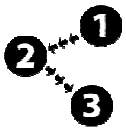
Module 1 Introduction and Course Overview

Total Module Time: 150 minutes (2 hours, 30 minutes)

Learning Objectives

After completing this module, participants will:

- Know more about the trainers and other training participants, and will have discussed expectations for the training
- Be able to explain the importance of a training specific to adolescent HIV care and treatment
- Understand the training objectives
- Have set training "ground rules"
- Have completed the training pre-test
- Have explored their own values and attitudes around adolescents and adolescent HIV care and treatment

Methodologies	
	• Interactive trainer presentation • Individual reflection • Large group discussion • Large group exercise • Pre-test

Materials Needed	
	• Slide set for Module 1 • Flip chart and markers • Tape or Bostik (adhesive putty) • Name tags • Registration sheet • Bowl to be used as *"Anonymous Question Bowl"* • 1 large envelope to collect "*How Did it Go?"* papers • 1 copy of the Participant Manual for each participant • 1 notebook for each participant • 1 pen for each participant

Resources	
	• UNICEF. (2011). *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood.* New York, NY: United Nations Children's Fund. • UNICEF. (2008). *Children and AIDS: Third stocktaking report, 2008.* New York, NY: United Nations Children's Fund.

Advance Preparation	
	• Research local (if available) and national HIV-related epidemiological statistics. Prepare a slide summarizing the national HIV context (slide 16 in the Module 1 slide set was left blank for this purpose). • Prepare the training room in advance. To maximize interaction among participants and trainers, participants should ideally sit in a semi-circle, rather than in rows. • Make sure that you have all of the materials listed in the "Materials Needed" section on the previous page. In particular, make sure there are enough copies of the Participant Manual so that each participant can have his or her own. Participants should be able to take their Participant Manuals home at the end of the training. • Finalize the training agenda, using *Appendix 1A: Sample Training Agenda* as a guide. Make enough copies so that each participant can have 1. • Prepare a registration sheet in advance and ask participants to sign in as they arrive on the first day of the training (see "Trainer Manual Introduction Section 3: Tips on Training Methods"). • Invite a guest speaker to open the training (optional). • Exercises 2 and 3 require advance preparation by the trainer. Review these exercises ahead of time.

Session 1.1: Welcome and Introductory Activity

Activity/Method	Time
Welcome and registration	5 minutes
Exercise 1: Getting to Know Each Other: Large group discussion and individual reflection	45 minutes
Questions and answers	5 minutes
Total Session Time	55 minutes

Session 1.2: Training Objectives and Ground Rules

Activity/Method	Time
Interactive trainer presentation and large group discussion	10 minutes
Exercise 2: Setting Ground Rules and Introducing Daily Activities: Large group discussion	25 minutes
Questions and answers	5 minutes
Total Session Time	40 minutes

Session 1.3: Training Pre-Test

Activity/Method	Time
Pre-test	20 minutes
Questions and answers	5 minutes
Total Session Time	25 minutes

Session 1.4: Values Clarification

Activity/Method	Time
Exercise 3: Values Clarification: Large group exercise	25 minutes
Questions and answers	5 minutes
Total Session Time	30 minutes

Session 1.1 Welcome and Introductory Activity

Total Session Time: 55 minutes

Trainer Instructions
Slides 1–5

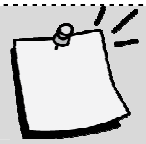
Step 1: Introduce yourself and the other trainers and welcome participants to the training. Officially open the training workshop (or ask an invited guest to do so). If a guest speaker is invited, meet with this person before the training to brief him or her about the workshop, including the goals, objectives, and participant expectations.

Step 2: Circulate a registration sheet and ask participants who have not already signed in to do so. Encourage both participants and trainers to wear their name tags throughout the training (see "Trainer Manual Introduction Section 3: Tips on Training Methods"). If you haven't done so already, ensure that each participant has a notebook, a pen, and a copy of the Participant Manual.

Distribute the training agenda and review it with participants. A sample training agenda is included in *Appendix 1A: Sample Training Agenda,* but make sure that it has been adapted based on the training schedule, participant learning needs, etc.

Explain that the Participant Manual includes all of the key information that will be discussed during the training, as well as guidance on the training exercises. Participants will be expected to follow along in their manuals and to take notes during the training. Also encourage participants to use their manuals as a reference material once the training has ended.

Step 3: Review the Module 1 learning objectives (note that the first module objective is the same as this session's objective).



Make These Points

- As we will be together for the duration of the training, it is a good idea to start the training with an exercise that gives participants an opportunity to get to know each other better. The more comfortable participants feel with each other and with the trainers, the more they will get out of this training.

Session Objective

After completing this session, participants will:

- Know more about the trainers and other training participants, and will have discussed expectations for the training

Trainer Instructions
Slides 6–9

Step 4: Facilitate Exercise 1 to start the process of creating an open, comfortable atmosphere and to help participants get to know one another better.

Exercise 1: Getting to Know Each Other: Large group discussion and individual reflection	
Purpose	• To provide an opportunity to get to know one another a bit better • To create a comfortable learning environment • To introduce and understand the role of the adolescent co-trainer/co-trainers (optional) • To discuss participants' personal and professional strengths, their concerns about adolescent HIV care and treatment, and their expectations for the training
Duration	45 minutes
Advance Preparation	None
Introduction	This is an activity that will help us get to know each another better. It will also give us a chance to talk about our strengths, our concerns, and our expectations for the training.
Activities 	**Introductions** 1. Ask participants to take 1 minute to state their name and position, and to share 1 memorable experience from their own adolescence (good or bad). 2. (optional) Introduce the adolescent co-trainer(s) who will be joining the group throughout the training (see page 6 of the introduction to the Trainer Manual). Explain that the adolescent co-trainer(s) brings his or her own expertise as an adolescent client who is living with HIV and who is also enrolled in care and treatment. Participants should consider the adolescent co-trainer(s) as an important resource throughout the training. **Individual Reflection** 3. Next, distribute a sheet of paper to each participant. Explain that this paper is for recording personal reflections and will not be collected. 4. Ask participants to think about the following questions and to write their responses down on the paper. • **Strengths:** *What is 1 personal strength that helps you — or will help you — work effectively with adolescent clients?*

- **Concerns:** *What concerns or worries do you have about providing care to adolescents living with HIV?*
- **Expectations:** *What do you hope to learn during this training course?*

5. While participants complete their answers, write each of the words, **"CONCERNS," "EXPECTATIONS,"** and **"STRENGTHS"** on separate pieces of flip chart and tape them to the wall where everyone can see them.

Large Group Discussion

6. Start the discussion by asking the group what **strengths** they each bring to their work with adolescents. Give examples such as "experience" or "sense of humor" to get the discussion started. Discuss participants' strengths and the role they play in the care they provide to adolescents. Encourage them to value these strengths. Stress that, although health workers often do not get enough recognition, the work they do is extremely important.
7. Then ask participants what **concerns** (or worries or fears) they have about providing care to ALHIV. Note that you are not referring to general concerns they may have about ALHIV, but rather concerns that they have specifically about providing care and treatment to ALHIV. If it helps, give an example of a concern that you have had — "*When I first started working with adolescents, I was worried that it would be hard to talk with them about sexual health."* Allow for some discussion while writing down each of the concerns mentioned by participants.
8. Ask participants what they hope to learn from the training — their **expectations.** Explain that, although the training has many objectives, it is important that the facilitators find out what particular issues participants want to learn more about. Write these on the flip chart. Tell the group that you will keep their expectations visible throughout the entire training and try to make sure they are met (if possible).
9. Leave the completed strengths, concerns, and expectations flip chart sheets posted on the wall. The lists will be discussed again on the last day of the training and trainers should feel free to refer to them as various expectations are met, as different strengths come up in discussion, etc.
10. Ask participants to save their strengths, concerns, and expectations papers because they will need to refer to them during Module 16. Suggest that they put them in-between the pages of their Participant Manuals, somewhere in Module 16.

Trainer Instructions
Slide 10

Step 5: Allow 5 minutes for questions and answers on this session.

Session 1.2 Training Objectives and Ground Rules

Total Session Time: 40 minutes

Trainer Instructions
Slides 11–12

Step 1: Review the session objectives with participants.

Session Objectives

After completing this session, participants will:

- Be able to explain the importance of a training specific to adolescent HIV care and treatment
- Understand the training objectives
- Have set training "ground rules"

Trainer Instructions
Slides 13–21

Step 2: Ask participants:

- *Why do you think a training specific to adolescent HIV care and treatment is important?*

Step 3: Review key facts and statistics about adolescents and HIV globally, nationally, and (if available) locally.* Ask participants what their reaction is to these statistics and what they think they could mean for the future of young people throughout the country. As it is early in the training, participants may not yet feel comfortable sharing their feelings, so do not push for a response to this question if participants are not yet ready to share.

* Note that slide 16 is blank so that trainers can add key points about national and local HIV-related epidemiological statistics (see "Advance Preparation" on page 1-2).

Make These Points

- Globally, 2 million adolescents aged 10–19 years are living with HIV.
- Slightly more than half of all people living with HIV are women or girls.
- Globally, deaths among children under 15 years of age are declining and HIV prevalence among adolescents is declining as well.
- Young people are at the center of the global HIV epidemic. They are particularly vulnerable to HIV infection due to social, political, cultural, biological, and economic reasons.
- Adolescents living with HIV are a diverse group of people facing unique health-related, adherence, and psychosocial issues and challenges.
- Programs and clinics should be youth-friendly. In addition, health workers need the knowledge and skills to effectively attract and retain ALHIV, as well as to provide them with quality services and support.

Key Facts about Adolescents and HIV[1, 2]

Global epidemiology

- In 2009, 41% of all new HIV infections (in people aged 15 and over) were among youth 15–24 years of age.
- 2 million adolescents aged 10–19 years are living with HIV (1.5 million of whom reside in sub-Saharan Africa).
- Slightly more than half of all people living with HIV are women or girls. In sub-Saharan Africa, young women aged 15–24 years are 8 times more likely than men to be HIV positive.
- Globally, deaths among children under 15 years of age are declining. An estimated 260,000 children died from AIDS-related illnesses in 2009 — this is approximately 19% fewer deaths than occurred in 2004. This trend reflects the steady expansion of PMTCT services and an increase in access to antiretroviral treatment for children.

Global knowledge and behavior

According to UNAIDS (2010):

- Among young people in 15 of the most severely affected countries, HIV prevalence has recently fallen by more than 25%. This decline is due to:
  - Increased adoption of safer sexual practices, including increased condom use
  - Delayed sexual debut
  - Reductions in multiple partnerships.
- Less than half of young people living in 15 of the 25 countries with the highest HIV prevalence can correctly answer 5 basic questions about HIV and its transmission.*
- Young people aged 15–24 years who live in the 25 countries with the highest HIV prevalence have shown gradually improving knowledge about HIV, but they still fall short of global targets and what is necessary to keep them safe.

* These countries include: Botswana, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Guinea-Bissau, Kenya, Malawi, Nigeria, South Africa, Togo, Tanzania, and Zambia.

Why a Training on Adolescent HIV Care and Treatment?

- Young people are at the center of the HIV epidemic. They are particularly vulnerable to HIV infection due to social, political, cultural, biological, and economic reasons.[3]
- With increased access to pediatric HIV care and treatment, perinatally-infected children are living longer and reaching adolescence and adulthood.
- More young people are being tested for HIV because of increased awareness, reduced stigma, greater access and acceptance of testing, etc. In addition, more adolescents who are pregnant are being tested for HIV through PMTCT programs.
- ALHIV face unique health, adherence, and psychosocial issues and challenges.
- Programs and clinical services need to be youth-friendly to attract and retain adolescent clients.
- There are successful models of adolescent HIV care and treatment services in many cities across high-, medium-, and low-prevalence countries. These models can be adapted and scaled-up nationally.
- Health workers need the knowledge and skills to meet the specific needs of adolescent clients.
- Young people are our future!

Trainer Instructions
Slides 22–26

Step 4: Review with participants the learning objectives of this training.

Step 5: Provide an overview of the core competencies that participants are expected to have achieved by the end of the course.

Ask participants to turn to *Appendix 15B: Practicum Checklist* in Module 15 of their Participant Manuals. Give them 1-2 minutes to skim through the competencies and recommend that they review them more closely on their own after the training day has ended.

Make These Points

- This course will provide participants with important information and skills that will help them provide quality HIV care and treatment services, as well as adherence and psychosocial support, to adolescents.
- This adolescent training course complements the national pediatric HIV care and treatment training, which most participants should have already attended.

Adolescent HIV Care and Treatment Training Objectives

By the end of this training, participants will be able to:

1. Describe the stages and characteristics of adolescence and the unique needs and challenges of adolescent clients
2. Implement strategies to make HIV-related services youth-friendly
3. Define and implement the package of HIV-related care and treatment services for adolescents
4. Implement effective communication and counseling skills with adolescent clients
5. Conduct a psychosocial assessment and provide ongoing psychosocial support services to adolescent clients
6. Describe the importance of mental health services for adolescent clients, recognize when a mental health problem may exist, and provide appropriate referrals and support
7. Recognize the signs of and be able to screen for alcohol and substance use disorders among adolescents, and provide support and referrals
8. Provide developmentally-appropriate disclosure counseling and support to adolescents and, where appropriate, their caregivers
9. Provide developmentally-appropriate adherence preparation and ongoing adherence support to adolescent clients and caregivers
10. Support adolescents to live positively with HIV
11. Conduct sexual risk screening and provide non-judgmental, comprehensive counseling on sexual and reproductive health to adolescent clients
12. Provide basic, non-judgmental contraceptive counseling and services to adolescent clients
13. Describe the key components of PMTCT services for adolescents and provide referrals and support along the continuum of PMTCT care
14. Describe ways of linking adolescents with needed facility and community-based support services
15. Describe and implement activities to meaningfully involve adolescent clients in clinical services, such as through adolescent peer education programs
16. Prepare and support adolescent clients throughout the transition to adult care
17. Describe how monitoring and evaluation can be used to support adolescent HIV program improvements
18. Demonstrate core competencies in adolescent HIV care and treatment services in a clinical setting
19. Develop a site-specific action plan for implementing adolescent HIV care and treatment services

Adolescent HIV Care and Treatment Core Competencies

The "core competencies" are the skills that participants are expected to have mastered by the end of the training (they are listed in *Appendix 15B: Practicum Checklist)*. They differ from the objectives (listed in the previous section) in that core competencies focus on specific skills, whereas objectives are sweeping statements that provide a summary of what is to be taught. There are 19 objectives for this course and approximately 60 competencies.

Trainer Instructions
Slides 27–28

Step 6: Review the training syllabus and agenda with participants.

Take a moment to:

- Discuss how the curriculum modules will be split up and trained over time.
- Discuss how the clinical practicum will be conducted.
- Stress the importance of group interaction and participation in all sessions.
- Remind participants to bring their Participant Manual each day and to be prepared to use it throughout the course.
- Review any logistics, including daily start times, end times, and breaks, as well as arrangements for any per diem, meals, etc.

Make These Points

- The training course consists of 16 modules that take about 10 days to teach, if presented over full (7 to 8 hour) days. However, it is better to split up the modules and train them over the course of several weeks or months.
- The training includes both classroom and practical sessions.

Training Syllabus and Agenda

The training includes 16 modules, each with its own learning objectives. Each module is divided into a number of sessions.

- Module 1: Introduction and Course Overview
- Module 2: The Nature of Adolescence and the Provision of Youth-Friendly Services
- Module 3: Clinical Care for Adolescents Living with HIV
- Module 4: Communicating with and Counseling Adolescents
- Module 5: Providing Psychosocial Support Services for Adolescents
- Module 6: Adolescents, HIV, and Mental Illness
- Module 7: Providing Disclosure Counseling and Support
- Module 8: Supporting Adolescents' Retention in and Adherence to HIV Care and Treatment
- Module 9: Positive Living for Adolescents
- Module 10: Sexual and Reproductive Health Services for Adolescents
- Module 11: Family Planning and PMTCT Services for Adolescents
- Module 12: Community Linkages and Adolescent Involvement
- Module 13: Supporting the Transition to Adult Care
- Module 14: Monitoring, Evaluation, and Quality Improvement
- Module 15: Supervised Clinical Practicum
- Module 16: Action Planning, Course Evaluation, and Closure

Trainer Instructions
Slides 29–30

Step 7: Facilitate Exercise 2 to set ground rules for the course and to introduce the daily activities.

Make These Points

- Ground rules are guidelines that trainers and participants follow throughout the course. These standards for group interaction will help participants meet their expectations and accomplish the course objectives.
- Establishing ground rules offers an opportunity to discuss previous training experiences and to share examples of effective approaches to training.
- All participants should feel comfortable asking any question they have, whether they do so while in the large group or through the *"Anonymous Question Bowl."*
- All participants should feel comfortable, after each training day, saying things that did and did not go well. Changes can only be made if participants voice their opinions and suggestions!

Exercise 2: Setting Ground Rules and Introducing Daily Activities: Large group discussion	
Purpose	• To develop and agree on a set of ground rules that will create an environment that facilitates learning • To introduce the *"Anonymous Question Bowl"* as a safe space for asking questions • To introduce the "*Morning Rounds"* as a way to start each day of the training off on the right foot • To introduce the *"How Did it Go"* daily evaluation activity as a way of giving feedback to the trainers so they can make adjustments DURING the training course
Duration	25 minutes
Advance Preparation	• Find a large envelope or bowl that can be used as the *"Anonymous Question Bowl"* • Get 1 large envelope and label it "*How Did it Go*?" for the daily evaluation activity
Introduction	We want to learn about HIV care and treatment for adolescents, but we also want to create a safe space for learning. To do that, we need to agree on some ground rules before starting the training.
Activities	**Develop and Agree on Ground Rules** 1. Ask participants what rules would help make them feel comfortable speaking up during group discussions. 2. If the group is slow to offer suggestions, consider giving the following examples:

	• "We will be respectful of others, including in what we say, our posture, and our tone of voice." • "We will speak one at a time and avoid having side conversations." • "Those of us with mobile phone will turn them off during all training session." • "We will not text during the training." • "We will start on time in the morning and after breaks." 3. Write the ground rules suggested by participants on flip chart. 4. Be sure to include a rule related to confidentiality ("What is said here, stays here") and a rule related to turning off mobile phones during training sessions (participants will have time during breaks and lunch to make/receive calls). 5. Post the ground rules on the wall when the group has finished. **Introduce the *"Anonymous Question Bowl"*** 6. Tell participants about the *"Anonymous Question Bowl,"* showing them where it is and inviting them to submit questions at any time, about any topic addressed during the training. 7. Explain that their questions may include concerns about themselves, their families, co-workers, or patients. Tell them that the *"Anonymous Question Bowl"* will be checked daily and that all questions will be answered. 8. Trainers should review all questions in the *"Anonymous Question Bowl"* after the end of each training day and provide answers to the questions the next morning. Technical questions can be read to the group and answered, but trainers should make sure the questioner remains anonymous. Respond to personal questions as appropriate; for example, by including the response at an appropriate point in that day's presentation or case study discussions, by facilitating discussion on the topic, or by asking someone who has expertise in that area to respond based on his or her experience. Again, take care to make sure the questioner remains anonymous. 9. Additional information on the *"Anonymous Question Bowl"* can be found on page 21 of the introduction to the Training Manual. **Introduce the "*Morning Rounds*"** 10. Tell participants that, each morning of the training, they will meet in the classroom for "*Morning Rounds*." This will be a time to check in with each other, to recap and answer any questions from the previous day, and to review the agenda for that day. They should feel free to use this time to chat about topics unrelated to training, such as what they did the previous evening. Morning Rounds are also discussed in "Trainer Manual Introduction Section 3: Tips on Training Methods." 11. We are all under pressures at work and at home, so it is important to start each day of the training as "fresh" as possible. Each morning, participants should feel comfortable discussing any distractions or events that are on their minds.

	Introduce the Daily Evaluation – *"How Did it Go?"* 12. Tell participants that, at the end of each training day, the group will debrief using a daily evaluation activity called "*How Did it Go?*" 13. Participants will be asked to anonymously write 1 good thing about the day and 1 thing they found challenging (or that they would like to see improved). 14. Each participant will be given 1 sheet of paper. On 1 side of the paper, they should draw a smiley face (☺) and write 1 thing that was good about the day. On the other side of the paper, they should draw a sad face (☹) and write 1 thing they did not like about the day. 15. Participants should not put their names on the sheets of paper. 16. Before they leave the training each day, participants should put their paper in the envelope labeled *"How did it go?"* The trainers should then review participants' comments and suggestions from that day and use the feedback to make improvements during subsequent days.
Debriefing	• Remind participants that a comfortable and open environment will facilitate the group learning experience. • Encourage participants to speak to one of the trainers if they have any questions or concerns.

Trainer Instructions
Slide 31

Step 8: Allow 5 minutes for questions and answers on this session and be sure to answer any questions participants have about logistics.

Session 1.3 Training Pre-Test

Total Session Time: 25 minutes

Trainer Instructions
Slides 32–33

Step 1: Review the session objective listed below.

Session Objective

After completing this session, participants will:

- Have completed the training pre-test

Trainer Instructions
Slides 34–35

Step 2: Tell participants that they will now be taking the training pre-test and refer them to *Appendix 1B: Pre-Test*. Explain that they do not need to write their names on the pre-test, but that they should write a 3 or 4 digit number at the top — any number, like a favorite number (011) or their birth date (1972). They need to remember this number because they will have to write it at the top of the post-test they take at the end of the training. Suggest that they write this number on the inside front cover of their Participant Manuals so that they do not forget it.

The objective of the pre-test is ***not*** to look at individual scores, but rather to find out what the group as a whole knows about adolescent HIV care and treatment. The group's results on the pre-test will be an indication of learning needs and will guide the amount of time spent on specific modules.

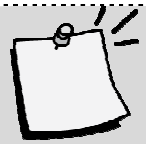
Participants will take this same test again at the end of the training, at which point it will be called the post-test.

Step 3: Give participants about 20 minutes to complete the questions. Once they have finished, ask them to hand their completed pre-test to a trainer. Explain that the pre-tests will be scored and then, at the end of the training, be compared to the post-test scores. This will give trainers a sense of how much participants learned during the training. The comparison of pre- and post-test scores will provide trainers with information about how well the training went and will help them identify areas where the training needs to be improved in the future.

Step 4: After the pre-test, debrief by asking participants how they felt about the questions. Were they easy or difficult? Explain that the trainers will go over the test answers after participants have completed the post-test on the last day of the training.

Step 5: Once the training has been completed for the day, trainers should:

- Score the pre-tests using *Appendix 1B: Pre-Test* in the Trainer Manual as a guide. Note that *Appendix 1B* in the Trainer Manual includes the test answers, whereas *Appendix 1B* in the Participant Manual does not include the answers.
- For each of the 25 questions, calculate how many participants got the answer incorrect. Note which questions were answered incorrectly most often and consider if the planned training time is sufficient for these content areas. If not, consider ways to ensure sufficient time is spent on the content areas where participants are weakest (shorten lunch breaks, shorten module time for the content areas that participant have mastered, ask for permission to start the training 15 minutes earlier on a particular day, etc.).



Make These Points

- We are all here to learn and, by the end of the training, you will all be able to answer all of these questions and many more.

Trainer Instructions
Slide 36

Step 6: Allow 5 minutes for questions and answers on this session.

Session 1.4 Values Clarification

Total Session Time: 30 minutes

Trainer Instructions
Slides 37–38

Step 1: Review the session objective listed below.

Session Objective

After completing this session, participants will:

- Have explored their own values and attitudes around adolescents and adolescent HIV care and treatment

Trainer Instructions
Slides 39–40

Step 2: Facilitate Exercise 3 to help participants explore their own attitudes and values related to adolescent HIV care and treatment.

Note: There is a 2nd values clarification exercise in Module 10, which focuses on sexual and reproductive health. Keep the "agree" and "disagree" signs from this exercise so they can be reused.

Exercise 3: Values Clarification: Large group exercise	
Purpose	To help participants begin to think about their own values, attitudes, and prejudices, as well as how these might either positively or negatively impact their work with adolescents
Duration	30 minutes
Advance Preparation	• Prepare 2 flip chart papers: 1 that says, **"AGREE"** and 1 that says, "**DISAGREE."** • Review the 12 statements below and choose about 8 to be used during the exercise (you are unlikely to have time for all 12 statements).
Introduction	This is an activity that will help you begin to explore your own values, attitudes, and prejudices.
Activities	1. Post the prepared flip chart papers that say "agree" and "disagree" on opposite sides of the training room. Ideally, they should be posted in an open space where participants are able to move back and forth between the signs.

	2. Ask participants to stand up and move to the open space in the room between the "agree" and "disagree" signs. Explain that you will read some statements out loud and that, after each statement, they should move to the "agree" or "disagree" sign, based on their opinion. If participants are not sure whether they agree or disagree with the statement, they can stand somewhere in-between the 2 signs. 3. Read each of the sentences out loud and allow participants a few seconds to move to the side of the room that reflects their opinion. Then ask 1 or 2 participants to tell the group why they agree or disagree with the statement. Allow participants to change their answers, based on these explanations, if they want. Do not worry about explaining the "right" answers, as all of these topics will be discussed at some point during the training. 4. Once you have read all of the statements (or after 20-25 minutes have passed), ask participants to return to their seats.
Debriefing	Remind participants that members of the multidisciplinary care team should always: • Learn what they can about the main culture, values, and attitudes of the clients with whom they work. • Be sensitive to the culture, values, and attitudes of their clients, even if these are different from their own. • Examine their own values and beliefs to avoid prejudice and bias, and to make all people feel comfortable. They should show clients that it is "safe" to receive care and to talk openly and honestly with health workers.

Statements for Values Clarification Exercise:

1. Health workers need to tell adolescents living with HIV how to behave.
2. I think it's hard to "get through" to adolescents — they just do as they please.
3. Adolescent HIV care and treatment is really not that different from pediatric HIV care and treatment.
4. If an adolescent tests HIV positive, it is my duty to tell his or her parents.
5. On the topic of sexual and reproductive health, I think it is enough to just counsel adolescents to say "no" to sex.
6. I feel comfortable doing condom demonstrations with adolescent clients.
7. It is important to have adolescents living with HIV be part of the multidisciplinary care team at the clinic.
8. Working with adolescents requires different counseling skills from those needed to counsel adults.
9. Adolescents living with HIV should be discouraged from ever having children.
10. Adolescents living with HIV since birth and those who acquire HIV later on in life often have different psychosocial support issues and needs.
11. Alcohol and substance abuse screening is not the responsibility of staff working in an ART clinic.
12. Adolescents are so forgetful — they aren't good at adhering to their care and medicines.

Trainer Instructions
Slide 41

Step 3: Allow 5 minutes for questions and answers on this session.

Appendix 1A: Sample Training Agenda

As this curriculum is modular, the training agenda is flexible. Although the curriculum can be completed in 10 consecutive days, it is recommended that the content be taught over a longer period of time. This is preferable because it allows participants to apply what they have learned and to bring those lessons back to the classroom. Teaching the content over a longer period of time also minimizes disruptions to clinical services.

For example:

- Training could be conducted on 2 or 3 Fridays per month for 4 months, or on 2-3 consecutive days each month for 4-5 months (see sample agenda that follows).
- Alternatively, the training could be conducted 1 module at a time over a period of 15 half-days; for example, every other Friday morning for 30 weeks.

If training modules/days are split up over a period of time, it is recommended that the practical sessions in the clinic also be integrated into each phase of training so participants have opportunities to practice what they have learned shortly after the classroom sessions.

Month A

Day 1	
Morning Session	• Official Opening • Module 1: Introduction and Course Overview (2.5 hours)
LUNCH	
Afternoon Session	• Module 2: The Nature of Adolescence and the Provision of Youth-Friendly Services (3 hours, 20 minutes) • "*How Did it Go?*"
Day 2	
Morning Session	• Recap and "*Morning Rounds"* • Module 3: Clinical Care for Adolescents Living with HIV (4 hours, 30 minutes)
LUNCH	
Afternoon Session	• Module 3 (continued) • Prepare for clinical practicum • "*How Did it Go?*"
Practicum Session: 1-3 days (practical sessions should be planned based on the availability of participants and preceptors, and the days and times when adolescents receive services)	
Morning Session	• Recap and "*Morning Rounds"* • Clinical practicum, covering knowledge and skills in Modules 1-3
LUNCH	
Afternoon Session	• Debrief on clinical practicum • "*How Did it Go?*"

Month B

Day 1	
Morning Session	• Introductions (if there are any new participants), recap, and "*Morning Rounds"* • Discussion of lessons learned since we last met • Module 4: Communicating with and Counseling Adolescents (4 hours, 15 minutes)
LUNCH	
Afternoon Session	• Module 4 (continued) • Module 5: Providing Psychosocial Support Services for Adolescents (3 hours, 35 minutes) • *"How Did it Go?"*
Day 2	
Morning Session	• Recap and *"Morning Rounds"* • Module 6: Adolescents, HIV, and Mental Illness (3 hours, 30 minutes)
LUNCH	
Afternoon Session	• Module 7: Providing Disclosure Counseling and Support (3 hours, 50 minutes) • Prepare for clinical practicum • "*How Did it Go?*"
Practicum Session: 1-3 days (practical sessions should be planned based on the availability of participants and preceptors, and the days and times when adolescents receive services)	
Morning Session	• Recap and "*Morning Rounds"* • Clinical practicum, covering knowledge and skills in Modules 4-7
LUNCH	
Afternoon Session	• Debrief on clinical practicum • *"How Did it Go?"*

Month C

Day 1	
Morning Session	• Introductions (if there are any new participants), recap, and "*Morning Rounds"* • Discussion of lessons learned since we last met • Module 8: Supporting Adolescents' Retention in and Adherence to HIV Care and Treatment (4 hours, 10 minutes)
LUNCH	
Afternoon Session	• Module 8 (continued) • Module 9: Positive Living for Adolescents (3 hours, 15 minutes) • *"How Did it Go?"*

Day 2	
Morning Session	• Recap and "*Morning Rounds"* • Module 10: Sexual and Reproductive Health Services for Adolescents (4 hours, 30 minutes)
LUNCH	
Afternoon Session	• Module 10 (continued) • Module 11: Family Planning and PMTCT Services for Adolescents (2 hours 35 minutes) • Prepare for clinical practicum • *"How Did it Go?*"
Practicum Session: 1-3 days (practical sessions should be planned based on the availability of participants and preceptors, and the days and times when adolescents receive services)	
Morning Session	• Recap and "*Morning Rounds"* • Clinical practicum, covering knowledge and skills in Modules 8-11
LUNCH	
Afternoon Session	• Debrief on clinical practicum • *"How Did it Go?*"

Month D

Day 1	
Morning Session	• Introduction (if there are any new participants) and recap • Discussion of lessons learned since we last met • Module 12: Community Linkages and Adolescent Involvement (2 hours, 45 minutes)
LUNCH	
Afternoon Session	• Module 13: Supporting the Transition to Adult Care (1 hours, 40 minutes) • *"How Did it Go?"*
Day 2	
Morning Session	• Module 14: Monitoring, Evaluation, and Quality Improvement (2 hours, 15 minutes)
LUNCH	
Afternoon Session	• Module 15: Supervised Clinical Practicum (2–2.5 days) • *"How Did it Go?"*
Practicum Session: 1-3 days (practical sessions should be planned based on the availability of participants and preceptors, and the days and times when adolescents receive services)	
Morning Session	• Recap and "*Morning Rounds"* • Clinical practicum, covering knowledge and skills in Modules 12-14 (or all modules if practical sessions have not been incorporated throughout the training so far)
LUNCH	
Afternoon Session	• Debrief on clinical practicum • Module 16: Action Planning, Course Evaluation, and Closure (3 hours, 10 minutes)

Appendix 1B: Pre-Test

Note: This version is for trainers only. Correct answers are in bold.

Participant identification number: _____ Score: ____/25

1) Which of the following statements are factors to be considered in the scale up of adolescent HIV care and treatment services? **(select all that apply)**
   a) Young people are no more vulnerable to HIV than adults.
   b) Youth living with HIV face unique health, adherence, and psychosocial issues and challenges.
   c) Health workers need specific knowledge and skills to meet the needs of adolescent clients.
   d) Programs and clinical services need to be youth-friendly to attract and retain adolescent clients.

2) Adolescence is a unique stage of life that is characterized by:
   a) Challenging caregivers or elders
   b) A focus on body image
   c) A sense of immortality
   d) Significant physical, emotional, and mental changes
   e) All of the above

3) Which of the following are characteristics of "youth-friendly" services? **(select all that apply)**
   a) There are special days/times set aside for young people to receive services.
   b) Young clients can only come to the clinic when they have a scheduled appointment.
   c) Young people are involved in designing and monitoring programs.
   d) Multiple services are available in one clinic, known as "one-stop shopping."
   e) Health workers mainly use group counseling sessions in order to save time.

4) To be effective, the adolescent package of care must ensure: **(select all that apply)**
   a) The integration of services
   b) That services are age- and developmentally-appropriate
   c) That the needs of both perinatally infected adolescents and those infected later in childhood or adolescence are met
   d) That services encourage adolescents to take responsibility for their own health
   e) That adolescent clients receive care in the pediatric clinic for life

5) The adolescent package of HIV care closely resembles the package of HIV care for adults; however, the way services are delivered can impact their success among adolescents.
   a) True
   b) False

6) Adolescent clients should be started on ART when their CD4 cell count is:
   a) 200 or less
   b) 250 or less
   c) 300 or less
   d) 350 or less
   e) None of the above

7) How frequently should CD4 cell count be monitored in adolescent clients?
   a) Every 12 months; but 6 monthly as CD4 count approaches threshold (to initiate ART)
   b) Every 9 months; but 4 monthly as CD4 count approaches threshold
   c) Every 6 months; but 3 monthly as CD4 count approaches threshold
   d) Every 4 months; but 2 monthly as CD4 count approaches threshold
   e) Every 2 months; but monthly as CD4 count approaches threshold

8) Counseling includes which of the following? **(select all that apply)**
   a) Solving another person's problems
   b) Helping another person make informed decisions
   c) Telling another person what to do
   d) Respecting everyone's needs, values, culture, religion, and lifestyle
   e) Recording key points of the counseling session in the client's clinic file

9) Family-focused care means that health workers can talk openly with caregivers about any information shared by the adolescent client.
   a) True
   b) False

10) Which of the following are coping strategies that health workers should suggest to adolescent clients to help them reduce stress and promote their psychosocial well being? **(select all that apply)**
   a) Talking with a Peer Educator
   b) Joining a support group
   c) Exercising
   d) Disclosing their HIV-status to all of their friends
   e) Participating in recreational activities, like sports or youth clubs

11) Which of the following statements about mental illness are correct? **(select all that apply)**
   a) Mental health problems are very rare among adolescents living with HIV.
   b) Mental illness and substance abuse are closely related.
   c) Only trained psychologists and psychiatrists can recognize the signs of possible mental illness in adolescents.
   d) Adolescents are susceptible to depression, anxiety disorders, behavioral disorders, and alcohol/substance use disorders.
   e) All clinics should have standard procedures on how to manage adolescent clients with possible or confirmed mental illness.

12) Disclosure to a child or adolescent is a one-time event for which the caregiver must be well-prepared.
   a) True
   b) False

13) Which of the following statements about disclosure are true? **(select all that apply)**
   a) Health workers can work with caregivers to develop and implement a disclosure plan; they can also play a supportive role throughout the disclosure process.
   b) Research shows that disclosing a child/young adolescent's HIV-status often results in psychological problems, emotional harm, and difficulties with adherence.
   c) There are times when health workers may need to facilitate disclosure discussions with children/young adolescents.
   d) It is recommended that children/young adolescents be fully disclosed to when they are developmentally ready — typically by the time they are 10–12 years old.
   e) Health workers should encourage older adolescents not to disclose to their friends because they may face stigma and discrimination.

14) Adherence preparation and ART initiation can usually be completed in 1 visit.
   a) True
   b) False

15) The only reliable way to assess client adherence is with pill counts.
   a) True
   b) False

16) Positive prevention includes which of the following? **(select all that apply)**
   a) Partner disclosure and testing
   b) Sleeping and resting under an insecticide-treated mosquito net if in a malarial area
   c) Sexual risk reduction
   d) Prevention and treatment of STIs
   e) Washing hands and bathing regularly
   f) Preventing mother-to-child transmission (PMTCT)

17) Which of the following statements is correct?
   a) Health workers need to stress that ONLY heterosexual behavior is normal.
   b) Health workers should understand different sexual behaviors and sexual orientations and talk openly and non-judgmentally about them with clients.
   c) Health workers need to stress that homosexual and bisexual behavior is abnormal.
   d) Health workers need to stress that transsexual/transgendered behavior should not be tolerated.

18) The following sexual activities are considered HIGH risk for transmitting HIV: **(select all that apply)**
   a) Unprotected (no male or female condom) anal or vaginal intercourse
   b) Using a latex condom during every act of vaginal or anal intercourse
   c) French/deep kissing
   d) Mutual masturbation
   e) Oral sex without a latex barrier

19) The adolescent female genital tract is less susceptible to STIs than that of adult women.
   a) True
   b) False

20) What advice would you give an adolescent client living with HIV who wants to get pregnant? (**select all that apply**)
   a) It is safest to wait until adulthood to become pregnant.
   b) There are many health, psychological, social, and economical risks of adolescent pregnancy.
   c) Stop having sex because it is dangerous for you and your partner.
   d) It is important to continue to talk with health workers to know the facts and risks about getting pregnant and to understand the facts about PMTCT services.
   e) Switch to or start taking efavirenz before trying to become pregnant.
   f) Make sure you (and your partner, if HIV-infected) are adhering to your ART regimen and have a CD4 count over 500 before trying to get pregnant.

21) Which of the following are usually good contraceptive options for adolescents living with HIV? **(select all that apply)**
   a) Male and female condoms
   b) Oral contraceptive pills
   c) Spermicides and diaphragms with spermicides
   d) Male and female sterilization
   e) Injectable contraceptives
   f) Hormonal implants

22) Which of the following statements are true? **(select all that apply)**
   a) Dual protection and dual method use mean the same thing.
   b) Condoms provide dual protection.
   c) Dual protection refers to the practice of taking ART **and** cotrimoxazole.
   d) Dual method use should be recommended for sexually active adolescents. This means they use condoms and another method of contraception (such as oral or injectable contraceptives).

23) In reference to transitioning to adult care, which of the following statements is true? **(select all that apply)**
   a) All adolescent clients should be ready to transition to adult care by age 16.
   b) In helping prepare an adolescent to transition, the health worker should support him or her to develop self-care and self-advocacy skills.
   c) In preparation for transition, adolescents should visit and tour the adult HIV clinic.
   d) Adolescent clients should be encouraged to rely more and more on their caregivers to ensure that they adhere to their ART regimen.

24) Which of the following statements about adolescent involvement are true? **(select all that apply)**
   a) Adolescent peer education programs and community advisory boards are useful mechanisms to involve adolescents in services.
   b) Adolescent peer educators can take on the same responsibilities as adult peer educators.
   c) Adolescent peer educators can help create a safe clinic environment, improve adherence and positive living among clients, and improve service quality.
   d) Asking adolescents to help with clinic filing and cleaning are examples of meaningful involvement.
   e) It is important to have a clear training and supervision plan in adolescent peer educator programs.

25) Which of the following are examples of indicators? **(select all that apply)**

a) Number of adolescents who initiated ART in the quarter

b) Percentage of adolescent clients lost to follow-up in the year

c) To ensure that 95% of eligible adolescent clients initiate ART this year

d) All adolescent clients should be screened for TB at enrollment

e) % of adolescent clients screened for TB at enrollment in the quarter

References

[1] Joint United Nations Programme on HIV/AIDS (UNAIDS) (2010). *UNAIDS report on the global AIDS epidemic, 2010*.

[2] UNICEF. (2011). *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood.* Available at: www.unicef.org/media/files/OiC_FactSheet.pdf

[3] United Nations Population Fund. *Young people: The greatest hope for turning the tide.* Available at: http://www.unfpa.org/hiv/people.htm