



United Nations
Educational, Scientific and
Cultural Organization

Adolescents' HIV Prevention and Treatment Toolkit for Eastern and Southern Africa

Facilitators Guide





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Facilitators Guide

Published in 2014 by the United Nations Educational, Scientific and Cultural Organization,
7, place de Fontenoy, 75352 Paris 07 SP, France

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ISBN 978-92-3-100006-5



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Graphic design and images: SAfAIDS

Printed in South Africa





Acknowledgements

Sincere thanks are given to the many young people who took part in discussion towards and development of these materials. This was done together with SAfAIDS and UNESCO staff from their offices across the Eastern and Southern Africa region.

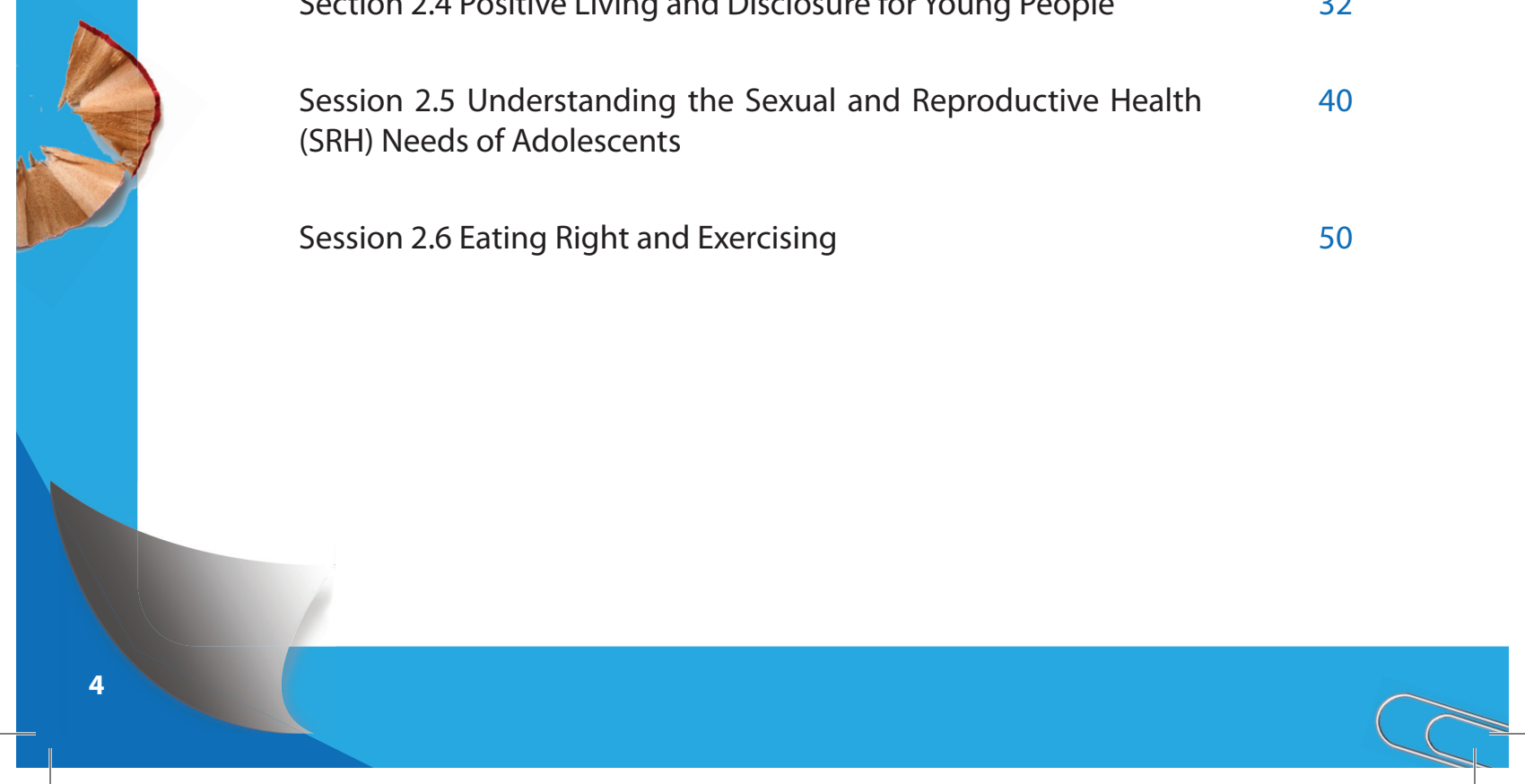
This *Adolescent HIV Prevention and Treatment Toolkit* is a collaboration between UNESCO Regional Support Team for Eastern and Southern Africa and SAfAIDS.



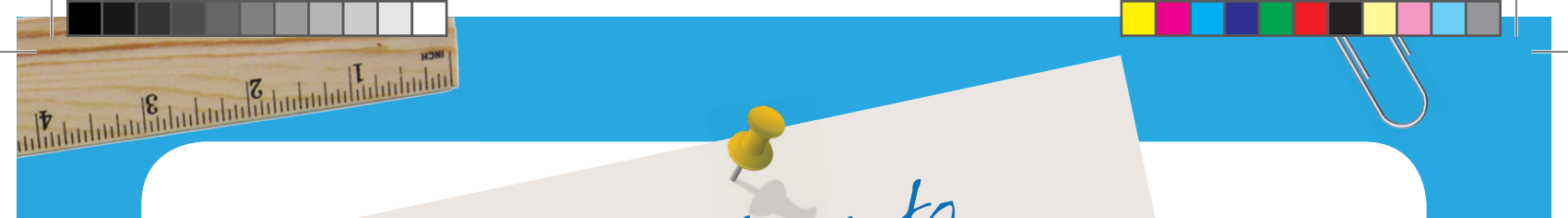


Contents

Introduction to Young Champions Support Pack Facilitators Guide	6
Guidance for Facilitators	12
Module 1: Introduction to Young Champions Training of Trainers	18
Session 1.1 Introductions – Getting to Know Each Other	18
Session 1.2 Introducing Objectives, Content and Evaluation Methods for the Training	20
Module 2: Adolescent HIV Prevention and Treatment	24
Session 2.1 I Know About HIV	24
Session 2.2 Testing and Young People	26
Session 2.3 Treatment and Adherence for Young People	27
Section 2.4 Positive Living and Disclosure for Young People	32
Session 2.5 Understanding the Sexual and Reproductive Health (SRH) Needs of Adolescents	40
Session 2.6 Eating Right and Exercising	50



Module 3: Teamwork in Empowering and Supporting Adolescents	56
Session 3.1 Roles and Responsibilities of Educators, Parents and Service Providers	56
Session 3.2 Working as a Team in the Circle of Care	60
Session 3.3 Working with Young People	62
Session 3.4 Communicating with Young People	64
Session 3.5 Building a Peer Support System for Young People	68
Session 3.6 Making Schools Safe for YPLHIV	75
Session 3.7 You Can Make a Difference	78
Session 3.8 Skills Transfer	79
Session 3.9 Commitment Sharing	80
Important Terms to Remember	84
References and Sources	90

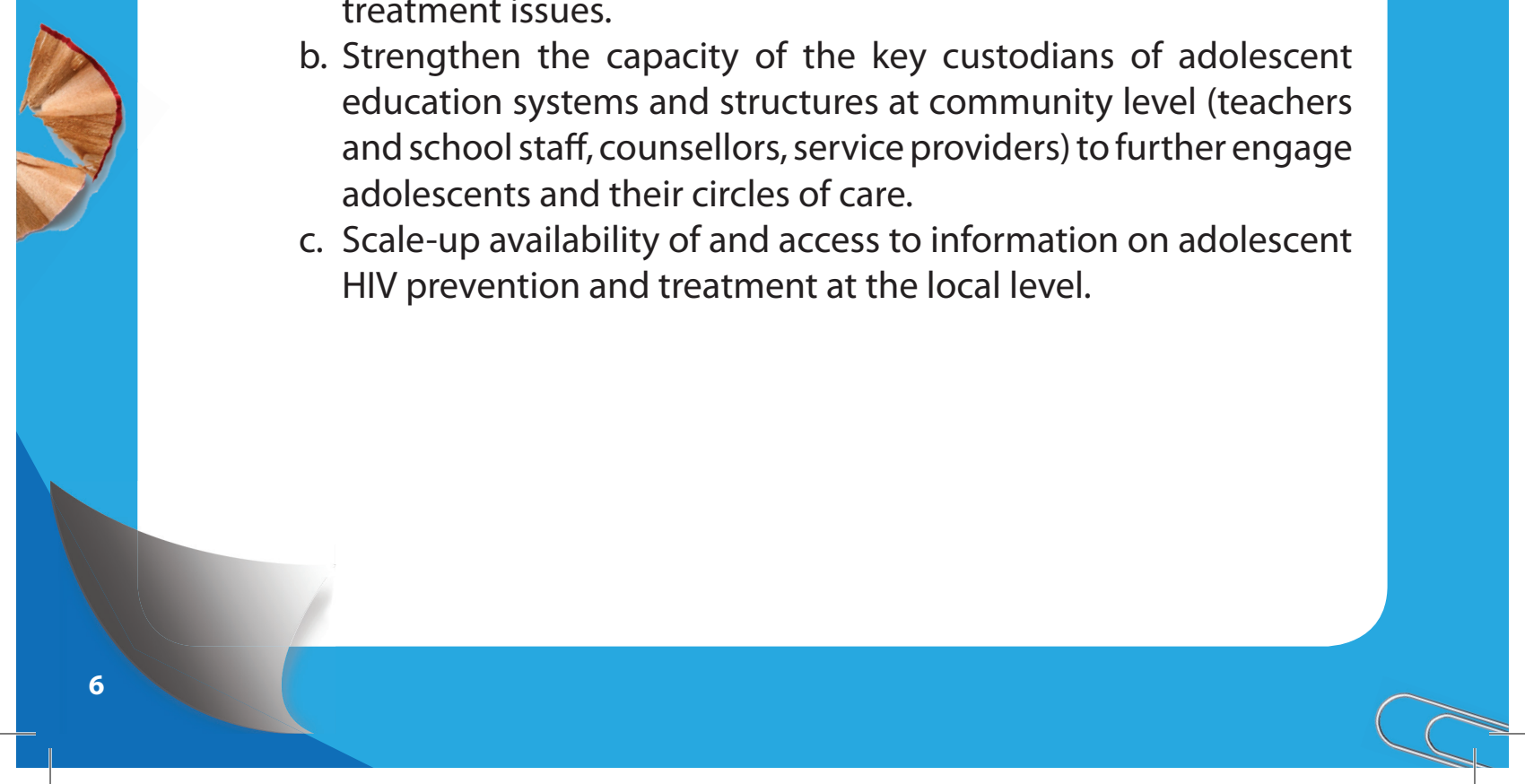


Introduction to
Young Champions
Support Pack
Facilitators Guide

This section helps you to utilise the Facilitators Guide effectively, within the context of your organisation or community.

Purpose of this Young Champions Support Pack Facilitators Guide

This Facilitators Guide is a critical part of the Young Champions Support Pack. It fits into a broader intervention to:

- a. Create open advocacy spaces for adolescent HIV prevention and treatment issues.
 - b. Strengthen the capacity of the key custodians of adolescent education systems and structures at community level (teachers and school staff, counsellors, service providers) to further engage adolescents and their circles of care.
 - c. Scale-up availability of and access to information on adolescent HIV prevention and treatment at the local level.
- 

What is the Facilitators Guide for?

The facilitators guide helps you to conduct a successful Training of Trainers (ToT) workshop with colleagues at all levels, as well as community members. It addresses:

- The basic knowledge areas and issues surrounding adolescent HIV prevention and treatment.
- The objectives, methodologies and planning processes that support the implementation of activities with young people that can go beyond the school.
- The handouts, tools, and presentations to support the course. These may be adapted to suit the context and needs of participants.

Who is this Facilitators Guide for?

Key custodians of adolescent education systems and structures (teachers and school staff, counsellors) who actively champion supportive environments within schools for young people living with HIV (YPLHIV).

How can this Facilitators Guide be Used?

- Conducting an intensive training of trainers (ToT) workshop (5 days) at national or provincial level, localising the contents of the toolkit to the national context.
- Conducting a short-course (3 days) with colleagues and community partners (such as NGO staff and local service providers where there are no youth-friendly HIV prevention and treatment services).
- Hosting specific skills-building sessions with target groups on:
 - » HIV in young people and adolescents.
 - » Adolescents and young people living with HIV.
 - » Working to support young people and adolescents.
 - » Creating safe spaces.

The Facilitators Guide allows for creativity and innovation of the user, so adapt it as needed.



A Suggested Training Plan

This Facilitators Guide has three modules. All three modules can be conducted over a three-day workshop. Alternatively, the modules can be adapted to suit the situation (evening classes, weekend sessions or afternoons).

Module 1 is an introductory session that lasts approximately two hours. It will bring everyone up to speed on the toolkit and what the training is meant to achieve.

Module 2 focuses on knowledge building, covering six key knowledge topics that educators, service providers and young people need to know about. This will take a minimum of six to eight hours to complete. This module gives trainers the knowledge base and the confidence to begin conducting sessions and creating learning opportunities with young people.

Module 3 focuses on moving from knowledge to action, covering the practical steps at community level. This module will take a minimum of 8 to 10 hours to complete.



Day 1 : Young Champions Wo

Topic	Objective
Module 1	Introduction to Young Champions
Tea Bre	
Module 2 Sessions 2.1 & 2.2	HIV basics and testing
Lunch Br	
Module 2 Sessions 2.3 & 2.4	Treatment, adherence and disclosure

Day 2: Young Champions Works

Topic	Objective
Module 2 Sessions 2.5 & 2.6	Adolescent health
Tea Bre	
Module 2 Session 7	Introduction to the adolescent Handbooks.
Lunch Br	
Module 3 Sessions 3.1 to 3.3	Circle of Care

Day 3: Young Champions Work

Topic	Objective
Module 3 Sessions 3.4 & 3.5	Understanding adolescents better
Tea Bre	
Module 3 Sessions 3.6 & 3.7	Safe spaces
Lunch Br	
Module 3 Sessions 3.8 to 3.10	Taking action together

Workshop – Getting started

Activity/Preparation needed

Lecture notes and facilitator notes

Break

Young Champions Handbook Sections 1 and 2

Break

Young Champions Handbook Sections 3 and 4

Workshop – Knowledge building

Activity/Preparation needed

Young Champions Handbook Sections 3 and 4

Break

Young Champions Handbooks

Break

Facilitator notes

Workshop – Community Action

Activity/Preparation needed

Facilitator notes

Break

Facilitator notes

Break

Facilitator notes



Guidance for Facilitators

When working with adults in the circle of care

- Adults prefer learning experiences where they can participate in and influence the learning environment.
- ALWAYS start with what they know. You may have a mix of educators and health providers who may know a great deal about the subject.
- Adults want to learn things that they can apply in practice.
- Adults are motivated by knowing the planned outcomes of the learning and by seeing the way the learning will help them to solve specific problems.
- Adults benefit from having the opportunity and the encouragement to practice what has been learnt.
- Feedback and reinforcement are critical for the learning to be implemented in practice.
- The use of a variety of teaching methods – participatory group work, action role plays and dramas, as well as short presentations of information – is essential to reach your adult learners. As a facilitator, you need to be knowledgeable and comfortable with the material to be able to adapt and respond to the group's needs.

Key Methods for Adult Learning

Guidelines for group work

- Decide how many groups are needed and divide participants into groups.
- Tell each group what you want them to do. Give out flip chart papers and markers if they need them.
- Explain that each group should appoint a leader and a reporter. The leader is responsible for making sure that each person has a turn to speak, while the reporter takes notes for feedback and writes on the flip chart.
- Be clear how much time is allowed for the work. Be flexible if more or less time is needed.
- While groups are working, walk around and check that they are doing what is needed.
- Get feedback from each reporter, ask for any additional information from that group and then discuss the information with the whole group. This is when the facilitator needs to add in extra information and encourage the participants to think further.

Role play guidelines

- Once the scene has been set, go straight into the role play to allow it to develop naturally.
- Encourage participants to be natural, not to act. The main thing to remember about role plays is that they are an exercise in learning, so participants should just try their best to learn from the problem and to have fun!
- At the end of a role play the participants should discuss their play. It might be upsetting to act a vulnerable or distressed character. You can help them do this by:
 - » Asking each person who has played a part to stand up one at a time and to say to the whole group: "I am not... anymore" (the role played), "I am... again" (own name).
 - » Ask those involved how playing the part made them feel.



Using Energisers as Facilitation Tools

Energisers are activities which:

- Help people to get to know each other better. These are called 'ice-breakers' and help people relax around other new people in their group.
- Increase energy and enthusiasm.
- Encourage team building.

Remember when choosing energisers:

- Avoid using competitive games. Use games which encourage appreciation of other people's strengths and abilities.
- Keep it short.
- Try and select an energiser that all your participants can be involved in and that is sensitive to their culture and needs (e.g. to physically-disabled participants).

Be careful when choosing energisers which involve touching, particularly between the sexes; these may not be appropriate in certain cultures. Do not make insensitive jokes or comments. Encourage shy and passive participants to participate in a way that they are comfortable with.

Suggestions for energisers are provided in various sections during training, but it is useful to ask the group if they know any fun energisers they would like to conduct during training.

Practical Aspects of Training for Facilitators

The following will help to ensure a successful and enjoyable training experience for everyone.

Before you begin training:

- KNOW the topic you are facilitating and review the materials in the support pack.
- Have a PLAN for each session, adding in individual touches you would like to make (e.g. icebreakers).
- PREPARE your session well in advance.
- Learn about your PARTICIPANTS.
- Know the VENUE for the training and take care of practical considerations (i.e. seats for all participants, adequate supplies, flip charts, markers etc.).
- Have any HANDOUTS you are using ready, with enough copies for each of your participants and some extras just in case.
- Choose your EQUIPMENT beforehand and make sure it is all available and working before your session.

During training

- FACE your participants; make eye contact with them, if appropriate.
- SPEAK audibly and pronounce words clearly.
- WRITE legibly and in LARGE letters. Use green, black and blue (avoid using red or bright colours which are difficult to read).
- Keep within your allocated TIME.
- Allow time for QUESTIONS and INPUT from participants.
- INVOLVE participants and acknowledge their experience and knowledge.
- DRESS appropriately; avoid tight, open and exaggerated clothing, too much make-up or jewellery.



The Training of Trainers Process

This Adolescent HIV Prevention and Treatment Toolkit will be used across east and southern Africa. This means that the process will necessarily change from country to country and community to community.

This guide is simply to ensure that the fundamentals of good facilitation, training and learning across the basic knowledge areas and advocacy approaches are covered. This will help standardise the learning and sharing and provide a common platform for community action.

Who will you be training?

This will vary from place to place. The starting point is service providers, which for the purposes of this toolkit means the circle of care for young people in your community. The circle of care can be all or some of the following:

- Parents and caregivers
- Social workers
- Healthcare workers
- Community volunteers
- Support groups for people living with HIV (PLHIV)
- Youth- and teen-clubs
- Teachers,
- Religious and traditional leaders and
- Any community member who is promoting the development of adolescents.




Rolling out the training in your area.


Here are some suggestions:

- Identify a group of willing partners and take them through the training modules.
- After training, agree to meet up again to review progress in a few weeks/months.
- Encourage those involved to set targets for their efforts, and review them together when you meet.



Remember that there are many ways to apply this toolkit after training:

- » By young people for personal reading or study, either alone or with friends.
 - » School teachers and religious leaders may find the handbook and guide useful in encouraging discussion in the classroom or other settings, or using the activities to make learning fun.
 - » Grandparents, parents and other carers may choose to read aloud together the materials, and be there to answer questions that the adolescent may have.
 - » Health workers with their adolescent clients can use the materials as part of youth-friendly explanations and activities on difficult topics.
 - » Members of youth- or teen-clubs may work through some of the activities on their own or bring up some of the ideas in their clubs and groups.
 - » Community workers can plan awareness campaigns using some of the materials in the sections. For example, an event could include a quiz based on the quiz cards, dramas using scenes in the sections, or a poster competition showing facts for young people living with HIV.
 - » Organisations working with adolescents and schools, can utilise the Facilitators Guide and Handbook to build the capacity of learners and educators on issues around HIV and adolescents, and promote support for YPLHIV in their communities.
- 



Module 1 — Introduction
to Young Champions
Training of Trainers

Purpose: This is a 'getting started' module designed to introduce participants to the toolkit and the purpose of the Young Champions programme.

Materials: Flip chart, name tags, sticky stuff/prestik, a small booklet for each participant, markers, a ball.

Overall time needed for this module: 2 hours

Session 1.1 Introductions Getting to know each other

Objectives:

- To introduce participants to one another.
- To share and agree on expectations of the workshop.

Duration: 30 minutes

Step 1: Welcome the participants and introduce yourself, giving some information on your background and experience.

Step 2: Ball game. Ask all the participants to stand in a circle. Starting with the facilitator, each person should give their name, the name of their organisation and a brief description of their work, as well as an expectation they have of the process. Next, the facilitator starts the ball game by calling out a person's name and throwing the ball to them. The person receiving the ball calls out another name and throws the ball, continuing around the circle until everyone has caught the ball.

Step 3: Setting ground rules. Ground rules will help the participants and facilitator to work well together to achieve the objectives of the training. Some important ground rules include how to raise points in a discussion (by a raising hands) and how to deal with issues that are raised, but not directly related to the topic. To keep sessions focused introduce the 'parking lot' concept.

Ask participants to identify positive behaviours that will help the learning process (e.g. timeliness, attentiveness, working together, respecting each others' opinions, confidentiality, sensitivity, listening skills). Record these points on a flip chart and display them at the front of the training room for the duration of the training.



Session 1.2 Introducing Objectives, Content and Evaluation Methods for the Training

Objectives:

- Demonstrate an understanding of the goal and objectives of the training
- Demonstrate an understanding of the module topics they will be trained on
- Describe how the training will be evaluated.


Duration: 45 minutes to an hour

Step 1: Objectives of the workshop (15 minutes). Tell participants that the overall goal of this training is to provide participants with knowledge and skills that they will transfer to others in their communities to improve HIV prevention and treatment for young people. Introduce participants to the objectives of the training as follows:

- Increase knowledge around the basics of HIV, and the support needs of young people living with HIV.
- Develop knowledge about the unique needs and characteristics of adolescents living with HIV.
- Enable stronger partnerships at community level towards the delivery of more effective support services to young people on HIV prevention and treatment.

As you introduce the objectives to the participants, highlight the important roles of educators and other community members in effectively creating an environment that addresses the needs of young people, especially those living with HIV.

Ask participants to identify the various roles that the community can play. Sort the different roles by different key actors, and include educators, service providers, parents and community leaders.



Record these points on a flip chart and display the points at the front of the training room for the duration of the training. During later sessions, ask participants to relate the information and skills they acquire to these roles.

Step 2: Training modules (5 minutes). Using the information at the beginning of the guide, go through each module topic with participants, and also draw their attention to the 'terms to remember' listed at the beginning of the handbook. Explain that throughout the training, these terms will be used to encourage participants to review the definitions in their own time outside the training room.

Step 3: Schedule of training (15 minutes). Distribute a copy of your proposed training schedule for participants to review, and explain that during the training the content of the handbook will be covered. Also remember that you, as facilitator, can adapt this schedule according to the knowledge and skill levels of your participants.

Step 4: Introduce to the Young Champions Support Pack. (30 minutes)
Note to participants that this Facilitators Guide for service providers and educators complements a set of materials that aims to provide knowledge and skills for supporting young people living with HIV, as well as their parents, caregivers and service providers. Provide each participant with a Young Champions Support Pack and introduce them to the materials in the Support Pack

Materials include:

A Young Champions Facilitators Guide with three trainers modules:

Module 1: Introduction to the Young Champions Support Pack

Module 2: Adolescent HIV Prevention and Treatment

Module 3: Teamwork in Empowering and Supporting Adolescents.



A Young Champions Handbook containing six knowledge sections:

Section 1: I know about HIV

Section 2: Knowing my HIV status

Section 3: Understanding HIV treatment and adherence

Section 4: Positive living and disclosure

Section 5: Sexual and reproductive health

Section 6: My healthy future


Activity Work Book for 10–12 year olds

Activity Work Book for 13–15 year olds

Activity Work Book for 16–19 year olds.

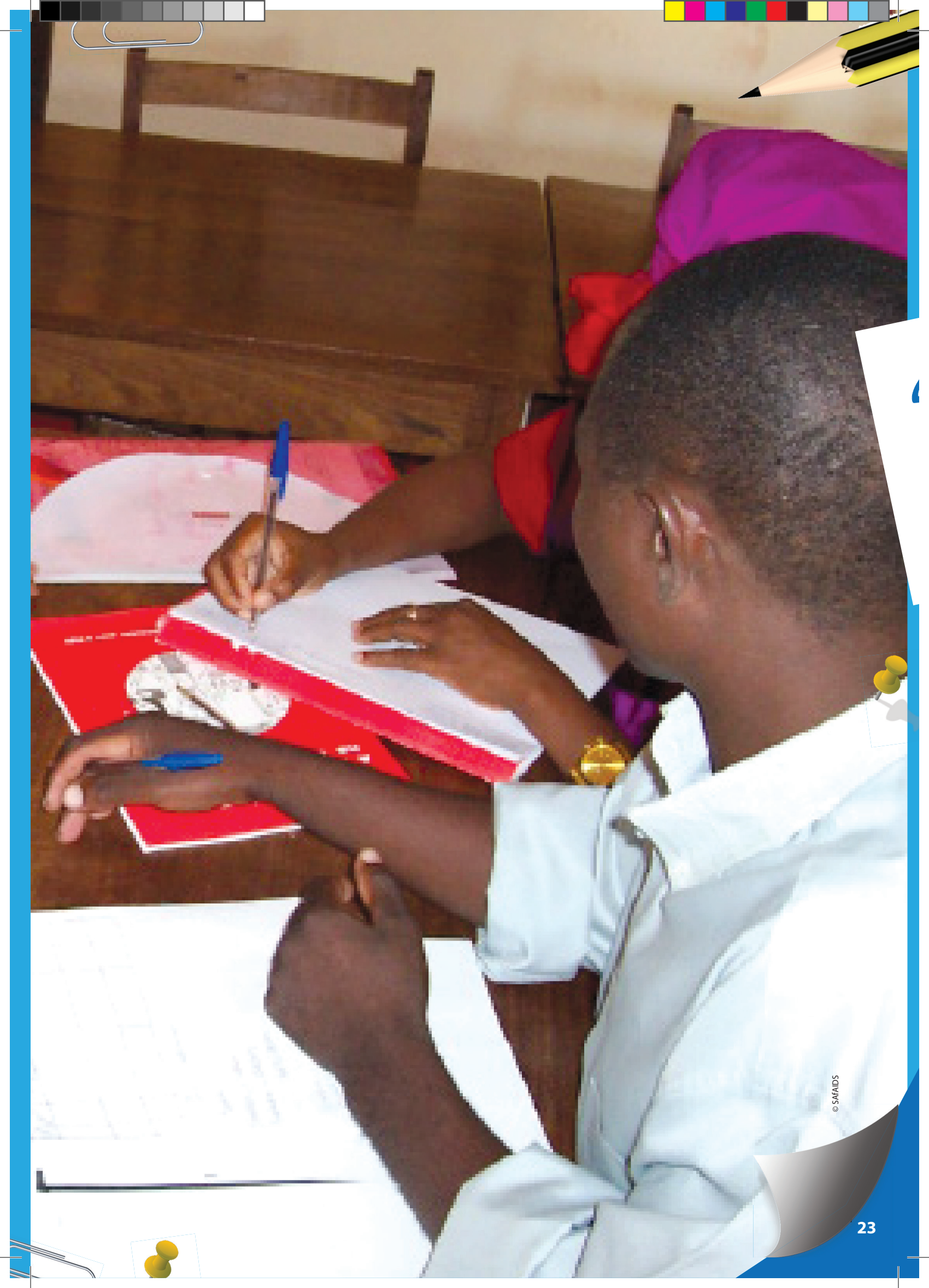
Young Champions Educator Sheets, Interactive Poster, Board Game and Quiz Cards.


The participants will probably be very interested in all the materials, so let them know that they will have the opportunity to spend time looking at the different materials throughout the training.



Step 5: Evaluation tools (15 minutes). Advise participants that in order to ensure that the training is meeting the needs of participants as well as its intended objectives, evaluation tools have been developed. Participants will have the opportunity to evaluate the training and say how the training helped them; give information on the areas of training they found too difficult or too easy; what parts of the training they found most enjoyable and how they feel the training could be improved. Share and review the evaluation tool with participants and explain that time will be set aside at the end of the training to allow participants to fill in this tool.

Step 6: Module wrap-up: To conclude the module, ask participants to discuss any questions or concerns they have about the training. Is there any additional information they feel they need before training begins?





Module 2: Adolescent HIV Prevention and Treatment

Purpose: This module helps participants understand the issues and needs of young people regarding HIV, HIV prevention and treatment. It uses the young champions support pack handbook as its key resource.

Materials: Flip chart, name tags, sticky stuff/prestik, a small booklet for each participant, markers.

Overall time needed for this module: A minimum of 8 hours.

Session 2.1 I Know About HIV

Objectives:

- To understand the basics of HIV and the issues for young people.
- To be able to take young people through their age specific learning activities on HIV.

Duration: 60 minutes

Resource: Young Champions Handbook, Section 1: I Know About HIV
Young Champions Handbooks, Section 1 activities.

Step 1: Start with what the participants know. Tell participants that despite many years of HIV education and awareness programmes there is still a lot of misinformation about the disease. Tell them that you will be reviewing their existing knowledge of HIV and AIDS.

Put up some flip chart sheets on the walls with the following headings:

HIV

AIDS

CD4 cell

Difference between HIV and AIDS


HIV is transmitted

HIV is NOT transmitted ...

HIV is prevented ...

Ask participants to form groups of three and go around and fill in the different sheets. When they finish with one sheet, they move on to the next one.


After about 15 minutes, review the content on the walls with the whole group and correct any misinformation. Use Section 1 of the Handbook to guide the input.



Step 2: Go deeper. Participants need to understand the risks for adolescents. Share some of the statistics from section 1.4 of the handbook. Then ask the group why they think adolescents are such a high risk group. It is important to discuss any stereotypes or misconceptions about young people that the group may raise. Many young people are denied access to HIV prevention and treatment because of service providers' beliefs about young people.

Step 3: Group work. Split the group into three and allocate each group a different age Handbook. Ask them to go through the section 1 activities and complete them. To make it fun, test the groups on the quiz and question sections.

Facilitator notes:

- Perceived negative reactions of family and friends, and fear of HIV-related stigma prevent young people (and adults!) from seeking HIV counselling and testing (HCT).
 - Young people also fear that their family and friends will breach their confidentiality by 'talking a lot' and 'spreading the news' to others about their HIV status.
 - Youth may fear that they will be discriminated against by health care providers
 - Fear of the unknown (they do not have enough information about HIV and assume a positive diagnosis is a death sentence).
 - Perception that if they just ignore the possibility of them being infected it will just go away - denial.
 - Some barriers to testing also include getting to the clinic, or being seen at the clinic by others. (It is important to eliminate or reduce these barriers).
- 

Session 2.2 Testing and Young People

Objectives:

- To understand the importance of HIV counselling and testing and why young people also need to know their status.
- To be able to take young people through age specific learning activities on knowing their HIV status.

Duration: 60 minutes

Resource: Young Champions Handbook, Section 2: Knowing my HIV status

Step 1: What are the benefits of knowing your HIV status? Ask participants what benefits they could derive from knowing their own status. Ask the group to also consider their own fears and challenges around getting tested. Discuss as a group how young people can benefit from knowing their HIV status and overcome the difficulties in getting tested. Use section 2 of the Handbook to guide your discussion.

Step 2: Go deeper. Overcoming barriers to young people knowing their status is very important. Ask participants to go into groups and develop messages that would encourage adolescents (and their parents) to get tested. Messaging can include to:

1. Be aware of all the information on HIV,
2. Get tested,
3. Speak up,
4. Take action,
5. Have respect for yourself and the person you are involved with, and
6. Protect yourself.

Step 3: Overcoming barriers to adolescent testing. Ask the group to come up with some strategies to overcome the barriers to adolescent testing. **Facilitator Note:** In reviewing the responses, add to them from Section 2 of the Young Champions Handbook.



Session 2.3 Treatment and Adherence for Young People

Objectives:

- To present aspects of treatment and care that are of particular importance to YPLHIV.
- To discuss treatment as prevention.

Duration: 60 minutes


Resource: Young Champions Handbook Section 3: Understanding HIV treatment and adherence.

NB. You will have to do some preparatory work ahead of this session, on available treatment regimens for young people where you live.

Step 1: ART Basics Introduction. Ask participants what the term 'ART' (antiretroviral therapy) stands for. Then ask them to identify key issues or concerns related to ART and adolescents. Use the handbook to support discussion.

Under section 3.1 ensure that participants know about the available treatment regimens for young people in their country/ area.

Under section 3.2 ensure that participants know the difference between minor and major side effects.



Step 2: Adherence to ART. Start a brainstorming session with participants on the reasons why adherence is so important. These include:

- The consequence of non-adherence is the possible development of drug resistance, meaning that the antiretroviral medicines will no longer help the person. Drug resistance is identified when viral load tests show an increase of HIV in the blood, or when the person continues to be sick although they are taking their ARVs as required. Drug resistant HIV can also be passed on from person to person.

- There is a limited number of available combinations of ARV medicines (called regimens), so the longer someone is able to continue with one regimen and contain their HIV, the greater their chances of longer, healthy survival. The doctor may be able to change the regimen to another if resistance develops, but it is very important to minimise drug resistance through 100% adherence.
- Treatment itself is a form of prevention. It can reduce the risk of HIV being passed on to others. (See section 3.5 of the handbook for more information).


Step 3: Go deeper. After the discussion, to help participants better understand the difficulties of adherence, go round the group and ask them one by one to complete the sentence... 'I think the most difficult thing about adolescents adhering to ART is...'

Step 2 Facilitator notes:

ARV medicines or ARVs will not work if they are not taken according to instructions. Adherence means:

- Taking medications to treat other illnesses such as TB as well as ARVs and possibly Cotrimoxazol, on time, in the right dose, every day, for life as instructed by the health service provider.
- Eating and drinking the right things with your pills as prescribed by the clinical team.
- Commitment and knowledge on the part of the young person and their caregiver. It is a partnership between the person taking ARVs, their family and friends, non-medical and medical service providers and others in their circle of care.
- The individual needs to be motivated and dedicated to improving and maintaining his or her own health.

Highlight to participants that many factors influence adherence – just as in sticking with any routine. In addition, with health issues, possible health problems themselves – side effects, lack of energy, depression, difficulty in taking pills, inability to get to the clinic to renew prescriptions – all make adherence to ART difficult.



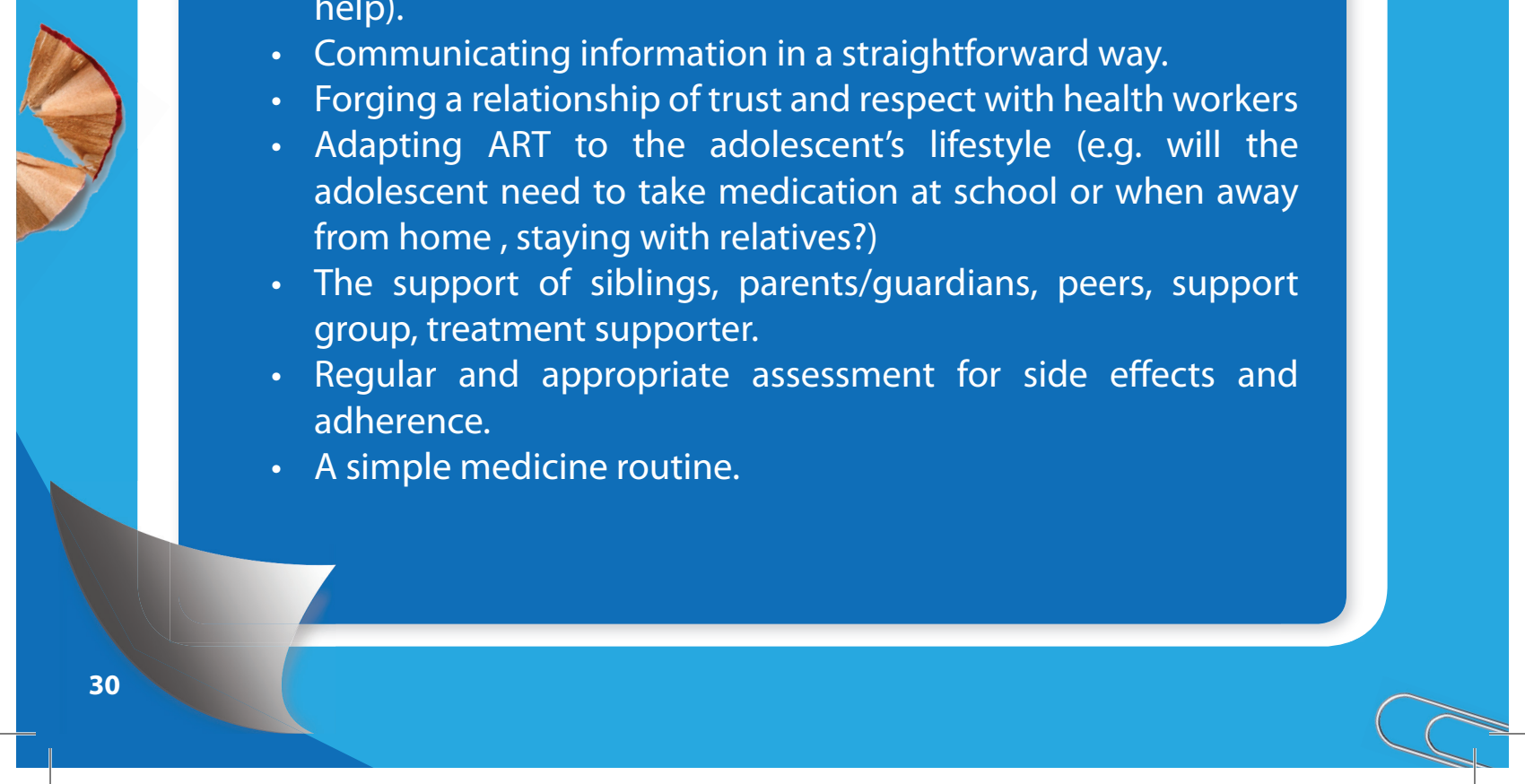
Ask participants for ideas on what service providers and educators can do if they notice YPLHIV who seem to be having problems with adherence. Record these ideas on a flip chart and remind participants that rather than trying to guess why the child and caregiver are not adherent, it is best to have a counsellor's attitude – that is, listen first, get information, then work together to come up with possible solutions and agree to try what seems to be the best solution.

Step 3 Facilitator notes: Why adherence is difficult

Factors about the adolescent (individual characteristics, including their stage of development).

Factors about their environment (family, peers, health services, community).

Factors that may improve adherence to ART for YPLHIV

- Providing age-specific information (for example, do not use 'baby talk' with older teens – this is where the Handbooks can help).
 - Communicating information in a straightforward way.
 - Forging a relationship of trust and respect with health workers
 - Adapting ART to the adolescent's lifestyle (e.g. will the adolescent need to take medication at school or when away from home, staying with relatives?)
 - The support of siblings, parents/guardians, peers, support group, treatment supporter.
 - Regular and appropriate assessment for side effects and adherence.
 - A simple medicine routine.
- 

Round off this activity by highlighting to participants that there are clearly challenges in adhering to ART, and that the role of community support is to help YPLHIV appreciate the importance of adherence and to help them adhere to their medication as best they can.

Managing the side effects of ART in adolescents:

Immune reconstitution inflammatory syndrome (IRIS) can occur – usually within six weeks of starting ART.

There are many different ways that this will show in young people. Sometimes there may be a high fever, headache, cough, severe diarrhoea or vomiting, or other medical complications may arise, for example, TB will suddenly become worse.

This is potentially a dangerous time for the young person and service providers have a key role in recognising these symptoms and ensuring that the young person and their caregiver are aware of the need to urgently visit a health facility if the young person becomes ill in the first few months of taking ART. The young person will usually continue on ART and be given treatment for any infection.

Supporting adherence in adolescents:

A three-stage model is helpful for service providers trying to support adherence in children:

Stage 1 – Pre-ART assessment and preparation.

Stage 2 – ART initiation and maintenance.

Stage 3 – Re-motivation and/or treatment change.

Treatment as prevention

When PLHIV adhere correctly to their medicines and keep themselves fit and healthy, including getting treated immediately for any sexually transmitted infections (STIs), they are much less likely to pass HIV on to others. Therefore ART itself can be regarded as a method of prevention. However, condoms should still be used to prevent re-infection and in case of a viral load surge, which may happen during times of illness. YPLHIV should not take the fact of being on ARVs as a reason not to disclose to sexual partners or not to use condoms consistently and correctly every time they have sex.



Section 2.4 Positive Living and Disclosure for Young People

Objectives:

- To understand what positive living is all about.
- To understand that disclosure for young people is complex.
- To review disclosure procedures for young people.
- To discuss stigma and discrimination.

Duration: 60 minutes

Resource: Young Champions Handbook, Section 4.


Step 1: Understanding positive living. Ask participants what positive living means. Ask them to give examples of positive living in their own lives. Ensure that participants understand that positive living is for everyone, not just those living with HIV. Reinforce that for YPLHIV, positive living goes hand-in-hand with good adherence to ART and provides a strong basis for deciding to disclose their HIV status or not.

Use the handbook to support discussion.

Step 2: Ready for disclosure? Ask participants what they understand by disclosure and be sure that the group is clear that disclosure has two forms:

- a. disclosure TO a young person or adolescent and
- b. disclosure BY a young person or an adult to others.


The focus in this session is on supporting adolescents to decide when, where (or not) to disclose to others. There are many benefits to disclosing an HIV positive status. Be sure the group understands them (see the relevant section in the handbook).



Step 3: Go deeper. Service providers need to know much more than the benefits of disclosing. They also need to be able to address the many fears and concerns young people will have. In a brainstorm, ask the group to identify some of the questions that young people may have but are too afraid or embarrassed to raise. Write responses on a flip chart. Then share the handout at the end of this section.

Step 4: Dealing with stigma and discrimination. Introduce this session by highlighting to participants that when thinking about disclosure and accessing treatment, parents and caregivers and service providers need to be aware of how stigma and discrimination may affect young people.

Ask participants to think about what they have seen or heard in their communities with regard to young people's experiences of stigma and discrimination. Next, ask them to write down one word or phrase that sums up what stigma and discrimination mean for young people in their communities. Ask for several volunteers to share their word or phrase and to explain to the group why this is significant to them. **Ask participants how service providers themselves can be a source of stigma and discrimination. Use the Facilitator notes to support discussion.**



Step 5: Transition of care. Adolescents who acquired HIV infection in infancy will usually have attended paediatric clinics for many years. Once they reach a certain age, YPLHIV are expected to move to care within an adult setting. This is called the 'transition of care'. Because it involves moving from the care with which they are familiar, this may be a difficult time for YPLHIV. They may feel nervous about who will see them at the clinic and that they will be forced to disclose their HIV status or have it exposed involuntarily. As a result, this situation has implications for the entire circle of care of a young person, who is now expected to begin taking responsibility for their own treatment and adherence.



Facilitator notes for Step 4


Experiences of stigma and discrimination

People may avoid young people whom they think are HIV positive. They may openly criticise or blame the young person's parents or the YPLHIV for the illness. This is called stigma. This can be very upsetting for a young person.

Discrimination means that a person with HIV is treated differently and less favourably than someone who does not have HIV.

Parents, caregivers service providers and educators need to stand up for children if they are being teased and show that they are there to protect them.

Service providers and educators need to make parents and caregivers aware of the ways in which their children may experience stigma and discrimination at school, among their friends, or even within their families. It is also important that service providers, educators and caregivers try to understand what it must be like for a young person to experience stigma or bullying, and reassure them that they take their concerns seriously.



Service providers and educators can also stigmatise: Service providers and educators can themselves be a source of stigma and discrimination if they do not behave in a way that respects the rights of young people and their caregivers.

Confidentiality: Service providers and educators should not disclose a young person's HIV status to other people without their consent. This type of involuntary disclosure can increase stigma and discrimination against the young person and their family.

Respect: Service providers and educators should also be concerned with the rights to respect and dignity of families. They can support these rights by talking to young people and caregivers in a respectful way and by showing that they respect their opinions.

Key points on consent and confidentiality for service providers:

- Ideally, until the age of majority, a young person should be accompanied by a responsible adult who can give their consent for treatment and provide subsequent support. This is not always possible and may also be contrary to the young person's wishes.
- There are national or local laws on consent to treatment for minors. However, the laws may not explicitly state the age for independent access to HIV testing and treatment. Participants need to familiarise themselves with legislation in their own country.
- In some countries, the law states the age at which adolescents are judged competent to decide for themselves. Where there are no laws, the best interests of the young person and their evolving capacities to make decisions about things that affect their lives should be taken into account.
- Most legal systems recognise 'mature' (or 'emancipated') minors (e.g. married young people) as having adult rights for medical consent.
- Maintaining confidentiality is an essential skill for all service providers and a key component of youth-friendly health services. Unfortunately, many young people do not believe they have access to confidential care. It is important that young people's confidentiality is respected.

PARTICIPANTS HANDOUT:

Important questions asked by young people living with HIV

People who work with YPLHIV say that the following questions and comments represent common concerns of young people living with HIV:

(a) “Will anyone want to have sex with me if they know I am HIV-positive?”

Adolescents need to know that it is possible to enjoy a healthy sexual life while living with HIV.

- For most people, sexual activity begins during adolescence, and sex and sexual attraction is generally an important part of young people’s lives. A positive HIV test will not stop an adolescent’s sexual development, so they will need practical information and support to deal with their questions, concerns and fears about being HIV-positive and having or wanting to have sexual relations.
- Fear that they will be rejected as a dating or sexual partner (unless they remain silent about their HIV status) may discourage many YPLHIV from disclosing their status. Service providers and educators can help them explore the benefits of revealing their HIV status to selected people.
- Service providers and educators may find it hard to raise and discuss these sensitive issues. Peer counselling and support from other YPLHIV will help adolescents understand their risks, opportunities and options.
- Promoting consistent and correct use of male and female condoms is an essential part of counselling. The prospect of using condoms all their life can seem an impossible challenge to some young people, so it is important that they understand the implications of not using a condom, for themselves and their partners. Use of condoms is crucial to slowing the HIV epidemic and is also important as dual protection (i.e. prevention of STIs, including HIV, and prevention of unplanned pregnancy).

(b) “Will I be able to have children?”

Like all people, YPLHIV have the right to choose for themselves whether they want to have children or not.

To do this they need to have access to sexual and reproductive health information and services, including counselling. This will help them be aware of their reproductive choices and the possible health risks for them and their child. They can then make informed decisions. For this to be possible, sexual and reproductive health services and HIV care services need to be linked.


(c) “Will I die soon?”

Some young people may not understand the difference between HIV and AIDS. They may think that a positive test result means they will die soon.


- They should know that with earlier diagnosis, ARVs and a healthy lifestyle, it is possible to live a long and healthy normal life.
- They also need to know that good treatment adherence, is essential to achieve this.
- Emotional and spiritual support can help reduce depression, prevent suicidal ideas and the strong emotions associated with living with a chronic and potentially fatal condition.

(d) “I am too young to have a chronic disease. My life isn’t worth living any more.”

Many young people live healthy and productive lives despite being HIV-positive. They need to meet others who are coping well with HIV, so they can understand that it is possible to live positively.

- 
- Learning that you must live with HIV is shocking news at any age. For young people it can be hard to imagine how they are going to live their whole lives with a chronic disease, when they feel that they have only just begun to live. All their dreams for relationships, family life and career are overshadowed by the news.
 - Service providers should also provide referral to peer support groups. Young people living with HIV are better able to understand each other's situation than anyone else, and are well placed to educate, counsel and advise one another. Around the world, wherever HIV is present, YPLHIV have established support and advocacy groups and networks. You have a role in encouraging young people to begin, or become part of an existing network.
 - Service providers and educators need to consider the mental health of YPLHIV to determine if they are depressed or are considering suicide. They should also assess young people who are involved with substance use. Any problems should be referred to the appropriate service.

(e) "I am afraid that people will reject me, or be violent towards me."



Many of those living with or affected by HIV experience stigma and discrimination. Acts of discrimination can range from inappropriate comments to violence. Support groups can help people cope by giving them practical support and personal expertise in dealing with stigma and discrimination.

- Young people will need support and advice on disclosure and on the implications of this disclosure for their future opportunities. HIV can have an enormous impact on access to education and work opportunities.

- Disclosure is harder for young people, who often base their self-worth on what other people think of them. Through counselling, they can be made aware of the benefits of disclosing their HIV status to selected people who can support them to live positively.

(f) “I am afraid you will tell my parents: will you?”

This raises issues of consent to treatment and confidentiality with minors. Service providers should know what they are obliged to do by law, how existing laws and policies are translated into practice and, if necessary, how they can work with the young person to help them understand the value of engaging parents and guardians in their long-term care (see the table in section 2.2 of the Handbook regarding ages of consent for testing in different countries).

(g) “How was I born with HIV?”

Young people born with HIV may feel anger and resentment towards their parents and blame them for transmitting HIV (and to complicate things, the parents may also blame themselves). Service providers can advise parents or guardians that the outcome is likely to be better if these issues are raised and discussed when a child is still young, using plain language and with an absence of blame.



Session 2.5 Understanding the Sexual and Reproductive Health (SRH) Needs of Adolescents.

Objectives:


- To help participants understand that adolescents do have a need for sexual and reproductive health services, even when they are living with HIV.
- To help participants understand the barriers to adolescent SRH.

Duration: 60 minutes

Resources: Young Champions Handbook, Section 5 Handouts at the end of this section. Some props and items for role play.


Step 1 Preparation Write up the elements below, each on a separate flip chart:

1. Adolescent SRH.
2. Prevention and management of STIs including HIV.
3. Family planning.
4. Screening and management of reproductive health cancers: cervical, breast, testicular and penile cancer.
5. Safe motherhood and PMTCT.
6. Unsafe abortion and post-abortion care.
7. Prevention and management of infertility.
8. Gender-based violence (GBV).
9. Human rights related to SRHR.



Step 2 What are sexual and reproductive health and rights (SRHR)? Introduce the elements you have prepared on flip charts by giving a bit of background using the Young Champions Handbook and participants handouts at the end of this section as guidance.


- Discuss what human rights are and then define what SRHR are. One at a time, go through all the elements clarifying terms
- Discuss how each element impacts on the rights of YPLHIV
- Discuss the responsibilities of YPLHIV and SRHR. Remind them that engaging in sex at an early age can have serious emotional as well as physical consequences, especially if their partner is significantly older than they are.



Step 3: Overcoming our own concerns around adolescent SRH. Introduce to the participants that it will be impossible to help young people prevent and get treated for HIV if we ourselves do not understand the important role these services play in keeping young people safe. Start by asking the group about their own fears around allowing young people access to sexual and reproductive health services. List them on a flip chart. Go through section 5 of the handbook with the group. Tick off each concern as you go through and discuss it. If there are questions that cannot be answered, park them for now.

Step 4: The Young Champions Support Pack offers an opportunity for young people to discuss the many issues involved in romantic relationships in a safe, open environment. They are able to find out what the other gender is 'really thinking'. By discussing gender differences and gender and sexual rights, boys and girls alike can work toward building healthy relationships based on respect for one another. See section 5.6 of the Handbook.

Step 5: Challenge yourself! As service providers and educators we can create barriers to HIV prevention and treatment for young people. Communication is a critical area that young people themselves have highlighted as being challenging for them when dealing with adults. Set up small role play scenarios for the group as suggested in the box . Use the Step 3 Participants handout to assist you.



- A 14-year-old boy shares with his uncle that he likes to rub his penis so that he feels really good and gets wet. He is worried that God might punish him for enjoying his body so much.
- An 11-year-old girl shares with the female choir leader that she is scared because she is bleeding in her underwear.
- An 18-year-old boy reveals that he has three girlfriends and he is having unprotected sex with at least one of them.
- A 15 year old girl tells the school nurse that her neighbour has been touching her private parts. He has given her money each time – and she was told not to tell anyone. She wants to know if it is wrong.




Step 1: PARTICIPANTS HANDOUT: Elements of SRH


Adolescent sexual and reproductive health - It is estimated that young people make up more than half of most populations today. The world is experiencing the largest adolescent population in our history. As a result, adolescent reproductive health is an increasingly important component of global health.

Adolescence is a time of tremendous opportunity and change. It is also a time of heightened vulnerabilities. Body changes can be a source of embarrassment and distress, while hormones cause rapid and confusing changes to emotions and mood.

Programmes that provide information, ensure access to services and develop life skills are crucial to the healthy futures of young people. Many young women have already had a child before the age of 19, endangering their health and futures. It is important to help them make the right decisions to protect their health, plan their futures, and make the most of their potential.



Prevention and management of sexually transmitted infections (STIs) including HIV – There are strong links between STIs and HIV. The chief mode of transmission of STIs and HIV is sexual intercourse and therefore the measures for preventing both are the same. There is a higher risk of becoming HIV infected if the person already has an STI. If someone is living with HIV and they get an STI, the presentation and progression of the disease, as well as the response to treatment, may be affected. Many STIs have very few symptoms, especially in women. However, left untreated they can cause infertility problems in both men and women. It is important that young people are informed about the importance of **dual protection** – the use of male or female condoms to protect against HIV and STIs, at the same time as using another method of contraception to protect against unintended pregnancy.




Family planning – Family planning is a basic right of all individuals to control their fertility and decide if, when and how many children to have. It has long been accepted that voluntary family planning offers significant benefits for women and families, improving the health of women and children by reducing the risks associated with age at pregnancy (too young or too old), having too many pregnancies or having pregnancies too close together. Two years between births is considered safer for both mothers and babies. Young people should be encouraged to use dual protection at all times.

Screening and management of reproductive system cancers – Cancers are caused by uncontrolled cell growth. Most reproductive cancers, i.e. cervical, breast, testicular and penile cancer can be detected early and effectively managed before they spread - (metastasise – form secondary cancers) when there is high mortality. Young people need to be made aware of what to look out for and encouraged to seek help early.

Safe motherhood and PMTCT – These include delaying first pregnancy until a young woman's body (and emotional health) is mature enough to cope with a pregnancy. Access to family planning and HIV testing are essential elements. Adequate antenatal care (attending all antenatal visits), safe delivery and postnatal care are also vital. Safe motherhood also includes access to PMTCT services. and includes the prevention of infections that may alter the course and outcomes of pregnancy, such as STIs including HIV, as well as infection with TB and malaria. PMTCT services are an important part of safe motherhood for YPLHIV.


Unsafe abortion and post abortion care – Abortion is illegal in many southern African countries, or may only be available in certain limited circumstances. Most young people are unable to negotiate the means of obtaining safe abortion and instead opt for unsafe 'backstreet' or do-it-yourself abortions. This endangers their future fertility and even their lives. Prevention is the best solution. Young people need to be encouraged to delay sexual activity and to use dual protection if they are sexually active.



Spontaneous or 'natural' abortion. As many as one in four foetuses never develop to full term. The figure is probably higher in very young women. This is called spontaneous abortion and can happen even before the girl is aware she is pregnant.

Whether abortion is spontaneous or induced, proper post-abortion care is very important. This focuses on helping the woman without investigating whether the abortion is spontaneous or induced. After an abortion, a woman may lose a lot of blood; she may get a reproductive system infection or she may be physical and mentally traumatised. Correct post-abortion care reduces the possible complications of abortion which include anaemia, infertility in the case of untreated infections, and death from either bleeding or due to infection.

Prevention and management of infertility - Infertility is defined as not being able to get pregnant despite having frequent, unprotected sex for at least a year. Infertility may be due to a single cause in either a woman or a man, or to a combination of factors that prevent a pregnancy from occurring or continuing. Fortunately, there are many safe and effective therapies for overcoming infertility. These treatments significantly improve couples chances of becoming pregnant. Young women living HIV may also seek these services once they have decided to have a baby but have been unsuccessful.



Gender-based violence – Is when someone hurts another person because they are a women or a man, and that hurt results in, or is likely to result in, physical, sexual or mental harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Southern African societies are often very male dominated and gender-based violence (GBV) against women and girls is common. However, most countries now have laws that protect against gender-based violence. Young people need to be made aware of the laws in your country.

A modern manifestation of GBV is **date rape**. Make sure young people are aware of the dangers. Refer to section 5.6 of the Handbook.

Human rights related to sexual and reproductive health and rights:

- Right to the highest attainable standard of health life and survival.
- Right to liberty and security of person.
- Right to be free from torture, cruel, inhuman or degrading treatment.
- Right to decide freely and responsibly the number and spacing of one's children (if any) and to have the information and means to do so.
- Right of women to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence.
- The same right of men and women to marry only with their free and full consent.
- Right to enjoy the benefits of scientific progress and its applications, and to consent to experimentation.
- Right to privacy.
- Right to participation.
- Right to freedom from discrimination (on the basis of sex, gender, marital status, age, race and ethnicity, health status/disability).
- Right of access to information.
- Right to education.
- Right to freedom from violence.



Step 3 PARTICIPANTS HANDOUT: Talking with young people

There are crucial interpersonal communication skills that need to be acquired and used when dealing with young people. These include:

Active listening/ attending behaviour

Let youth know through verbal and non-verbal expressions that you are listening. Facial expressions and posture should show the youth that you are interested and paying attention. Some examples are:

- Maintaining eye contact,
- Nodding when they speak, and
- Saying 'um hmm'.

Summarising and paraphrasing

Restate what the young person has said in your own words. This assures the young person that you have heard and understood what they said. For example:

Youth: 'I don't know what is the matter. I just don't feel well today.'

Provider: 'You are feeling sick today?'


Or

Youth: 'I was supposed to take these pills for a week, but I stopped after two days when I felt better.'

Provider: 'You decided to stop when you felt better?'

Questioning

Encourage young people to talk about themselves by asking questions. Questions can be open- or closed-ended. Open-ended questions give the young person a wide range of options for a response and can be used to get information from them without influencing their responses. Some examples are: 'How have you been?', and 'How do you feel about delaying sexual activity?'



Closed-ended questions are more leading, and limit possible youth responses. They may cause the young person to give you the answers they think you want to hear, instead of what they are really thinking. Some examples are, 'Have you been well?' and 'Do you have a boy/girl friend?' Closed questions can be used to focus the young person on a particular issue. However, if they are used too often, you may miss important information.

Probing questions or statements are used to pursue further details from the young person. They can be open- or closed-ended, but are usually open-ended. For example:

'Tell me more about...'

'And?'

'Um hmm,' followed by silence.

'Is there anything you left out?'

'How does that make you feel?'

When probing to get information that the young person may feel is personal or private, probes should be worded carefully.

Making positive statements (praise/ encouragement/ reassurance)

Making positive statements can help young people to feel good about themselves. Reminding a young person of their strong points when they are in a crisis, can help him or her get control of the situation. Avoid giving false praise or false reassurance. Some examples are:

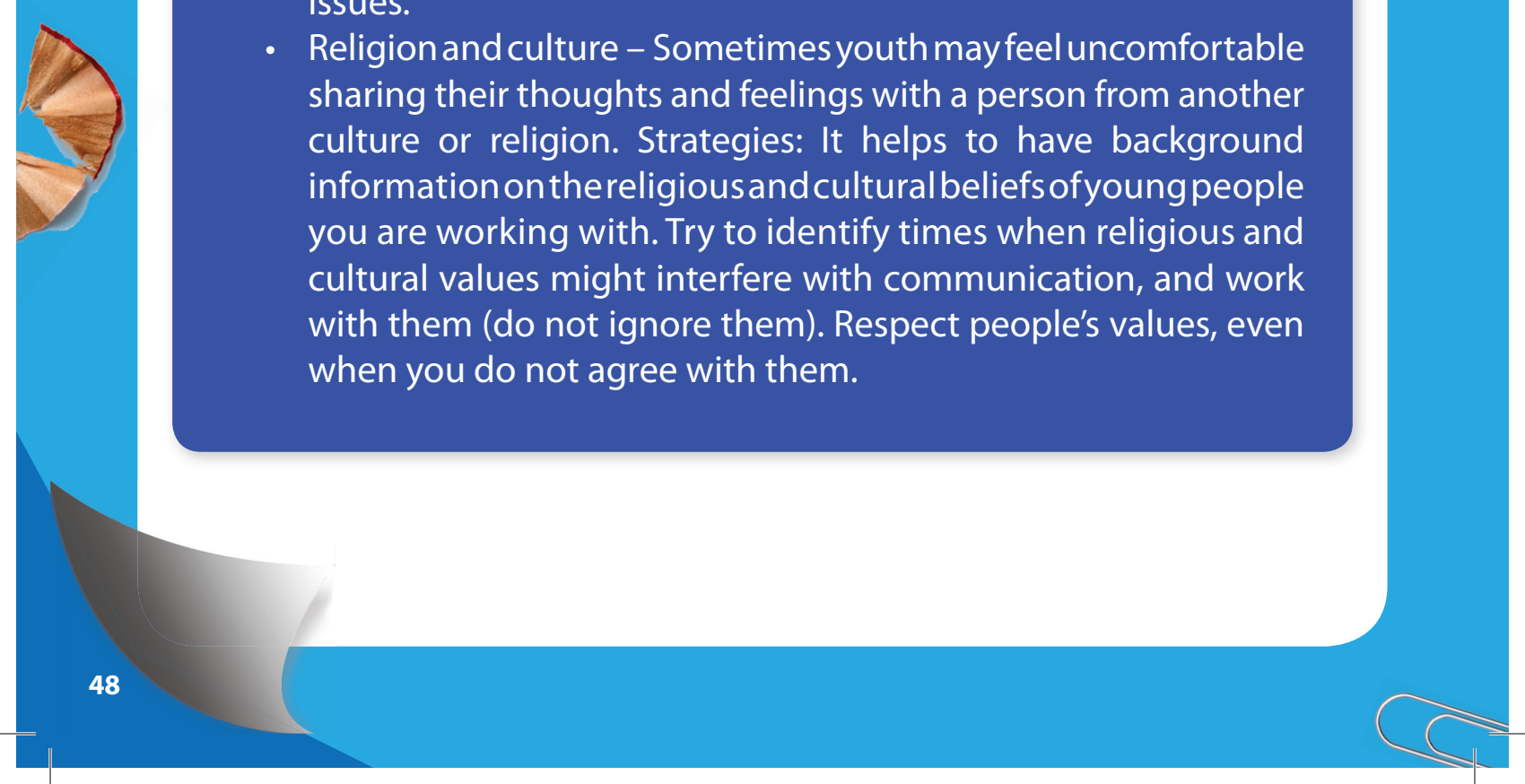
- Praise: 'You are looking well today' (if true), or 'You followed your medicine instructions perfectly.'
- Encouragement: 'You did the right thing by coming here.'
- Reassurance: 'A lot of people have that concern. The condom can not get left behind in the uterus and travel around the body', or 'It is normal to experience a little weight gain in the first few cycles of the pill, but it is usually only temporary.'





Giving information

When giving information, explanations should be simple, clear and in a language young people understand. Use visual aids whenever possible. Part of giving information is assessing whether young people have understood the message. To do this, ask questions, have the young person repeat instructions, and ask them to demonstrate what has been taught.

Barriers we create as adults and service providers - and how to overcome them!

- Attitude – Negative attitudes can affect the impact of the message. Good communication must be non-judgmental. Strategies: Be aware of your attitudes and biases, and keep them out of your communication. Never impose your opinions on controversial topics.
 - Age – Some young people feel uncomfortable with people either younger or older than themselves. Strategies: Show proper respect. Identify yourself as a person who deals with sensitive topics. Explain that when there are serious health consequences, there is sometimes need to discuss personal issues.
 - Religion and culture – Sometimes youth may feel uncomfortable sharing their thoughts and feelings with a person from another culture or religion. Strategies: It helps to have background information on the religious and cultural beliefs of young people you are working with. Try to identify times when religious and cultural values might interfere with communication, and work with them (do not ignore them). Respect people's values, even when you do not agree with them.
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- Sex – Some prefer to communicate with people of the same sex. Strategies: Again, acknowledge that the discussion might be embarrassing but explain that it is necessary to discuss personal topics for health reasons. Acknowledging embarrassment usually helps the young person to overcome it.
 - Language – Technical words can be difficult to understand. It is important to speak in terms that young people understand and to use acceptable names for things. Strategies: Keep language simple. Confirm whether terms are familiar and understood by the young person. If not, explain the terms or use more familiar words.
 - Time – Young people might not be interested in talking with adults or service providers if they are busy doing something else. Strategy: When possible, let the young person choose the time for discussion. Remember, good communication can occur even when little time is available.
 - Venue – Noise, excessive temperatures and poor seating facilities can make good communication difficult. Strategy: Make sure the venue is suitable and in an accessible location.
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Session 2.6 Eating Right and Exercising

Objectives:

- To understand that YPLHIV have the same health and lifestyle issues as everyone else.
- To understand that good hygiene, diet and a healthy outlook are important for HIV prevention and treatment adherence.
- To help young people with the skills and information to create a healthier future.

Duration: 60 minutes

Resource: Young Champions Handbook, Section 6.

Step 1: Good nutrition for adolescents on antiretroviral therapy (ART). Explain to participants that a balanced diet is especially important for adolescents to ensure they grow properly, develop their immune system and are able to fight infection. This is especially true for YPLHIV and those who are on ART. Good nutrition also increases tolerance to ARVs. Ask the group to consider the following questions:

- What are the basic components of a healthy diet?
- How can we achieve this on a limited budget?
- How can we identify young people with poor nutrition in our work and community?

Use the Step 1 Facilitator notes.

Step 2: Food safety and hygiene. Ask participants to share their ideas on why food safety is particularly important for YPLHIV. Emphasise that bacteria in food or water can have a serious impact on people with weakened immune systems, so avoiding infections from food is important. In small groups, ask participants to identify practices for ensuring food safety and hygiene. See step 2 Facilitator notes.

Step 3: Physical activity. Physical activity has been shown to improve body composition and quality of life for PLHIV. Exercise also helps stimulate appetite and increase energy, improve blood circulation, and reduce stiffness in the joints, muscle aches, and wasting. Ask participants to identify the different forms of exercise and the benefits of it for YPLHIV. See step 3 Facilitator notes.



Step 1 Facilitator notes

Ideally, nutrition interventions for YPLHIV should begin as early as possible in the course of the infection to help minimise weight loss and reduce illness. However, because this group is usually not targeted for HIV counselling and testing, young people's HIV status may not be known until they present with opportunistic infections (OIs). Be aware that PLHIV have a higher calorie requirement than HIV negative people (about 10% higher) so it is important that they develop good nutrition habits. early in life

Health service providers, programmes, youth services, youth groups, and educators need to form close links to provide appropriate care, interventions, and prevention services for young people. Nutrition care and support should be part of comprehensive HIV services for young people and include the following components:

a. Nutrition assessment

Nutrition assessment includes the following components:

- Checking: Weight, height, body mass index (BMI), and mid-upper arm circumference (MUAC)
- Food intake: what has the person eaten in the last 24 hours?

Signs of potential nutrition problems in young people:

Inappropriate food intake

- Irregular meal patterns (skipping meals) .
- Unbalanced diet – eating too much of one food group – usually starches .
- Poor appetite.
- Nutrition-related conditions: Iron deficiency anaemia.
- Chronic diseases, e.g. diabetes.
- Underweight.
- Overweight.
- Pregnancy .

Psychosocial factors

- Significant emotional stress or depression.
- Stigma and discrimination.

Lifestyle factors

- Heavy use of alcohol, drugs or tobacco.
- Living alone.
- Living in an unstable family or environment.

Poverty

- Inadequate income.
- Inadequate food resources.
- Lack of access to food.


b. Nutrition education and counselling

Service providers can help the older adolescent and/or caregiver understand the need to maintain an adequate diet and ways to manage common gastrointestinal problems related to HIV or ARVs that may have a negative impact on diet.



Step 2 Facilitator notes:

Food-borne illnesses can cause further damage to the weakened immune systems of YPLHIV, increasing their susceptibility to other infections. Provide information on proper food safety and hygiene to YPLHIV and/or their caregivers to help prevent infections that cause diarrhoea - a common cause of weight loss and HIV disease progression. Adolescents and their caregivers should be encouraged to keep their home environments clean, keep water outside the toilet to wash their hands with water and soap after using the toilet, and follow the safe food handling practices listed below.

- Wash hands thoroughly with soap and water (or ash) before preparing, handling, or eating food and after using the toilet.
 - Drink clean, safe water (boiled or bottled).
 - Do not eat mouldy, spoiled, or rotten foods.
 - Do not eat raw eggs or foods that contain raw eggs.
 - Keep food covered and away from insects, flies, rodents, and other animals.
 - Wash and keep food preparation surfaces, utensils, and dishes clean.
 - Eat food that is thoroughly cooked and while it is still hot – particularly meats and chicken.
 - Store leftovers – especially meat – in a fridge and reheat thoroughly before eating. If you do not have a fridge, do not store leftover meat foods.
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Step 3 Facilitator notes:

Here are some different types of exercise. It is good to do a combination of these as this will lead to better overall body fitness.

Cardiovascular exercise

This is what you may have heard referred to as 'aerobic' activity, which means that as you exercise your heart rate increases and pumps blood to all of your organs while delivering oxygen to your muscles at the same time. Doing cardiovascular exercise most days of the week will protect you from developing future problems like diabetes and heart disease.

Muscular endurance/strength exercise

This refers to the ability of your muscles to withstand long periods of use AND also to how much weight a person can lift at once. You can increase your muscle strength by lifting weights. Note this is not recommended for young people below the age of 16.


Flexibility exercise

This term refers to how far your body parts (e.g. arms, legs) can move. Good flexibility will help to prevent injury to your muscles and tendons during physical activity. It can be accomplished and/or improved by stretching both before AND after exercising and also by doing activities that promote flexibility, like yoga.

How will physical exercise benefit me?

It will:

- Help you to feel good.
- Help you to 'burn' fat, improve your physical shape AND your overall health through weight control.
- Help to improve your posture through the shaping and building of your muscles which will, in turn, help to maintain the strength of your bones.
- Help to keep your body's joints (e.g. elbows, knees, hips, shoulders) flexible and injury-free.
- Help you to build stamina and endurance, which means making your heart pump blood loaded with oxygen to your organs more efficiently, so preventing disease.



Module 3: Teamwork
in Empowering and
Supporting Adolescents

Purpose: This module focuses on the how and why of building a supportive environment through networking and enhanced capacities for working with and for adolescents.

Materials: Flip chart, name tags, sticky stuff/prestik, a small booklet for each participant, markers.

Overall time needed for this module: 8 to 10 hours

Session 3.1 Roles and Responsibilities of Educators, Parents and Service Providers

Objective:

- On completing this session participants will: Be able to explain clearly and simply their role and responsibilities in supporting YPLHIV and their families.

Duration: 30 minutes

Materials: Handout.

Step 1: Introduce this session by asking participants to brainstorm ideas on the roles and responsibilities of service providers in supporting YPLHIV who are on ART. Record their points on a flip chart and use the information in the facilitator notes to guide and complete your discussions.

Step 2: Role Play Activity - To consolidate their knowledge of the roles and responsibilities of service providers and educators, ask participants to imagine that there is a group of people who are hoping to become service providers or educators in their community. Participants have been asked to come to a meeting with these new volunteers and give them a brief, but motivating and realistic three-minute presentation on the roles and responsibilities of a service provider to try to convince them to take on the role. Based on the discussion you have just had, ask for volunteers to role play this situation and give a motivational speech.



Facilitator notes:

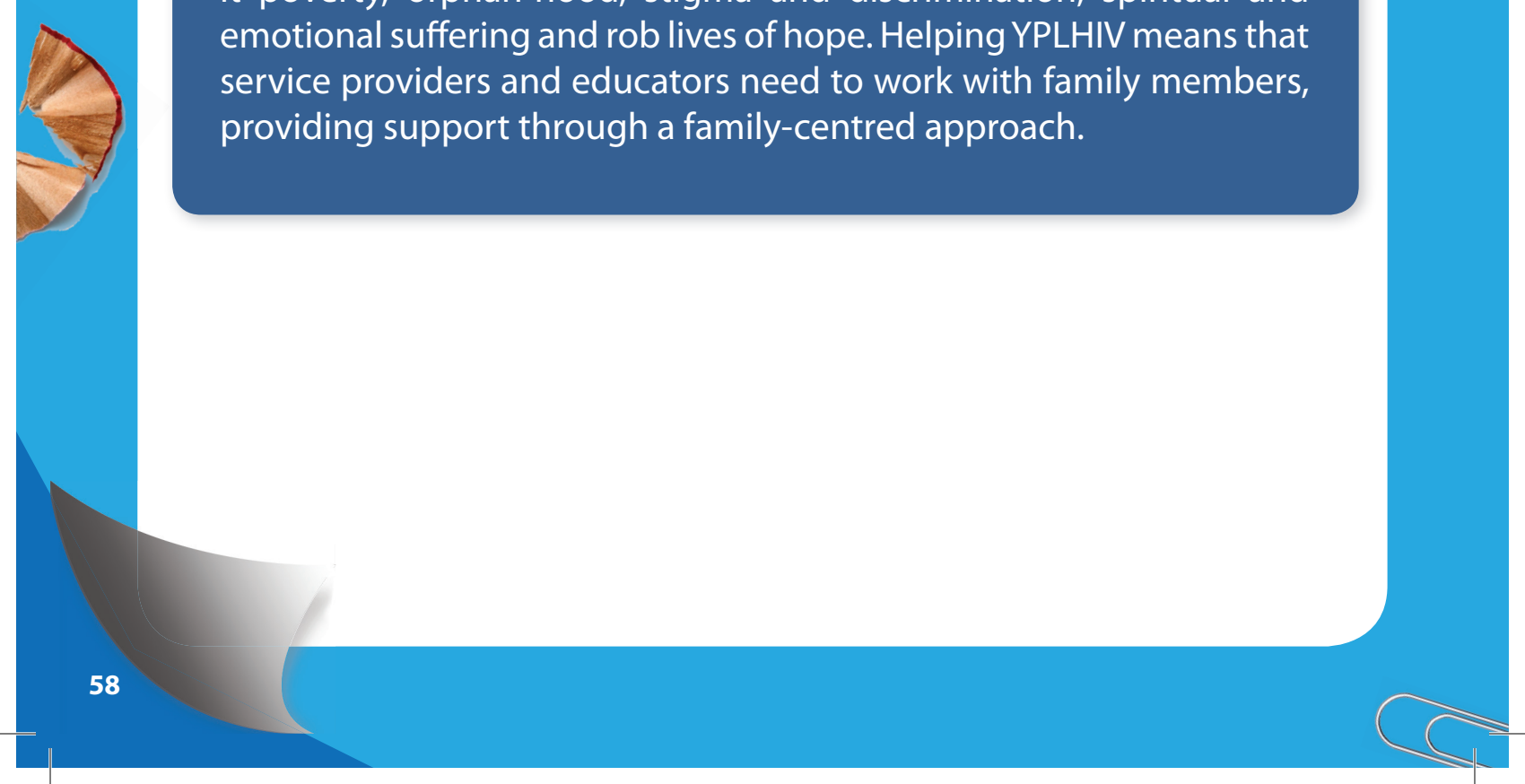
The roles and responsibilities of service providers and educators in communities.

To strengthen young people

Young people are also people with HIV. No matter how they became HIV positive, they must now be helped to live a long and healthy life. Encouraging young people, parents and carers to have adolescents and young people tested to identify their status EARLY so they can receive proper care, is a key role of service providers and educators. They can also provide physical, spiritual, emotional and mental support to YPLHIV and their families to enable them to deal with living with HIV.

To support the family

HIV is a family disease – the whole family is exposed to its impact. It not only affects the family's health status, but it can bring with it poverty, orphan-hood, stigma and discrimination, spiritual and emotional suffering and rob lives of hope. Helping YPLHIV means that service providers and educators need to work with family members, providing support through a family-centred approach.






To respect young people and others

All people, including adolescents and young people, have rights and deserve to be treated with respect. They must also be protected because they are adolescents. In helping adolescents and young people, service providers and educators need to include them in decisions that concern them, give them information in the way that they can best understand, and listen to them.

To take care of themselves

Service providers and educators need to remember that they themselves need to be strong if they are to help others. They need to protect themselves from stress and burnout. Taking care of oneself is an important focus for service providers and models self-care for young people and their caregivers. Refer participants to the handout, which gives some tips on how to recognise and deal with burnout. Encourage participants to go through this handout in their own time as it contains important information for improving their wellbeing.



Session 3.2 Working as a Team in the Circle of Care

Objectives:

- On completing this session participants will have an understanding of the value of each person's individual role and contributions to supporting young people living with HIV.

Duration: 30 minutes

Materials: Flip chart paper, markers, prestik and paper.

Step 1: Working in the circle of care (5 minutes)

Introduce participants to the idea of the circle of care, which basically means all the different people who support and influence the care a YPLHIV receives. These people could be, educators, parents, caregivers, health professionals, other community workers, church or religious groups and counsellors.

These people are essentially members of a team with the shared goal of ensuring the young person's wellbeing, and each will have a different role to play. It is important that team members are able to communicate and make decisions affecting the young person when they need to be made (and involve them where it is critical to get their input) as well as to have an appreciation of the different roles and strengths that each individual brings to the circle of care.

Step 2: Activity - (25 minutes)

Divide participants into groups. Each group should draw a 'circle of care' for YPLHIV in their community and draw something to represent each person in the circle. For example, drawing a cross could represent a church volunteer. Groups should then discuss what strengths each different person brings. After 15 minutes, get one group to present their 'circle of care' and get other groups to add to this if they have any additional points.

Facilitator notes:

End this session by asking groups to give some of their points of discussion on these questions and emphasise the following guidelines for working effectively as a team in the circle of care:

1. Ensure that everyone in the circle of care understands the common goals that they are working towards as a team (i.e. supporting the young person).
2. Keep communication open and honest and ensure that everyone has a chance to express their opinion.
3. Build trust between members of the circle of care by showing respect for opinions and honesty in communication.
4. Be careful with any personal issues that come up that could influence how people work together; deal with these as soon as possible.
5. Try to understand each others' strengths and make use of these to give the greatest benefit to the young person.
6. Make sure that every member of the circle of care knows that their contribution is appreciated.



Session 3.3 Working with Young People


Objective:

- Review the developmental needs of young people and adolescents to support service providers and educators to give information that is appropriate for an adolescent's developmental stage.

Duration: 30 minutes

Step 1: All adolescents develop differently. Introduce this section to participants by saying that all adolescents and young people are different. They grow and learn at different rates – but knowing about their development helps service providers to understand what is 'normal', what to expect from a child and when to be alert to problems that are affecting a young person's development. It also helps service providers to work better with adolescents – to know what they can understand and relate to and how to give them information about HIV and living positively that they can understand easily.

Development is not only physical, it is also mental and emotional. Supporting young people's development is a vital role for caregivers and service providers within the home and larger community.



Step 2: Building from what we know. Start a brainstorming session with participants on some of the most important things that young people need. Also ask participants how they could support adolescents during that particular stage or with a particular need. Refer to the Facilitator notes.

Facilitator notes

The seven developmental stages of adolescents are:

Competence and achievement – Adolescents often feel self-conscious or unsure of themselves. They need opportunities to demonstrate their abilities and realise that what they do is valued by those around them. Give them activities that they can do well in.

Self-exploration and definition – Adolescents need to flex their mental abilities and explore ways to use the new skills they develop as they grow into adults. Adolescents often use 'slang' terms that are very local, but very important to them. Allow them to express themselves in the ways that they feel are creative and new.

Positive interactions with peers and adults – Adolescents often feel vulnerable in their relationships. As a result they need to develop a positive social network around themselves. They show this by asking their friends' opinions when making decisions. Allow for plenty of group work discussion.

Physical activity – Adolescents are full of energy and need ways to release that energy in productive, regular physical activity such as daily exercise. This should be balanced with time to rest, relax, and reflect. Include sports, games and lots of energisers.

Meaningful participation in school and community – Part of growing up is feeling like an adult. As a result, teens need to show that they can take on responsibilities, not only for themselves, but also to serve others. Assign tasks and duties, make them fun and rotate them so everyone gets a chance to contribute.

Structure and clear limits – Adolescents may try to exceed what they can or should do. This means they still need support, guidance, and clear limits as they develop into adulthood. Take time to explain expectations and how to meet them.

Diversity – As with adults and children, every adolescent is unique. Some are extroverts, while others are introverts; some love sports, while others prefer academic success. A good environment allows adolescents to prosper and succeed whatever their temperament. Ensure that it is not just the outgoing teens that get recognised and rewarded.


Session 3.4 Communicating with Young People

Objective:

- To provide guidance to service providers on how to communicate more effectively with young people.

Duration: 60 minutes

Materials: Coloured cards (blue and yellow or use different colour pens).



Step 1: Note that good communication is a core competency required to provide the best support possible for adolescents and young people. Service providers may need to examine their attitudes, values and manner of communicating to work successfully with adolescents.

This session focuses on what those working with and for adolescents should do or avoid doing to facilitate good communication with them.

Divide the group of participants into pairs. Give each pair two different-coloured cards (e.g. one blue and one yellow card if available, or use different coloured pens).

Ask participants to discuss together with their partner and then write a 'do' that adults/service providers should consider when communicating with adolescents on one colour card (e.g. blue) and on the other card (e.g. yellow) an 'avoid', something that service providers should avoid when communicating with adolescents.

Put up the two cards on two flip charts, a blue one with 'Do' written on it and a yellow one with 'Avoid' written on it to remind them which card to use.

If there is time, ask the participants to briefly present their own cards and stick them on the flip chart. Try and get people to group similar cards together. If time is short, you can gather all the cards and present them yourself, or ask two participants to present them to the group.

Review them against your facilitator notes to ensure all points are covered. Also refer to section 6.2 of the Handbook that talks about good communications.

Facilitator notes

Highlight the importance of the attitudes and values of the adult (service provider, parent, educator) in effectively communicating with the adolescent.

Handout – Communication Do's and Don'ts when Talking with Adolescents and Young People

DO

Be truthful about what you know and what you do not know

Be professional and technically competent

Use words and concepts that they can understand and relate to. Assess if they understand. Use pictures and flip charts to explain

Treat them with respect in terms of how you speak and how you act

Give all the information/choices and then help them decide what to do

Treat all adolescents equally

Be understanding and supportive even if you do not approve of their behaviour

Accept that they may choose to show their individuality in dress or language.

Key points:

- Peers can play an important role in communicating with YPLHIV about prevention, treatment and care.
- Acknowledging your values and attitudes will help ensure that you communicate with young people, treat them with respect and ensure their dignity. This is important so that they act on the information given to them.
- Adolescents may find that their peers are better able to give them support and offer practical and appropriate advice on living with HIV. Adults should assist in the training of peer educators, and help peer educators to start support groups for YPLHIV.

AVOID

Giving inaccurate information (to scare them or to make them 'behave')

Threatening to break confidentiality 'for their own good'

Giving them only the information that you think they will understand. Also avoid using medical terms they will not understand.

Talking down to them, shouting, getting angry, or blaming them

Telling them what to do because you know best and they 'are young'

Being judgmental about their behaviour, showing disapproval, or imposing your own values

Being critical of their appearance or behaviour, unless it relates to their health or well-being.



Session 3.5 Building a Peer Support System for Young People

Objective:


- To understand the importance of peer support in meeting the psychosocial support needs of adolescents and young people.

Duration: 120 minutes

Materials: Flip chart paper and markers.

Step 1: Importance of peer support for YPLHIV. Note to participants that adolescents generally depend on peers for information, approval, and connection. This is particularly true for most-at-risk adolescents – such as orphans and other vulnerable children who do not have as much guidance from parents, teachers and other adults. Peer support can help YPLHIV to counter stigma and discrimination, to cope with fear and hopelessness after diagnosis, to improve adherence to care and treatment services, and to deal with issues such as disclosure to partners, friends and family.

Divide participants into groups. Ask each group to identify the benefits to health care workers, carers and educators in building a local network of peer educators and supporters. Use the importance of peer support facilitator notes to help discussion and summarise (30 minutes)



Step 2: Starting a club

Divide participants into two groups and give each group the following tasks:

Group 1: You are a group of youths from a church and would like to start a teen club.

Group 2: You are a group of youths running an HIV prevention club and now want to integrate teen clubs into your activities as a way of supporting young people in your community.

- a. Outline the steps you would take to start up the teen club.
- b. Develop three objectives for your teen club.
- c. Identify young people who would be members of your club and define the selection criteria (age, gender, life circumstances etc.), if any.
- d. Identify a venue for your teen club and explain why you have selected that venue.
- e. Explain how often you will meet and how long each meeting will be.
- f. Identify a name for your club and create a war cry.

Give each group 45 minutes for this activity and 15 minutes for presentation.

Use the information in the Starting Adolescent Clubs Facilitator notes to summarise this activity.

Facilitator notes

Importance of peer support

The engagement of YPLHIV as peer educators with the right resources and support, can play an important role in improving adherence and service quality including, but not limited to:

- Providing individual counselling and long term support (adherence preparation, adherence follow up, disclosure, positive living, positive prevention, etc.) at antiretroviral therapy (ART) clinics to other young people.
- Providing psychosocial support to clients.
- Leading health talks and group education sessions with young people.
- Assisting YPLHIV with disclosure.
- Tracing young YPLHIV who miss health service appointments or who have been lost to follow up.
- Serving as a communication link between YPLHIV and healthcare workers.
- Participating in outreach and education activities related to HIV in the community.
- Assisting with the design and delivery of peer support groups for YPLHIV and their caregivers.
- Linking young pregnant women living with HIV to antenatal care and prevention of mother-to-child (PMTCT) services.

Peer support for YPLHIV can help address young people's psychosocial support needs by:

- Helping youth feel accepted and valuable members of the group and reducing their sense of isolation.
- Helping clients solve their own problems.
- Providing emotional support.
- Promoting learning, sharing, and skills building around disclosure, adherence and dealing with stigma and discrimination.
- Maintaining YPLHIV's motivation and commitment to HIV care and treatment, since peer support can be stronger than adult support or personal desire alone.
- Effectively engaging most-at-risk adolescents, who tend to lack positive support networks.

Peer support groups for YPLHIV

Peer support groups are groups of people who come together because they share a common situation. Support groups can help increase the uptake of healthcare services, such as HIV testing, HIV care and treatment and PMTCT services. Support groups can help members to better understand clinical services, give them support to seek and adhere to care, and provide support for integrating family members into care.

Peer educators may play an important role in starting support groups, facilitating support group meetings and/or helping others organise them and recruit members for them. Peer educators in these roles will benefit from your support and mentoring.




Facilitator notes

Steps to starting an HIV club

The steps to starting a club vary, but generally you need to ask for permission from relevant authorities and ensure that all responsible actors (caregivers, community leadership, Child Protection Committees and other organisations working with children, etc.) are involved and informed.


Generic objectives for clubs:

1. To facilitate community-based care and support for young people and adolescents living with HIV.
2. To create an opportunity for young people and adolescents to participate in their development and in meeting their needs, such as their SRHR needs.
3. To mobilise community members to understand and assist in mitigating the impact of HIV, poverty and conflict on YPLHIV and provide an opportunity for adolescents to be children and have fun.



Membership: Some clubs cater for all young people in a particular community whilst others target specific groups (such as orphans or abused children). Membership can also be open (youth attend as and when they feel like) or closed (the club takes in a certain number of youth and works with them until after a certain period where they graduate and a new group comes in).

Leadership: Clubs are run by the youth (club leaders) supported by the adults in the community and the adolescents in the club.



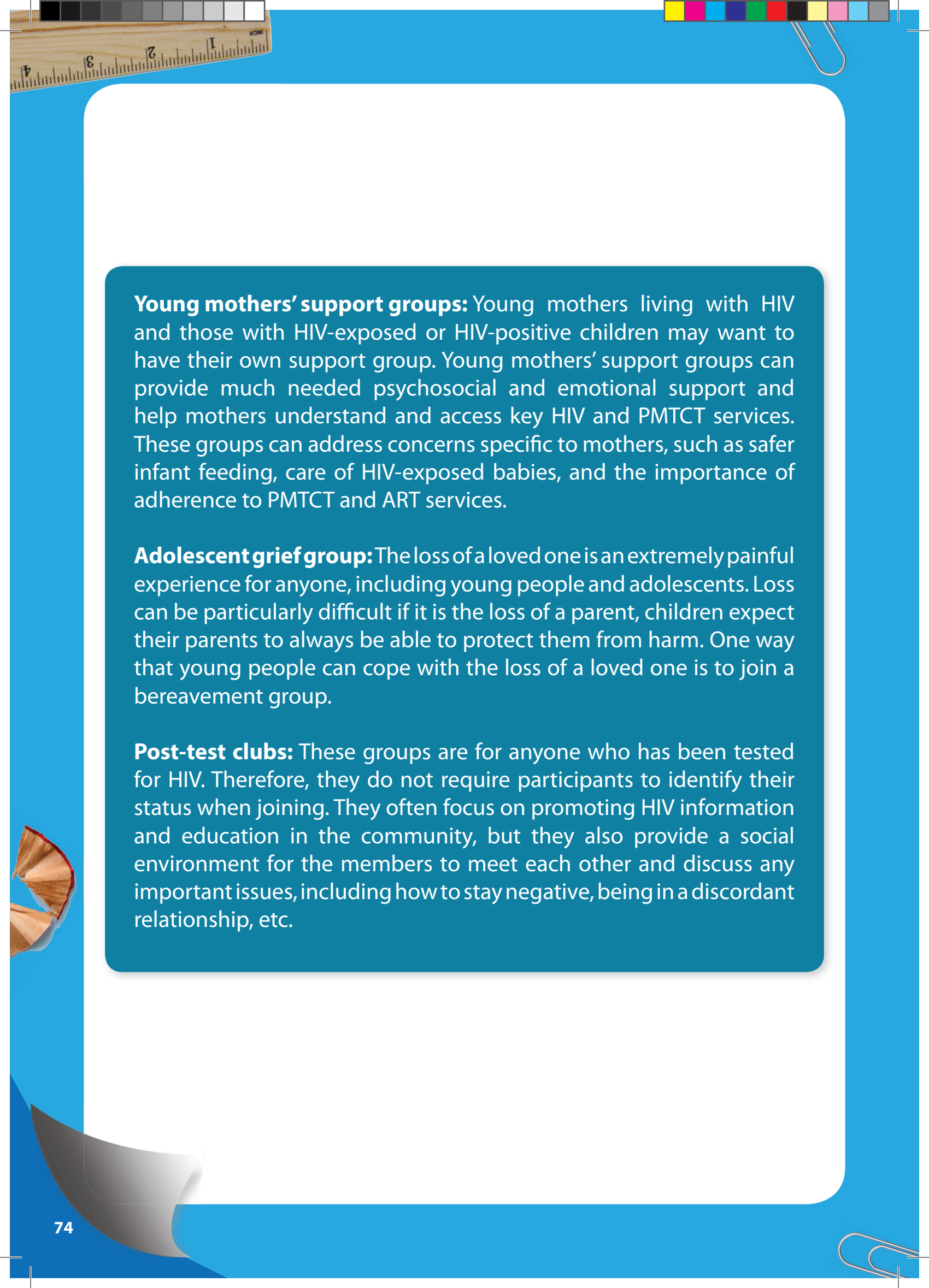
Frequency and duration: Club meetings vary from daily, to twice a week, weekly or monthly. Some clubs follow a specific curriculum after which those members graduate and a new 'class' begins, whilst other clubs are ongoing year after year. It is recommended that clubs meet for a maximum of three hours per meeting.

Age groups: Some clubs cater for a specific age group (and may change names accordingly); others cater for all ages but may split up into smaller age groups for certain activities.

Venue: Clubs may meet at a school in a classroom, on the playing fields, at a church, community hall, or other suitable venue. The clubs may or may not be linked to the institution that is providing the venue. It is important that the venue is safe, has running water and shade/shelter for the rainy season. If a venue is offered, request written permission and ask that you be allowed to use it for at least two years.

Examples of possible support groups for young people at community level:

Adolescent support groups: YPLHIV may want to form their own support groups to discuss some of the special challenges that they face. These groups may involve recreational activities (sports, crafts, drama, etc.), as well as time for discussion. It is best if they are led by an adolescent enrolled in care and treatment, such as a peer educator. Peer educators in this role will benefit from support and mentoring to help them problem solve difficulties that may arise (for example dealing with withdrawn or disruptive members).



Young mothers' support groups: Young mothers living with HIV and those with HIV-exposed or HIV-positive children may want to have their own support group. Young mothers' support groups can provide much needed psychosocial and emotional support and help mothers understand and access key HIV and PMTCT services. These groups can address concerns specific to mothers, such as safer infant feeding, care of HIV-exposed babies, and the importance of adherence to PMTCT and ART services.

Adolescent grief group: The loss of a loved one is an extremely painful experience for anyone, including young people and adolescents. Loss can be particularly difficult if it is the loss of a parent, children expect their parents to always be able to protect them from harm. One way that young people can cope with the loss of a loved one is to join a bereavement group.

Post-test clubs: These groups are for anyone who has been tested for HIV. Therefore, they do not require participants to identify their status when joining. They often focus on promoting HIV information and education in the community, but they also provide a social environment for the members to meet each other and discuss any important issues, including how to stay negative, being in a discordant relationship, etc.

Session 3.6 Making Schools Safe for YPLHIV

Objective:

- To support community members and leaders to develop and implement effective strategies for addressing the needs of YPLHIV.


Duration: 60 minutes

Materials: Flip chart and pen, or board and chalk. The three activity Handbooks.

Step 1: Reflect. Note that schools are still spaces that can discriminate, where there is still a lot of stigma happening and where provision may not have been made for YPLHIV. Ask participants to discuss with the person next to them to the scenario below: (10 minutes in pairs and then 30 minutes discussion)

You are a community leader. You are considered very approachable, friendly, and social and many children like sharing their problems with you. One 13 year-old HIV positive girl, who is usually quiet, comes to you and, amidst tears, shares her problem. What emerges is that she has been verbally abused by her teacher because she does not have books and therefore cannot do her homework. She is also often hungry so cannot focus on her schoolwork and her school dress is constantly ridiculed by the teacher as well as her peers. She says that she is on treatment but is afraid to take it as she thinks she will be even more abused.

- a. What can you do about this case?
- b. Who should be told about it?
- c. What are the likely consequences to your actions should you decide to report the matter, and what can you do to deal with them?




Step 2: Pair up. Now ask participants in pairs to identify different ways in which communities, schools and the public environment can be made safer for YPLHIV. [10 minutes] List down the key strategies and use step 2 Facilitator notes to wrap up.

Step 3: Activity time. This is a good time to bring in our the three activity Handbooks. Ask the participants to form three groups and allocate each group a specific Handbook (9 to 12 years, 13 to 15 years or 16 to 19 years). Ask them to spend time looking through the Handbook and discussing it. They should talk about the activities, try out a few of them together then feedback to the group with ideas on how to creatively use them. (Remember answers and guidance to all the activities are found in the Answer Section of the Handbook. Remind participants of this!)

Step 1 Facilitator notes:

Addressing unsafe schools is an important task. There are various options of what to do:

- In the short-term you need to assist the girl with some counselling support and where possible, refer her to a place where she can get some assistance with nutrition and educational support in the community (if it exists).
 - Secondly, the issue of the teacher needs to be directly addressed through an intervention with the teacher.
 - For the longer term – a workshop should be run for educators on the rights of YPLHIV.
 - Support the school to develop a policy and some mechanisms to make the school safer.
 - Education needs to happen at the school level as well with the whole school (peers).
- 

Step 2 Facilitator notes

- Know the rights of children as spelt out in the Convention on the Rights of the Child Adopted by the United Nations General Assembly, November, 1989.
- Adults, community members and teachers should respond to provocative behaviour by students in a non-confrontational and calm manner to help defuse difficult situations.
- Report and document incidents of violence involving young people in all the environments listed above. In the case of schools, this provides important information if an allegation is made about the related conduct of a staff member.
- In schools, students should be actively supervised in all classroom situations. In other public arenas, and community – there should be some ways to ensure that adults are present to support any potential flare ups or situations that may arise.
- Be aware of cultural norms that may influence the interpretation of adult behaviour towards young people in a range of different contexts and environments.
- Adults need to be particularly sensitive when interacting with young people who may have poor 'boundaries' for appropriate behaviour, after being traumatised by physical, emotional or sexual abuse because they may misinterpret your actions.
- Conduct workshops and encourage awareness of students, teachers and parents about sexual violence, stigma, and HIV and create a culture where people talk about these issues openly. This will encourage children to come forward if the issue is not hidden beneath silence.
- Provide safety mechanisms for children to share what is happening to them.

Session 3.7 You can Make a Difference

Objective:

- To provoke thinking as to how parents, teachers and other adults or community members who interact with young people can make a difference around SRHR and HIV for young people.

Duration: 60 minutes

Materials: Flip chart and pen, or board and chalk.

Step 1: Making a difference. Ask participants what legacy they want to leave for young people? Ask them how this relates to the promotion of access to SRHR and HIV services by young people. Note down their contributions on a flip chart.

Step 2: Group work. In small groups, ask participants to come up with what changes need to be made in terms of how parents and teachers support young people's SRHR. Ask them to put it on a poster, using their reality, community, cultural context. Allow 30 minutes group work and 20 minutes for discussion.

In plenary, present the posters and highlight key issues such as

- a. be informed.
- b. share information.
- c. engage in conversation.
- d. problem solve.

Adults should have a list of key resources (people, information) and know where to refer young people to if necessary!

Step 3: Planning for the future. One of the most lasting impacts you can have in a young person's life is to help them believe in themselves, and that they can have a happy and fulfilling life. Take the group through section 6.3 of the Handbook. Ask the group to brainstorm ways that they can encourage YPLHIV to plan for and make efforts towards short and longer term goals.

Session 3.8 Skills Transfer

Objective:

- The objective of this session is to introduce participants to principles and practices for transferring the knowledge and skills they have learned to service providers and caregivers in their community.

Duration: 45 minutes

Materials: Flip chart Paper, Markers, Prestik.

Step 1: Adult learning. Tell participants that skills transfer means teaching and supporting through information, demonstration and practice. Service providers in communities have an important role in this skills transfer. Ask participants to brainstorm on some of the reasons why we want to transfer these skills to service providers and then to caregivers in the community. See Facilitator notes for some of the reasons.

Step 2: Activity.

As a fun activity before the end of the training, ask participants to take out the Board game and Quiz Cards from their Support Packs. In groups, ask participants to play a couple of rounds of the game and then discuss:

- How could these games and others be used by service providers, educators and caregivers in communities? What are the advantages of using these games?

Step 3: Round off the activity by reminding participants that they should always be thinking about new and creative ways in which they can use items in the Support Pack to help transfer skills and knowledge to service providers, caregivers and adolescents in their communities.

Facilitator notes:

As many people as possible who are close to the adolescent need to know how to provide support.

- It helps caregivers avoid burnout.
- It spreads skills in the community and helps reduce stigma and discrimination.
- It supports the best daily care of the adolescent.
- It is important that participants appreciate that adults learn differently from adolescents.

In preparing for their training courses remind participants that adults learn by:

- Relating things to their own experience.
- Being actively involved.
- Asking questions.
- Using their many senses – hearing, sight and touch.
- Being encouraged – getting useful feedback.

Also refer to the introduction to this facilitators manual which gives principles and guidelines for adult learning. They should work to include these principles and methods into their training for service providers.

Session 3.9 Commitment Sharing

Objective:

- This session of the workshop brings participants together as a group committed to sharing the skills and knowledge they have gained with service providers in their areas.

Duration: 40 minutes

Materials: Flip chart paper, markers, prestik.

Step 1: Taking action for building the capacity of service providers and educators. Planning for action is critical. Participants may be from different communities and so they may plan to conduct different trainings that meet the different needs of young people and their circle of care where they live and work.


Give participants 10 minutes to reflect on what the priorities for YPLHIV in their community are, where they could find out more, and how they can influence this by transferring skills to service providers. Each participant should then come up with a 'mission statement' that shows their commitment and ideas for taking action in their community. Go around the group asking participants to share their mission statements and discuss how participants could work together to achieve their mission statements.

Step 2: Reflection time. (10 minutes) Lead a brainstorming session on possible first steps when participants get back to their communities to roll out their plans. These could be:

- Identifying who should be trained.
- Assessing what needs to be learned .
- Assessing resources for identified activities as funds may be lacking and fundraising needed.
- Conducting the training – teaching.
- Evaluating the training – what did they/we learn?
- Providing ongoing support – coaching and mentoring, house-to-house visits.

An example of a mission statement could be:

"I am committed to arranging training sessions with service providers in my area to share on the needs of adolescents living with HIV, and how to communicate with adolescents about sexual and reproductive health."



Step 3: Activity. To support the planning process, give participants 15 minutes to think individually about what they plan to achieve by answering these questions that you can write on the flip chart:

- Who needs to be trained?
- What are their most important learning needs?
- What existing resources are available for running trainings?
- When and where can training be held?

Encourage participants to go back to their communities and work further on these planning issues to ensure that skills and knowledge are transferred to service providers.

Session 3.10 Workshop Closure

Step 1: Workshop evaluation: participants - (30 minutes)

Bring the workshop expectations flip chart from Day One to the front of the group and go through them. Participants are asked to answer as a group whether their expectations were met or not.

Ask each participant to complete a workshop evaluation form, and collect these forms. (A sample is provided at the end of this session).

Step 2: Closing remarks

In closing the workshop, thank participants for their enthusiastic inputs and participation and encourage them to share their knowledge and skills with their peers, family members and others in their social circles when they return home, as well as committing to the transfer of skills to service providers, as discussed in the session on commitment to action.

Ensure that all participants have a complete copy of the Young Champions Support Pack. Also ensure that participants have the contact details of the facilitators, other participants, and any organisations of service providers in their area, to enable them to communicate and support each other. Ask the group to share their thoughts on the Young Champions Support Pack. Ask them to identify and discuss information from these publications that they think is most useful to include in their discussions and training with service providers at community level.

Step 3: Facilitators' review meeting. At the end of the final day of workshop activities, facilitators should hold a review meeting to address:

- An example of a mission statement could be:
- "I am committed to arranging training sessions with service providers in my area to share on the needs of adolescents living with HIV, and how to communicate with adolescents about sexual and reproductive health."



Important Terms to Remember

Adolescent

An adolescent is defined by WHO as a person between 10-19 years of age. There are about 1.2 billion adolescents worldwide – one in every five people in the world is an adolescent.

Adherence

This term means sticking to or being devoted to something. In reference to antiretroviral therapy (ART), adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed.

AIDS

AIDS stands for 'Acquired Immune Deficiency Syndrome'. 'AIDS' is the name given to a group of serious illnesses in HIV positive people. AIDS develops when people living with HIV (PLHIV) are no longer able to fight off infections because of lowered immunity.

Antibodies

These are proteins that are produced by the body in response to an infection. HIV antibodies are specific proteins produced to show that the body has reacted to HIV infection.

Antiretroviral (ARV) medicines

These are medicines that interfere with or disturb the life cycle of HIV by slowing down the processes that HIV uses to make copies of itself.

ART

Antiretroviral Therapy

CD4 cells

A CD4 cell is a type of cell called a lymphocyte that helps the immune system to stay strong and fight diseases. CD4 cells are also called 'Helper-T lymphocytes' and are killed by HIV at a very fast rate.

CD4 cell count

This is a blood test that tells how well the immune system is doing by finding out the number of CD4 cells in your blood.

Complementary treatments

These are treatments that may help repair the immune system or treat opportunistic infections.

Counselling

This is special form of confidential communication between a patient (such as a PLHIV) and a service provider, in which thoughts, feelings and attitudes are explored to make a person feel good about him or herself or help him or her to make decisions.

Discrimination

The term is used to describe treating other people differently or unfairly because they are HIV positive, or for some other reason.

Emergency contraception

This is hormone pills given to a woman or girl who has been exposed to possible pregnancy, e.g. through a condom burst or rape, to prevent pregnancy. It is best taken within 72 hours of the incident.

First-line treatment

The term is used to describe the first set of ARV medicines given as part of ART. Usually, the set is a combination of three antiretroviral medicines aimed at increasing CD4 cells and decreasing viral load.



Full disclosure

This is when PLHIV publicly reveal their HIV status, for example to family members, friends, support groups, or to the media. Counsellors need to help PLHIV to think carefully and prepare them for the range of possible outcomes before disclosing their status as they may not be able to control what happens once they have disclosed. Before clients disclose their HIV status, a counsellor can assist them in thinking about who to tell, and how and when to tell them so they remain in control of what to say and how to say it.

HIV

HIV is an infection about which many people have fears, prejudices or negative attitudes. Stigma can result in people with HIV being insulted, rejected, gossiped about and excluded from social activities. Fear of this happening can lead to people with HIV being nervous about telling others that they have HIV or avoiding contact with other people. They may end up suffering in silence instead of getting the help they need.

Human rights

The basic rights and freedoms to which all humans are entitled, often held to include the right to life and liberty, freedom of thought and expression, and equality before the law.

Involuntary disclosure

This happens when someone reveals the status of PLHIV without their approval or even without their knowledge. Involuntary disclosure can also occur when PLHIV are forced to reveal their HIV status in the workplace, or for international travel or educational requirements. Most cases of involuntary disclosure happen when PLHIV decide to partially disclose their status and the information is made public by an individual or organisation.



Non-disclosure

This means that PLHIV do not reveal their HIV status to anyone.

Opportunistic infections

There are certain disease or infection causing organisms that fairly harmless to healthy person. However, when the immune system is weakened as in the case of HIV, some of these organisms take advantage and cause a disease. Hence, the collection of infections that are common to people with HIV are referred to as opportunistic infections.

Partial disclosure

This means that PLHIV will only tell certain people about their HIV status, for example, a spouse, a relative, a counsellor or a friend. Counsellors need to help PLHIV to think carefully and prepare them for the range of possible outcomes before disclosing their status as they may not be able to control what happens once they have disclosed. Note, the term partial disclosure is also used when disclosing to a young child that they are ill, but without naming HIV.

PLHIV:

Person/people living with HIV.

Perinatally acquired HIV

HIV that is acquired perinatally, during pregnancy, labour and delivery or after birth, through breastfeeding.

PMTCT

Prevention of mother-to-child transmission

Positive living

Describes steps taken by someone living with HIV to enhance their life and improve their health. Good nutrition, physical activity and prevention of HIV and opportunistic infections and adherence to ART are all key components of positive living.

Positive prevention

Positive Prevention by HIV-positive young people includes all strategies that increase self-esteem, motivation and confidence with the aim of protecting their own health and avoiding transmission of HIV to others, or becoming re-infected themselves. Successful prevention by YPLHIV requires their meaningful involvement in the planning and implementation of HIV strategies and policies.

Post exposure prophylaxis (PEP)

PEP is a short course of ARVs (for one month) given to help prevent someone who has been exposed to HIV from getting infected, for example, if a condom bursts, or in the case of rape. It must be given within 72 hours of the possible exposure.



Psychosocial support

HIV can affect the self-esteem of an adolescent, leading to depression, feelings of isolation, lack of appetite, and stigmatisation and discrimination. Emotional, spiritual, and social support is essential to well-being and survival. These important developmental issues should be noted in programmes and services that provide care and support for YPLHIV. Health service providers should be sensitive to signs of anxiety in adolescents and know where to refer them for psychosocial counselling or support.

Regimen

The term given to a combination of antiretroviral medicines. Treatment regimens may be first-line, second-line, or third-line, though in southern Africa, access to third-line regimens is rare.

Sexual and reproductive health and rights

Sexual and reproductive health and rights (SRHR) can be understood as the rights of all, whether young or old, women, men or transgender, heterosexual (straight), gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices.

Stigma and discrimination

The dictionary definition is: “The shame or disgrace attached to something regarded as socially unacceptable. There may be a feeling of ‘us and them’. People who are stigmatised are marked out as being different and are blamed for that difference.



Transition of care

Adolescents who acquired HIV infection during pregnancy, childbirth or breastfeeding will usually have attended paediatric clinics for many years. These clinics may not be able to provide care for them after they reach a certain age, and this transition from the care with which they are familiar to an adult care setting may be a difficult time for them. The changes have implications for health workers and of course for YPLHIV and their caregivers, since the young people now have to start taking more responsibility themselves for things such as adherence.

Treatment as prevention

When PLHIV adhere correctly to their medicines and keep themselves fit and healthy, including getting treated for any STIs, they are much less likely to pass HIV on to others. Therefore ART itself can be regarded as a method of prevention. However, condoms should still be used to prevent reinfection and in case of a viral load surge which may happen during times of illness or STI infection, or if the person forgets to take their medication.

Viral load:

The total amount of HIV in the blood of a person infected with HIV. If the person is on ARVs, it is an indication of whether their HIV is being controlled by medication and how ill they are likely to be.

Voluntary disclosure

This refers to when a person shares information about his or her HIV status with other people without being forced into doing so. A counsellor should help the client to recognise the possible impacts of their decision to disclose.

White blood cells

White blood cells are part of the body's defence system (immune system). They include many different cells, all performing a specific function. A collection of white blood cells commonly referred to as T-cells – also sometimes called killer cells because they identify the invading organism and kill it.

YPLHIV

Young People/Person Living With HIV



References and Sources

UNAIDS. 2011. Securing the Future Today: Synthesis of Strategic Information on HIV and Young People. Switzerland.


UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank. 2001. Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood. New York, USA.

UNESCO, WHO, GNP+. 2011. Positive Learning: Meeting the needs of YPLHIV in the education sector Orientation Programme on Adolescent Health for Health-care Providers. France.

SAfAIDS. 2009. Children's Treatment Literacy Toolkit. Zimbabwe.

SAfAIDS. 2012. Young People's Sexual and Reproductive Health Information and Services Advocacy (YPISA) Training Handbook. Zimbabwe.

CADRE, Comic Relief. 2012. Testing times: A review of HIV counseling and testing within sports for development programmes for young people in Southern Africa. United Kingdom.



Baylor College of Medicine International Pediatric AIDS Initiative. 2012. Malawi Teen Club Curriculum, Parts 1 and 2 : A Resource for Groups working with Adolescents Living with HIV. Malawi.

IPPF. 1991. Rights of the Client. London.





SAfAIDS Regional Office: 17 Beveridge Road, Avondale, Harare, Zimbabwe.
 Tel: +263 4 336193/4, 307898 | Fax: +263 4 336195 | Email: info@safaids.net

Country Office - South Africa: 479 Sappers Contour, Lynnwood, Pretoria, 0081, South Africa.
 Tel: +27 12 361-0889 | Fax: +27 12 361-0899 | Email: reg@safaids.net

Website: www.safaids.net

