



FC2/PrEP FACILITATORS MANUAL

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Introduction



This project was developed by the Global Network of People Living with HIV (GNP+) and the Female Health Company (FHC). It aims to increase women's ability to protect themselves from HIV, other STIs, and unplanned pregnancy by accelerating community uptake of the FC2 Female Condom and PrEP (Pre-exposure prophylaxis) – two commodities that are empowering for women when used consistently, correctly and in combination. Both methods are user-controlled, safe and effective at preventing HIV and reducing unplanned pregnancy. Combining PrEP and the FC2 Female Condom advances women's autonomy by putting the power of choice, flexibility and control in their hands to avoid HIV and STI transmission, as well as unplanned pregnancy, enhancing their sexual and reproductive health.

Major advances over the last few years demonstrate that access to and consistent use of dual prevention tools can transform lives. However in spite of these advancements, new infections, especially among young women in sub-Saharan Africa, have been increasing. This disparity reflects a gender inequality that, left unaddressed, will continue to hamper progress in our fight against HIV. This project was designed to address the gender inequality gap and empower women to take charge of their sexual and reproductive health.

About GNP+:

The Global Network of People Living with HIV's mission is to improve the quality of life of people living with HIV. In existence since 1986, we seek to achieve our mission by promoting equitable access to health and social services through actions for social justice, rights and involvement. We roll out these actions under advocacy, knowledge management, and community development programs. For more information about GNP+'s advocacy work and programs please visit www.gnpplus.net

About the Female Health Company:

The Female Health Company (FHC) manufactures, markets and sells the FC2 Female Condom. In addition, the Female Health Company works with NGO's and local partners in promotion, advocacy and outreach programs. Through education and training programs on sexual and reproductive health and rights and the FC2 Female Condom, important steps are taken to improve people's sexual and reproductive health worldwide. For more information about FHC please visit fc2femalecondom.com

How to use this manual:

The purpose of this training manual is to provide facilitators with a step-by-step method and packet of resources to conduct a one-day training on the use of the FC2 Female Condom and PrEP.

Objectives for the training:

The overall goal of this training workshop is to provide participants with increased knowledge and a favourable disposition about the combination of PrEP and the FC2 Female Condom, in order to put adolescent girls and young women in a stronger position to protect their sexual health.

At the end of the workshop it is expected that participants will be able to:

- Discuss basic principles of sexual and reproductive health and rights.
- Have a deeper understanding of how PrEP and the FC2 Female Condom can be used to prevent unintended pregnancies and reduce the spread of STIs and HIV.
- Provide accurate information about PrEP and FC2 use.
- Have developed a favourable attitude towards FC2 and PrEP.

Structure of manual:

This training manual is divided into a series of six modules that are designed for possible completion in a one-day training session hosted by a non-governmental (NGO) and/or community based organization (CBO) that focuses on sexual and reproductive health and rights education. It is also a tool for ministries of health or other governmental entities to incorporate into their national health curriculum.

This manual includes relevant background information about sexual and reproductive health and rights, HIV, STI, and pregnancy prevention, PrEP and female condoms. Included in this manual are also suggestions of activities and exercises to reinforce the training that can be performed over the course of one eight hour day (including one 60 minute lunch break and two 20 minute breaks).

At the conclusion of the training, participants will be given fact sheets outlining the major themes of this training workshop.

Target audience:

The target audience for this training are women (including young women), as well as key populations, with basic or moderate knowledge of sexual and reproductive health and rights as well as HIV, STI and pregnancy prevention tools. This manual is designed for participants with varying literacy levels. All of the activities and exercises can be done using a participatory learning approach orally or acted out in role play and with small group work so that all workshop members can participate.

Materials needed:

- A PowerPoint projector (if one is available)
- Name tags for all participants
- Flipcharts, markers and post-it notes
- Copies of handouts
- FC2 Female Condoms and demonstration materials

Facilitator preparation:

A. Prepare in advance

1. Read the entire manual including annexes before beginning the training; you are the trainer so be knowledgeable on the subject matter and proficient in all the skills.
2. Introduce yourself, explain who you are and why you are doing this workshop, wear a name tag and have your name posted on the flipchart for everyone to see for the duration of the training.
3. Know all of the modules before delivering them and have materials prepared beforehand.
4. Conduct research in advance in order to provide local examples and make the activities relevant to the participants' daily lives and concerns. For this training we suggest you especially research in advance:
 - Whether PrEP is available in your country, how widely it is available and what are the barriers to availability
 - Whether the FC2 Female Condom is available in your country, how widely it is available and what are the barriers to availability
 - Gender-related barriers to health services, including HIV/STI prevention, treatment and care and family planning services
5. Try and find out participants' names, the organizations they represent, and the work they do in the community ahead of time. Have a working knowledge of this information. But make sure you protect their privacy during the training and only share information that they previously consent to.
6. Create a conducive learning environment. The training room(s) should be well lit, well ventilated, quiet and kept at a comfortable temperature. Familiarise yourself

with the location of the exit doors and restrooms, and remind participants of these directions before the meeting starts and after lunch. If possible, provide meals and refreshments, as well as regularly scheduled breaks for the participants.

7. Create an emotional environment that is welcoming and pleasant by having a positive attitude to all the participants.

B. Build on the participants' expertise

1. Recognize the knowledge, skills and attitudes the participants bring to the course. Encourage participants to contribute to discussions.
2. Try and relate new content or information to what participants already know and/or how it relates to their current situation, both individually and as a collective group;
3. Be aware that you should not speak more than the participants. If you find that you are doing most of the talking, encourage participants to answer each other's questions, for example if someone asks a question, open it to the participants first by asking, "Does anyone have an answer to that question?"

C. Feedback

1. Positive feedback increases people's motivation and learning ability. Whenever possible, the facilitator should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" and "Good work!"
2. The facilitator can also validate the participants' responses by making such comments as "I can understand why you would feel that way..." or "we hear that a lot..." and then correct misinformation with facts.

D. Have fun!

1. These sessions should be fun and engaging for both you and the participants.
2. Laughing, giggling and chatter are all allowed. As long as the participants are sticking to the agreed upon ground rules and are not being disruptive to the learning objectives, let them have fun.

Proposed Agenda



Time	Agenda Topic	Materials Needed
8:30 - 9:00	Registration & Refreshments	
9:00 - 9:10	Introduction of Facilitator, Workshop & Housekeeping	
9:10 - 9:35	Ice Breaker Exercise	
9:35 - 9:45	Group Norms Exercise	
9:45 - 9:50	Introduction to Module 1 – SRHR	
9:50 - 10:10	Learning & Discussion	PowerPoint & Outline
10:10 - 10:35	Activity & Wrap Up	Partner Role Play
10:35 - 10:55	<i>Break</i>	Refreshments
10:55 - 11:00	Introduction to Module 2 – HIV Prevention, Treatment, Care & Support	
11:00 - 11:20	Learning & Discussion	
11:20 - 11:45	Activity & Wrap Up	
11:45 - 11:50	Introduction to Module 3 – PrEP	
11:50 - 12:30	Learning & Discussion	
12:30 - 13:30	<i>Lunch Break</i>	Refreshments
13:30 - 14:00	Cont. Module 3 Activity & Discussion	
14:00 - 14:05	Introduction to Module 4 – FC2 Female Condom	FC2 Female Condoms & demonstration models
14:05 - 14:30	Learning & Discussion	
14:30 - 14:55	Activity & Wrap Up	
14:55 - 15:05	<i>Break</i>	Refreshments
15:05 - 15:10	Introduction to Module 5 – Female Condoms & PrEP	
15:10 - 15:50	Learning & Discussion	
15:50 - 16:50	Activity & Wrap Up	
16:40 - 17:00	Evaluations & Closing	

Introduction:

Please introduce yourself, the purpose of the workshop, the agenda and explain some general housekeeping matters (where the exit and rest rooms are etc.)



Background and Introduction Overview

Activity 1: Ice Breaker Exercise
Pre-work: None for this session
Time: 25 minutes
Equipment/materials: None
Equipment/materials: Flip chart

Outline for Ice Breaker Exercise:

Start with the participant closest to the facilitator and ask them to say their first name and one interesting fact about themselves (for example, their favorite food or hobby). Then have the next participant repeat the first person's name and the interesting fact about themselves followed by their own name and interesting fact. The next person in the line then says the names and interesting facts of the first two people before saying their own name and so on and so on.

The purpose of this activity is for everyone to loosen up, focus their attention and get to know each other in the room in a fun and creative way. .



Activity 2: Group Norms Exercise
Pre-work: None for this session
Time: 10 minutes
Equipment/materials: Flip chart

Outline for Group Norms Exercise:

After the schedule for the day has been introduced, please review the expected group norms with the participants. First, ask participants if they know what group norms or ground rules are. If a participant knows, call on them to explain to the larger group. If no one knows, explain that group norms are a set of agreed upon rules that participants abide by in order to create a safe, supportive and positive environment for the training. Ask the group to brainstorm and agree to some group norms and write them on the flip chart. The flip chart should be posted on the wall throughout the workshop.

Suggested group norms could include:

- Respecting the opinions of others
- Not interrupting when someone is talking
- Active participation
- Confidentiality
- No side conversations or cell phone use
- Speak up if you haven't been heard
- Step back – allow others to be heard if you have spoken a lot
- Be on time so we can end on time
- Be flexible
- Have fun!



1

Introduction to Sexual and Reproductive Health, Rights and Choice

About this Module:

The aim of this module is to provide an introduction of core sexual and reproductive health and rights principles, specifically focused on women's agency, choice and decision making power.

Time:

45 minutes

Learning objectives:

By the end of this module participants should be able to:

- Identify a number of sexual and reproductive health and rights principles.
- Understand how gender contributes to their vulnerability to infection with STIs, including HIV, and unintended pregnancy.

Facilitator preparation:

Facilitators should review the presentation outline and PowerPoint slides and adapt the presentation to their country context.

Materials:

Flipchart, markers, overhead projector or PowerPoint equipment, power cable.

Activities/process:

Introduce the module learning objectives (5 mins)

Present an overview of sexual and reproductive health, rights and choice (20 mins)

Engage participants in a short SRHR exercise (20 mins)

Q&A and wrap up (5 mins)

Facilitators Outline

Did you know?

There are an estimated 17.8 million women living with HIV worldwide, the vast majority of whom live in sub-Saharan Africa. Every day, over 1,000 young women and adolescent girls become newly infected with HIV. Despite progress that has been made over the last few years, important measures of sexual and reproductive health including the numbers of unintended pregnancies, maternal deaths and rate of mother to child transmission of HIV remain far too high in many parts of sub-Saharan Africa.

Why do women's sexual and reproductive health and rights matter?

Improving the health and wellbeing of women cannot occur unless women are in control of their sexual and reproductive health— such as the ability to decide if and when to have a child, to protect themselves from sexually transmitted infections, and to consent to sex. Millions of women and adolescent girls do not have access to comprehensive sexual health information, services and products – including HIV prevention. Many women are also not empowered to make decisions about their sexual and reproductive lives.

What are some of the root causes of the HIV and STI epidemics?

Some of the root causes include poverty, food and housing insecurity; rape and gender based violence; lack of access to comprehensive sex education and lack of access to HIV, STI and pregnancy prevention services. Women and adolescent girls in sub-Saharan Africa must also navigate transactional and unprotected age-disparate sex (such as when a young woman engages in a sexual relationship with a much older man), as well as challenging cultural taboos and stigma by health care professionals and community members against those who are sexually active. For example, in some communities young women face harsh stigma if they have sex outside of marriage.

Why is women's agency and empowerment so critical?

Women and adolescent girls are sometimes limited in their ability to make independent choices about their sexual and reproductive health. Women and girls may not be able to negotiate condom use, as well as if, when and how they have sex, leaving them at higher risk for HIV exposure. Many women are vulnerable to HIV infection if their male sexual partners do not adhere to HIV treatment regimens, engage in risky sexual behaviour or are not routinely tested for HIV. In addition, women may be unable to protect themselves from other STIs and prevent unintended pregnancy. Women must be empowered to take care of their sexual and reproductive health in order to have improved health outcomes and better lives. In addition, health systems must address the social issues that contribute to their vulnerability.



Sexual and Reproductive Health and Rights:

Sexual rights include human rights that are already recognized in some national laws, international human rights treaties and other consensus statements. They include the right of all people, free of coercion, discrimination and violence, to:

- The highest attainable standard of sexual health, including access to sexual and reproductive health care services,
- The right to access unbiased, evidenced based and comprehensive information about sexuality, sexual education and sexual and reproductive health services
- Respect for bodily integrity
- The ability to freely choose one's own partner, without coercion, fear or discrimination
- The power to decide when, where and how to engage in sexual activity (or not)
- The right to have consensual sexual relations
- The ability to decide whether or not and when to have children
- The right to pursue a satisfying, safe and pleasurable sexual life



Activity: SRHR Role Play

Pre-work: None for this session

Time: 25 minutes

Equipment/materials: Flip chart with scenarios written on them already

Outline for Group Norms Exercise:

Divide participants into pairs and put half the pairs into Group A and the other half into Group B. Instruct the partners to role play their assigned scenario (A or B) for 10 minutes. When they are done, bring the group back together and ask for volunteers to describe:

- The ways in which the women in each of the scenarios were empowered or disempowered.
- How the women's sexual and reproductive health and rights were impacted - particularly as it relates to the risks of unplanned pregnancy, HIV and STIs.
- How issues involving gender equality or inequality played out in the scenarios.

Scenario A:

Thandi is 30 years old and living just outside of Nairobi. She and her husband Musah are newlyweds and very much in love. They are also both well educated, attend church regularly and work multiple jobs to make ends meet. Musah has recently taken a second job on the weekends in the city. This arrangement brings him close to a female friend that he has been having sex with – on and off – for a couple of years. They now see each other at least once a week. Thandi has recently become suspicious that Musah is seeing another woman, as she has observed that he has become more secretive about his whereabouts when he is in the city for work and he has started acting differently in bed. She doesn't know for sure if her husband is being unfaithful to her, but neither she or her husband have ever been tested for HIV and she doesn't feel that this is the right time to have children. She would like to start using a condom when she and Musah have sex, even though they have never done so before. How will she go about protecting her reproductive and sexual health? *One participant should play the husband, Musah, who does not see a reason to wear condoms and does not like to use them. The other participant should play Thandi, the wife who fears her husband is being unfaithful and who is looking for ways to avoid getting pregnant or contracting HIV.*

Scenario B:

Princess is 18 years old and living in a rural village outside of Lusaka. She is very bright, hard-working, focused on her studies and would like to be a teacher one day. She attends a weekly boarding school in Lusaka, but recently her father, who has HIV and TB, has become too weak to work and as a result the family is unable to continue paying for Princess's boarding school fees. Princess has less than a year of school left before she graduates. Because she has always been an excellent student, Princess went to her school headmaster, Minister Richie (who is a very well regarded elderly member of their community), to appeal for a scholarship. The headmaster agreed to allow Princess to stay in school, but only if she had sex with him. Before Princess could even respond, he unbuttoned his pants, held her down and forced her to have sex with him. Princess wants to stay in school, but doesn't know how to respond to Minister Richie's sexual assault and fears that if he continues raping her she will get pregnant or become HIV positive. She has made an appointment at a health centre serving women and adolescent girls in Lusaka. What should she disclose to the health worker? *One participant should play Princess, the young woman who had unprotected and non-consensual sex with her headmaster. The other participant should play the health care worker, a middle aged Christian woman who believes young people should not have sex outside of marriage.*



2 HIV Prevention, Care, Treatment and Support

About this Module:

The aim of this module is to provide participants with some basic information about HIV prevention, care, treatment and support information. It also provides some background information on contraception methods and tools.

Time:

45 minutes

Learning objectives:

By the end of this module participants should be able to:

- Clearly articulate some basic concepts about HIV transmission.
- Know the difference between HIV and AIDS.
- Know how to avoid getting pregnant and how to reduce the spread of HIV and other STIs.

Facilitator preparation:

Facilitators should review the presentation outline and PowerPoint slides and adapt the presentation to their country context.

Materials:

Flipchart, markers, overhead projector or PowerPoint equipment, power cable.

Activities/process:

Introduce the module learning objectives (5 mins)

Present an overview of HIV treatment, care and support (20 mins)

Engage participants in short HIV literacy exercise (10 mins)

Q&A and wrap up (5 mins)

Facilitators Outline

What is HIV?

Human immunodeficiency virus (HIV) is a virus that attacks your immune system. Your immune system protects your body from diseases and bacteria that can cause infections. Important immune system cells called CD4 cells identify and fight off foreign bacteria and viruses that come into your body.

How HIV affects your immune system:

When you are infected with HIV, you are referred to as being “HIV positive” or “living with HIV”. The HIV virus attacks your CD4 cells and uses them to make copies of itself. As it does this, it destroys your healthy CD4 cells. The more that HIV continues to attack your CD4 cells, the less you are able to fight off other organisms that cause infections. As a result, you are more likely to get opportunistic infections like tuberculosis (TB). Once in your body, HIV will move in your blood to other parts of your body, including the spleen, liver, lymph system, brain, sperm and vaginal fluids.

What is AIDS?

Not everyone living with HIV has AIDS (acquired immune deficiency syndrome). Over time, as HIV continues to attack your CD4 cells, your immune system gets weaker and weaker. AIDS only develops when HIV has caused serious damage to your immune system. AIDS describes the collection of illnesses that you get when you have almost no CD4 cells left and your immune system is too weak to fight off infections. It is a complex condition with symptoms that vary according to the individual. You can live many years with HIV. However, if you do not get treatment for your HIV, eventually you will get AIDS. Even if someone has progressed to AIDS, it is possible for a person to live for many years if they start and continue taking ARVs. ARVs can never completely get rid of the HIV in your body. However, if taken correctly, ARVs can stop the harm that HIV causes to the immune system and enable you to live a healthy life for many years.

What are the treatment and care options for HIV?

Antiretrovirals (ARVs) are medications that help to stop HIV from making copies of itself and helps your body fight the infection. There are now different kinds of ARVs available. Resistance, side effects, pregnancy, and coinfection with hepatitis B virus, or hepatitis C virus, present important challenges to health care professions when selecting and maintaining a therapy.

How can HIV be transmitted?

- HIV is transmitted by coming into contact with the blood, semen, cervical or vaginal fluids of someone who has HIV.
- The most common way people get HIV is by having sex with someone who has HIV (and does not have an undetectable viral load, which we will discuss later) without using a condom.
- Women living with HIV can pass HIV onto their baby during pregnancy, delivery and breastfeeding.
- HIV can also be passed from person to person by using needles or syringes that are contaminated with blood from someone with HIV.
- HIV can be transmitted through blood transfusions.
- HIV CANNOT be passed from person to person by hugging, eating together or sharing living space.

How do I know that HIV is affecting my body?

The amount of HIV in your blood is called viral load. When you have an undetectable viral load, it means that the amount of HIV in your blood is very low. A viral load test is the best way of knowing if your ARVs are working.

CD4:

A CD4 test measures the number of CD4 cells in your blood to see how well your immune system is working. The test is called a CD4 count. The CD4 count helps you to know when the body needs help to build and maintain the immune system. The higher your CD4 count is, the stronger your immune system is.

How to reduce HIV transmission:

A highly effective method of reducing HIV transmission among sexually active people is the consistent use of condoms and getting regularly checked for HIV and STIs. Another is PrEP - Pre-Exposure Prophylaxis – which is a one pill regimen taken daily that can greatly reduce or prevent you from getting HIV even if you are exposed to HIV. You will learn more about PrEP in the next section.

For men and women who are already HIV positive, it is important to know that you and your partner can have a healthy sex life. If you feel safe to do so, it is important to talk to your partner(s) about your HIV status. Talking about HIV together may encourage your partner(s) to consider having an HIV test. If your partner has HIV, they will need to go to

an HIV clinic for treatment and care. If your partner is HIV negative, you may choose to use male or female condoms to reduce the risk of contracting HIV in the future. If you are living with HIV and have access to ARVs, taking them on time and as prescribed by your healthcare professional will not only improve your health but can also help reduce the risk that you will pass HIV to you partner if your viral load becomes undetectable. Women living with HIV who have access to ARVs can live well, take medications, and be healthy for many years.

How is HIV diagnosed?

HIV is most commonly diagnosed by a health care professional by testing your blood or saliva for antibodies to the virus.

How to avoid getting pregnant:

HIV positive and HIV negative women may have similar desires to reduce their chances of unintended pregnancy. Male and female condoms are an effective form of contraception to prevent pregnancy. Not only do they prevent unwanted pregnancy, but they also offer you and your partner protection from HIV and other STIs. No other contraceptive method offers this dual protection. There are also a number of other contraceptive methods that you can use if you do not want to get pregnant. The most common contraceptives are oral contraceptive pills that you take every day or injectables that you can get every 2 or 3 months. There are also longer acting methods of contraceptives called implants or intra-uterine devices (IUD) that can last up to five years. For HIV positive women, it is important to note that some contraceptives include hormones that can interact with ARVs and reduce the efficacy of the contraception. It is important that you talk to your healthcare provider to discuss which form of contraceptive is best for you given the specific ARV regimen that you are taking. There are also concerns that some hormonal contraceptives may increase the risk of acquiring or transmitting HIV but the evidence remains unclear; your healthcare provider can provide you with more specific information to address your particular situation.

Uptake of and demand for HIV prevention tools such as the female condom and PrEP remains remarkably limited for many women due to a number of reasons including (but not limited to) lack of widespread knowledge about these tools, their lack of availability and acceptability, and perceived unaffordability. Additionally, many women are sometimes limited in their ability to negotiate male condom use, as well as if, when and how they have sex, leaving them at higher risk for HIV exposure.

Factors that affect HIV vulnerability:

As you know, women are a diverse group and some may face additional challenges to protecting their sexual and reproductive health. For example, women who also sell sex or identify as sex workers and women who use drugs may lack access to health services, be exposed to greater rates of violence by sexual partners as well as police or state officials, and face high levels of social stigma and discrimination. All of these factors make it harder for some women to access HIV prevention, treatment and care services.



People living with HIV developed the principle of **Positive Health, Dignity and Prevention** (PHDP). This critical principle emphasizes approaching HIV prevention, care and treatment simultaneously and holistically, as part of a continuum of care for people living with HIV. PHDP situates the health, social needs and experiences of individuals within a human rights approach. It encompasses the full range of health and social justice issues faced by people living with HIV and espouses the fundamental principle that policies and programs should be designed and implemented with the meaningful involvement of people living with HIV at all stages. PHDP is also intended to foster reduction in HIV-related stigma and discrimination and emphasizes community leadership in responding to policy and legal barriers.



Activity: HIV Prevention, Treatment and Care Q & A Session

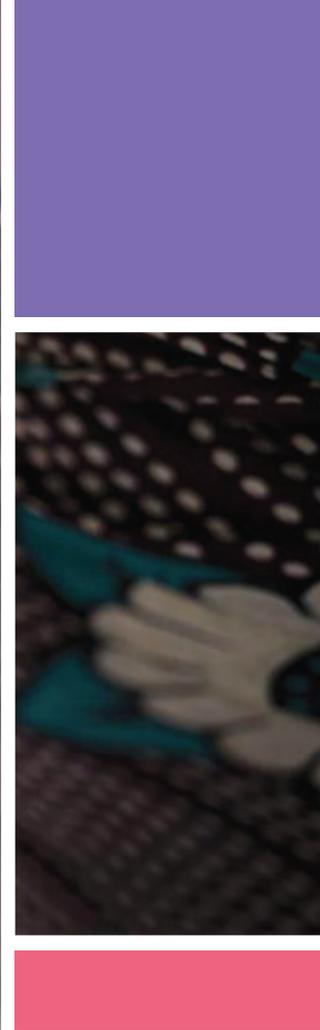
Pre-Work: None for this session

Time: 15 Minutes

Equipment/Materials: Post it Notes; Pens/Pencils and a Shoebox

Outline for Group Norms Exercise:

Give the participants post it notes. Ask them to write down any questions that they still have about HIV and AIDS. Ask them to put the questions in a box or hat in order to gauge remaining questions participants have about HIV transmission, prevention, care and support. Take the questions out one by one and encourage the women themselves to try and answer them. Gently correct any misinformation (e.g. Many people say that but actually...) and provide answers where they are unable to. This activity can also be carried out without writing down the questions. Instead the women can be encouraged to ask their questions aloud. If the facilitator or participants do not know an answer to a particular question – record the question on a flipchart page for future reference or referral and be sure to return to this flipchart before the training is over.



3

Basics of Pre-Exposure Prophylaxis



About this Module:

The aim of this module is to educate participants about PrEP

Time:

75 minutes

Learning objectives:

By the end of this module participants should be able to:

- Clearly articulate some basic concepts about PrEP
- Dispel some misconceptions about the use of PrEP
- Know what some of the major research on PrEP says about effectiveness and adherence.

Facilitator preparation:

Facilitators should review the presentation outline and PowerPoint.

Materials:

Flipchart, markers, overhead projector or PowerPoint equipment, power cable.

Activities/process:

Introduce the module learning objectives (5 mins)

Present an overview of PrEP. (40 mins)

Engage participants in short PrEP dialogue and discussion exercise (25 mins)

Q&A and wrap up (5 mins)

Facilitators Outline

What is oral PrEP?

PrEP stands for Pre-Exposure Prophylaxis. It is a relatively new advancement in HIV prevention technology that is available to some HIV negative women and men in different parts of the world. PrEP is a one pill regimen taken daily that can greatly reduce or prevent you from getting HIV even if you are exposed to HIV.

How does PrEP prevent the spread of HIV?

If an HIV negative woman (or man) consistently takes PrEP every day, 20 days after she starts she should have enough PrEP in her bloodstream to prevent transmission of HIV, if and when she is exposed to the virus through unprotected sex (or other forms of exposure such as through drug use). If you are having receptive anal sex, then PrEP works after seven days of use.

Please note that during these seven or 20 days, it is crucial to use combination prevention approaches, like wearing a female or male condom during sex to ensure that no HIV infections occur.

What does the research say about PrEP?

Over the last couple of years, PrEP research trials have taken place in Africa, Asia, Europe, South America and the United States. Recent evidence from these research trials suggests that PrEP (oral Tenofovir, TDF; or TDF co-formulated with emtricitabine, TDF/FTC or Truvada®) is safe and reasonably effective for heterosexual women, men who have sex with men and transwomen (people who were born biologically male but who have transitioned or identify as female) if consistently and correctly used. Further, a study testing the drug Viread/Tenofovir as PrEP conducted in Bangkok, Thailand with HIV negative men and women who inject drugs showed that Tenofovir reduced the risk of getting HIV by almost 50%. It is important to note though that some research questions still remain, because not all trials demonstrated that PrEP was effective in preventing HIV transmission in women.

Some research findings about PrEP in women are still unclear – why is that?

Research data from two major studies (VOICE and FEM-PrEP) demonstrated poor efficacy for women, but researchers believe this is because the regimen was not adhered to consistently and properly. Just like with birth control pills, PrEP needs to be taken every day in order to be effective. While more research still needs to be conducted to demonstrate that the VOICE and FEM-PrEP trials failed due to poor adherence, researchers believe the evidence indicates women can start using PrEP as an effective prevention option.

Why do some women have a hard time adhering to oral PrEP?:

That is a good question, and one that researchers are still trying to solve. Some researchers and advocates have suggested that psychosocial factors including HIV stigma related to taking PrEP, fear and uncertainty about the effectiveness of using antiretrovirals for prevention and lack of support from peers, family members and partners may be negatively impacting the use of PrEP among women. There are also concerns about PrEP's side effects, as well as the impact on fertility.

What types of PrEP drugs are available?

The World Health Organization (WHO) released updated guidelines in September 2015 recommending that daily oral PrEP be offered as an additional prevention method for all people at substantial risk of getting HIV. The WHO recommends the ARV drug tenofovir disoproxil fumarate (TDF), alone or in combination with emtricitabine (FTC), for daily oral PrEP. The drug currently on the market is produced by the pharmaceutical company Gilead and is called Truvada.

Where is PrEP available?:

You can track where PrEP is available on sites such as www.prepwatch.org. Every country must independently approve PrEP drugs and determine how they will provide it.

Right now, PrEP is still not available in some countries. Gilead, the producer of the most commonly prescribed PrEP drug Truvada (emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg), has applied for regulatory approval in several African countries; these approvals are still pending. In 2017, South Africa will roll out PrEP for some people.

What are the most recent World Health Organization (WHO) Guidelines on PrEP?:

The most recent WHO guidelines recommend that PrEP with daily oral Truvada should be considered for use with HIV negative people who are at high risk of acquiring HIV. These include:

- HIV negative people who are in high HIV prevalence areas
- HIV negative people who are in a sexual relationship with a sero-discordant partner (one partner is living with HIV and the other partner is HIV negative).
- HIV negative people who do not regularly use condoms and who do not know the HIV status of their sexual partner(s).
- HIV negative people who have multiple sexual partners

- HIV negative sex workers
- HIV negative people who inject drugs.
- HIV negative people who have recently been diagnosed with a bacterial STI.

PrEP is not recommended for people who are:

- Of unknown HIV status or living with HIV; as only HIV negative people should take PrEP
- People with decreased kidney function
- People with unknown hepatitis B status and/or vaccination status

How do you maximize the success of PrEP?:

It is important to note that PrEP needs to be taken every day to maximize its effectiveness. Further, PrEP only becomes effective after seven days from first use for receptive anal sex and twenty days from first use for vaginal sex and other forms of exposure. As such, it is critical that women also use a male or female condom when starting PrEP. PrEP should only be used in combination with other HIV prevention strategies (i.e., these could include condoms and safe injecting practices for people who are also injecting drug users) and should not be used as a standalone method to prevent the spread of HIV, because it is not 100 percent effective.

What is the difference between PrEP and PEP?:

PrEP (pre-exposure prophylaxis), as mentioned, is only for people who are at ongoing high risk of HIV infection. PEP (post-exposure prophylaxis) is a treatment option for someone after being exposed to HIV and can be taken up to 72 hours after the incident to reduce the chance of acquiring HIV.

Can PrEP be used with hormonal contraception?

Recommended PrEP regimens do not appear to alter the effectiveness of hormonal contraception. PrEP may also be used during pregnancy.

What about drug resistance?

Drug resistance can occur among people who initiated PrEP when they already had acute undetected HIV infection or among individuals who seroconvert while on PrEP. That is why it is essential to test people for HIV prior to starting PrEP. Only HIV negative people can be prescribed PrEP.

What are some political challenges with PrEP rollout?

Interest in the promotion of PrEP as a prevention measure still differs among certain populations in different epidemic settings, particularly as it may relate to existing prevention programs and the accessibility and sustainability of these strategies in resource limited settings with high HIV treatment gaps. Further, some conservative lawmakers oppose the use of PrEP purely because they believe it will increase risky sexual practices. No such evidence has proven that to be true.



Activity: PrEP, Dialogue, Debate and Discussion Session

Pre-work: None for this session

Time: 34 minutes

Equipment/materials: Flip chart

Outline for Group Norms Exercise:

Have the participants divide up into two groups. Members of group “south” are residents of town on the south side, divided by a large river. Over the last nine months, they have been participating in a PrEP research study. These women had a favourable experience with the trial and adhered to the regime. The researchers would like to know what factors influenced or enabled the members of group south to adhere to the one pill a PrEP day regime. Members of group south should spend 10 minutes conferring with each other and present to the full group the top three reasons why they think PrEP worked in their community.

Members of group “north” comprise a group with women from the north side of town, divided from the south by a large river. They have also been participating in the same trial over the last nine months, but have mostly had a negative opinion about it and as such had low adherence to the regimen. The researchers would also like to know what factors led the residents in group north to have such a negative experience in the trial. Members of group north should spend 10 minutes conferring with each other and present to the full group the top three reasons why they think PrEP did not work in their community. Following the presentations, discuss the findings.



4

Basics of the FC2 Female Condom

About this Module:

The aim of this module is to educate participants about the FC2 Female Condom.

Time:

60 minutes

Learning objectives:

By the end of this module participants should be able to:

- Describe how the FC2 Female Condom is a dual protection tool.
- Articulate how the FC2 Female Condom provides women with increased control over their sexual and reproductive health.
- Explain when and how the FC2 Female Condom should and should not be used.

Facilitator preparation:

Facilitators should review the presentation outline and PowerPoint slides.

Materials:

Flipchart, markers, overhead projector or PowerPoint equipment, power cable, and enough FC2 Female Condoms to distribute to all participants.

Activities/process:

Introduce the module learning objectives (5 mins)

Present an overview of FC2 Female Condoms. (25 mins)

Engage participants in short FC2 Female Condom dialogue and discussion exercise (25 mins)

Q&A and wrap up (5 mins)

Facilitators Outline

What you need to know about the FC2 Female Condom:

FC2 is a soft, smooth and strong condom, made from a synthetic material called nitrile, which is worn inside the vagina. Nitrile is suitable for people with latex allergies or sensitivities, can be used with any type of lubricant without affecting its safety, and heats up to body temperature, making sex feel natural. It's a transparent sheath with a flexible inner ring and a rolled outer ring. The inner ring, at the closed end of the condom, is used to insert FC2. It also holds the condom in place during sex. The larger outer ring, at the open end of the condom, remains outside the vagina. The FC2 female condom lines the vagina and covers the cervix. It holds sperm after ejaculation, preventing unintended pregnancy, and acts as a barrier to viruses and bacteria that cause STIs, including HIV. Its material, nitrile, also allows for use by people with latex allergies and sensitivities.

Is the FC2 safe to use?

Testing has shown that the FC2 Female Condom is a safe and effective method for preventing unintended pregnancy and STIs, including HIV.

How effective is the FC2 in preventing unplanned pregnancy and STIs, including HIV?

FC2 is as effective as other barrier methods (including male condoms) when used correctly and consistently. Other effective methods of pregnancy prevention that can be used in combination with condoms include the birth control pill or an injectable birth device.

What is unique about the female condom?

Female condoms are the only woman-initiated products currently available that offer dual protection, which means that it protects from HIV and STIs as well as unintended pregnancy. Qualitative data indicates women are better able to negotiate safer sex practices when female condoms are available.

Who can use the FC2 Female Condom?

The FC2 Female Condom is available and safe for use by all sexually active women and adolescent girls to reduce the spread of HIV, STIs and to prevent unintended pregnancies.

Can the FC2 be used for anal sex?

There has been no research on the effectiveness of FC2 for anal sex and it is not approved for anal sex use.

Can FC2 be used during pregnancy or after childbirth?

The FC2 Female Condom can be used safely during pregnancy to reduce the spread of HIV or STIs. Additionally, the FC2 is an excellent option for use after birth when some other contraceptives may not be suitable as it does not contain any hormones, unlike most other contraceptive options. The FC2 does not effect a woman's menstrual cycle, so it is also safe to use during menstruation and for pre- and post-menopausal women.

How does the FC2 improve the SRHR of women?

In many places, women have little or no say in sexual matters and they are not in a position to ask their partner to abstain from sex with others or to negotiate the use of the male condom. The female condom is currently the only method that can be applied by women themselves to provide double protection against STIs, including HIV, and unintended pregnancies. Because the FC2 provides broader coverage than the male condom, covering the labia, the perineal region, and the base of the penis; this may decrease the chance of passing the viruses that cause genital warts and herpes. The FC2 contributes to women's sense of personal control and empowerment and increases their knowledge about their bodies. FC2 helps improve communication between men and women. Further, unlike birth control pills or injectable contraception, the FC2 does not require a clinic visit or prescription.

Can you use lubricant with the FC2?

The FC2 comes lubricated with a non-spermicidal, silicone based lubricant. It is perfectly safe and effective to use the FC2 with spermicides and all types of lubricants (oil-, silicone-, or water-based). The nitrile material holds both water and oil based lubricants whereas (male) latex condoms tear when oil based lubricants are applied. For men or women allergic to latex, the FC2 Female Condom is particularly suitable as it is non-allergenic and fits all women (or men) regardless of their size or shape.

Can the FC2 condom be reused?

No. You must use a new FC2 for every sex act.

What is it like having sex with the FC2?

Many women find that using the FC2 can increase pleasure during sex. Some women like the sensation of the outer ring rubbing against their clitoris. Some men find the feeling of bumping against the inner ring increases sensation for them. Because it is made out of nitrile, it can be inserted a couple of hours in advance without causing irritation, so no need to 'ruin the moment'! The FC2 is a soft and smooth condom that quickly warms to body temperature, hence some women think sex feels more natural with the FC2 Female Condom than a male condom.

Can my partner tell if I'm wearing the FC2?

Yes, while the FC2 is discreet, many partners will be able to tell that you are wearing the FC2.

Can the FC2 be used with male condoms?

No. The FC2 should not be used at the same time as male condoms, because the added friction between the two condoms could cause them to fail.



The differences between the FC2 female and male condom

	Latex male condom	FC2 female condom
1	Rolled on the man's penis	Inserted into the woman's vagina
2	Made from latex	Made from nitrile polymer; a synthetic material
3	Fits on the penis	Loosely lines the vagina
4	Can only be put on an erect penis	Can be inserted prior to intercourse - not dependent on an erection
5	Must be removed immediately after ejaculation	Does not need to be removed immediately after ejaculation but should be removed before the woman gets up
6	Covers most of the penis and protects the woman's internal genitalia	Covers both the woman's internal and external genitalia and the base of the penis, thus provides greater protection
7	Little lubrication	Highly lubricated, helps during insertion and intercourse
8	Should only be used with water based lubricants	Is safe to use with any type of lubricant, including oil-, water-, or silicone based lubricants

**Activity #1:** FC2 Demonstration**Pre-work:** None for this session**Time:** 15 minutes**Equipment/materials:** FC2 condoms, the FC2 insertion instructions and PowerPoint presentation. (*see Appendix*)**Outline for Group Norms Exercise:**

Distribute samples of the FC2 Condoms to all the participants as they come together in a circle for a demonstration activity. The purpose of this activity is to give the participants a sense of what the FC2 looks and feels like and how it is used. This is also an opportunity for the participants to ask questions about the FC2, address concerns and learn more about the accurate and correct way the tool is used.

**Activity #2:** FC2 Rapid-fire True or False quiz**Pre-Work:** Review the quiz cards questions and answers on the PowerPoint.**Time:** 20 Minutes**Equipment/Materials:** Overhead projector or PowerPoint equipment, power cable will be needed. FC2 Female Condoms should also be provided to distribute to participants.**Outline for exercise:**

This session will test participant's knowledge about the FC2. Below are 15 True or False statements about the FC2 Female Condom taken from the information discussed in this module. Read the question aloud to allow participants to raise their hands if they know the answer, or call on participants individually to respond. Encourage the participants to have fun by offering them a "prize" (FC2 Female Condoms) for participation, regardless of whether they get the answer correct or not, after you reveal and explain the correct answer.

Sample Quiz Questions

1. Women need the permission of men in order to use the FC2 Female Condom.
2. Female condoms are as effective as male condoms in reducing the spread of HIV, STIs and preventing unintended pregnancies.
3. Menstruating women should not use the FC2 Female Condom.
4. Many women feel that sex with a FC2 Female Condom is as natural and pleasurable as with male condoms.
5. Male and female condoms can be used together at the same time.
6. Women or men with latex allergies should not use the FC2 Female Condom.
7. Some women are too small or big to use the FC2 Female Condom.
8. FC2 Female Condoms can be inserted prior to intercourse and left in after sex.
9. FC2 Female Condoms are a safe and effective option for women who prefer not to use hormonal contraceptives.
10. FC2 Female Condoms alone can prevent HIV transmission during sex.
11. You can use the same FC2 Female Condom for more than one sex act.
12. HIV positive women can use the FC2 Female Condom.
13. The FC2 Female Condom is a safe and effective way to prevent unintended pregnancy.
14. Men and women can have fun foreplay inserting the FC2 Female Condom.
15. The FC2 Female Condom is the only woman-initiated product currently available that offers dual protection against HIV, STIs and unplanned pregnancy.



5

FC2 and PrEP in Combination

About this Module:

The aim of this module is to explain how the FC2 Female Condom and PrEP can be used in combination to expand the HIV, STI and pregnancy prevention options for women. Additionally, participants will practice strategies to encourage greater uptake of FCs and PrEP in their own communities.

Time:

90 minutes

Learning objectives:

By the end of this module participants should be able to:

- Explain how the FC2 Female Condom and PrEP enhance HIV, STI and pregnancy prevention for women.
- Develop communication and advocacy strategies to increase resource mobilization and greater uptake of FC2s and PrEP

Facilitator preparation:

Facilitators should review the presentation outline and PowerPoint slides.

Materials:

Flipchart, markers, post-it notes, overhead projector or PowerPoint equipment, power cable.

Activities/process:

Introduce the module learning objectives (2 mins)

Present an overview of FC2 Female Condom & PrEP used in combination (15 minutes)

Engage participants in an activity on PrEP and female condom advocacy. (60 mins)

Q&A and wrap up (5 mins)

Facilitators Outline

Why use FC2 and PrEP in combination?

- PrEP reaches maximum protection at about 20 days of daily use. In the meantime, it is advised for women to use the FC2 female condom to protect themselves against HIV infections before prep is active. Prep only protects from HIV infection, not from unintended pregnancy and other STIs, therefore combining the FC2 female condom and Prep by women ensure optimal protection.
- Combining PrEP and the FC2 Female Condom advances women's autonomy by allowing them to take control of their sexual and reproductive health. It puts power of choice and flexibility in their hands to avoid HIV transmission and unplanned pregnancy in environments of continuing exposure.
- When used correctly, consistently and in combination, PrEP and the FC2 Female Condom provide sexually active women, young women and adolescent girls with a powerful arsenal of user-controlled dual protection against HIV, STI's and unintended pregnancy.
- For women who engage in transactional sex, PrEP and FCs can be used together for extra protection.
- Women in committed relationships who feel the need to have added protection against HIV transmission can use PrEP without their partner's knowledge or consent.
- For women in sero-discordant relationships with male HIV positive partners who may want to have a child, PrEP can also be a powerful option.
- Combination PrEP and the FC2 Female Condom also provide the added benefits of increasing protection for male partners as well as for young women who are members of populations who experience higher risk factors for acquiring HIV (sex workers, drug users and possibly even members of the transgender community).

How can women get involved in advocacy to increase the availability and uptake of the FC2 Female Condom and PrEP?

There are a number of steps that you can take to build the movement to increase the availability and use of the FC2 and PrEP among women in your community.

GET INVOLVED!

1. **ENGAGE** - with local and national processes governing HIV, SRHR and health policies and service provisions, specifically with the National AIDS commission and the Ministry of Health. First find out who the commission members are and how you can reach the Ministry of Health.
2. **HIGHLIGHT** the need for and importance of greater access to PrEP and female condoms for women to reduce the spread of HIV, STIs and unintended pregnancies and present data or evidence to support your arguments. You can do this by writing letters to your local newspaper, starting a petition in your community, talking with your local representative, or developing a small-scale campaign with the support of your NGO aimed at reaching health care workers, teachers and clergy and others. (Note: The Female Health Company has made available a research database on www.fc2femalecondom.com which offers evidence and proof of effectiveness. The business case for female condoms is a powerful tool to show the overall economic return of investing in female condoms for a government.)
3. **STRATEGIZE** - remember, your government representatives will have lots of funding challenges and competing health priorities. You will need to campaign for greater resources for health and community-based initiatives. Donors like PEPFAR and the Global Fund, United Nations agencies and wider civil society can be important allies in discussions with government.
4. **CONNECT** – with people living with and affected with HIV, particularly women: they should be involved in the design and delivery of services that the community needs and can deliver. Reach out to your national People Living with HIV (PLHIV) network to connect regional and global HIV positive advocates who are championing this issue on the world stage.
5. **LEARN** – connect your advocacy to the work of partners working on the ground to improve SRHR services, develop innovations, and determine what works well in different contexts, and link communities with facilities.
6. **PERFORM** – national and local needs assessments for FC2 and PrEP: identify what services exist and where they are, what is working and should be continued and brought to scale, what is missing, and what is not working.
7. **TRAINING AND EDUCATION** – adapt and roll out prevention, treatment and rights literacy tools within communities. Develop your own training resources for the kinds of services that are needed locally and within the community.
8. **CAMPAIGN** – for adequate resources for effective HIV, STI and unplanned pregnancy prevention tools like the FC2 and PrEP so that health systems can expand their capacity to deliver FCs and PrEP to serve those who need it most.



Activity: PrEP and FC2 evidence and advocacy in action

Pre-Work: None for this session

Time: 60 Minutes

Equipment/Materials: Flip chart, post-it notes

Outline for exercise:

Divide the participants randomly into three groups.

Group A is a group of advocates who have managed to schedule a high level meeting with the Minister of Health of your country. You will only have a few minutes of this Minister's time and attention to convince him or her to invest a huge amount of money to expand access to PrEP and the FC2 Female Condom to women in your community. Prepare and deliver your passionate argument for why this investment is worth their department's time, money and commitment.

Group B is a theatre group that has come to the community centre/school serving adolescent girls and young women to do a short educational play about the principles of sexual and reproductive health and rights and why the female condom and PrEP tools are empowering for women. Create an interactive, engaging and educational short play that gets these messages across.

Group C is a group of HIV positive and HIV negative women that live in a traditional, rural community experiencing increasing rates of unintended pregnancy and HIV among young women. PrEP and FC2 are available in this community but a lot of misinformation, fear and stigma surround broader use of these tools. Design a number of campaign messages targeted towards community members that will address some of this misinformation, fear and stigma that is limiting the use of FC2 and PrEP among young women.

- Each group gets 30 minutes preparation time for their presentations
- Each group gets 10 minutes to present to the entire group (every member of the group must participate in this exercise).

Wrap up

We hope you are now armed with the knowledge and skills to increase your ability and the ability of other women in your community to protect against HIV transmission and unplanned pregnancy by using the FC2 Female Condom and PrEP. Both prevention tools are empowering for women when used consistently, correctly and in combination. The FC2 Female Condom is user-controlled, safe and effective at preventing HIV, other STIs, and reducing unintended pregnancy. Combining PrEP and the FC2 Female Condom advances women's autonomy by putting the power of choice, flexibility and control in their hands to avoid HIV and STI transmission, as well as unplanned pregnancy, enhancing their sexual and reproductive health.



Evaluation Document

||||| This confidential evaluation document intends to assess your opinions about the quality and usefulness of the FC/PrEP curriculum training. Our overall aim is to ensure that the learning objectives of each module are closely aligned with our intended outcome (ie. a better community knowledge about FC2 and PrEP as dual use protection tools to lay the foundation for greater uptake by adolescent girls and young women.

DEMOGRAPHICS

Please answer the following questions if you feel comfortable doing so.

1. How old are you?

2. Do you live in urban or rural area?

3. Have you ever given birth?

4. Have you participated in a Female Condom training before?

5. Do you know what your HIV status is?

6. Have you participated in a PrEP training before?

7. Are you working or studying at school?

8. What is your profession or your course of study?

FEEDBACK

	Yes, please explain	No, please explain	I don't know
Did you learn anything new from the SRHR module that you did not already know?			
Did the SRHR role playing exercise deepen your understanding of the topic?			
Did you learn anything new from the HIV information Module that not already know?			
Did you learn anything new from PrEP module that you didn't already know?			
Would you consider using PrEP or would you recommend it to others?			
Did you learn anything new from FC2 Female Condom module that you didn't already know?			
Did this chapter change your opinions on female condoms in any way?			

FEEDBACK (cont.)

	Yes, please explain	No, please explain	I don't know
Was the female condom demonstration helpful?			
Would you consider using a female condom in the near future?			
Do you now have the knowledge to explain how the FC2 condom and PrEP can be used to enhance HIV, STI and pregnancy prevention in women?			
Was the facilitator of this training able to answer most of your questions?			
Did the facilitation of this training help or hinder your ability to fully participate today?			
Would you recommend this training to a friend or colleague?			

Please let us know if you have any final questions, concerns or comments:

Thank You!

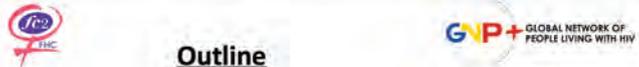


Appendix





FC2-PrEP training



Outline

- Introductions
- Proposed Agenda
- Module 1: Introduction about SHRH
- Module 2: Introduction to HIV Prevention, Care, Treatment and Support
- Module 3: Introduction to PrEP
- Module 4: Introduction to FC2 Female Condom
- Module 5: FC2 and PrEP in Combination
- Closing

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Goals and Objectives

The overall goal of this training is to provide participants with increased knowledge about the FC2 Female Condom and PrEP, used in combination, in order to put adolescent girls and young women in a stronger position to protect their sexual health.

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Expectations

- Strengthen understanding of basic principles of sexual and reproductive health and rights.
- Develop a deeper understanding of how PrEP and the FC2 Female Condom can be used to prevent unintended pregnancies and reduce the spread of STIs and HIV.
- Provide accurate information about PrEP and FC2 Female Condom.
- Promote greater uptake of PrEP and FC2 Female Condoms, used in combination for those at risk.

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Sexual and Reproductive Health and Rights

- Everyone has the right to life and this should not be put at risk by pregnancy and childbirth.
- Everyone has the right and freedom to control their own sexual and reproductive lives.
- No one should be discriminated against on the basis of race, poverty, sex or sexual orientation, marital status or religious or political opinion. This means everyone has the right to access SRHR services.



Sexual and Reproductive Health and Rights *cont...*

- Everyone has the right to privately and confidentially make their own decisions about their sexual and reproductive life, and to have these decisions respected.
- Everyone has the right to access information and education on SRHR and this includes the right to know about the benefits and availability of SRH services.
- Everyone has the right to choose when and whether they want to marry and have children. This covers the right to choose which type of contraception you want to use, and the right to choose whether you will breastfeed your child or not.

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POWERPOINT SLIDES (cont.)



Sexual and Reproductive Health and Rights *cont...*

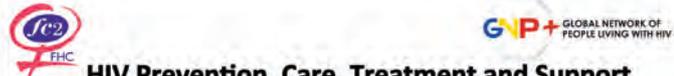
- Each person has the right to decide on the number, timing and spacing of their children, if they choose to have children.
- Everyone has the right to attain the highest possible standards of sexual and reproductive health. This includes avoiding unwanted pregnancies, STIs, and sexual violence.
- Everyone has the right to access new technologies that have the potential to improve health.



Sexual and Reproductive Health and Rights *cont...*

- Any individual or organisation has the right to advocate for SRHR issues.
- Everyone has the right to be free from degrading treatment, including to be treated with respect and consideration when accessing health services.
- Everyone has the right to have a satisfying, safe and pleasurable sex life.

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HIV Prevention, Care, Treatment and Support

How is HIV Transmitted ?

1. Unprotected sexual contact (vaginal or anal) with someone who has HIV (and does not have an undetectable viral load)
2. Mother to baby during pregnancy, delivery and breastfeeding
3. Sharing Needles or Syringes that is contaminated with blood from someone living with HIV
4. Contaminated Blood Products



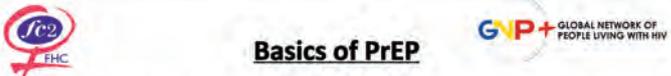
How to Reduce HIV Transmission

1. Consistently using male or female condoms
2. Regularly getting checked for HIV and STIs
3. Using PrEP
4. For people who are HIV positive, talk to your partner about your status, use condoms, if you have access to ARVs take your medications regularly as prescribed by a health professional.



How to Avoid Getting Pregnant

1. Use male or female condoms every time
2. Consider using other forms of contraception such as oral contraceptive pills or an intra-uterine device.



Basics of PrEP

What is Oral PrEP and How Does it Prevent the Spread of HIV

PrEP stands for Pre-Exposure Prophylaxis. It is a relatively new advancement in HIV prevention technology that is available to some HIV negative women and men in different parts of the world. PrEP is a one pill regimen taken daily that can greatly reduce or prevent you from getting HIV even if you are exposed to HIV.

POWERPOINT SLIDES (cont.)



Who is a Good Candidate for PrEP?

The most recent WHO guidelines recommend that PrEP with daily oral Truvada should be considered (in consultation with health professionals) for use with HIV negative people who are at high risk of acquiring HIV, including:

- HIV negative people who are in high HIV prevalence areas
- HIV negative people who are in a sexual relationship with a sero-discordant partner
- HIV negative people who do not regularly use condoms and who do not know the HIV status of their sexual partner(s).
- HIV negative people who have multiple sexual partners
- HIV negative sex workers
- HIV negative people who inject drugs.
- HIV negative people who have recently been diagnosed with a bacterial STI.



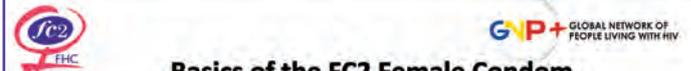
PrEP is Not Recommended for People Who Are:

- Of unknown HIV status or living with HIV; as only confirmed HIV negative people should take PrEP
- People with decreased kidney function
- People with unknown hepatitis B status and/or vaccination status



How Can You Maximize the Success of PrEP?

- PrEP must be taken every day to maximize its effectiveness.
- Further, PrEP only becomes effective after seven days from first use for receptive anal sex and twenty days from first use for vaginal sex and other forms of exposure.
- It is critical that women also use a male or female condom when starting PrEP. PrEP should only be used in combination with other HIV prevention strategies (i.e., these could include condoms and safe injecting practices) and should not be used as a standalone method to prevent the spread of HIV, because it is not 100 percent effective.



Basics of the FC2 Female Condom

The FC2 Female Condom is a soft, smooth and strong condom, made from a synthetic material called nitrile, which is worn inside the vagina. It's a transparent sheath with a flexible inner ring and a rolled outer ring. The inner ring, at the closed end of the condom, is used to insert FC2. It also holds the condom in place during sex. The larger outer ring, at the open end of the condom, remains outside the vagina. The FC2 female condom lines the vagina and covers the cervix. It holds sperm after ejaculation, preventing unintended pregnancy, and acts as a barrier to viruses and bacteria that cause STIs, including HIV. Its material, nitrile, also allows for use by people with latex allergies and sensitivities.



Is the FC2 Female Condom Safe and Effective?

- Testing has shown that the FC2 Female Condom is a safe and effective method for preventing unintended pregnancy and STIs, including HIV.
- FC2 is effective as other barrier methods (including male condoms) when used correctly and consistently. Other effective methods of pregnancy prevention that can be used in combination with condoms include the birth control pill or an injectable birth device.



The following chart outlines some of the difference and benefits of FC2 when compared to the male condom.

Latex male condom	FC2 female condom
1. Rolled on the man's penis	Inserted into the woman's vagina
2. Made from latex	Made from nitrile polymer, a synthetic material
3. Fits on the penis	Loosely lines the vagina
4. Can only be put on an erect penis	Can be inserted prior to intercourse – not dependent on an erection
5. Must be removed immediately after ejaculation	Does not need to be removed immediately after ejaculation but should be removed before the woman gets up
6. Covers most of the penis and protects the woman's internal genitalia	Covers both the woman's internal and external genitalia and the base of the penis, thus provides greater protection
7. Little lubrication	Highly lubricated, helps during insertion and intercourse
8. Should only be used with only water-based lubricants	Can be used with oil or water based lubricants

POWERPOINT SLIDES (cont.)



True/False Quiz

1. Women need the permission of men in order to use the FC2 Female Condom?
2. Female Condoms are as effective as male condoms in reducing the spread of HIV, STIs and preventing unintended pregnancies?
3. Menstruating women should not use the FC2 Female Condom?
4. Many women feel that sex with a FC2 Female Condom is as natural and pleasurable as with male condoms?
5. Male and female condoms can be used together at the same time?



True/False Quiz cont...

6. Women or men with latex allergies should not use the FC2 Female Condom?
7. Some women are too small or big to use the FC2 Female Condom?
8. FC2 Female Condoms can be inserted prior to intercourse and left in after sex?
9. FC2 Female Condoms are a safe and effective option for women who prefer not to use hormonal contraceptives?
10. FC2 Female Condoms alone can prevent HIV transmission during sex?



True/False Quiz cont...

11. You can use the same FC2 Female Condom more than once?
12. HIV+ women can use the FC2 Female Condom?
13. The FC2 Female Condom is a safe and effective way to prevent unintended pregnancy?
14. Men and women can have fun foreplay inserting the FC2 Female Condom?
15. The FC2 Female Condom is the only woman-initiated product currently available that offers dual protection against HIV, STIs and unplanned pregnancy?



Why Use FC2 and PrEP in Combination?

- PrEP reaches maximum protection at about 20 days of daily use. In the meantime, it is advised for women to use the FC2 female condom to protect themselves against HIV infections before prep is active. - Prep only protects from HIV infection, not from unintended pregnancy and other STIs, therefore combining the FC2 female condom and Prep by women ensure optimal protection.
- Combining PrEP and the FC2 Female Condom advances women's autonomy by allowing them to take control of their sexual and reproductive health. It puts power of choice and flexibility in their hands to avoid HIV transmission and unplanned pregnancy in environments of continuing exposure.



Why Use FC2 and PrEP in Combination? cont...

- When used correctly, consistently and in combination, PrEP and the FC2 Female Condom provide sexually active women, young women and adolescent girls with a powerful arsenal of user-controlled dual protection against HIV, STI's and unintended pregnancy.
- For women who engage in transactional or non-consensual sex, PrEP and FCs can be used together for extra protection.
- Women in committed relationships who feel the need to have added protection against HIV transmission can use PrEP without their partner's knowledge or consent.

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Why Use FC2 and PrEP in Combination? cont...

- For women in sero-discordant relationships with male HIV positive partners who may want to have a child, PrEP can also be a powerful option.
- Combination PrEP and the FC2 Female Condom also provide the added benefits of increasing protection for male partners as well as for young women who are members of populations who experience higher risk factors for acquiring HIV (sex workers, drug users and possibly even members of the transgender community).

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POWERPOINT SLIDES (cont.)



Get Involved!

ENGAGE - with local and national processes governing HIV, SRHR and health policies and service provisions, specifically with the National AIDS commission and the Ministry of Health. First find out who the commission members are and how you can reach the Ministry of Health.

HIGHLIGHT - the need for and importance of greater access to PrEP and female condoms for women to reduce the spread of HIV, STIs and unintended pregnancies and present data or evidence to support your arguments. You can do this by writing letters to your local newspaper, starting a petition in your community, talking with your local representative, or developing a small-scale campaign with the support of your NGO aimed at reaching health care workers, teachers and clergy and others.



Get Involved!

STRATEGIZE - remember, your government representatives will have lots of funding challenges and competing health priorities. You will need to campaign for greater resources for health and community-based initiatives. Donors like PEPFAR and the Global Fund, United Nations agencies and wider civil society can be important allies in discussions with government.

INVOLVE - people living with and affected with HIV, particularly women: they should be involved in the design and delivery of services that the community needs and can deliver. Reach out to your PLHIV network to connect regional and global HIV positive advocates who are championing this issue on the world stage.

LEARN - connect your advocacy to the work of partners working on the ground to improve SRHR services, develop innovations, and determine what works well in different contexts, and link communities with facilities.



Stay Involved

- **PERFORM** – national and local needs assessments for FC2 and PrEP: identify what services exist and where they are, what is working and should be continued and brought to scale, what is missing, and what is not working.
- **TRAINING AND EDUCATION** – adapt and roll out prevention, treatment and rights literacy tools within communities. Develop your own training resources for the kinds of services that are needed locally and within the community.
- **CAMPAIGN** – for adequate resources for effective HIV, STI and unplanned pregnancy prevention tools like the FC2 and PrEP so that health systems can expand their capacity to deliver FCs and PrEP to serve those who need it most.

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Thank You!

For more information please visit:

The Global Network of People Living with HIV (GNP+) at www.gnpplus.net

The Female Health Company (FHC) at fc2femalecondom.com

www.gnpplus.net

SAMPLE QUIZ QUESTIONS



1. Women need the permission of men in order to use the FC2 Female Condom.
2. Female condoms are as effective as male condoms in reducing the spread of HIV, STIs and preventing unintended pregnancies.
3. Menstruating women should not use the FC2 Female Condom.
4. Many women feel that sex with a FC2 Female Condom is as natural and pleasurable as with male condoms.
5. Male and female condoms can be used together at the same time.
6. Women or men with latex allergies should not use the FC2 Female Condom.
7. Some women are too small or big to use the FC2 Female Condom.
8. FC2 Female Condoms can be inserted prior to intercourse and left in after sex.
9. FC2 Female Condoms are a safe and effective option for women who prefer not to use hormonal contraceptives.
10. FC2 Female Condoms alone can prevent HIV transmission during sex.
11. You can use the same FC2 Female Condom for more than one sex act.
12. HIV positive women can use the FC2 Female Condom.
13. The FC2 Female Condom is a safe and effective way to prevent unintended pregnancy.
14. Men and women can have fun foreplay inserting the FC2 Female Condom.
15. The FC2 Female Condom is the only woman-initiated product currently available that offers dual protection against HIV, STIs and unplanned pregnancy.

Notes





Get in touch!

This project was developed by the Global Network of People Living with HIV (GNP+) and the Female Health Company (FHC). If you need support or have questions, you can contact us at:

FC2 Female Condom

fc2femalecondom.com
info@fc2femalecondom.com

Global Network of People Living with HIV (GNP+)

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