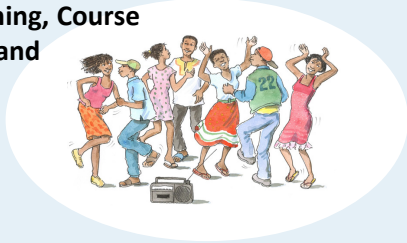


Adolescent HIV Care and Treatment

Module 16:

Action Planning, Course Evaluation, and Closure



1

Module 16 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

2

Module 16 Learning Objectives (Continued)

- 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

3

Session 16.1

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

4

Session 16.1 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

5

Discussion Question

- *What do you think are the key steps to improving or expanding services for ALHIV at your health facility?*



6

Key Steps to Initiate or Scale-up Adolescent HIV Services

- Conduct a needs assessment
- Develop an action plan
- Present the action plan to managers, health workers, and youth
- Regularly revisit the action plan to assess progress

Setting up youth-friendly services is a start, but in order to really meet the needs of ALHIV, **quality, evidence-based HIV care** must be provided within the context of youth-friendly services.

7

Characteristics of Youth-Friendly Services

- See Table 16.1: “Characteristics of Youth-Friendly Services.”
 - **Health worker** characteristics
 - **Health facility** characteristics
 - **Program design** characteristics

There are many ways to improve the youth-friendliness of services. Additional resources and staff are often not required, and **sometimes even small changes can have a big impact.**

8

Exercise 1

Action Planning: Small group work and large group discussion

(See *Appendix 16A: Adolescent HIV Care and Treatment Action Planning and Implementation Template.*)

9

Exercise 1: Small Group Work

- Break into small groups, by facility.
- Assign a facilitator and a notetaker.
- Discuss and fill in *Appendix 16A*, thinking about what you would like to achieve in the next 6 months.
 - Make sure to discuss anticipated challenges and possible solutions.
- At the end, draw a star next to the top 5 priority actions.

10

Exercise 1: Report Back and Large Group Discussion

- Give 5-minute presentation on your group’s discussion, focusing on the priority items on your action plan.
- Discussion of next steps for the action plans

11

Exercise 1: Debriefing

- *What did we learn?*
- **Key points:**
 - It is important to start a specific action plan now while everything learned during the training is still fresh in everyone’s minds.
 - Share the action plan with colleagues, managers, and supervisors and ask for feedback.
 - Update the action plan regularly, perhaps every 3 to 6 months at first.

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Questions or comments on
this session?

13

Session 16.2

Reflection on Training Objectives and Concerns, Expectations, and Strengths

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Session 16.2 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

15

Congratulations on a Job Well Done!

- Let's review the training objectives we discussed at the start of the training.

For each, discuss:

- *Did we meet this learning objective during the training?*
- *How confident do you feel that you will be able to do this when you return to your health facility?*
- *What extra support would you like in this area?*

16

Adolescent HIV Care and Treatment Training Objectives

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. Demonstrate effective communication and counseling skills with adolescent clients
5. Conduct a psychosocial assessment and provide ongoing psychosocial support services to adolescent clients

17

Adolescent HIV Care and Treatment Training Objectives (Continued)

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 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

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Adolescent HIV Care and Treatment Training Objectives (Continued)

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

19

Adolescent HIV Care and Treatment Training Objectives (Continued)

13. Describe the key components of PMTCT services for adolescents and provide referrals and support along the continuum of PMTCT care
14. Describe ways to link 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

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Adolescent HIV Care and Treatment Training Objectives (Continued)

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

Remember: Ongoing support, mentoring, and technical assistance will be provided to help you and your team implement the skills, knowledge, and action plans developed during this training.

21

Concerns, Expectations, and Strengths

- Let's reflect on the concerns, expectations, and strengths we discussed at the start of the training.
- **Strengths**
 - *Would anyone like to add to the strengths list?*
- **Concerns**
 - *Would anyone like to discuss their current perspective on the concerns listed during the "Getting to know each other" exercise?*
- **Expectations**
 - *Were your expectations met? Are there expectations that were not met during the training?*

22

Discussion Questions

- *What was the most valuable information or skill you learned during this training?*
- *What is 1 action that you will prioritize in your work with adolescents living with HIV?*



23

Questions or comments on this session?

24

Session 16.3

Post-test, Training Evaluation, and Closing

25

Session 16.3 Objectives

After completing this session, participants will:

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

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Training Post-Test

- The objective of this post-test is to find out what the group as a whole knows about adolescent HIV care and treatment and how much the group's knowledge has improved since the pre-test.
- Results of the pre- and post-tests will help improve future trainings and will provide information on ongoing mentoring and supervision needs.
- **Remember to record the same number on your post-test as the one you recorded on your pre-test!**

See *Appendix 16B: Post-Test* — you have 20 minutes to complete the post-test.

27

Post-test Debriefing

- *How did you feel answering the questions today, compared with on the first day of training?*
- Now we will review the correct answers as a group.

28

Review of Post-Test Questions and Answers (Continued)

Q.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)

- Young people are no more vulnerable to HIV than adults.
- Youth living with HIV face unique health, adherence, and psychosocial issues and challenges.
- Health workers need specific knowledge and skills to meet the needs of adolescent clients.
- Programs and clinical services need to be youth-friendly to attract and retain adolescent clients.

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Review of Post-Test Questions and Answers (Continued)

Q.2 Adolescence is a unique stage of life that is characterized by:

- Challenging caregivers or elders
- A focus on body image
- A sense of immortality
- Significant physical, emotional, and mental challenges
- All of the above

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Review of Post-Test Questions and Answers (Continued)

Q.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 in order to save time.

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Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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

36

Review of Post-Test Questions and Answers (Continued)

Q.9 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) Keeping good records

37

Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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.

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Review of Post-Test Questions and Answers (Continued)

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

- a) True
- b) False

40

Review of Post-Test Questions and Answers (Continued)

Q.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.

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Review of Post-Test Questions and Answers (Continued)

Q.14 Adherence preparation and ART initiation can usually be completed in 1 visit.

- a) True
- b) False

42

Review of Post-Test Questions and Answers (Continued)

Q.15 The only reliable way to assess client adherence is with pill counts.

- a) True
- b) False

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Review of Post-Test Questions and Answers (Continued)

Q.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)

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Review of Post-Test Questions and Answers (Continued)

Q.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.
- b) Health workers need to stress that transsexual/transgendered behavior should not be tolerated.

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Review of Post-Test Questions and Answers (Continued)

Q.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 for every act of vaginal or anal intercourse
- c) Mutual masturbation
- d) Oral sex without a latex barrier

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Review of Post-Test Questions and Answers (Continued)

Q.19 The adolescent female genital tract is less susceptible to STIs than that of adult women.

- a) True
- b) False

47

Review of Post-Test Questions and Answers (Continued)

Q.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.

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Review of Post-Test Questions and Answers (Continued)

Q.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

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Review of Post-Test Questions and Answers (Continued)

Q.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 and injectable contraceptives).

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Review of Post-Test Questions and Answers (Continued)

Q.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.

51

Review of Post-Test Questions and Answers (Continued)

Q.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.

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Review of Post-Test Questions and Answers (Continued)

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

- a) Number of adolescents who initiated ART in the quarter
- b) Number 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

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Exercise 2

Training Evaluation: Individual work

(See Appendix 16C: Training Evaluation Form.)

- We welcome your honest feedback to improve future trainings.
- Your evaluations are confidential — you do not have to include your name.

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**Questions or comments on
this session?**

55

Congratulations!!!



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