary*. Women can change their mind at any time, meaning that those who are taking PrEP can stop if they don’t like it, while those who originally said they didn’t want to take it can go back and ask for it (but will need to be tested for HIV to check they are still negative).

Encourage adherence sisters to discuss it together, and to consider how the positive and negative statements affect them personally. If one or both of the pair start PrEP, they should support each other to remember to take it regularly, and to overcome any challenges. They also should remind each other that PrEP is not 100% effective, and so they should encourage each other to continue negotiating with clients, using condoms, and protecting themselves from other sexually transmitted infections and unwanted pregnancy.