



# Young People Living with HIV:

A Collection and Review of the Resources for Health Workers around the World



PATHFINDER INTERNATIONAL

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## ACKNOWLEDGEMENTS

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## ACRONYMS AND ABBREVIATIONS

AETC	AIDS Education Training Center
ART	Antiretroviral treatment
ARV	Antiretroviral
BC	Behavior change
IEC	Information, Education, and Communication
IMAI	Integrated management of adolescent illness
GIYPA	Greater involvement of young people living with HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
LGBTQ	Lesbian, gay, bisexual, transgender, queer
MSM	Men who have sex with men
NASTAD	National Alliance of State and Territorial AIDS Directors
OI	Opportunistic Infection
PEP	Post-exposure prophylaxis
PHDP	Positive health, dignity, and prevention
PMTCT	Prevention of mother-to-child transmission of HIV
S2S	South-to-South Partnership
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VYA	Very young adolescent
WHO	World Health Organization
YPLHIV	Young people living with HIV

# INTRODUCTION

Advances in access to effective antiretroviral therapy (ART) mean that many young people living with HIV (YPLHIV) can live long and healthy lives. Increasing survival of young people who were born with HIV means we are seeing a surge of YPLHIV who are transitioning from childhood to adolescence and then adolescence to adulthood (UNICEF, 2014). With this transition comes a range of physical, psychological, sexual, reproductive, behavioral, and psychosocial support needs that the health sector still struggles to address.

Previously, there was scant literature on how to treat and support YPLHIV. This is starting to change. More research is coming out each year, and while this group is still underrepresented on global platforms and in donor budgets, progress is being made. Over the last several years, a number of resources have been produced to help train and guide health providers, counselors, and YPLHIV, as they strive toward providing effective treatment, care, and support for this population.

Pathfinder International developed this compendium to identify and facilitate access to useful resources that will help field teams around the world improve service provision for YPLHIV. Each resource is accompanied by a brief synopsis and recommendations for utilization, so that field teams can assess quickly and easily whether the resource is valuable or relevant to their programs.

We reviewed English-language materials that can be accessed and/or downloaded, free of charge, online. We restricted the review to those resources that were developed specifically for the treatment and support of YPLHIV, between the ages of 10 and 24, and which provide some level of training and/or skills building. Journal articles were not included. Resources developed for the treatment and care of adults or children living with HIV, but which contain a significant section on adolescents and young people, were included. Important reports published specifically on the needs of YPLHIV were not reviewed but are referenced at the end of this document.

The resources were reviewed for:

- **Audience:** for whom the resource was primarily written. (Here, the term “health providers” is used broadly to include physicians, nurses, counselors, case managers, and other adults working with YPLHIV.)
- **Content:** key topics covered, how the resource is laid out (e.g., question and answer guide), as well as a list of the resource’s components (e.g., a facilitator’s manual, participant manual, and job aid)
- **Skills:** what skills the resource will teach participants or readers (e.g., facilitation, disclosure, adherence, referral)
- **Implications for use:** recommendations for how the resource can be used and limitations that may restrict the resource’s use and value within different settings.

The resources were divided into categories based on their content and type. It is important to note, however, that many of the resources cover multiple content areas and include different learning techniques. For instance, many of the resources that are filed under “Positive Health, Dignity, and Prevention,” or “Care” also contain sections on sexual and reproductive health. Only those resources that are exclusively devoted to sexual and reproductive health, however, were filed under “Sexual and Reproductive Health.” The following definitions were used to develop the resource categories:

## **Content**

- **Treatment** refers to anything related to medical treatment for HIV, including treatment guidelines and adherence support.
- **Care** refers to anything related to the clinical care of YPLHIV, including transition in care.

- **Positive Health, Dignity, and Prevention (PHDP)** refers to resources that promote self-care, mental health care, greater involvement of young people living with HIV (GIYPA), living positively, and maintaining general wellbeing.
- **Sexual and Reproductive Health (SRH)** refers to anything related to having sex, promoting safe sex, preventing sexually transmitted infections (STIs) and HIV, relationships, and reproductive health options.
- **Disclosure** refers to documents focused on supporting YPLHIV as they learn of their own diagnoses or supporting them as they disclose their HIV status to others.

### *Resource Type*

- **Guidelines** include protocols or standards that provide the details on the process of how to do something, usually referring to, in this case, disclosure or treatment. Guidelines provide evidence-based recommendations that programs then take and adapt to their needs and settings.
- **Curricula & Facilitation Guides** refer to train the trainer resources or session guides for group-based activities.
- **Handbooks** refer to tools or guides that health providers can refer to when developing their program or support strategy.
- **Tools** include resources that support the implementation of certain aspects of treatment, care, and support. These include checklists, assessment tools, and screening guides.
- **Job Aids** are step-by-step instructions for how to complete a certain job or task, and that are used during a patient visit. This includes resources such as wall charts, algorithms, and referral guides.
- **Advocacy Tools** are resources that can be used to advocate for policies or programs.
- **Information, Education, and Communication/Behavior Change (IEC/BC) Materials** are resources that aim to increase YPLHIV's knowledge and encourage behavior change. These include resources produced for audiences of YPLHIV as well as things like activity cards, games, brochures, and radio dramas.

The compendium concludes with a series of recommendations based on our review for how programs can maximize the use of these existing resources, as well as pursue the development of those resources that are still lacking.

# RESOURCES REVIEWED

## TREATMENT

### GUIDELINES

#### [Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Summary of Key Features and Recommendations](#)

WHO, 2013

**Audience:** National treatment advisory groups and policymakers

**Content:** These guidelines are a revised version of previous WHO guidelines on treating adults and adolescents living with HIV, bolstered by recent evidence of the need to initiate ART earlier in patients. Although not specific to the YPLIV population, this summary provides guidance on HIV testing and counseling of adolescents, when to start treatment in adolescents, and which ART combinations are appropriate for this age group. There are also sections aimed at program managers that give recommendations on retention and adherence, decentralization, program planning, and monitoring and evaluation.

**Skills:** Treatment advisory groups and health care providers will gain skills in delivering evidence-based, effective regimens of ART.

#### **Implications for Use:**

- *Recommendations:* These guidelines should be reviewed by treatment advisory groups and used in the development of country-specific guidelines on ART for YPLHIV. Since no unique document exists for treatment with YPLHIV, this could be a good starting point.
- *Limitations:* The guidelines do not distinguish the unique treatment needs of YPLHIV and are written for a universal audience so would need to be expanded for the development of country-specific or clinic-specific guidelines.

### JOB AIDS

#### [Post-Exposure Prophylaxis \(PEP\) in Pediatrics/Adolescents](#)

AETC, 2014

**Audience:** Health providers working with young people who have been exposed to HIV

**Content:** This two-page wall chart provides a summary of advice on managing children and adolescents who have been exposed to HIV. The first page gives advice on assessing whether the young person requires and is eligible for PEP. The second page gives advice on drug choice and dosing, and also discusses post-exposure prophylaxis for Hepatitis B and Hepatitis C.

**Skills:** Health providers will gain skills in managing children and adolescents who have been exposed to HIV.

#### **Implications for Use:**

- *Recommendations:* This resource aims to address the fact that there are currently no official guidelines for initiating PEP in children and adolescents, although they can be at high risk of contact with HIV in

many settings. This will allow health providers considering PEP in this population to quickly assess the best course of action.

- *Limitations:* These guidelines are aimed at a high-income setting; many countries are unable to offer PEP at all, and those that can are unlikely to have access to all of the medications and preparations referred to on the chart. This chart may therefore need to be amended to be locally relevant. There is also little mention of how to manage a young person who may be at risk of future exposure to HIV, or counseling for young people who have experienced sexual abuse or assault. The chart is also written in medical language, and may therefore be difficult to use for providers without clinical training.

## IEC/BC TOOLS

### [Making Meds Work For You](#)

Francois Xavier Bagnoud Center at UMDNJ, USA 2005

**Audience:** YPLHIV

**Content:** This colorful manual speaks directly to YPLHIV about HIV medication and adherence. The book describes what HIV does to the immune system, how drugs work, the types of drugs that are available, and recommendations for taking drugs successfully over the long term. The book uses graphics, question and answer format, and bullet points to convey information easily.

**Skills:** YPLHIV will gain knowledge about how drugs work and what drugs and combinations are available, plus behavior change skills in medical decision making, adherence, and managing side effects.

#### **Implications for Use:**

- *Recommendations:* This resource speaks “youth language” and is very easy to read. It is recommended that this be given to YPLHIV before they begin taking medication, for instance when they are diagnosed or disclosed to, so that they can begin to learn about disease progression and medication. It is advisable to adapt sections of the handbook for a particular region or country setting.
- *Limitations:* The handbook was written in 2005, so it may need to be updated. The book highlights patients’ choices in what drugs and drug combinations they want to take. However, in a resource-limited setting, these choices may not exist. The book does not address any mental health issues associated with better or worse adherence, nor does it address treatment as prevention.



# CARE

## GUIDELINES

### [HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV](#)

WHO, 2013

**Audience:** Policymakers, program managers, health providers

**Content:** This guide aims to provide an overview of the challenges associated with managing HIV testing and counseling of adolescents, and suggests solutions that policymakers and program managers can put in place to increase engagement with YPLHIV and make services more effective. The guidance document is divided into two parts: guidelines and operational considerations. Both sections give background and advice on issues such as testing, disclosure, adherence, and consent. The evidence supporting these recommendations is also provided throughout. There is also discussion of resource provision for YPLHIV sub-populations, such as adolescent key affected populations. This is designed to be used in conjunction with the interactive tool [Adolescent HIV Testing, Counselling and Care](#), which is specifically aimed at health providers.

**Skills:** Health providers and program managers working with YPLHIV learn about the unique needs of this population and develop skills to address these needs.

#### **Implications for Use:**

- *Recommendations:* This guidance document is both comprehensive and evidence-based, making it a good reference guide for anyone working with YPLHIV. Although aimed at policy-makers, it contains advice that would be useful for health providers in all settings.
- *Limitations:* This guide is very dense, and discusses some issues that may not be relevant outside of the policy and program design setting. It is therefore important for health providers to also use the interactive online tool, if possible. There is also no discussion of specific treatment recommendations, or management of individual health problems. As it is written for a global audience, advice in this document may need to be adapted to local guidelines.

### [Transitioning of Care and other Services for Adolescents living with HIV in sub-Saharan Africa](#)

AIDSTAR, 2012

**Audience:** Health providers, program managers

**Content:** This technical brief gives an overview of the steps required to successfully transition adolescents into adult care, with particular emphasis on the needs of YPLHIV in sub-Saharan Africa. The document is divided into Needs, Barriers, and Recommendations, and contains information on issues such as adherence, disclosure, substance use, and sexual health. The brief concludes with examples of successful programs in sub-Saharan Africa that are aimed at YPLHIV, and provides a comprehensive transition checklist as an annex.

**Skills:** Health providers will gain skills in delivering comprehensive and tailored care to YPLHIV in a low-income setting.

#### **Implications for Use:**

- *Recommendations:* This brief gives a good overview of the services that YPLHIV require, and gives some advice on how to implement these. Much of the information is summarized in tables within the document, which could potentially be used in isolation as part of discussions about improving care for YPLHIV.
- *Limitations:* This brief gives a lot of general advice, but much of this would need to be specifically adapted to adhere to local guidelines, particularly in health care settings outside sub-Saharan Africa. There is also little discussion about the needs of adolescent key affected populations.

## CURRICULA & FACILITATION GUIDES

### [Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers](#)

ICAP, USA 2012

**Audience:** Health providers and peer educators working with YPLHIV in clinical settings

**Content:** This comprehensive training includes a trainer’s manual, participant’s manual, and presentation booklet. The training is mostly classroom-based but includes a supervised clinical practicum. The training is 16 modules, recommended for completion in 4–6 months, within clinical settings. The trainer’s and participant’s manuals contain the same content, but the trainer’s manual has specific instructions for facilitation, scripts, materials needed, and advanced preparation guides. The presentation booklet provides slides for each module. Modules cover clinical care, communicating with YPLHIV, psychosocial support, mental health, disclosure counseling, adherence and retention in care, sexual and reproductive health, transition in care, and monitoring and evaluation.

**Skills:** Participants gain skills in communication and counseling, conducting assessments, monitoring lab results, determining medication dosages, screening for TB and other diseases, facilitating groups, and tracking adherence.

#### **Implications for Use:**

- *Recommendations:* The training manual is very comprehensive, covering all aspects of care, treatment, and psychosocial support for YPLHIV. If this training is delivered in completion, providers will be well equipped. Youth co-trainers are encouraged. Whoever is leading the training needs to learn this manual well before beginning. Good use of mixed learning methods such as small groups, role plays, case studies, and assessments. Each module builds on the others, reinforcing knowledge along the way.
- *Limitations:* The curriculum is extremely dense and text-heavy. It will take a lot of staff time and resources in order to properly prepare for and deliver it. It is written for a general audience and would need to be adapted to be relevant to individual countries, which is an intense process.

### [Positive Voices, Positive Choices: A Training Curriculum for Adolescent Peer Educators](#)

ICAP, USA 2011

**Audience:** YPLHIV training to be peer educators in clinical or community-based settings

**Content:** The curriculum includes a training manual and participant manual covering 15 modules, to be delivered over the course of 9.5 days, with a 5.5-day practicum. The curriculum uses many interactive methods like group work, case studies, role plays, demonstrations, observation, and games. The trainer manual includes step-by-step facilitation tips, advanced preparation guides, and time and materials needed. Sample forms, schedules, and peer educator job descriptions are provided.

**Skills:** Participants learn how to work as part of a multi-disciplinary clinical care team, give one-to-one peer education and assist with group education, disclose their own HIV status and support client disclosure, be a role model for positive living, keep basic records and link YPLHIV to other treatment and care services.

**Implications for Use:**

- *Recommendations:* The manuals are very comprehensive, providing peer educators with up-to-date information and a well-rounded education on how to work with YPLHIV. If delivered in completion, educators will be well equipped. The lead facilitator must learn the training manual before delivering it, as it is very comprehensive. Great use of interactive methods, games, and role plays.
- *Limitations:* The curriculum is very dense. It will take a lot of staff time and resources in order to properly prepare for and deliver it. It needs to be adapted for country/regional settings.

**[Adolescent HIV Treatment and Care in Zambia: A Training Curriculum for Multidisciplinary Health Care](#)**

University Teaching Hospital Zambia, ICAP, and FXB USA 2011

**Audience:** Health and social care providers working with YPLHIV in clinical or community-based settings

**Content:** This training curriculum is an adaptation of the ICAP Young Person HIV Treatment and Care curriculum for health providers working in Zambia. The curriculum contains a trainer’s manual, participant manual and presentation slides, covering all aspects of treatment, care, and support for YPLHIV in Zambia. The manuals contain the same content but the trainers receive detailed instructions, preparation guides, materials, and advice on time needed. Strong emphasis is placed on clinical care, including drug dosages and regimes, particularly in low-resource settings.

**Skills:** Participants gain skills in communication and counseling, conducting assessments, monitoring lab results, determining medication dosages, screening for TB and other diseases, facilitating groups, and tracking adherence.

**Implications for Use:**

- *Recommendations:* This curriculum exemplifies how the ICAP resource can be adapted for a specific country setting. It is very comprehensive, and if delivered in full, would equip most health providers to work effectively with YPLHIV. Recommended reading materials from the region are included and local language is inserted where appropriate.
- *Limitations:* The curriculum is very dense and text-heavy. It is more difficult to follow than the general ICAP curriculum because of the amount of background information and text. Participants would need to study the curriculum and review the materials outside of the training sessions. It also requires a paid staff team, time, and resources to implement effectively.

**[IMAI One-Day Orientation on Adolescents Living with HIV](#)**

WHO, Switzerland 2009

**Audience:** First-level facility health workers who work with YPLHIV and have attended the WHO IMAI-IMIC Basic HIV Care with ART and Prevention course and the WHO IMAI Acute Care training course

**Content:** This one-day course is an additional optional training for the WHO IMAI package. The curriculum includes a facilitator’s guide, participant manual, and job aid. The training orients providers to the stages of adolescent development and the special needs of YPLHIV, while also building skills. The training uses

participatory games, brainstorming, group work, role plays, individual exercises, and lectures. The Annexes provide wall charts, self-assessments, and Tanner scales.

**Skills:** Providers will develop strategies for improving treatment, care and support services in their agencies. They will build skills in communication, counseling, and self-evaluation.

**Implications for Use:**

- *Recommendations:* The facilitator’s guide communicates a great deal of information easily, along with providing step-by-step instructions for delivering the training. Given the large amount of information included, the training must be delivered by a seasoned facilitator, with a strong working knowledge of English. The case studies and role plays are very helpful for hands-on practice.
- *Limitations:* It is essential that participants have already taken the prerequisite IMAI trainings, meaning many health providers cannot benefit from this resource. However aspects of this curriculum can be used to prepare other trainings. The job aid is useful but not essential. The information provided is not comprehensive enough to help a health worker with no training in adolescent HIV care. This guide was published in 2009, meaning that some of the information regarding ART is now out of date.

## TOOLS

[\*\*Adolescent HIV Testing, Counseling and Care: Implementation Guidance for Health Providers and Planners\*\*](#)

WHO, 2014

**Audience:** Health providers working with YPLHIV

**Content:** This is an online resource designed to be a companion to *HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV*. It provides much of the same information as the document, but in a format that is easier to use. The tool is divided into seven sections; HIV Testing and Counseling, Disclosure, Adherence, Sexual and Reproductive Health, Service Delivery and Retention, Living Positively, and Cross-Cutting Themes. Each section contains advice on managing the challenges specific to YPLHIV, and provides links to videos, tools, quotes, and job aids that can either be used directly by the provider or shown to YPLHIV while discussing a particular issue.

**Skills:** Health providers gain skills in managing many of the medical and psychosocial issues faced by YPLHIV.

**Implications for Use:**

- *Recommendations:* This resource is very comprehensive, and therefore can be used as a reference guide for health providers working with YPLHIV. It can also be used as a source of information or resources for facilitators working with groups of YPLHIV.
- *Limitations:* This tool is aimed at an international audience, and therefore does not contain country-specific information about treatment and care. It would therefore need to be used in conjunction with locally relevant guidelines. Some of the links also require access to a computer and high-speed internet, which may not be available.

[\*\*Toolkit for Transition of Care and Other Services for Adolescents Living with HIV\*\*](#)

AIDStar-One, USA 2012

**Audience:** Health providers working with YPLHIV

**Content:** This comprehensive toolkit contains 12 separate modules that comprise background information, tools and checklists covering a wide range of categories: psychosocial development, SRH, protection, alcohol and substance use, disclosure, bereavement, mental health, clinical care, and positive living. Information on how to adapt the toolkit is provided. Each module contains a series of subject-specific tools for providers and caregivers, and fact sheets and self-assessments/journals for YPLHIV.

**Skills:** Health providers will gain skills in assessing YPLHIV knowledge and readiness to transition to adult and/or self-care, bereavement and other psychosocial counseling, and linking YPLHIV to other appropriate resources for support. YPLHIV will gain knowledge and self-efficacy through journaling.

**Implications for Use:**

- *Recommendations:* This toolkit contains tools and guidelines that cover the range of issues faced by YPLHIV. Though most of the tools come from elsewhere, the authors have adapted them to provide more instructions for users on how to counsel and refer patients, beyond the assessment stage. The self-assessments and journals for YPLHIV are particularly helpful for their education, skills-building, and self-efficacy. The toolkit does a good job of reminding users about patient confidentiality and establishing clear referral pathways and links to appropriate sources of further support. The various modules should be used as needed, rather than in sequence.
- *Limitations:* The toolkit is very dense and could be off-putting for providers who are not accustomed to reading long texts. The background information could be separated from the tools and guides for ease of use. The tools were developed for the care of YPLHIV who were infected at birth, so aspects would need to be adapted for those who were infected during adolescence via behavioral means. This guide was published in 2012, meaning that some of the information regarding ART is now out of date.

**[Transitioning HIV-Infected Adolescents Into Adult Care](#)**

New York State Department of Health, USA 2011

**Audience:** Health providers working with YPLHIV

**Content:** This toolkit provides detailed recommendations for how to assist with treatment, care, and transition in care for YPLHIV. The resources include a transition tool to assess client knowledge of HIV and managing care; an individualized transition planning tool; a transition assessment; a skills checklist; and transition policy. The tools and assessments were developed at different clinical institutions in the US.

**Skills:** Providers will gain skills in assessing client readiness to manage self-care and transition in care, as well as a broad understanding of the comprehensive needs of YPLHIV as they prepare for chronic care.

**Implications for Use:**

- *Recommendations:* The assessment tools are useful for providers supporting YPLHIV with long-term management of care and transition to self- and/or adult care. The tools remain important for YPLHIV who are not physically transitioning to new providers because of this focus on self-care.
- *Limitations:* The tools provide the questions that need to be asked but offer little guidance on what to do next, once the assessment is completed. These are useful materials for provider training but do not provide the training themselves.

**[Transitioning HIV Positive Youth Into Adult Care](#)**

L. Michael Gipson & Gail C. Garcia, USA, 2009

**Audience:** Health and social care providers working with YPLHIV in clinical or community-based settings

**Content:** In addition to a long literature review and background on the needs of YPLHIV, a series of checklists outline: a) what successful transition looks like; b) what a youth-friendly environment looks like; c) the difference between youth and adult care providers; d) characteristics of effective programs; e) the distinct needs of younger and older young people; and f) evaluation metrics. Case studies from US-based programs are highlighted. The appendix includes guidelines on disclosure counseling, adherence support, and prevention with positives.

**Skills:** Health providers will gain knowledge and basic training on health care transition with a focus on supporting disclosure, adherence, prevention, and life-skills development.

#### **Implications for Use:**

- *Recommendations:* Only parts of this document are useful. See pages: 12-13; 32; 39-50; 54-55. Pages 56-61 provide background information for creating a transition plan within an organization, which could be adapted and used for trainings. The toolkits in the appendix, particularly on disclosure, adherence, and positive prevention, are very helpful and would supplement health provider training anywhere. Providers are encouraged to use this as a guide for devising their own materials.
- *Limitations:* The document is heavy on literature review, with a strong US focus. The audience is not given step-by-step instructions, but rather general guidance and some tools.

#### **[Transitioning Your HIV+ Youth to Healthy Adulthood: A Guide for Health Care Providers](#)**

Susan Jacob and Saba Jearld, USA 2007

**Audience:** Health providers working with YPLHIV, with a focus on young people born with HIV

**Content:** This guide provides information about how to support YPLHIV with their clinical care, psychosocial support, and life skills as they transition from childhood to adulthood. The document offers background information, skills for providers to practice, timelines, handouts for youth, and assessment tools and checklists. Bullet point lists and tools make it easy to navigate and pick and choose information that is relevant. The content focuses on self-care and self-advocacy, disclosure, adherence, transition in care, sexuality, and employment support.

**Skills:** Health providers gain valuable advice and recommendations for key steps that need to be taken in order to successfully care for and support YPLHIV as they grow older. Timelines, checklists, quizzes, and assessment tools build provider skillsets and offer a framework for discussions.

#### **Implications for Use:**

- *Recommendations:* The guide is relevant and useful for providers working in any number of countries or settings. The information is generalizable across many populations of YPLHIV. The content focuses on issues related to transition to adulthood, rather than focusing solely on transition in care. This is important for settings that are not physically transitioning youth to new providers, but still need to support YPLHIV as they become more independent. The section on legal guardianship could be adapted for orphans and vulnerable children in developing country settings.
- *Limitations:* Though the document provides valuable advice and recommendations for practice, it falls short of supplying the training needed for providers to implement many of the recommendations. For instance, there is a list of support group topic ideas but no training on how to convene or run a support group. Supplemental training is needed for providers with little facilitation experience. The section on legal rights and insurance/benefits needs to be removed or adapted to be relevant outside the US.

## ADVOCACY TOOLS

### [Second Global Consultation on Service Provision for Adolescents Living with HIV: Consensus Statement](#)

UNICEF, WHO, FHI 360, GNP+, Johns Hopkins University, Makerere University, Uganda Paediatrics Association, Uganda 2010

**Audience:** Health providers and policymakers concerned with treatment and care of YPLHIV

**Content:** Key findings and recommendations for action based on evidence from programs and research conducted by service providers, community-based organizations, researchers and YPLHIV that attended the consultation. The recommendations focus on the improvement of: 1) HIV diagnosing through counseling and testing; 2) data collection; 3) program support tools; 4) linkages to care; 5) GIYPA; 6) continuity of care; 7) national sexuality education; 8) minimum package of services; and 9) evaluation.

**Skills:** These recommendations serve as guidance, but do not explain how they can be implemented. They will increase knowledge, but will not build tangible skills.

#### **Implications for Use:**

- *Recommendations:* The guidance provides a quick overview of the needs of YPLHIV, with a focus on low-resource settings. This is valuable background material for health provider training and for advocacy initiatives seeking to convince policymakers to increase funding and resources for YPLHIV services.
- *Limitations:* The guidance does not include evidence, nor does it explain how to carry out the recommendations. The recommendations are broad, with little indication of how much they would cost or what human and other resources are needed to implement them.

## IEC/BC MATERIALS

### [Moving on Positively – A Guide for Youth, Caregivers and Providers](#)

Next Step, USA 2012

**Audience:** YPLHIV, caregivers of YPLHIV, and health providers working with YPLHIV

**Content:** This guidebook provides recommendations and ideas for how YPLHIV, caregivers, and health providers can prepare for a healthy and seamless transition from pediatric to adult care. The book was created from content that came out of focus groups in Massachusetts with YPLHIV, caregivers, and providers, through which the recommendations were derived. Different colors and symbols are used to identify the intended audience for each set of recommendations. The book focuses on simple, actionable ideas related to transition planning, adherence, disclosure, coordination of care, psychosocial support, and communication.

**Skills:** Readers will gain strategies for preparing and implementing transition plans. Providers will develop strategies for coordinating care. Caregivers will learn communication skills. YPLHIV will gain communication and disclosure skills, adherence strategies, and self-care skills.

#### **Implications for Use:**

- *Recommendations:* The recommendations in this resource are practical and implementable across many settings, and speak directly to the core issues faced by YPLHIV. It is recommended that this book be given out to YPLHIV, caregivers and health providers working with YPLHIV in individual counseling sessions, at



clinic appointments, and in support group settings. Some of the activities, such as those surrounding disclosure, could be used in a support group.

- *Limitations:* The guidebook was developed for a Massachusetts audience and therefore would need to be adapted for other regional/country settings. Equally, the photographs are US-centric. The guidebook assumes that transition in care is taking place, but in many countries YPLHIV do not transition. However, they do transition to self-care, making many of the points in the book relevant.

### [Adolescent Transition Workbook](#)

AETC, USA 2006

**Audience:** YPLHIV and health providers who work with YPLHIV

**Content:** This workbook consists of a document that provides instructions for health providers and a workbook for YPLHIV. The workbook is meant to help youth track their progress throughout the transition process to self-care and improve their relationships with clinicians and others. The workbook complements the Health Literacy Checklist. The workbook provides space for YPLHIV to write in answers to questions about their health care, medication, relationships, thoughts, and feelings. It is simply designed with photographs of young people and open spaces for writing, reinforcing behavior change throughout.

**Skills:** YPLHIV will gain communication and goal-setting skills, and strategies for self-care.

#### **Implications for Use:**

- *Recommendations:* The workbook is simple but encourages YPLHIV to think about their goals, their accomplishments, and how to tie their strengths to their plan for transitioning to adulthood. The book covers many of the core issues that YPLHIV face, but has a strong and positive focus on the future. It is recommended that providers work with YPLHIV on filling out this workbook together one-on-one or in small groups. A provider could give youth one page at a time in order not to overwhelm them, or the whole book if they are ready. This resource could also be used by a provider or facilitator working with small groups of YPLHIV.
- *Limitations:* The photographs are US-centric, so would need to be changed (easily done as it is a Word document). Given that it is a Word document, it is recommended that the questions are also adapted for regional/country settings. This workbook is somewhat useful on its own but more useful if delivered as part of a wider transition strategy and relationship-building process between client and provider.



# DISCLOSURE

## GUIDELINES

### [Guideline on HIV Disclosure Counselling for Children up to 12 Years of Age](#)

WHO, Switzerland 2011

**Audience:** Health providers and program managers involved in pediatric HIV care and support

**Content:** These guidelines provide a review of the literature and four broad recommendations for health providers on disclosing to children (12 years old and younger) their own or their parent/caregiver's HIV status. The document largely focuses on background information and evidence to support why disclosure is beneficial, when children should be disclosed to, and who should do the disclosing.

**Skills:** Health providers will increase their knowledge of the issues surrounding counseling for disclosure. However, in order to gain skills in disclosure counseling, these guidelines would need to be paired with training resources that provide practice-based teaching tools and methods for providers.

#### **Implications for Use:**

- *Recommendations:* The guidelines serve as background information and are useful if provided as one of many resources used for training providers in disclosure counseling. It is recommended that providers reference them in the development of guidelines, tools, and resources pertaining to disclosure of HIV status to children and young people living with or affected by HIV.
- *Limitations:* The guidelines are written for children 12 years old and younger and are therefore less relevant to young people over the age of 12. The guidelines also do not address supporting YPLHIV as they prepare to disclose their HIV status to others, including to their own children if they are parenting. The guidelines address privacy and confidentiality concerns, but fall short of addressing the wider support needs of YPLHIV, such as psychosocial support or bereavement counseling for those who experience the death of a parent or sibling.

### [Disclosure of HIV to Perinatally Infected Children and Adolescents](#)

New York State Department of Health AIDS Institute, USA 2009

**Audience:** Health providers working with YPLHIV

**Content:** The guidelines provide key recommendations for how to prepare for and carry out disclosure of HIV status to YPLHIV. In each of the seven sections, one or more recommendations is given, followed by supporting information and key points. Section 6, starting on page 8, is specifically geared toward adolescents living with HIV. Table 1 provides reasons why families do not disclose and strategies to overcome these barriers. Appendix B provides a brief description of adolescent development.

**Skills:** Health providers gain some skills in disclosure counseling and preparation for disclosure

#### **Implications for Use:**

- *Recommendations:* This resource is helpful for providers working with YPLHIV who do not yet know their serostatus. The document is concise and to the point, offering some advice on how to counsel for disclosure alongside recommendations from experts. This could be used as part of a training curriculum on disclosure or as supplementary reading material for health providers.

- *Limitations:* The document does not provide detailed training on how to disclose HIV status, nor does it outline the many psychosocial and external factors that influence decision making surrounding disclosure. The guidelines do not depart significantly from those developed by the WHO in 2011.

## IEC/BC MATERIALS

### [Breaking the News: Young People on Disclosing their HIV Status](#)

Hope's Voice & IPPF 2012

**Audience:** General audience, including YPLHIV

**Content:** This is a video that features YPLHIV from around the world talking about HIV disclosure. In very short clips, they discuss their experiences and offer advice to others.

**Skills:** YPLHIV may gain some skills in how to disclose as well as critical thinking skills surrounding why to disclose. This is not, however, a skills-based video.

#### **Implications for Use:**

- *Recommendations:* This could be shown to YPLHIV. The video can be used as a tool to start group discussions, or as a means of helping YPLHIV to know that they are not alone.
- *Limitations:* The short video does not build any real skills and does not facilitate discussions in and of itself. A facilitator is needed. It mostly focuses on the benefits of disclosure, but more information would need to be given about some of the potential consequences of disclosure so that YPLHIV can make informed decisions.

# POSITIVE HEALTH, DIGNITY, AND PREVENTION

## CURRICULA & FACILITATION GUIDES

### [Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV](#)

FHI 360, USA 2012

**Audience:** Adults who lead post-test information and support groups for YPLHIV

**Content:** This curriculum aims to help YPLHIV understand their diagnosis and engage in care, learn valuable life skills, identify strategies for maintaining good health, make informed decisions about SRH, and improve their quality of life. The document is structured as a hands-on tool that provides step-by-step instructions on how to prepare for and facilitate 14 group sessions. Each session includes a full lesson plan containing background, agenda, ice-breaker activities, group discussion questions, activities, and key messages. The curriculum includes an overview of the needs of YPLHIV, including special populations such as young women, plus monitoring and evaluation assistance and additional resources.

**Skills:** YPLHIV will gain skills in healthy decision making, self-care, communication, and developing positive coping strategies.

#### **Implications for Use:**

- *Recommendations:* The 14 sessions cover the most important aspects of psychosocial support for YPLHIV, and are broad enough to be used in different country contexts. The sessions build upon one another so it is best to use them in a series of support groups with the same participants.
- *Limitations:* This resource would be less useful for individual counseling or in situations where there is no continuity of support (e.g., drop-in centers). Equally, there is no session that specifically addresses the transition from pediatric to adult care settings, which is a major component of YPLHIV care and support. However, the many psychosocial issues that compound transition are addressed.

### [Together Learning Choices: A small group intervention with young people living with HIV/AIDS](#)

Mary Jane Rotheram-Borus, PhD, & Lee E. Klosinski, PhD, USA 2001

**Audience:** Program implementers and facilitators working with YPLHIV

**Content:** This evidence-based intervention aims to help YPLHIV maintain health, reduce HIV/STI transmission and improve their quality of life. The 16 sessions are interactive and can be conducted in a clinic or community setting, with groups of 8–10 participants and 2 facilitators. The manual includes an Introduction and Overview (Part 1) and Facilitator’s Guides for the “Staying Healthy” (Part 2) and “Acting Safe” modules (Part 3). Each session includes script, materials and time needed, and detailed instructions. Costing sheets, monitoring and evaluation, and supplemental materials and video are also included.

**Skills:** YPLHIV gain skills in problem solving, goal setting, decision making, and communication.

#### **Implications for Use:**

- *Recommendations:* The curriculum is very comprehensive and thorough, providing step-by-step instructions and scripts for program design and delivery. Facilitators with little prior experience could facilitate it with appropriate training. It is advisable to have paid facilitators who undergo training, and a dedicated group of youth who will be able to meet weekly over the course of 16 weeks.

- *Limitations:* The comprehensiveness can be a limitation, as it requires multiple paid staff, time for staff preparation and delivery, and a consistent group of participants. The curriculum was developed for US-based youth so would need to be adapted for other country and resource-limited settings. It requires substantial supplemental materials, video, and incentives, which may not be available in all settings.

### **[Botswana Teen Club: Lesson Plans for Life Skills Education with Adolescents Living with HIV](#)**

Baylor International Pediatric AIDS Initiative, 2012

**Audience:** Adults and/or peer educators that facilitate support groups for YPLHIV

**Content:** This curriculum contains content for a series of interactive support group sessions for YPLHIV. The lesson plans cover 23 topics, but they do not run in any specific order and each could potentially be used in isolation. Based on Baylor’s Teen Club model in Malawi, Botswana, Lesotho, Uganda, Swaziland, and Tanzania, the sessions use role play, case studies, interactive games, discussions, and crafts to help YPLHIV discuss issues such as disclosure, adherence, SRH, stigma, and emotional health. There is also detailed information on life skills unrelated to living with HIV, such as career development, environmental awareness, and financial literacy. The lesson plans provide step-by-step instructions for facilitators to prepare for the workshops, conduct activities, and moderate discussions.

**Skills:** YPLHIV will gain skills in managing adherence and side effects, disclosing HIV status, communicating with peers and elders, thinking critically, and planning for the future.

#### **Implications for Use:**

- *Recommendations:* This resource promotes patient confidentiality, youth readiness, and accepting young people for who they are and the stage of life they are in. Provider biases and prejudices are challenged.
- *Limitations:* While each session could be used in individual workshops, the power of this resource is in its continuity, cohesion building, and reinforcement of knowledge. A consistent group of facilitators and YPLHIV is necessary. This resource is designed for use in Botswana, and would therefore need to be adapted for use in other countries.

### **[Treat for Life Training for Peer Educators](#)**

Ministry of Health, Uganda 2009

**Audience:** Youth peer educators and other counselors working with YPLHIV

**Content:** The Treat for Life Campaign contains a facilitator’s manual, participant manual, and IEC materials including campaign brochures, posters, adherence calendar, radio dramas, and youth handbook. Some of these materials are reviewed elsewhere in this compendium (e.g., [Make a Positive Start Game](#), [Jessica’s Secret](#), and [HIV Positive? Thinking about Sex? Read this First.](#)) The resource aims to train young people (both those living with and without HIV) who work as peer educators, as well as other counselors working with YPLHIV, to run support group sessions with YPLHIV (15–24 years old) that build off the IEC materials. Topics covered include developing facilitation skills; life skills such as persistence, assertiveness, disclosure, self-esteem, and managing stigma; adherence and self-care.

**Skills:** Participants gain skills in assertiveness and persistence, disclosure, adherence, and self-care.

#### **Implications for Use:**

- *Recommendations:* This resource stands apart from others because it is aimed at training young people as peer educators, and focuses content on broad skillsets such as assertiveness, persistence, and communication. This is valuable for groups looking to improve the involvement of YPLHIV (GIYPA). It is not

as relevant for organizations outside Uganda, because of the IEC materials are country-specific, but much of the training can be used in the formulation of other trainings and the IEC materials can be adapted.

- *Limitations:* This training is only two days long and, while it is valuable, it is not long or comprehensive enough to fully train young people as peer educators if they do not have previous training. The training relies upon a series of IEC materials that were developed specifically for Uganda, and therefore much of the training and materials would have to be adapted or abandoned in order to be relevant for other countries and regions.

### [Love, Life & HIV](#)

IPPF, UK 2012

**Audience:** Facilitators working with young people, YPLHIV

**Content:** This curriculum is based on a video that features YPLHIV from around the world talking about their lives. The curriculum was developed for groups of young people (regardless of HIV status); however, it can be used for YPLHIV groups with mild adaptations. The document contains a facilitator's guide and session plans that accompany the different segments of the video, focused on basic HIV and AIDS information, relationships, reproductive rights, accessing care, and challenging HIV-related stigma and discrimination. The sessions include discussion starters, activities, take-home points, and links to further resources.

**Skills:** Participants will gain critical thinking and communication skills.

#### **Implications for Use:**

- *Recommendations:* It is recommended that a seasoned facilitator lead these sessions, but no particular professional background is needed. Since this was developed for a general youth audience, some of the questions may need to be changed slightly for YPLHIV; however, the majority of the information can stay the same. For example, for questions asking participants for their perceptions of how YPLHIV *might* feel, the facilitator can just ask participants to draw on their own experiences living with HIV.
- *Limitations:* A TV, DVD player, blackboard and chalk, paper, markers, and photocopier are all required to use this resource. These may not be available in many settings. Furthermore, the DVD needs to be ordered from IPPF, which could pose a barrier.

### [Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care and Support](#)

Adolescent AIDS Program, Montefiore, USA 2007

**Audience:** Health providers working with YPLHIV

**Content:** This series of online training modules covers basic care for YPLHIV, including best practices from the US, psychosocial issues, ART and adherence, transitioning care, and prevention with positives. The modules are best accessed online because they contain some interactive components and video segments, however, they can be printed out and presented in hard copy as well. Different models of care are presented and taught, in addition to checklists, case studies, and assessments.

**Skills:** Providers will gain skills in integrating cultural competence strategies into their practices, performing a brief psychosocial assessment, identifying appropriate treatment and adherence strategies, and addressing psychosocial support and secondary prevention needs.

#### **Implications for Use:**

- *Recommendations:* Providers in countries outside the US should only use the parts of the module that are relevant and transferrable to other settings. The introductory module focuses on YPLHIV epidemiology in the US and therefore is not needed. The sections on cultural competence, though US-focused, are very relevant for any regional setting because of the key issues they address (e.g., sexuality, religion, patient-provider relationships, gender, etc.). It is recommended that the course either be adapted and then given to providers, or be given to providers alongside a supplementary guide that outlines which aspects need to be modified to better fit the local context.
- *Limitations:* The modules are not all relevant for other countries and regions, particularly with regard to ARVs since access and variety might be limited. Equally, treatments and guidelines have been updated since 2007, so much of the information on treatment is out of date. The modules are very text-heavy with tools and guides interspersed throughout. It would take a strong working knowledge of English to be able to read through the entire course and benefit from it.

## TOOLS

### [GIYPA Guidebook: Supporting Organizations and Networks to Scale Up the Meaningful Involvement of Young People Living with HIV](#)

GNP+, Netherlands 2012

**Audience:** Health providers and program managers working with YPLHIV

**Content:** This guidebook helps youth-focused organizations and networks to involve YPLHIV in their program design and delivery. The document provides practical information, tips, and tools that help organizations connect with youth, and to sustain and grow their involvement. A self-assessment tool is provided in addition to background information, direct quotes from YPLHIV, concrete examples of how to put the guidelines into action, best practice findings, and recommendations for action.

**Skills:** Health providers and program managers will gain an understanding of what meaningful involvement of YPLHIV means and practical strategies for putting the guidelines in place within their organizations.

#### **Implications for Use:**

- *Recommendations:* This is a very useful guide for organizations with no youth involvement and organizations with some youth involvement that are looking for more. The tables on pages 15 and 18 are particularly helpful. The tips are provided in easy-to-read bullet points that focus the reader on important information. Best practice examples are provided from around the world, giving the guidelines global relevance. For training, this should be accompanied by the [Roadmap to GIYPA for YPLHIV](#).
- *Limitations:* The guide is written for “seasoned practitioners” meaning a baseline of experience and understanding of youth development is required. The guide does not address the many barriers to youth involvement. While important, managing youth leadership is difficult and time-consuming. It takes compassionate and trained leaders who have the resources available to do so.

### [Addressing the Needs of Young People Living with HIV](#)

Stop AIDS Now, Zimbabwe 2011

**Audience:** Health providers and program managers working with YPLHIV

**Content:** This guide is for people providing life skills and sexual health education programs for YPLHIV. It contains a tool to help programs evaluate what they are doing to support YPLHIV and what they can do to improve the effectiveness of their programs. This is followed by recommendations, practical advice, and

references to further resources. Recommendations focus on improving treatment literacy, discussing sexual health and human rights, providing psychosocial support, and combating stigma. Worksheets are provided for users to fill in, in order to evaluate their current activities and plan for future ones.

**Skills:** Providers will gain skills in communication with clients, making assessments and referrals, developing a youth-friendly environment, and evaluating their programs.

**Implications for Use:**

- *Recommendations:* This resource is easy to read, applicable to many settings, and shaped by a focus on youth friendliness and efficacy. The resource includes valuable recommendations that are actionable and multiple tools to help programs measure their effectiveness. It is recommended that programs refer to this guide every year or two, in order to ensure that their programs are meeting clients' needs and are up to date.
- *Limitations:* In order to maximize the benefits of this guide, a good leader is needed to facilitate the evaluation process with staff members and to spearhead the implementation of changes that result from that process.

## JOB AIDS

### [Case Finding, Primary and Secondary Prevention for Adolescents: Clinical Risk Assessment and Screening Guide](#)

Pennsylvania/Mid-Atlantic AETC, USA 2006

**Audience:** Health providers working with YPLHIV

**Content:** This reference tool contains risk assessment and screening guidelines for YPLHIV treatment and prevention. Pages 3–5 contain assessment questions specific to YPLHIV concerning disclosure, sexual partner risk, re-infection, mental health, and treatment adherence.

**Skills:** Health providers will gain a long list of scripted questions to ask YPLHIV during visits.

**Implications for Use:**

- *Recommendations:* The three pages that are specifically written for YPLHIV are useful for health providers who are currently treating or in training to treat YPLHIV. The questions about mental health are particularly strong and comprehensive.
- *Limitations:* The tool mostly focuses on young people who have not been diagnosed with HIV. Equally, the questions provided are very helpful, but no further information or training is provided as to what to do with the answers to those questions. The assessment should be used as part of training for providers working with YPLHIV, and should be accompanied by more information on treatment and support services.

### [Adolescents, HIV and Mental Health](#)

AETC, USA 2006

**Audience:** Health providers working with YPLHIV

**Content:** This job aid consists of four documents: an introduction outlining the potential mental health challenges facing YPLHIV, and three charts that outline the etiology, risk factors, signs, symptoms, and treatment for depression, anorexia nervosa, and gender dysphoria in YPLHIV. The resource was developed to help clinicians assess whether referrals for mental health treatment and care are appropriate.



**Skills:** Health providers will have a framework with which to refer YPLHIV for mental health screening, counseling, and/or medical treatment for depression.

**Implications for Use:**

- *Recommendations:* This is a useful resource for health providers working with YPLHIV. It is simple, brief, and easy to read. This may be very helpful for those working in country settings where mental health training is less comprehensive than in the US. It is recommended that this tool accompany other resources and training on the mental health needs of YPLHIV.
- *Limitations:* This tool is not comprehensive and should not be used to diagnose mental illness. Rather, it should be referenced when providers are considering referrals to mental health treatment and support. The resource was developed in the US where mental health has become more integrated into the medical care system than it has been in developing countries. The ways in which depressive signs and symptoms are defined in the US may be very different from the way they are defined in other countries. The lack of mental health training and professionals in developing countries may limit the options for treatment and support for some psychiatric conditions.

## ADVOCACY TOOLS

### [Serving HIV Positive Youth](#)

Advocates for Youth, USA 2002

**Audience:** Health providers working with YPLHIV

**Content:** This concise, four-page document outlines the general needs of YPHIV and recommendations for health providers on how to improve treatment, care, and support services for YPLHIV. The document focuses on: 1) creating a youth-friendly environment; 2) providing comprehensive, holistic care; 3) providing mental health support; 4) disclosure; 5) prevention with positives; 6) treatment adherence; and 7) basic needs such as housing and insurance. Brief background and bullet points are used to define recommendations.

**Skills:** Health providers will gain knowledge about the needs of YPLHIV and strategies for beginning discussions within their care environments about creating healthy support systems for YPLHIV.

**Implications for Use:**

- *Recommendations:* This document provides “issues at a glance.” It is useful as a resource for training health providers, as well as something clinics can use when developing strategies to improve their treatment and support. It is accurate and relevant, but is not comprehensive in and of itself.
- *Limitation:* The document touches on issues pertinent to YPLHIV, but lacks detail. It provides recommendations, but no specific guidance or instruction on how to implement the recommendations. It is written for a US audience, so some details are not relevant for other country settings.

### [Improving Engagement and Retention in Adult Care Settings for LGBTQ Youth Living with HIV](#)

National Alliance of State and Territorial AIDS Directors, USA 2012

**Audience:** Health providers working with adults living with HIV

**Content:** This guidance provides background information on the unique needs of YPLHIV who are lesbian, gay, bisexual, transgender, or queer (LGBTQ). Key strategies for engaging them in adult care—whether they are transitioning out of pediatric care or are newly diagnosed with HIV—are shared. Text boxes and tables are used to highlight important information including how to design a youth-friendly and LGBTQ-friendly environment,



providing psychosocial and SRH support, conducting client interviews, building rapport, and involving young people in program design and delivery.

**Skills:** Health providers will gain a better understanding of LGBTQ youth living with HIV, as well as skills in communication, assessment, and making referrals for other support services.

**Implications for Use:**

- *Recommendations:* The guidance addresses a unique and underserved group of YPLHIV, and challenges the health care system to do better. The toolkit is easy to navigate and provides tangible recommendations for improving care and support. The resource could be used during provider trainings when outlining the needs of LGBTQ clients. LGBTQ YPLHIV should collaborate on the adaptation of this document for local/regional settings. There are very few, if any, resources anywhere that focus on engagement and retention in care for this population.
- *Limitations:* This document was produced for a US-based audience, so it would have to be adapted. Same-sex sexual practices and/or identities are controversial in many countries and some health providers and policymakers may not be comfortable developing a resource that non-judgmentally recognizes same-sex sexual practices and/or identities among youth.

**[I Am One of 7 Million Young People Living with HIV: Here is What I Need You to Understand](#)**

GNP+, 2011

**Audience:** YPLHIV and youth-centered advocacy organizations working with policymakers

**Content:** This advocacy tool contains key messages and a briefing paper developed by and for YPLHIV, to inform the UNGASS process. The five key messages focus on: 1) universal access to care, including seamless transition services from pediatric to adolescent and adult care; 2) removal of discriminating policies such as the criminalization of HIV; 3) meaningful involvement of YPLHIV; 4) development of leadership, advocacy, and life skills; and 5) safe disclosure.

**Skills:** The tool does not impart skills, but it does provide a template for advocacy messaging and campaigns for YPLHIV.

**Implications for Use:**

- *Recommendations:* This advocacy tool is useful for YPLHIV who are looking to build campaigns or lobby for policies that protect and promote the rights of YPLHIV in their countries. This provides a universal template upon which to adapt and create messages that meet the needs of youth in the local context. This tool could also be used to initiate discussions in support groups of YPLHIV about their advocacy needs.
- *Limitations:* The tool does not teach YPLHIV how to implement advocacy initiatives. It is unclear as to how impactful the tool would be with policymakers on its own, but could serve as a strong starting point for building campaigns among youth.

## IEC/BC MATERIALS

**[Auntie Stella](#)**

Training and Research Support Center, Zimbabwe

**Audience:** Young people, YPLHIV, and adults or health providers who work with YPLHIV

**Content:** These are question and answer cards from the Auntie Stella website that can be used with small groups of YPLHIV. The question cards are written as a “Dear Auntie” letter in which a young person living with HIV asks questions about different issues. Talking points are provided to generate a discussion about the letter. The answer card contains a written letter from Auntie Stella to the young person with advice, followed by discussion questions for the group and a suggested role-play or other activity. The question cards most pertinent to YPLHIV are titled: 1) Should I Tell Him I’m HIV Positive? 2) What are Antiretrovirals? 3) I’m HIV Positive and Pregnant; 4) I’m HIV Positive, Am I Going to Die? 5) My Mother Has HIV and Says So.

**Skills:** YPLHIV will gain critical thinking, behavior change and communication skills surrounding HIV disclosure, adherence, prevention of mother-to-child transmission (PMTCT), and self-care.

#### **Implications for Use:**

- *Recommendations:* The question and answer cards are useful for support group activities. The talking points are mostly useful, though they are not specifically written for an audience that is already living with HIV. It is recommended that facilitators change the questions to better address the needs of YPLHIV and engage peer educators when facilitating these activities. Auntie Stella’s responses are accurate and uplifting. It is recommended that a health provider supplement some of the more general information found on these cards with detailed information.
- *Limitations:* The cards are written for a general youth audience, so the talking and action points need to be changed to better serve those already living with HIV. The cards provide very basic information, and address very large and complex issues. A facilitator with ample knowledge of these issues is crucial to effective facilitation of these cards. As the materials were developed for a Zimbabwean audience, some references would have to be adapted for other country contexts.

#### **[Teen Talk: A guide for positive living](#)**

Botswana Baylor Pediatric AIDS Initiative, Botswana 2010

**Audience:** YPLHIV and health providers working with YPLHIV

**Content:** This youth-friendly manual is written directly for YPLHIV, with tips for staying healthy, taking medication, having sex, and managing mental health. Written in “Question and Answer” format, the document speaks in youth language and is written from their perspective. Practical tips include how to remember to take medication, disclose HIV status, quit smoking, and avoid drugs and alcohol. The document uses youth-oriented graphics and graffiti style writing, plus lots of bullet points to make reading and navigation easy. Other topics covered include nutrition, fitness, positive prevention, stigma, male circumcision, prevention of mother-to-child transmission (PMTCT), and disclosure.

**Skills:** YPLHIV gain skills in adherence to medication, disclosure of HIV status, eating a nutritious diet, getting enough exercise, understanding sexual health and HIV prevention, and understanding PMTCT.

#### **Implications for Use:**

- *Recommendations:* This manual would serve best in peer support group settings as a teaching tool, as well as in individual counseling sessions as a handout for YPLHIV. Health providers would also learn a great deal from this document, particularly in training to provide treatment and support for young people living with HIV. Written for a youth audience, the document is relevant and easy to read, with a nice outline of bullet points and graphics. It is also available in Setswana.
- *Limitations:* The document is written for Botswanan audience, so aspects of it would need to be changed in other countries, including some language and resources that are cited. The section on mental health is limited. As the document was written in 2010, some of the information regarding ART is now out of date.

## [GIYPA Roadmap: Supporting Young People Living with HIV to be Meaningfully Involved in the HIV Response](#)

GNP+, Netherlands 2012

**Audience:** YPLHIV.

**Content:** This resource is written for YPLHIV as a complement to the [GIYPA guidebook](#). Written in an empowering and positive tone, the guidance provides practical information, tips, and tools for youth to become more involved in the HIV response. This includes getting involved in organizations as staff/volunteers or peer educators, sitting on advisory boards, and/or becoming activists.

**Skills:** YPHIV will gain a greater understanding of what GIYPA means, critical thinking and self-assessment skills, and strategies for turning their ideas into action.

### **Implications for Use:**

- *Recommendations:* The resource is useful for YPLHIV who are ready to take a more active role in their organizations, whether as a participant or a leader. The document can be given out to individuals or used as a training material with groups. The table on page 11 is important for youth to understand what types of roles they can play. Page 13 is valuable for helping youth evaluate if the organization is a good fit. This puts the power in their hands. Examples from the field are motivating and useful.
- *Limitations:* YPLHIV need compassionate, trained adult leaders to support their involvement, and organizations that are open to and ready for them. These do not exist in all settings. This document is only useful for youth who are ready to take a more active role and may not be suitable for those who are newly diagnosed or struggling with psychosocial challenges.

## [Adolescent Transition Workbook](#)

AETC, USA 2006

This resource has already been discussed in the [Care section of this compendium](#). However it would also be a useful resource for health providers who are working with YPLHIV on issues related to positive health, dignity, and prevention.

## [Make a Positive Start Today: Handbook and Game](#)

Health Communication Partnership JHU/CCP, Uganda 2009

**Audience:** YPLHIV

**Content:** This is a board game with information about living with HIV, SRH, and making healthy decisions. Players move their pieces around the board from Start to Finish, landing on spaces in between that provide a piece of information that they are meant to read out loud. They are then told what to do next. The game includes a handbook with instructions and supplementary fact sheets and guides that provide definitions and information about STIs, HIV, ART, adherence, prevention, healthy eating, opportunistic infections, and hygiene.

**Skills:** The game helps YPLHIV to talk openly about STIs, HIV, SRH, counseling, and opportunistic infections. They will gain skills in making informed decisions and critical thinking.

### **Implications for Use:**

- *Recommendations:* This game provides a fun and interactive way for YPLHIV to learn about HIV, other STIs, self-care, and positive prevention. The game can be played in small groups, which should include a trained

peer educator or facilitator who can lead discussions. The game was developed in Uganda, giving it a more relevant feel for African settings.

- *Limitations:* The game provides sound information and education, but falls short of inspiring behavior change. Critical thinking and strategizing can take place if there is a good facilitator present who can lead group dialogue. If not, however, there is a risk that participants could play the game without truly digesting the information. Finally, some of the information regarding initiation of ART is now out of date.

### [Jessica's Secret](#)

Young Empowered & Healthy (Y.E.A.H.), Uganda 2009

**Audience:** YPLHIV and facilitators working with young people and YPLHIV

**Content:** Jessica's Secret contains an audio file with a radio drama story, a comic book, and a facilitator's discussion guide. Jessica's Secret is an engaging story from award winning radio drama Rocky Point 256. The story is about a 21-year-old perinatally infected woman and her HIV-negative boyfriend. Issues of love, sex, disclosure, and contraception arise. At the end of the story, discussion questions are provided to inspire group dialogue. Facilitators are encouraged to play the radio drama out loud if equipment is available, or alternatively to read the comic book in small groups. The facilitator's guide is divided into four sections, each of which contains instructions, objectives, pages of the comic book to be read, and discussion questions based on those pages.

**Skills:** YPLHIV will develop critical thinking skills and strategies for disclosure, adherence, and self-care.

#### **Implications for Use:**

- *Recommendations:* Locally developed, this resource is culturally and age appropriate, with a realistic view of the issues and concerns facing YPLHIV as they navigate relationships. Having both the comic book and the audio gives facilitators multiple options and the facilitator's guide is very useful. This series could be presented to a support group or given to clients during individual counseling sessions. The discussion questions are best for groups. This could also be easily translated into other languages.
- *Limitations:* This resource does a good job of getting youth to think about the reasons to disclose, but falls short of discussing the various ways that one can disclose. Thinking through the different ways to disclose—in person, over the phone, on your own, or with others, after first intercourse or before—is crucial to helping YPLHIV develop positive strategies. Ensure that discussions supplement this.

### [Pozitude](#)

Pozitude.co.uk, UK 2012

**Audience:** YPLHIV

**Content:** This website was developed by YPLHIV for YPLHIV to answer questions about everything—treatment, disclosure, relationships, healthy living, coping strategies, substance use, and more. Information is provided through question and answer formats, graphics, games, quizzes, and references for further reading.

**Skills:** YPLHIV will develop knowledge, a sense of community, and some skills in communication and healthy living.

#### **Implications for Use:**

- *Recommendations:* This website is a useful resource for YPLHIV as it speaks directly to them from the standpoint of their peers. It covers a large range of issues, is colorful, easy to navigate, and overall very

positive. It is recommended that YPLHIV be pointed to this website when they are newly diagnosed, as well as when they have questions about specific issues such as disclosure, relationships, or treatment.

- *Limitations:* The website was developed in the UK, so some of the references and links are not relevant for those outside the UK. As a website, it may not be accessible to YPLHIV living in contexts that do not have reliable internet access.

### [AVERT Teen AIDS Pages](#)

Avert.org, UK

**Audience:** YPLHIV

**Content:** This section on the Avert website is written specifically for YPLHIV. Written in question and answer format, the page concentrates on HIV and AIDS basic knowledge, coping with a positive test result, treatment, nutrition, self-care, prevention, disclosure, and end-of-life care. The page also contains links to other sections of the website that have testimonies from YPLHIV and information about STIs, sex, sexuality, relationships, and other health issues affecting young people.

**Skills:** Although not a direct skills-building resource, this website will provide YPLHIV with significant information regarding management of their condition.

**Implications for Use:**

*Recommendations:* The entire Avert site is useful for YPLHIV and program leaders looking for information and resources for programs. The pages for YPLHIV are factual and positive. The links to other information directly on the site are helpful. The games and quizzes are useful for learning about HIV and other STIs. It is easy to navigate and fun to use.

*Limitations:* The site was developed for US and UK audiences, so some of the information, particularly around treatment, may not be relevant in other countries. The information provided does not teach any skills and is only accessible to those with access to the internet.

# SEXUAL AND REPRODUCTIVE HEALTH

## CURRICULA & FACILITATION GUIDES

### [Sexual and Reproductive Health for Young HIV Positive Adolescents](#)

Anova Health Institute, South Africa 2011

**Audience:** Health providers working with YPLHIV, particularly very young adolescents (10–14 years old)

**Content:** This manual contains 17 support group sessions for very young adolescents (VYA) living with HIV in order to learn about SRH. The sessions focus on male and female bodies, sex, sexuality, sexual health, adherence, disclosure, confidentiality, and gender. The document offers thorough background information on YPLHIV, full instructions for facilitating each 90–120 minute session and evaluation tools. Each session activity is prefaced with intended outcomes, time and materials needed, and suggested talking points. The sessions build on one another and reinforce information gained in previous sessions.

**Skills:** VYAs will gain critical thinking, teamwork, and communication skills, plus deepened knowledge about their bodies and sexual health. Health providers will gain sound facilitation skills.

#### **Implications for Use:**

- *Recommendations:* This manual is relevant for VYAs living with HIV and can be adapted for older YPLHIV easily. While the introduction is dense and could be skipped, it is important information for providers who are not accustomed to working with youth. The authors pay close attention to facilitation and building community. The sessions can be used individually or in sequence, but it is recommended that they are used in sequence with a consistent group of participants. Detailed instructions, handouts, and colorful graphics make the manual user-friendly and easy to implement.
- *Limitations:* Parts relating directly to South Africa (e.g., information about legal rights) need to be changed. The manual does not spend enough time on same-sex relationships and desires, which is a missed opportunity since the focus is so much on building comfort and a nonjudgmental environment. At least some facilitation experience is necessary, as is access to materials such as flipcharts, markers, and notebooks.

### [Sexual and Reproductive Health for HIV Positive Women and Adolescent Girls](#)

EngenderHealth, USA 2006

**Audience:** Health providers and program managers working with female adolescents living with HIV

**Content:** This manual provides training and session guides for a four-day training and a two-day planning workshop in resource-constrained settings, focused on comprehensive, nonjudgmental, and quality care and support for women and adolescent girls living with HIV. This includes contraceptive services; antenatal and postnatal care; management of obstetrical, neonatal, and abortion complications; prevention and treatment of STIs; early cancer diagnosis; and exclusive breastfeeding education and support. The curriculum includes an introduction for trainers, detailed session guides, and appendices.

**Skills:** Participants will gain valuable skills in providing counseling, assessing risk, and making referrals.

#### **Implications for Use:**

- *Recommendations:* This resource focuses on practice and implementation. Though written for providers working with women and adolescent girls, it can easily be adapted for training solely on adolescents, mostly by simply removing language pertaining to adult women. This core curriculum is more of a general overview of topics and issues. One-day modules on specific services should supplement this training. Sessions 14 and 15 exclusively discuss issues related to adolescents. It is important that trainers review the entire manual and meet with program managers or administrators at service sites before delivering the training. Instructions on how to do this are detailed in the document. Trainers should adapt role plays, language, and case studies for the local participants. The appendix materials are very useful and appropriate.
- *Limitations:* Trainers must have extensive experience in counseling or conducting counseling training. They must have a background in adult learning concepts and participatory training methods. Access to materials and equipment such as flipchart paper, photocopiers, computers, etc. is required. Bringing in outside experts is encouraged, which can be helpful, but can also be very time consuming for trainers who have other responsibilities.

## IEC/BC MATERIALS

### [Healthy, Happy and Hot: A young people's guide to rights](#)

IPPF, United Kingdom 2011

**Audience:** YPLHIV

**Content:** This 20-page manual is written for YPLHIV, to help explain their rights to sexual health, pleasure, and intimate relationships. The book provides practical suggestions for how to disclose HIV status to a sexual partner, with background information about when it is safe or unsafe to disclose. Discussions about the right to sexual pleasure also include how to have safe sex and explore one's body safely. Sexually transmitted infections that YPLHIV are vulnerable to are highlighted. The guide describes contraception, reducing HIV transmission during sex and birth, and psychosocial support.

**Skills:** YPLHIV will better understand their sexual rights and how to live healthy, fun, happy, and sexually fulfilling lives. They will gain communication skills specific to HIV disclosure and safer sex.

#### **Implications for Use:**

- *Recommendations:* This book speaks directly to YPLHIV. It is written professionally and accurately, but also speaks with youth-oriented language and style. It is advisable to place it in clinics and use it in support groups as a handout or a teaching tool. Information about where to access condoms and other contraceptives should be provided alongside the book.
- *Limitations:* This book is sexually explicit, with direct references to how to have safe sex and young people's rights to pleasurable sex. Some health providers may be uncomfortable giving out this information to YPLHIV, particularly in settings where health providers are not trained to provide SRH counseling. However, the book is highly relevant and useful for young people and can be given to young people without any prior SRH education training.

### [My Sex Life: Info for Young Poz People](#)

AIDS Committee of Toronto, Positive Youth Outreach, Canada 2005

**Audience:** YPLHIV



**Content:** This resource was written by YPLHIV for YPLHIV about having sex. The book focuses on how to have safe sex with partners living with and without HIV. It is written with very direct and sexually explicit language that does not hide the inevitability that young people will have sex, even when they are living with HIV. The manual talks about condom and dental dam use, foreplay, sexual pleasure, sexual rights, disclosure, and relationships.

**Skills:** YPLHIV will learn about attaining sexual pleasure without increasing health risks.

**Implications for Use:**

- *Recommendations:* This resource is helpful for YPLHIV who are newly diagnosed as well as those who were perinatally infected and are beginning to have sex or think about having sex. The direct language can seem jarring but is one of the few examples of sexual health literature that speaks youth language and honestly tells young people how they can have safe sex. For providers who do not feel comfortable talking about sex with young people, this is a useful handbook to give out. It is recommended that the manual be given to clients during individual counseling sessions or provided in clinic waiting areas.
- *Limitations:* The language may make some providers feel uncomfortable; however the information is accurate and useful. The book was written for a Canadian audience, so some of the information and the resource list of AIDS Service Organizations would need to be changed for the relevant country/regional setting.

**[HIV Positive? Thinking About Sex? Read this First](#)**

Ministry of Health, Uganda 2009

**Audience:** YPLHIV

**Content:** This youth-friendly resource is written by YPLHIV for YPLHIV in Uganda. Through an interview style format, the authors answer common questions about living with HIV, sex, having relationships, families, stigma, and finding support. The majority of the book is focused on sex and sexual health, but it incorporates important information about mental health, adherence, and disclosure. The book is written with a positive tone that encourages readers to embrace their HIV status and use it for good.

**Skills:** YPLHIV will gain some skills in negotiating condom use, disclosure, staying healthy, and adhering to medication.

**Implications for Use:**

- *Recommendations:* This resource is helpful for YPLHIV who are newly diagnosed or starting to think about and engage in sexual relationships. The youth voice resonates throughout, making readers feel instantly comfortable and supported. The book encourages abstinence but is realistic about the reality that YPLHIV will have sex. This resource would be a great handout for all YPLHIV, or could even be used in a support group session as a guide for role play activities and discussion groups.
- *Limitations:* The book was written before evidence of “treatment as prevention” emerged. Therefore, it would be useful to add more language to this book about the importance of adherence as a preventive measure against transmitting HIV, whilst not losing emphasis on condom use.

**[Young People Living with HIV: Starting a Family](#)**

Hope’s Voice & IPPF 2012

**Audience:** General audience, including YPLHIV



**Content:** This is a video showing YPLHIV from around the world talking about having children and whether or not they hope for a family one day. The video is 1.5 minutes long.

**Skills:** This resource does not build any skills.

**Implications for Use:**

- *Recommendations:* This video could be used to begin discussions with YPLHIV about their relationships, reproductive options, and PMTCT. A knowledgeable facilitator would be needed to guide discussions. It helps YPLHIV to know that they are not alone and that having children is an option.
- *Limitations:* The video is very short and does not give any information about reproductive options or PMTCT.

**[What do I do if I am living with HIV and... Some ideas for Young Women Living with HIV](#)**

IPPF, 2011

**Audience:** Young women living with HIV

**Content:** This FAQ-style booklet aims to answer questions that young women living with HIV (YWLHIV) may have about relationships, disclosure, safe sex, contraception, and pregnancy. Each page contains a question that begins with the prompt “What do I do if I am living with HIV and...”. This colorful resource is part of IPPF’s “Girls Decide” initiative, and therefore emphasizes empowerment of YWLHIV with regards to sexual and reproductive choices.

**Skills:** YWLHIV will learn to navigate issues such as condom negotiation, disclosure, and contraceptive choice.

**Implications for Use:**

*Recommendations:* This booklet is specifically aimed at young women, and therefore would be a good companion to other resources that specifically deal with YWLHIV. It could also be placed in clinics or handed out by health providers.

*Limitations:* As it is aimed at an international audience, much of the information in this booklet is non-specific. It would therefore be helpful for this locally relevant information to be provided alongside this resource.

## SUMMARY & RECOMMENDATIONS

Through the development of this compendium, we were able to generate a number of observations about the quality and breadth of existing resources focused on young people living with HIV. The resources reviewed here certainly do not constitute an exhaustive list. However, they do provide a clear and balanced view of what is current and readily available to practitioners, as well as what information is lacking. The recommendations below are designed to help practitioners maximize their use of these resources, in addition to pursuing the development of new ones.

### **Recommendation: Adapt key resources for individual country settings.**

The most visible result from this process was that there is a severe lack of accessible resources published within developing countries. The majority of resources were developed in the United States, and very few of these have already been adapted for developing country settings. This means that, as per our recommendations, the first step in utilizing many of these resources is to adapt them for the local context. One suggestion for in-country staff is to put together a team of practitioners and YPLHIV, tasked with adapting the resources that they feel will be most helpful in their agencies. For some materials, this may mean simply changing names, case study details, and translating into a local language. For others, like the ICAP curriculum, the process is far more intensive and will likely require appropriate funding and staff capacity. The Baylor International Pediatric AIDS Initiative (BIPAI) has good examples of adapting resources through their conversion of the Teen Talk and Teen Club materials.

### **Recommendation: Focus on provider capacity building and training, particularly around youth.**

Many of the resources reviewed here end with the limitation that, while a guideline or recommendation is provided, further training is needed on how to implement them. The ICAP and IMAI trainings do just that. If these are too intensive, agencies could take one or two of the key recommendations from those trainings and formulate their own curricula. Furthermore, there is a clear need for more provider training on adolescent development and the “do’s and don’ts” of working with young people. This information is crucial and should serve as the foundation of any program providing treatment, care, or support for YPLHIV. Resources from FHI 360, BIPAI, and ICAP are particularly useful in providing this training material.

### **Recommendation: Develop a resource dedicated to supporting YPLHIV in disclosure.**

The majority of the resources and guidelines related to HIV disclosure focus on disclosure to the child or adolescent of his/her HIV status. Few really hone in on helping YPLHIV develop the skills and confidence necessary to disclose to others. This is one of the most pressing issues that YPLHIV will identify in their lives, yet little has been done to meaningfully train and empower them. A resource on disclosure would include activities and discussions that generate critical thinking skills about who to disclose to, when, why, and how. It would include role play activities, games, case studies, individual, and group counseling guidelines, plus a strong section on how to involve youth peer educators in the process.

**Recommendation: Create more resources that use a range of media.**

With user-friendly and free/inexpensive computer programs, plus growing web access, it is easy to create all manner of media resources that provide IEC and training. This is particularly relevant for materials developed for a youth audience. A worthy experiment would be to take one of the less intensive training curricula reviewed here, adapt it for a local setting, and film a seasoned facilitator delivering the training. A potential outcome is that the film could be used in settings where there are few experienced facilitators, but people who would be able to co-facilitate the training alongside the film. A small, HD flip camera could be used to film the training, and it would be easy to upload onto most computers.

**Recommendation: Develop resources on LGBTQ youth living with HIV.**

Resources on LGBTQ youth, especially those living with HIV, are severely lacking all over the world. The majority of resources reviewed are entirely heteronormative, meaning they only talk about heterosexual relationships and sex. There are a few resources that talk about homosexuality purely in relation to anal sex, and just one or two that addressed same-sex relationships in greater depth. With the many political and social barriers to discussing homosexuality openly, little is being done to support LGBTQ youth. Health providers are not trained to work with them, to ask the right questions, make appropriate referrals, or welcome them into their care. A key recommendation is to create more opportunities for LGBTQ youth to learn about themselves and the resources available to them through IEC materials, and to help health providers offer better and more appropriate services to them through training.

**Recommendation: Develop guidelines or templates for costing/budgeting for YPLHIV programs.**

Almost none of the resources reviewed provide any guidance surrounding how to cost, budget, and fundraise for their programs and trainings. Since funding is such a profound constraint for programs, and since so many of these trainings require substantial staff time, it would be very helpful to have some resources dedicated to helping agencies budget for their programs and use the resources that they do have wisely. Equally, for those toolkits and resources that rely on materials such as paper, markers, flipcharts, computers, and photocopiers to implement, it would help to provide guidance for alternatives if groups do not have access to these resources. The Malawi Teen Club curriculum provides a good example of this.

**Recommendation: Develop resources focused on GIYPA and YPLHIV-friendly environments.**

The GIYPA Guidelines and Roadmap provide an excellent start for helping organizations better involve YPLHIV in their program design and delivery. This should be built upon and expanded. Many of the guidelines call for youth involvement and for youth-friendly environments. To achieve this, many programs must refocus their strategic direction and implement new policies, trainings and practices. It could be useful to develop a handbook to help organizations evaluate their level of youth involvement and friendliness toward YPLHIV, as well as recommendations for change.

**Recommendation: Develop resources focused on PMTCT, family planning, and parenting for YPLHIV.**

Very few of the resources are focused on SRH, and of those that do have sections focused on SRH, few really dive into the idea of YPLHIV having children. The reality is that many YPLHIV are becoming pregnant and parenting, and many health providers are not trained to talk about sex and/or reproductive health options with

them. Due to this reticence, YPLHIV may not be getting the information they need about preventing transmission of HIV to their children, family planning, and parenting. Provider training specific to this topic, in addition to more IEC materials for YPLHIV that focus on PMTCT, having children, and parenting, are greatly needed.

## APPENDIX: REPORTS NOT REVIEWED

In addition to the tools and resources reviewed, a number of reports were identified as relevant for this compendium. These reports mostly provide background information, literature review, results of field-based research, and general guidelines for the treatment, care, and support of YPLHIV. Links to the online reports are provided wherever possible.

### [\*Special Needs of In-school HIV-positive Young People In Uganda\*](#)

Population Council, USA 2009

This report provides the results from a mixed-method study exploring the special needs of YPLHIV in primary and secondary schools in Uganda, with a view to identifying possible responses by the education sector to these needs. The report presents key findings from the research and implications for programs.

### [\*Improving Adolescent HIV Treatment, Care, Prevention and Family Planning Services in Africa: A Multi Country Assessment\*](#)

FHI 360, USA 2012

This report presents the results from key informant interviews with health providers who work with YPLHIV and YPLHIV peer educators, on the psychosocial, reproductive health, and clinical care needs of perinatally infected adolescents living with HIV in sub-Saharan Africa. Key findings from the research are supplemented by direct quotes and recommendations covering a wide range of topics.

### [\*Needs, Challenges and Opportunities: Adolescents Living with HIV in Zambia\*](#)

International HIV/AIDS Alliance, Zambia 2011

This report presents the findings from a qualitative study that explored the psychosocial and SRH needs of adolescents living with HIV in Zambia, and identifies the gaps between these needs and existing SRH and HIV-related initiatives and services currently available to young people. Key themes are discussed alongside program implications at the personal, organizational, and policy levels.

### [\*Psychosocial Aspects of HIV/AIDS: Children and Adolescents\*](#)

Baylor International Pediatric AIDS Initiative, 2001

This is one of a series of modules that make up a comprehensive curriculum for providing treatment, care, and support for people living with HIV in sub-Saharan Africa. The section on adolescents (beginning on page 327) focuses on disclosure, medical independence, self-esteem and identity, sexuality, and substance use and abuse.

### [\*More Positive Living: Strengthening the Health Sector's Response to Young People Living with HIV\*](#)

WHO & UNICEF, 2008

This report outlines the discussions and recommendations from a global consultation on YPLHIV conducted in Malawi in 2006. The report includes maps and graphics drawn by YPLHIV, direct quotes, challenges, barriers, recommendations, and lessons learned.

### **[Opportunity in Crisis: Preventing HIV from Early Adolescence to Young Adulthood](#)**

UNICEF, 2011

This report describes the state of the HIV epidemic among young people worldwide and evidence for effective responses that address behavioral, social, and structural challenges and prevent new HIV infections in young people. Country-specific data is shared.

### **[Positive Learning: Meeting the Needs of Young People Living with HIV in the Education Sector](#)**

GNP+, 2012

This publication articulates the roles and responsibilities of the education sector in supporting YPLHIV to realize their personal, social, and educational potential. Key recommendations are presented. The publication is geared toward policymakers, planners, and implementers working with young people, as well as YPLHIV in order to identify what they can expect from the education sector.

### **[Strengthening the Health Sector Response to Care, Support, Treatment and Prevention for young People Living with HIV](#)**

WHO & UNICEF, 2008

This consultation provides a review and synthesis of the experiences of YPLHIV and health workers, including identification of gaps and obstacles in the provision and use of services, in order to offer practical recommendations on how to improve the health sector response. Eight priority challenges are identified and explained.

### **[A Qualitative Review of Psychosocial Support Interventions for Young People Living with HIV](#)**

WHO & UNICEF, 2009

This report presents the findings from a qualitative study exploring the psychosocial support needs of YPLHIV, as reported by their health providers. The report identifies key challenges to service provision, effective practices, recommendations, and lessons learned.

### **[Sexual and reproductive Health and Rights – Key Issues for Adolescents Affected by and Living with HIV](#)**

International HIV/AIDS Alliance in India, 2010

This report highlights the results of a qualitative study with YPLHIV (10–18 years), which explored their sexual behavior, knowledge, and practices. The report presents the findings and makes recommendations for improving SRH services and care for YPLHIV.

[Field Lessons: Strengthening Health Services and Outcomes for Adolescents Living with HIV](#)

UNICEF, 2013

This report provides examples of interventions aimed at YPLHIV from around the world, with a focus on the successes and challenges of each program, and practices that countries can emulate to increase provision of resources for YPLHIV.