

Module 16 Action Planning, Course Evaluation, and Closure

Session 16.1:	Site-Specific Adolescent HIV Care and Treatment Implementation and Action Planning
Session 16.2:	Reflection on Training Objectives and Concerns, Expectations, and Strengths
Session 16.3:	Post-Test, Training Evaluation, and Closing

Learning Objectives

After completing this module, participants will:

- Have reviewed the key steps and considerations of initiating or scaling up adolescent HIV care and treatment services
- Have identified the potential challenges to implementing adolescent HIV care and treatment services at their site, and potential solutions to those challenges
- Have started developing a site-specific action plan to initiate or improve adolescent HIV care and treatment services
- Have discussed whether or not the training objectives were achieved
- Have reflected on the concerns, expectations, and strengths discussed on the first training day
- Have listed next steps, including training follow-up and supportive supervision
- Have completed the training post-test
- Have evaluated the training and given suggestions for improvement



Session 16.1

Site-Specific Adolescent HIV Care and Treatment Implementation and Action Planning

Session Objectives

After completing this session, participants will:

- Have reviewed the key steps and considerations of initiating or scaling up adolescent HIV care and treatment services
- Have identified the potential challenges to implementing adolescent HIV care and treatment services at their site, and potential solutions to those challenges
- Have started developing a site-specific action plan to initiate or improve adolescent HIV care and treatment services

Key Steps to Initiate or Scale up Adolescent HIV Care and Treatment Services

As you have learned during this training, there are many different aspects involved in the successful provision of HIV care, treatment, and support services to adolescent clients. As you begin to think about how to initiate, integrate, or scale up adolescent services at your facilities, it is important to keep all of these aspects in mind.

As you learned in Module 2, there are many things that health workers, health facility managers, and youth can do to improve the youth-friendliness of comprehensive HIV care and treatment services. Sometimes even the smallest adjustments or changes can help — without necessarily creating additional workload or incurring any additional costs. Here are some suggestions:

- Conduct a needs assessment, gathering information about the adolescent services currently being provided at the health facility. These services may be provided within the pediatric HIV clinic or the adult clinic. Do not forget to involve young people in the assessment so as to ensure that their views and opinions are reflected in the results. See Module 2 for more information. The needs assessment should identify existing gaps and problems based on what you know about the characteristics of a youth-friendly clinic.
- Develop an action plan to prioritize activities that will fill the identified gaps and solve the identified problems. Each action item should have a timeline and should include clear documentation of those responsible for the item. The action plan should also document any other needed resources. Remember, making services youth-friendly does not have to cost a lot of money — you can work with what you have!
- Present the action plan to the managers, health workers, and youth who will be involved in the program and be sure to regularly revisit the action plan to see what progress has been made and what adjustments are needed.

Remember that setting up youth-friendly HIV care and treatment services is a start, but in order to really meet the needs of adolescent clients, **quality, evidence-based HIV care** must be provided within the context of youth-friendly services.

Characteristics of Youth-Friendly Services

Try to think back to the discussion about youth-friendly services in Module 2. The point was made that, in order to serve adolescent clients with HIV prevention, care, treatment, support, and related health services, clinics and programs must be able to attract, meet the needs of, and retain those clients. The clinics that are most likely to attract and retain adolescent clients are those that are youth-friendly. Table 16.1 summarizes the key characteristics of youth-friendly services, whether they be for HIV, reproductive health, or other types of care. Please note that this table was also included in Module 2 (as Table 2.3).

Table 16.1: Characteristics of youth-friendly services

Health worker characteristics	Health facility characteristics	Program design characteristics
<ul style="list-style-type: none"> • Specially trained/oriented staff* • All staff display respect for youth • All staff maintain privacy and confidentiality • Enough time for health worker-client interaction 	<ul style="list-style-type: none"> • Separate space for young people • Special times when young people can receive services • Convenient hours • Convenient location • Adequate space and privacy • Comfortable, youth-friendly surroundings • Peer Educators available 	<ul style="list-style-type: none"> • Youth involvement in program design and monitoring • Drop-in clients welcomed • Short waiting times • Set up to provide chronic disease management, including multiple appointments and medications • Appointment systems in place as well as tracking systems for clients who miss appointments • Affordable rates or no fees for services • Publicity, marketing, or recruitment materials that inform and reassure youth • Friendly to both male and female clients • Wide range of services available —“1-stop shopping” • Referrals available to clinical and community-based services • Youth-friendly educational materials available to take away • Youth support groups • Peer Educators available
<p>* Including training in the following areas:</p> <ul style="list-style-type: none"> • Clinical HIV care for adolescents • How to build trust with and counsel adolescents • Providing psychosocial support to adolescents • Mental health assessment, counseling, and referrals • Disclosure counseling • Adherence counseling • Positive living counseling • Sexual and reproductive health counseling and services • Preparing adolescents for the transition to adult care 		

Adapted from: Senderowitz, J., Solter, C., & Hainsworth, G. (2004). *Comprehensive reproductive health and family planning training curriculum. 16: Reproductive health services for adolescents*. Watertown, MA: Pathfinder International.

Exercise 1: Action Planning: Small group work and large group discussion

Purpose	To create an action plan to initiate or improve adolescent HIV care, treatment, and support services at participants' individual facilities
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Refer to *Appendix 16A: Adolescent HIV Care and Treatment Action Planning and Implementation Template* and also *Appendix 2B: Checklist and Assessment Tool for Youth-Friendly HIV Care and Treatment Services*.

Session 16.2

Reflection on Training Objectives and Concerns, Expectations, and Strengths

Session Objectives

After completing this session, participants will:

- Have discussed whether or not the training objectives were achieved
- Have reflected on the concerns, expectations, and strengths discussed on the first training day
- Have listed next steps, including training follow-up and supportive supervision

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

Session 16.3 Post-Test, Training Evaluation, and Closing

Session Objectives

After completing this session, participants will:

- Have completed the training post-test
- Have evaluated the training and given suggestions for improvement

See *Appendix 16B: Post-Test*.

Exercise 2: Training Evaluation: Individual work	
Purpose	To get participants' feedback on the training
Refer to <i>Appendix 16C: Training Evaluation Form</i> .	

Appendix 16A: Adolescent HIV Care and Treatment Action Planning and Implementation Template

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Conduct a needs assessment of adolescent HIV services currently being provided	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					
Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Provide training/ orientation to staff and volunteers	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Make the health facility more friendly to adolescent clients	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Involve youth in program design and service delivery	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Improve the quality of adolescent clinical care and treatment services	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Provide “1-stop shopping” to adolescent clients	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Develop and/or improve appointment and tracking systems	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions: 1. 2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Develop peer support programs and support groups for ALHIV	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions: 1. 2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Develop strong referral systems and establish linkages	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Objective	What is the specific activity?	Who is responsible?	What resources or support are needed?	When will the action happen?	Means of verification
Develop and implement data collection, reporting, monitoring, and evaluation systems	1.				
	2.				
	3.				
Anticipated challenges to implementing this objective and possible solutions:					
1.					
2.					

Appendix 16B: Post-Test

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

Appendix 16C: Training Evaluation Form

Name (optional): _____

Your position (optional): _____

Health facility where you work (optional): _____

INSTRUCTIONS: Please rate the following statements on a scale from 1 to 5.

	☹ Strongly Disagree	Disagree	Neither agree nor disagree	Agree	☺ Strongly Agree
1. The training objectives were clear.	1	2	3	4	5
2. This training met my expectations.	1	2	3	4	5
3. The technical level of this training was appropriate.	1	2	3	4	5
4. The pace of this training was appropriate.	1	2	3	4	5
5. The facilitators were engaging (i.e., interesting).	1	2	3	4	5
6. The information I learned in this training will be useful to my work.	1	2	3	4	5
7. I am confident that after this training, my facility will be able to provide HIV-related care, treatment, and support services to adolescents.	1	2	3	4	5

How helpful were each of the training modules to you and your work? If you have specific comments, please write them on the next page.

	☹ Not helpful				☺ Very helpful
Module 1: Introduction and Course Overview	1	2	3	4	5
Module 2: The Nature of Adolescence and the Provision of Youth-Friendly Services	1	2	3	4	5
Module 3: Clinical Care for Adolescents Living with HIV	1	2	3	4	5
Module 4: Communicating with and Counseling Adolescents	1	2	3	4	5
Module 5: Providing Psychosocial Support Services for Adolescents	1	2	3	4	5
Module 6: Adolescents, HIV, and Mental Illness	1	2	3	4	5
Module 7: Providing Disclosure Counseling and Support	1	2	3	4	5
Module 8: Supporting Adolescent's Retention in and Adherence to HIV Care and Treatment	1	2	3	4	5
Module 9: Positive Living for Adolescents	1	2	3	4	5
Module 10: Sexual and Reproductive Health Services for Adolescents	1	2	3	4	5
Module 11: Family Planning and PMTCT Services for Adolescents	1	2	3	4	5

	☹ Not helpful				☺ Very helpful
Module 12: Community Linkages and Adolescent Involvement	1	2	3	4	5
Module 13: Supporting the Transition to Adult Care	1	2	3	4	5
Module 14: Monitoring, Evaluation, and Quality Improvement	1	2	3	4	5
Module 15: Supervised Clinical Practicum	1	2	3	4	5
Module 16: Action Planning, Course Evaluation, and Closure	1	2	3	4	5

What was the best part of this training?

How could we improve this training?

Other comments:

Thank you for your participation and for your commitment to adolescents and families!