2019

Youth Engaging for Success (YES)—Youth peer mentor pre-service training: Facilitator guide

Project SOAR

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Youth Engaging for Success (YES)

Youth Peer Mentor Pre-Service Training

Facilitator Guide

Acknowledgements

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Table of Contents

ACRONYMS AND DEFINITION OF KEY TERMS.....	4
ABOUT THIS TRAINING COURSE.....	7
PURPOSE	7
<i>Training Course Goal</i>	<i>7</i>
<i>Training Course Objectives</i>	<i>7</i>
AUDIENCE.....	7
CURRICULUM.....	8
<i>Homework</i>	<i>8</i>
<i>Homework Review and Daily Preview</i>	<i>8</i>
<i>Daily Summary and Closure</i>	<i>8</i>
<i>Energizers</i>	<i>9</i>
<i>Feedback Process.....</i>	<i>9</i>
<i>Parking Lot.....</i>	<i>9</i>
COMPETENCY STANDARDS.....	10
TRAINING SCHEDULE	11
SESSION 1: OPENING SESSION	15
LEARNING ACTIVITIES	16
SESSION 2: PROJECT YES OVERVIEW	20
LEARNING ACTIVITIES	21
SESSION 3: LIFE LESSONS	26
LEARNING ACTIVITIES	27
SESSION 4: HIV BASICS.....	30
LEARNING ACTIVITIES	32
SESSION 5: TREATMENT AND ADHERENCE.....	43
LEARNING ACTIVITIES	44
SESSION 6: SEXUAL REPRODUCTIVE HEALTH.....	53
LEARNING ACTIVITIES	55
SESSION 7: STIGMA AND DISCRIMINATION	66
LEARNING ACTIVITIES	67
SESSION 8: DISCLOSURE.....	70
LEARNING ACTIVITIES	71
SESSION 9: HEALTHY LIVING	75
LEARNING ACTIVITIES	77
SESSION 10: EFFECTIVE COMMUNICATION	89
LEARNING ACTIVITIES	91
SESSION 11: MENTORING SKILLS	99
LEARNING ACTIVITIES	100
SESSION 12: FACILITATING CLIENT MEETINGS.....	106
LEARNING ACTIVITIES	107

SESSION 13: FACILITATING YOUTH GROUP MEETINGS.....	110
LEARNING ACTIVITIES	111
SESSION 14: PRACTICUM	114
LEARNING ACTIVITIES	115
SESSION 15: PROJECT PARTNERS AND RESOURCES.....	117
LEARNING ACTIVITIES	118
SESSION 16: CLOSING	120
LEARNING ACTIVITIES	121
APPENDIX	122
HANDOUTS & TOOLS	122
<i>Attendance Register</i>	122
<i>Knowledge Assessment Pre-Test/Post-Test</i>	122
<i>PST Evaluation</i>	122
<i>Completion Certificate</i>	122
SESSION 11: STAGES OF ADOLESCENT DEVELOPMENT	123
REFERENCES.....	124

Acronyms and Definition of Key Terms

3TC	Lamivudine – a type of Antiretroviral drug.
ABC	Abacavir – a type of Antiretroviral drug.
ADCH	Arthur Davison Children’s Hospital
Adherence	The degree to which a patient follows directions given by a health care worker. Taking medicine exactly as directed by a health care worker, including the number of pills and when and how to take them.
AIDS	Acquired Immunodeficiency Syndrome – the late stage of HIV disease. People are diagnosed with AIDS when they have fewer than 200 CD4 cells, or they have experienced certain illnesses.
ALHIV	Adolescents living with HIV
Antibody	Y-shaped proteins (also known as immunoglobulins) produced by the immune system to help stop intruders such as viruses, bacteria or chemicals, from harming the body.
Antiretroviral Drug	Medications used to control HIV virus by making it difficult for it to make copies of itself (replicate).
ART	Antiretroviral Therapy – a treatment for HIV using antiretroviral medications.
ARV	Antiretroviral drugs
ARV drug classes	Antiretroviral drugs are grouped into classes depending on how they work to fight the virus.
ATV	Atazanavir – a type of Antiretroviral drug.
AZT	Zidovudine – a type of Antiretroviral drug.
cART	Combination ART
CD4 cells	A type of immune system cell that fights certain infections. These cells are the primary target of HIV. The number of CD4 cells in the system determines how well the immune system is functioning.
Discrimination	Denying someone opportunities based on some attribute.
ECP	Emergency contraceptive pills – oral contraceptives that can be used to prevent pregnancy following unprotected sexual intercourse.
EFV	Efavirenz – a type of Antiretroviral drug.
FDC	Fixed dose combination – combining different medications into one tablet.
First-line treatment	The combination of medications that is usually used first with ART.
FTC	Emtricitabine – a type of Antiretroviral drug.
HIV	Human Immunodeficiency Virus – the virus that causes AIDS.

HPV	Human papillomavirus
HSV	Herpes simplex virus
HTS	HIV testing services – the full range of services provided with HIV testing, including counselling; linkage to appropriate HIV prevention, treatment, and care, and other clinical services; and coordination with laboratory services to ensure delivery of accurate results.
IDU	Intravenous drug use
Immune system	The systems in the body that work to fight off infection.
Infection	An infection is caused by a bacteria or virus entering the body. The body can naturally fight off some infection, while others cause illnesses.
IUD	Intrauterine device – a small T-shaped device inserted into the uterus to provide protection against pregnancy.
LPV	Lopinavir – a type of Antiretroviral drug.
MTCT	Mother-to-child transmission
NAT	Nucleic Acid Test – a virological testing technology used for early infant HIV diagnosis.
NCH	Ndola Central Hospital
NNRTI	Non-nucleoside reverse transcriptase inhibitors – a classification of ARV drugs.
NRTI	Nucleoside reverse transcriptase inhibitors – a classification of ARV drugs.
NVP	Nevirapine – a type of Antiretroviral drug.
OI	Opportunistic Infection – an infection that occurs in a person with a weak immune system.
PCP	Pneumocystis pneumonia
PCR	Polymerase Chain Reaction – a test done to detect HIV-specific genetic material that indicates the presence of HIV.
PEP	Post-exposure prophylaxis – a short-term course of Antiretroviral drugs given to HIV-negative people who have been exposed to HIV to reduce their risk of HIV infection.
PEPFAR	President’s Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention – an HIV prevention strategy among people living with HIV (PLHIV) that focuses on risk reduction, ART adherence, correct condom use, family planning, STI screening, and partner HIV testing.
PI	Protease inhibitors – a classification of Antiretroviral drugs.
PITC	Provider Initiated Testing and Counselling – when health care providers recommend HIV testing to patients attending facilities.

PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis – Antiretroviral drugs given to an HIV-negative person to reduce the risk of HIV infection in cases where the person is in a relationship with an HIV-positive person who refuses cART, or if the person is engaged in high-risk activities.
PST	Pre-service training
-r	Ritonavir – a type of Antiretroviral drug (- indicates a low dose of the drug).
Resistance	The ability of the HIV virus to change and resist the capacity of some medications to work against it.
Second-line treatment	The combination of medications that is usually used to treat HIV once first-line medications have failed.
Self-stigma	Accepting or internalising negative feelings about oneself due to a real or perceived difference about oneself.
Side effect	A symptom or problem caused by taking a medication.
SOAR	Supporting Operational AIDS Research
SRH	Sexual reproductive health – health and well-being in matters related to sexual relations, pregnancies, and childbirth.
STI	Sexually transmitted infection
Stigma	Seeing someone negatively due to a real or perceived difference.
Stigma by association	Seeing someone negatively due to that person’s relationship to someone seen as different.
TB	Tuberculosis
TB/HIV co-infection	Infection with both TB and HIV.
TDF	Tenofovir – a type of Antiretroviral drug.
Third-line treatment	The combination of medications that is usually used to treat HIV once second-line medications have failed.
USAID	United States Agency for International Development
Viral load	The amount of HIV virus in the blood.
Viral replication	When a virus makes more copies of itself.
Voluntary disclosure	When an HIV-positive person voluntarily shares his or her HIV status with someone else.
Window period	The time it takes for HIV antibodies to be detectable after infection.
YES	Youth Engaging for Success
YPLHIV	Young people living with HIV
YPM(s)	Youth peer mentor(s)

About This Training Course

Purpose

Training Course Goal

The overall goal of the training course is to build the capacity of young adults living with HIV, who have successfully transitioned to self-management and adult HIV care and treatment, to deliver peer mentoring services to improve HIV-related outcomes, including viral suppression, among young people living with HIV (YPLHIV) as they transition to self-management and adult HIV care and treatment.

Training Course Objectives

The specific objectives of the training course are to enable participants to

- serve as youth peer mentors (YPMs) and act as empowered role models for healthy living and successful self-management of HIV,
- provide education and mentoring to YPLHIV (“clients”) through one-on-one and youth group meetings,
- support involvement of client caregivers,
- assist clients and their caregivers to access available health and wellness-related services in the health facility and community,
- work effectively as part of a facility-based health care team to reinforce medical messages, support adherence to prescribed treatments, and serve as an early warning system for identifying clients who may need additional support, and
- assess and improve uptake of recommended healthy living practices.

Audience

This training course is intended for young adults living with HIV who have successfully transitioned to self-management and adult HIV care and treatment, who are being prepared to provide peer mentoring services to clients and support the involvement of their clients’ caregivers.

Curriculum

The curriculum has been designed to be highly participatory to give participants an opportunity to explore their own feelings and beliefs about living with HIV and to share lessons learned and insights from their own experiences.

Facilitators are encouraged to use the instructions as a guide and to use their judgement and experience to identify when they need to make adjustments to the content or use an alternate exercise, provided that the module learning objectives are fully achieved.

Estimated times for each session are provided; however, facilitators are encouraged to adjust the timing based on their knowledge of the participants and any logistical considerations.

The curriculum package includes the following:

- Facilitator Guide
- Youth Peer Mentor Guide – contains technical and programmatic content that participants can use as a reference guide.
- Youth Peer Mentor Journal – contains personal self-reflection content that participants may want to keep private.

Homework

At the end of each day ask participants to spend some time that evening reviewing the content covered that day and taking note of any questions they still have and how they see themselves using that content with clients.

Homework Review and Daily Preview

Where indicated on the schedule, facilitators should engage participants to process any homework assignments given on the previous day and to preview the schedule for the day.

Daily Summary and Closure

Where indicated on the schedule, facilitators should engage participants to summarise content covered during the day, including any homework assignments; remind participants of the schedule for the next day including any materials they need to bring with them; and clear any items that can be cleared from the Parking Lot.

Energizers

Specific energizers have not been included as facilitators are encouraged to suggest, develop, and use them as needed. One option is to have resource materials in the room with appropriate energizers and ask the participants to be responsible for selecting and preparing an energizer they think is appropriate for this training, and then calling on them as needed. This also provides a fun and easy way for participants to start practicing skills they will need as YPMs including planning, preparing, and facilitating.

Feedback Process

Obtaining appropriate and constructive feedback is a critical element for participants to experience as they build the skills they'll need as YPMs. Since many of the interactions YPMs will have with clients will not be observed, it is important for them to develop an ability to self-reflect after meetings with clients to identify for themselves what went well and what could be improved.

To support the development of this ability, the following process is recommended when providing feedback on role plays:

- Person (or people) playing the YPM provides feedback on themselves.
- Person (or people) playing the client provides feedback from their perspective of being on the receiving end of the services.
- Person (or people) playing the observer provides feedback from their perspective.
- PST facilitator(s) provides summative feedback and any corrections needed.

Parking Lot

A Parking Lot is a flip chart page used throughout the training to temporarily “park” questions from participants that are not appropriate to respond to at the time they are asked because

- they will be covered later in the session and participants may not have enough context to fully understand the answer yet,
- the facilitator does not know the answer to the question and needs to do some additional research or consult with someone else before being able to respond accurately or appropriately, or
- they are off-topic or too detailed for the session.

It also provides a place to take note of any actions that need to be taken during or after the training.

The Parking Lot should be reviewed at the end of each day to determine which questions the participants can now answer for themselves. At the end of the training, items on the Parking Lot that have not been addressed should be acknowledged, and a plan made for following up on those items.

Competency Standards

It is strongly recommended to establish competency standards that must be met by participants in order to be offered positions as YPMs including

- an acceptable competency score on the knowledge assessment post-test,
- an acceptable degree of performance on practicum exercises, and
- behaviour during the PST that is in keeping with what would be appropriate with clients such as level of maturity, degree of engagement, respectful interactions with facilitators and other participants, and ability to accept and apply constructive feedback.

Training Schedule

For the purposes of Project YES, working sessions with project staff and facility health care providers were included, and could be cut from the schedule if not needed.

Day 1

Session 1: Opening Session (2 hours)	08h30 – 10h30
<i>Tea Break</i>	10h30 – 10h45
Session 2: Project YES Overview (2 hours and 30 min)	10h45 – 13h00
<i>Lunch Break</i>	13h00 – 14h00
Session 3: Life Lessons (1 hour and 15 min)	14h00 – 15h30
<i>Tea Break</i>	15h30 – 15h45
Session 3: Life Lessons continued (1 hour and 5 min)	15h45 – 16h50
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 2

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 4: HIV Basics (2 hours)	08h40 – 10h40
<i>Tea Break</i>	10h40 – 10h55
Session 4: HIV Basics continued (2 hours)	10h55 – 12h55
<i>Lunch Break</i>	12h55 – 13h55
Session 5: Treatment and Adherence (1 hour and 30 min).....	13h55 – 15h25
<i>Tea Break</i>	15h25 – 15h40
Session 5: Treatment and Adherence continued (1 hour and 10 min)	15h40 – 16h50
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 3

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 5: Treatment and Adherence continued (40 min)	08h40 – 09h20
Session 6: Sexual Reproductive Health (1 hour).....	09h20 – 10h20
<i>Tea Break</i>	10h20 – 10h35
Session 6: Sexual Reproductive Health continued (2 hours)	10h35 – 12h35
<i>Lunch Break</i>	12h35 – 13h35
Session 7: Stigma and Discrimination (1 hour)	13h35 – 14h35
Session 8: Disclosure (1 hour)	14h35 – 15h35
<i>Tea Break</i>	15h35 – 15h50
Session 8: Disclosure continued (1 hour).....	15h50 – 16h50
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 4

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 9: Healthy Living (2 hours)	08h40 – 10h40
<i>Tea Break</i>	10h40 – 10h55
Session 9: Healthy Living <i>continued</i> (2 hours and 20 min)	10h55 – 13h15
<i>Lunch Break</i>	13h15 – 14h15
Session 10: Effective Communication (1 hour and 20 min).....	14h15 – 15h35
<i>Tea Break</i>	15h35 – 15h50
Session 10: Effective Communication <i>continued</i> (1 hour)	15h50 – 16h50
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 5

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 10: Effective Communication (2 hours)	08h40 – 10h40
<i>Tea Break</i>	10h40 – 10h55
Session 11: Mentoring Skills (2 hours).....	10h55 – 12h55
<i>Lunch Break</i>	12h55 – 13h55
Session 11: Mentoring Skills <i>continued</i> (1 hour and 40 min)	13h55 – 15h35
<i>Tea Break</i>	15h35 – 15h50
Session 11: Mentoring Skills <i>continued</i> (1 hour)	15h50 – 16h50
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 6

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 12: Facilitating Client Meetings (2 hours).....	08h40 – 10h40
Intro to Client Meetings/Orientation Meeting Demo	
<i>Tea Break</i>	10h40 – 10h55
Session 12: Facilitating Client Meetings <i>continued</i> (2 hours and 5 min).....	10h55 – 13h00
Orientation Meeting RP1 and RP2	
<i>Lunch Break</i>	13h00 – 14h00
Session 12: Facilitating Client Meetings <i>continued</i> (1 hour and 30 min)	14h00 – 15h30
Client Meeting 1 Demo	
<i>Tea Break</i>	15h30 – 15h45
Session 12: Facilitating Client Meetings <i>continued</i> (1 hour and 5 min)	15h45 – 16h50
Client Meeting 1 RP	
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 7

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 12: Facilitating Client Meetings continued (2 hours).....	08h40 – 10h40
Client Meeting 2 Demo/Client Meeting 2 RP	
Tea Break	10h40 – 10h55
Session 12: Facilitating Client Meetings continued (2 hours and 15 min)	10h55 – 13h10
Client Meeting 3 Demo/Client Meeting 3 RP/ Client Meeting 4 Demo	
Lunch Break.....	13h10 – 14h10
Session 12: Facilitating Client Meetings continued (1 hour and 30 min)	14h10 – 15h40
Client Meeting 4 RP/Client Meeting 5 Demo	
Tea Break	15h40 – 15h55
Session 12: Facilitating Client Meetings continued (55 min).....	15h55 – 16h50
Client Meeting 5 RP	
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 8

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 12: Facilitating Client Meetings (2 hours).....	08h40 – 10h40
Client Meeting 6 Demo/Client Meeting 6 RP	
Tea Break	10h40 – 10h55
Session 13: Facilitating Youth Group Meetings (2 hours and 5 min)	10h55 – 13h00
Youth Group Meeting Intro/Youth Group Meeting 1 Demo	
Lunch Break.....	13h00 – 14h00
Session 13: Facilitating Youth Group Meetings continued (1 hour and 30 min).....	14h00 – 15h30
Youth Group Meetings 2-6 Review	
Tea Break	15h30 – 15h45
Session 14: Practicum (1 hour and 5 min)	15h45 – 16h50
Youth Group Meeting Practicum Planning and Preparation	
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 9

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 14: Practicum continued (1 hour and 40 min)	08h40 – 10h20
Youth Group Meeting Practicum Planning and Preparation/Youth Group Meeting RP1	
<i>Tea Break</i>	10h20 – 10h35
Session 14: Practicum continued (2 hours and 25 min)	10h35 – 13h00
Youth Group Meeting RP2/Client Meeting RP1	
<i>Lunch Break</i>	13h00 – 14h00
Session 14: Practicum continued (2 hours)	14h00 – 16h00
Client Meeting RP2/Client Meeting RP3	
<i>Tea Break</i>	16h00 – 16h15
Session 14: Practicum continued (35 min)	16h15 – 16h50
Summary and Final Feedback	
Daily Summary and Closure (10 min)	16h50 – 17h00

Day 10

Homework Review and Daily Preview (10 min).....	08h30 – 08h40
Session 15: Project Partners and Resources (1 hour)	08h40 – 09h40
Session 16: Closing (1 hour and 20 min)	09h40 – 11h00
<i>Tea Break</i>	11h00 – 11h15
Health Care Workers Working Session (1 hour and 45 min)	11h15 – 13h00
<i>Working Lunch Break and Room Prep for Graduation</i>	13h00 – 14h00
Session 16: Closing continued (1 hour)	14h00 – 15h00

Session 1: Opening Session

Total Session Time: 2 hours

OBJECTIVES:

By the end of the session participants will be able to

- acquaint themselves with the other participants and training facilitators,
- discuss the goal and objectives of the pre-service training (PST),
- address questions and expectations about the PST,
- establish ground rules for working together, and
- obtain baseline measurement of pre-training knowledge on HIV-related topics.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape
- A4 paper
- Coloured markers
- Sticky notes or small slips of paper
- Copies of YPM Guides and Journals for participants

HANDOUTS & TOOLS

- Attendance register
- Knowledge Assessment

FLIP CHARTS

- 1 flip chart titled "Expectations and Questions"
- 1 flip chart titled "Parking Lot"
- 1 flip chart titled "In-Service Training Topics"
- 1 flip chart titled "Ground Rules"

PREPARATION CHECKLIST

- ☐ Invite guest speakers.
- ☐ Set up room in U-shape or small tables.
- ☐ Review session and practice any unfamiliar activities.
- ☐ Prepare flip charts.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Welcome	Opening remarks	30 min
Getting to Know You	Interactive exercise	30 min
Training Course Overview	Participatory lecture, group discussion	30 min
Knowledge Assessment Pre-Test	Knowledge assessment	30 min

LEARNING ACTIVITIES

Welcome (~30 Minutes)

- Introduce yourself, the other facilitators, and any members of the project team.
- Invite designated speaker(s) to give opening remarks.

Getting to Know You (~30 Minutes)

- Lead an icebreaker by distributing a sheet of **A4 paper** and **markers** to each participant.
- Read and demonstrate each of the directions and give participants a chance to complete each one before moving on to the next.
 - Fold the paper in half length-wise to form a name tent, and write the name you wish to be called in the middle of the bottom half of the page.
 - Open the paper back up and write why you wanted to become a YPM across the top of the page.
 - Write one thing you are really good at across the bottom of the page.
 - Choose three words that describe positive things about you and scatter those around the page.
- Once everyone has finished, ask participants to find someone in the group to partner with and to share anything they would like to share from their nameplate.
- Wait ~2 minutes and then ask participants to find a new partner to share with.
- Repeat the process until everyone has shared with at least two other participants.
- Bring the group back together and ask participants to share anything they noticed about what they had in common with the other participants.
- Summarise observations and encourage participants to learn more about each other, as they can serve as great resources for each other.

Training Course Overview (~30 Minutes)

- Show the **Expectations and Questions Flip Chart**. Acknowledge that this is a new project so there are bound to be questions and expectations about exactly what will happen during the training, and that we want to give everyone a chance to get theirs off their minds before we review the specifics of the training.
- Distribute the **slips of paper or sticky notes** and ask participants to write at least one expectation they have for this training. For example, "I think it will make me a good counsellor." If they have more than one, they can use additional slips of paper.

- Collect participants' expectations slips and ask them to write at least one question or concern they have about this training, for example, "Will I be able to do this?" If they have more than one, they can use additional slips of paper.
- While participants are writing questions/concerns, sort the expectation responses so that similar responses are grouped together.
- Collect the questions/concerns and have another member of the training team sort them so that similar responses are grouped together.
- Review the expectations by reading them aloud (choosing just one to read from those that were grouped together).
- Acknowledge any of the expectations that will not be met during this training course (e.g., "It will make me a good counsellor.") and post the others on the ***Expectation and Questions Flip Chart*** under the label "Expectations."
- Review the questions/concerns by reading them aloud (choosing just one to read from those that were grouped together).
- Answer any questions you can at this point, and post those on the ***Expectation and Questions Flip Chart*** under the "Questions/Concerns" label.
- Post any questions that need follow-up or are related to content covered later in the training course on the ***Parking Lot***.
- Explain how the ***Parking Lot*** will be used throughout the training.
- Use example of the ***Parking Lot*** to emphasize that no one has all the answers. Emphasize that an important part of being an effective YPM is the ability to acknowledge when you do not know something and to follow up on getting an answer to the person.
- Show the ***In-Service Training Topics Flip Chart*** and explain that it will be used to take note of topics that could be expanded on during on-going in-service trainings.
- Review the structure of the ***YPM Guide and Journal*** and how participants can use them.
- Ask for volunteers to read the goal and objectives in their ***YPM Guide***.
 - Goal: Build the capacity of young adults living with HIV, who have successfully transitioned to self-management and adult HIV care and treatment, to deliver peer mentoring services to improve HIV-related outcomes, including viral suppression, among YPLHIV as they transition to self-management and adult HIV care and treatment.
 - Objectives:
 - serve as youth peer mentors (YPMs) and act as empowered role models for healthy living and successful self-management of HIV,
 - provide education and mentoring to YPLHIV ("clients") through one-on-one and youth group meetings,

- support involvement of client caregivers,
 - assist clients and their caregivers to access available health and wellness-related services in the health facility and community,
 - work effectively as part of a facility-based health care team to reinforce medical messages, support adherence to prescribed treatments, and serve as an early warning system for identifying clients who may need additional support
 - assess and improve uptake of recommended healthy living practices.
- Ask if there are any questions about the goal or objectives and clarify key points.
 - Direct participants to the **Schedule** in their **YPM Guide** and review logistical details such as location of toilets, dining facilities, etc.
 - Emphasize that one of the most powerful tools YPMs bring to this training are their own experiences, so the training has been designed to be highly participatory to tap into those experiences and knowledge.
 - Introduce the concept of setting ground rules for the training to create a safe and effective learning environment, where everyone is clear about what is expected of them and feels comfortable asking questions and sharing ideas.
 - Encourage participants to volunteer rules and write them on the **Ground Rules Flip Chart**. If not mentioned by the group, add
 - confidentiality – what is said in the room stays in the room,
 - refrain from judgements – both of others AND yourself,
 - respect that others may have different ideas and experiences, and
 - actively participate.
 - Explain that during trainings of this type, it is not unusual for participants to get emotional at some point as different topics may remind them of their own experiences.
 - Ask participants to add a ground rule for supporting each other if emotions come to the surface, and explain available resources for anyone who needs support (e.g. counsellors, social workers, etc.).
 - Get consensus on the ground rules and post them in a visible location.
 - Pass around **Attendance Register** for signatures.
 - Ask for any questions, and park those on topics which will be covered later.

Knowledge Assessment Pre-Test (~30 Minutes)

- Distribute the **Knowledge Assessment Handout** and instruct participants to circle the words “pre-test” on the top. Explain that they will take this same assessment again at the end of the training to see what they have learned. Reassure participants that they are not expected to know all or even many of the

answers at this stage and that the score that will matter is the test taken at the end of the training.

- Give a 5-minute warning before time is up, then call time and collect the tests.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 2: Project YES Overview

Total Session Time: 2 hours and 15 minutes

OBJECTIVES:

By the end of the session participants will be able to

- describe the goals of Project YES,
- identify project team members and resources,
- define peer mentoring,
- describe the role of YPMs in meeting project goals, and
- discuss the benefits and limitations of peer mentoring.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- Sticky notes with YPM activities from table on page 25.

FLIP CHARTS

- 1 flip chart titled "Mentoring Benefits" with 2 columns titled "Benefits for Clients" and "Benefits for YPMs"
- 1 flip chart titled "YPM Roles" with 2 columns titled "A YPM IS" and "A YPM is NOT"
- 1 flip chart titled "YPM Boundaries" with circles drawn as illustrated on page 24.

PREPARATION CHECKLIST

- ☐ Invite speakers from project team to present project overview.
- ☐ Review session and practice any unfamiliar activities.
- ☐ Prepare flip charts.
- ☐ Prepare sticky notes with YPM activities from table on page 25.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Project YES Overview	Participatory lecture	60 min
Peer Power	Interactive lecture, buzz groups, brainstorming, self-reflection, group exercise, and group discussion	70 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Project YES Overview (~60 Minutes)

- Invite designated speaker(s) to provide an overview of Project YES, including
 - background,
 - project goals and objectives,
 - expected outcomes,
 - project team members and resources, and
 - recruitment and intake process.
- Ask for any questions, and park those on topics which will be covered later.

Peer Power (~70 Minutes)

- Write the words *Peer* and *Mentor* on a flip chart and ask participants what the words mean to them.
- Use responses from the group to define them as:
 - peer: a person of the same age, status, or ability as another specified person (*Oxford Living Dictionaries*), and
 - mentor: an experienced and trusted adviser (*Oxford Living Dictionaries*).
- Direct participant attention to the description of *Youth Peer Mentor Essential Job Functions* in their *YPM Guide* and review the details.
 - Work with identified youth, clinic staff, and, when possible, the youth's caregiver(s), to identify key areas of interest and need, and develop a personalized action plan.
 - Hold individual education and psychosocial support meetings with youth on a monthly basis.
 - Work with clinic staff to facilitate six monthly education and psychosocial support group meetings for HIV+ youth.
 - Work with clinic staff to co-facilitate up to three education and psychosocial support group meetings for interested caregivers.

- Attend all required training workshops and meetings.
- Document activities on identified monitoring and evaluation tools and submit reports as required.
- Support the clinic with administrative tasks as needed.
- Ask participants why they think YPMs were included as part of Project YES and use responses to review general benefits of a peer approach.
 - YPLHIV may feel more comfortable sharing personal information and concerns with someone closer to their age.
 - Peers can have a powerful influence on adolescents, and this influence can be used to support healthy living choices.
 - Peers who have already mastered a skill or activity can serve as positive role models and share lessons learned from their experiences.
 - Peer mentors have more time to spend on interactions with clients than overburdened health care workers.
- Show participants the ***Mentoring Benefits Flip Chart***.
- Ask participants to brainstorm ideas on how both clients **and** YPMs can benefit from the mentoring relationship.
- List the group's ideas on the flip chart and add from table as needed.

Benefits for Clients	Benefits for YPMs
A positive role model to relate to	Gain knowledge and develop new skills
A dedicated listener who can spend time with them and relate to their feelings and challenges	Earn a salary and learn how to be part of a professional workplace
Someone who can look them in the eye and say "I know how that feels"	Increased self-confidence and problem-solving skills
A facilitator to help with problem-solving	Can leverage skills and experience when job seeking
Access to resources	Opportunity to assess and improve self-care practices

- Share that research on youth exposed to peer programs in Zambia (Denison et al., 2012; Svenson, Burke, & Johnson, 2008) showed that the youth
 - had highly favorable opinions regarding peer education,
 - were more likely to know where to obtain condoms, and more likely to have used condoms during first and most recent sexual encounter,

- had significantly higher levels of knowledge on ways that HIV is transmitted and prevented, and
- were more likely to have discussed safer sex practices with their sex partner.
- Show participants the **YPM Roles Flip Chart** and give an example for each column.
- Ask participants to brainstorm ideas for each column, and list their ideas on the flip chart, adding from the table as needed.

A YPM IS a...	A YPM is NOT a...
Role model for successful HIV self-management and healthy living	Health care worker
Supporter	Counsellor
Committed listener	Parent
Facilitator	Solution to every problem
Coach	Expert on all HIV-related topics
Resource for services	Source of financial support
Advocate	Spiritual or religious leader
Motivator	Rescuer
Educator	Hotel service

- Acknowledge that while bringing in youth to mentor the YPLHIV has many benefits, it also introduces some challenges in terms of managing relationships.
- Introduce the term *boundaries* and ask participants what they think it means.
- Use responses to define boundaries as rules or limits we set to protect ourselves from being manipulated, used, or violated by others.
- Explain that having appropriate boundaries with clients, caregivers, and project and facility staff will be an important part of being a successful YPM.
- Ask participants for examples of boundaries they have in their personal lives (e.g., younger siblings cannot use their things without permission).
- Explain that people can have boundaries that can be
 - rigid – where they keep people at a distance physically or emotionally,
 - diffuse – where they are overinvolved with others and never say “No” regardless of their needs or wants, and/or
 - healthy – where they are open to close and intimate relationships, but are also comfortable saying, “No” when appropriate.

- Ask participants to raise their hand if they have ever had difficulty saying “No” to someone when they did not want to do something.
- Acknowledge that setting boundaries can be challenging for a number of reasons, including
 - lack of knowledge about boundaries,
 - not feeling a right to have boundaries,
 - cultural expectations, and
 - gender or age roles.
- Highlight how our boundaries may be different depending on the setting and ask for a few volunteers to give an example from their life (e.g., would wear a short skirt to a party, but not to church).
- Explain that part of maintaining appropriate boundaries with clients, caregivers, and project and facility staff includes being clear about what activities are appropriate for the YPM role.
- Divide participants into pairs and distribute **YPM Activity Stickies**, retaining one to use as an example.
- Show **YPM Boundaries Flip Chart**.

- Explain that activities inside the circle are those that would be appropriate for a YPM; activities outside the circle are those that would not be appropriate for a YPM; and activities that fall between the two circles are those that would require guidance from project or clinic staff.
- Explain that the pairs will have ~5 minutes to discuss their activities, to identify where they think each belongs on the graphic, and to discuss why it belongs in that space.
- Work through the example statement, and then start the 5 minutes.

- Circulate among the pairs to clarify the instructions and answer any questions.
- Give a 1-minute warning before time is up, and then call time.
- Ask each of the pairs to stand and read their statements, and then give their responses.
- Ask participants if they agree or disagree with where the pairs placed their activities, and provide corrections as needed.

Appropriate	Inappropriate	Needs Guidance
Conduct one-on-one meetings with clients	Give a client family planning recommendations	Conduct HIV education sessions for patients waiting for HIV tests
Co-facilitate youth group meetings for clients	Let a client stay at their house	Clean parts of facility
Participate in caregiver group meetings to provide youth perspective when requested by project staff	Share things a client says in a session with his/her caregiver	Deliver patient files or other forms to other departments within the facility
Refer clients or caregivers to clinic staff for other services	Give a client a recommendation for an herbal supplement for nausea	Conduct a visit to a client or caregiver's home
Call a client who missed a scheduled session	Lend a client money	

- Ask participants to share other requests they think may come up in their relationships with clients, caregivers or project and facility staff, and work through those examples as a group.
- Reiterate that setting appropriate boundaries in a relationship
 - clarifies roles and responsibilities,
 - protects both parties, and
 - helps to establish trust.
- Emphasize that maintaining boundaries is always a balancing act and will be an ongoing topic of discussion with the project managers.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 3: Life Lessons

Total Session Time: 2 hours and 35 minutes

OBJECTIVES:

By the end of the session participants will be able to

- identify lessons learned from their own experiences with HIV that could benefit their clients,
- identify issues that may be triggered during client interactions,
- identify resources for dealing with emotional issues and triggers, and
- identify future ambitions and set goals for reaching them.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape
- A4 paper
- Coloured markers

HANDOUTS & TOOLS

- Helpful and Not Helpful signs

FLIP CHARTS

- None

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities. Since reviewing life experiences may trigger emotional reactions, it is strongly recommended that facilitators for this session have counseling or mental health experience.
- ☐ Identify available resources (e.g., counsellors) for referring YPMs who identify emotional triggers or issues they want to explore further.
- ☐ Write "Helpful" and "Not Helpful" on A4 paper and post them on the wall.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Life Lessons	Self-reflection, drawing exercise, buzz groups, and group discussion	150 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Life Lessons (~150 Minutes)

- Reiterate that one of the most powerful tools a YPM has is his or her own life experience, so we want to explore what lessons they have learned about living with HIV and how those lessons could be used to benefit clients.
- Acknowledge that throughout each life there will be moments of happiness as well as moments of sadness, so it is not unusual for people to become emotional during the process of revisiting lessons from their lives.
- Remind participants of the ground rule for supporting each other if emotions come to the surface, and identify what arrangements have been made for anyone who may need additional support.
- Direct participants to the *Life Lessons Self-Reflection Questions* in their *YPM Journal*.
 - At what age did you learn of your HIV status?
 - How did you learn about your status and who told you?
 - What were your feelings at that time?
 - Were you able to get support from anyone and if so, who was it and what did they do that was supportive?
 - What did others say or do that was NOT supportive?
 - Are there experiences you still have trouble talking about or remembering?
 - What experiences shared by a client might trigger an emotional reaction in you?
 - What lessons have you learned through your experience of living with HIV that could benefit your clients?
 - What is one **positive** thing that has come out of having HIV?
- Explain that they will have ~20 minutes to reflect on and answer these questions. Reassure participants that their answers are private and they will choose how much or little they want to share.

- Once it appears all participants are finished, ask them to find a partner and share anything they are comfortable sharing from their self-reflection questions.
- Circulate among the pairs and keep an eye out for anyone who looks like they may need additional support.
- Bring the group back together and facilitate a discussion on what participants have learned from their journeys with HIV and how they could use those lessons to benefit their clients.
- Review what resources are available for YPMs who want to work through any emotional triggers or outstanding issues.
- Distribute **A4 paper** and **coloured markers**.
- Point out the **Helpful and Not Helpful signs** posted on the wall.
- Ask participants to consider their responses to the self-reflection questions and the discussion with their partner to identify things that would NOT be helpful to do or say to clients. Instruct them to use a separate piece of paper for each thing.
- Once it appears that most have finished, ask participants to post those under the **Not Helpful sign** on the wall.
- Ask participants to identify things that WOULD be helpful to do or say to clients.
- Once it appears that most have finished, ask participants to post those under the **Helpful sign** on the wall.
- Facilitate a discussion on the statements being sure to address any that would not be appropriate.
- Explain that all of the responses will stay on the wall to remind participants of things they can do or say and things to avoid doing or saying as they move into learning to mentor clients.
- Direct participants to the **Life Goals Self-Reflection Questions** in their **YPM Journal** and explain that since one of their roles as a YPM will be to support clients in planning for the future, we want to give them some time to think about their own futures.

What are some of my goals for the future (e.g. where do I see my life in 10 years)?
1.
2.
3.
4.
5.

What is stopping me or getting in my way (barriers)?	
What do I already have in my life (e.g. strengths, experiences, skills, people, resources, etc.) that can help me overcome these barriers?	
What next actions can I take to move me closer to achieving one of my goals?	When will I take this next action (date)?
1.	
2.	
3.	
4.	
5.	

- Review the questions and tell participants they will have ~20 minutes to reflect on and answer them.
- Once it appears all participants are finished, ask them to find a partner and share anything they are comfortable sharing from their self-reflection questions.
- Bring the group back together and facilitate a discussion on what participants have learned that can help them move towards a future they would like to attain.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 4: HIV Basics

Total Session Time: 4 hours

OBJECTIVES:

By the end of the session participants will be able to

- describe the difference between HIV and AIDS,
 - explain how HIV can affect the immune system and physical health,
 - define Opportunistic Infection (OIs),
 - list common OIs,
 - explain how HIV is transmitted,
 - explain how HIV transmission can be prevented,
 - discuss benefits of HIV testing,
 - describe HIV tests used for adults and infants,
 - define what HIV sero-concordance and sero-discordance means in a couple, and
 - respond to common HIV misbeliefs.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
 - Sticky notes
-

HANDOUTS & TOOLS

- None
-

FLIP CHARTS

- 1 flip chart titled "HIV Presentations" with list "What is HIV?", "What is AIDS?", "How does HIV impact the body?"
 - 1 flip chart with: "Exposure + Access = Risk"
 - 1 flip chart titled "HIV Transmission" with a double-sided arrow drawn across the page with "High Risk" on one end, "Low Risk" in the middle and "No Risk" on the other end
 - 1 flip chart titled "HIV Prevention Presentations" with list "Preventing sexual transmission", "Preventing MTC transmission", "Preventing blood contact transmission"
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Prepare flip charts.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
HIV & AIDS	Interactive lecture, small group work, presentations, and group discussion	60 min
HIV Transmission	Interactive lecture, group discussion, brainstorming, and buzz groups	60 min
HIV Prevention	Interactive lecture, small group work, presentations, and group discussion	40 min
HIV Testing	Interactive lecture, brainstorming, and group discussion	30 min
Fiction to Fact	Brainstorming, buzz groups, and group discussion	45 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

HIV & AIDS (~60 Minutes)

- Explain that one of the key roles of a YPM is to educate clients and caregivers on the basics of HIV and AIDS, and this first activity is an opportunity to start practicing those skills and identify knowledge gaps.
- Divide participants into three groups and explain that each group will work together to plan and deliver a short presentation based on their current knowledge of the topic assigned.
- Show the *HIV Presentation Flip Chart*, and assign the following topics:
 - What is HIV?
 - What is AIDS?
 - How does HIV impact the body?
- Explain that the groups will have ~15 minutes to work together to come up with an ~5 minute presentation on their topic, and that they can use whatever format they would like.
- Reassure the groups that they will not be “graded” on the presentations, and that this training is meant to be a safe space to try out new things and make mistakes without consequences.
- Highlight resources in the room the groups can use, such as flip chart paper and markers, and the content in their *YPM Guide*.
- Circulate among the groups to ensure that they understand the directions, and give a 2-minute warning before time is up.
- Invite the group presenting on HIV to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.

- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ HIV stands for Human Immunodeficiency Virus.
- ✓ The virus attacks a person's immune system, making it difficult for the person's body to fight off various infections and diseases.
- ✓ HIV cannot be cured yet, but it can be treated and managed to control the amount of damage done to the immune system.
- ✓ People living with HIV (PLHIV) who get proper care and treatment can live long and healthy lives.
- ✓ Left untreated and unmanaged, HIV can lead to AIDS and ultimately death.

- Invite the group presenting on AIDS to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ AIDS stands for Acquired Immunodeficiency Syndrome.
- ✓ *Acquired* means that it is passed from one person to another.
- ✓ *Immune* refers to the system in the body that protects against infections and diseases.
- ✓ *Deficiency* refers to impairment of the immune system.
- ✓ *Syndrome* means a collection of infections and diseases, not just one.
- ✓ AIDS is the advanced stage of the disease when the immune system has been damaged to the point it can no longer protect the body.
- ✓ AIDS is a medical diagnosis based on the health of the immune system or the presence of specific diseases and infections.
- ✓ Left untreated and unmanaged, most people infected with HIV will develop AIDS in ± 10 years.
- ✓ The goal of treatment and management is to stop the progression of the disease before it gets to the point of AIDS.

- Invite the group presenting on HIV's impact on the body to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ Once HIV enters the body, it starts looking for cells it can hijack in order to replicate and survive.
 - ✓ Unfortunately, the cell HIV hijacks is a very important part of the immune system called the *CD4 cell*.
 - ✓ CD4 cells are like generals in a defence force, as they direct the immune system where to attack when it is invaded.
 - ✓ Once HIV is inside a CD4 cell, it takes over and turns it into a factory to make more copies of the HIV virus, which are released into the body to take over other CD4 cells.
 - ✓ This HIV life cycle takes only 2.5 days from when it takes over a CD4 cell to the time it kills it and releases the new HIV copies.
 - ✓ When first infected with HIV, some people experience flu-like symptoms, while others do not.
 - ✓ It takes a while for the immune system to recognize HIV as a threat and start making weapons called *antibodies* to fight it off – this is called the *window period*.
 - ✓ The window period for most people is between 3 and 12 weeks.
 - ✓ During this window period where the immune system is not fighting back, the amount of HIV in the body, called the *viral load*, goes up, and the number of CD4 cells, called the *CD4 count*, goes down because they are being destroyed.
 - ✓ Once the immune system starts creating antibodies to fight HIV, the viral load starts to go down and the CD4 count starts to go back up.
 - ✓ The immune system is able to cope initially, but since the HIV life cycle is so rapid, over time the immune system cannot keep up and starts to fail.
 - ✓ When a person's CD4 count falls below 200, or the person develops OIs that are not seen in people with healthy immune systems – then the person is considered to have AIDS.
- Introduce OIs as infections or diseases that attack or take advantage of the body when it is weak – much like the way rain enters a house when its roof is falling apart.

- Review common OIs and their symptoms.

Type of OIs	Signs and Symptoms
Tuberculosis	Cough lasting over three weeks, coughing blood, night sweats, weight loss, fever
Candidiasis (thrush in the mouth, throat, vagina)	Oral/throat: pain when swallowing, sore mouth or tongue, whitish patches on the palate or sides of the mouth Vagina: burning, itching, soreness, thick vaginal discharge, pain during sexual intercourse
Meningitis (fungal type)	Fever, frequent and severe headaches, vision problems, nausea and vomiting, stiff neck, feeling more and more tired
Pneumonia (PCP)	Difficulty breathing, especially when climbing stairs, fever or chills, weight loss
Kaposi's sarcoma (skin cancer)	Skin lesions (rash) that may appear dark; non-itchy and painless lumps, which can affect any part of the body.
Herpes zoster (shingles)	Very painful blistering rash, fever
(Adapted from Ministry of Community Development Mother and Child Health, 2017)	

- Emphasize that it is not the YPM's job to try to diagnose a client who talks about signs or symptoms of OIs, but rather to serve as an early warning system and refer those clients to health care workers so they can be properly assessed.
- Emphasize that clients should be urged to report even mild signs and symptoms to their health care workers to avoid progression to serious health problems.
- Review key concepts by asking the group to define the following:
 - The difference between HIV and AIDS: HIV is the virus that attacks a person's immune system, making it difficult to fight off infections and diseases. AIDS is the advanced stage of the disease when the immune system is so weak it cannot fight off infections and diseases.
 - Immune system: The systems in the body that work to fight off infection and disease.
 - CD4 cell: A type of immune system cell, which is the primary target of HIV.
 - CD4 count: The number of CD4 cells in the system, which determines how well the immune system is functioning. A healthy adult typically has between 500 and 1600 CD4 cells in each cubic millimeter of blood.
 - Viral load: The amount of HIV virus in the blood.

- Antibody: A type of chemical weapon created by the immune system to fight off a specific infection or disease.
- Window period: The period of time between when HIV enters the body and the time when HIV antibodies are detected.
- Ask for any questions, and park those on topics which will be covered later.

HIV Transmission (~60 Minutes)

- Acknowledge that it is impossible to discuss HIV transmission without using explicit words or terms that YPMs may feel uncomfortable using.
- Ask participants for examples and use responses to highlight the importance of using appropriate terminology with clients (e.g., using the term *penis* instead of saying something like, “the man’s thingy”). Invite participants to use this training as an opportunity to practice using terms they may feel uncomfortable with.
- Ask participants what two things have to be present in order for there to be a risk of HIV infection, and use responses to clarify the need for there to be
 - *exposure* to a body fluid infected with HIV, and
 - a way for that fluid to have *access* into the body.
- Show the **Exposure + Access = Risk Flip Chart** and explain the formula is a way to assess whether an activity has the possibility of transmitting HIV.
- Explain that *exposure* refers to the presence of an HIV-infected body fluid.
- Ask the group which body fluids can contain enough HIV to pose a risk, and use responses to clarify that they are
 - blood, which will typically have the highest concentration of HIV,
 - semen, which will typically have the second highest concentration of HIV,
 - vaginal fluid, which will typically have the third highest concentration of HIV, and
 - breast milk, which will typically have the lowest concentration of HIV.
- Write the body fluids in the above order under “Exposure” on the **Exposure + Access = Risk Flip Chart**.
- Explain that, with exposure, both the amount of fluid and the amount of virus in that fluid can impact the level of risk.
- Emphasize that viral load is one of the most important factors in HIV transmission and that when viral load is low; the risk of transmission drops considerably.
- Explain that *access* refers to a way for the HIV-infected fluid to enter the bloodstream, which can occur through cuts or sores in the skin; injections through the skin; or through the soft skin or mucosal surfaces, including the lining of the vagina, the tip and foreskin of the penis, the rectum, and the mouth.

- Ask participants the three categories of activities that give an HIV-infected fluid access to the bloodstream, and use responses to clarify that they are
 - sexual transmission – the main mode of transmission in Zambia,
 - mother-to-child transmission (MTCT) – the second highest mode of transmission in Zambia, and
 - blood contact transmission.
- Emphasize that, in order for there to be a risk of transmission, both exposure and access have to be present.
- Explain that risk does not mean certainty, only possibility, and that, depending on the amount of exposure and access, the risk can range from high to nonexistent.
- Explore exposure and access factors present in sexual transmission.
 - Vaginal sex: The vagina contains a large concentration of immune cells to protect from infection, and microscopic tears in the vagina during intercourse provide access to HIV-infected semen.
 - Anal sex: The anus has a very thin lining and no natural lubrication, which can result in tears in the lining, which provides access to HIV-infected semen.
 - Oral sex: Small cuts or sores in the mouth provide access to HIV-infected semen or vaginal fluids and sores, and dental work or damage to the mouth can result in blood in the saliva.
- Explore exposure and access factors present in MTCT.
 - Mothers and babies do not share blood, but HIV can be transmitted during pregnancy if the mother's blood crosses into the baby's blood due to damage to the placenta or infection.
 - HIV can be transmitted when the baby has contact with the mother's blood and vaginal fluids during labour and when the baby passes through the vagina during delivery.
 - HIV can also be transmitted to the infant through breastfeeding.
- Explore exposure and access factors present in blood contact.
 - HIV-infected blood can access the bloodstream through cuts or sores in the skin or through sharing of any sharp instrument, such as razors or needles.
- Ask participants to call out ways they have heard that HIV is transmitted, even ways they know to be false, and list those on sticky notes.
- Divide the group into pairs and distribute the sticky notes, keeping one for demonstration.
- Show the ***HIV Transmission Flip Chart***. Tell the groups they will have ~10 minutes to work together to decide where each activity falls on the risk continuum and what caused them to make that decision.

- Give a 2-minute warning before time is up and then call time.
- Ask each of the pairs to stand and read their activities and then give their responses.
- Ask participants if they agree or disagree with where the pairs placed their activities, and provide corrections as needed.
- Transfer any of the activities that have not been covered to the **Parking Lot**.
- Ask for any questions, and park those on topics which will be covered later.

HIV Prevention (~40 Minutes)

- Explain that the Exposure + Access = Risk formula also applies to prevention strategies, as the goal is to remove or limit exposure, access, or both.
- Acknowledge that, while the ultimate goal is eliminating risk completely, there will be circumstances where that is not realistic, so reducing the risk is the next best option.
- Divide participants into three groups and explain that, like before, each group will work together to plan and deliver a short presentation based on their current knowledge of the topic assigned.
- Show the **HIV Prevention Presentations Flip Chart**, and assign the following topics:
 - Preventing sexual transmission
 - Preventing MTCT
 - Preventing blood contact transmission
- Explain that the groups will have ~10 minutes to work together to come up with an ~5 minute presentation on their topic, and that they can use whatever format they like.
- Circulate among the groups to ensure that they understand the directions and give a 2-minute warning before time is up.
- Invite the group presenting on preventing sexual transmission to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ Abstinence – 100% effective; however, it may not be a realistic choice for many
- ✓ Being faithful – to one partner whose HIV status you know and with whom you have an agreement you trust on safer sex practices

- ✓ Condoms – consistently and correctly using male or female condoms provides a high level of protection, but not 100%
- ✓ Adhering to prescribed treatment and care – to reduce or keep viral load low
- ✓ Other risk reduction strategies – substituting risky practices with non-penetrative practices, such as hugging, massaging, or masturbation; early diagnosis and treatment of sexually transmitted infections; delaying sexual debut; reducing number of sexual partners; male circumcision; and disclosing HIV status so other prevention strategies can be discussed and used

- Explain that strategies for preventing sexual transmission will be explored in more detail in session on sexual reproductive health.
- Invite the group presenting on preventing MTCT to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ Prevention of HIV infection in women of childbearing age
- ✓ Family planning to prevent unintended pregnancies
- ✓ Provision of antiretroviral drugs to mothers and babies
- ✓ Delivering in a facility where safer delivery practices can be used
- ✓ Following recommended infant feeding practices

- Emphasize that with current recommended treatment and management practices, the risk of HIV-positive pregnant women passing HIV to their infants can be reduced from as high as 40% to less than 2% (UNAIDS, 2011).
- Invite the group presenting on preventing blood contact transmission to give their presentation.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the presenters and summarise their presentation, adding key points as needed.

KEY POINTS

- ✓ Putting a barrier between you and blood, such as wearing gloves if cleaning up a blood spill or bandaging someone's cut
- ✓ Not sharing any sharp instruments such as razors, or properly sterilising them if they must be shared

- ✓ Not sharing needles and only taking injections when proper safety measures have been followed

- Ask for any questions, and park those on topics which will be covered later.

HIV Testing (~30 Minutes)

- Acknowledge that their clients will already be aware of their HIV status; however, the topic of testing may come up in reference to other family members or partners, so it is good to have a general understanding of the types of tests used for detecting HIV.
- Ask participants why HIV testing is so important and clarify key points.

KEY POINTS

- ✓ Most people with HIV look and feel healthy in the early stages.
- ✓ The earlier that HIV infection is detected, the easier it is to treat and manage.
- ✓ People who know of their HIV status can take steps to protect their own health and ensure they do not transmit HIV to others.
- ✓ Pregnant women who know of their HIV status can take steps to significantly reduce the risk of passing HIV to their infants.
- ✓ Couples who know their HIV status and wish to have children can take steps to plan pregnancies for the healthiest outcomes for both mother and infant.
- ✓ Early detection of HIV in infants is key to child survival, as most HIV-positive children die before age 2 without comprehensive care and treatment.

- Ask participants what types of tests are used to detect HIV and clarify key points.

KEY POINTS

- ✓ Two main types of HIV tests are those that look for HIV antibodies (e.g., antibody or serologic tests) and those that look for the virus (e.g., polymerase chain reaction [PCR] or nucleic acid test [NAT]).
- ✓ Antibody tests will not be effective if the person is in the window period, or in the case of infants under the age of 18 months born to an HIV-positive mother, as they will have their mother's HIV antibodies.

- Review HIV testing recommendations under the Zambia Consolidated Guidelines (Directorate of Clinical Care and Diagnostic Services, 2016) relevant to YPM activities.

KEY POINTS

- ✓ The five essential C's of HIV testing services (HTS) include informed Consent; Confidential, high quality pre-test information and post-test Counseling; provision of Correct test results; and linkage to Care, prevention, and treatment services.
- ✓ Provider Initiated Testing and Counseling (PITC) should be offered to all clients at all service points.
- ✓ Sexually active adolescents (10-19 years) and their partners should be offered HTS at first contact, re-testing at 3 months if negative and then every 6 months.
- ✓ Community-based testing embraces a family-centered approach, where all family members of an HIV-positive person are offered testing regardless of age or risk factors to facilitate early diagnosis of HIV and prompt linkage to care and treatment.

- Ask participants if they have heard the terms *sero-concordant* or *sero-discordant* and clarify key points.

KEY POINTS

- ✓ These are terms used to describe the HIV status of a couple.
- ✓ *Sero* refers to HIV status, *concordance* means the same, and *discordance* means different.
- ✓ If a couple is sero-concordant, it means that they have the same HIV status, which can be either positive or negative.
- ✓ If a couple is sero-discordant, it means that one partner is HIV-positive while the other is HIV-negative.
- ✓ In many settings in sub-Saharan Africa, up to half of PLHIV are in a sero-discordant relationship (Chemaitelly, Cremin, Shelton, Hallett, & Abu-Raddad, 2012).

- Emphasize that safer sex practices are very important in sero-discordant couples to protect the HIV-negative partner, but they are also very important in sero-concordant couples to protect both partners from HIV reinfection and infection with other sexually transmitted infections (STIs).
- Ask for any questions, and park those on topics which will be covered later.

Fiction to Fact (~45 Minutes)

- Ask participants to call out false statements they have heard about HIV, or how it is transmitted or prevented, and write each one on a sticky note.
- Divide participants into pairs and assign each pair two of the statements that the group generated, posting any statements about topics not covered yet in the *Parking Lot*.
- Tell the groups they will have ~10 minutes to determine how they would respond to a client or caregiver who made this statement.
- Give a 2-minute warning before time is up and then call time.
- Ask each of the pairs to stand and read their statements and then give their responses.
- Ask participants for their feedback to the responses and clarify any statements that were incorrect or unclear.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 5: Treatment and Adherence

Total Session Time: 3 hours and 20 minutes

OBJECTIVES:

By the end of the session participants will be able to

- explain what antiretroviral (ARV) drugs are and how they are used for treatment and prevention,
 - describe the effects ARV drugs have on HIV,
 - list ARV drugs commonly used in Zambia,
 - recognize first-line treatment for adolescents and adults in Zambia,
 - explain the importance of adherence to ARV drugs and other prescribed medications, and
 - discuss common adherence challenges and identify strategies for overcoming them.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
 - Reference copy of current treatment guidelines
-

HANDOUTS & TOOLS

- None
-

FLIP CHARTS

- None
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Review current treatment guidelines.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Antiretroviral Drugs	Interactive lecture and group discussion	85 min
Adherence	Interactive lecture, self-reflection exercise, buzz groups, brainstorming, and group discussion	110 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Antiretroviral Drugs (~85 Minutes)

- Write the following abbreviations on a flip chart and ask participants to define them, then use their responses to clarify definitions.
 - ARV – antiretroviral: drugs used to stop HIV from replicating (making copies of itself)
 - ART – antiretroviral therapy: a treatment for HIV using antiretroviral medications
 - cART – combination antiretroviral therapy: ART consisting of a combination of at least three or more drugs from at least two classes
- Acknowledge that with clients YPMs may choose to use language more familiar to them, such as ART drugs.
- Direct participants to the *HIV Life Cycle Graphic* (AIDS Info, 2017) in their *YPM Guide* and explain that ARV drugs work by disrupting or blocking HIV replication at the different stages.

The HIV Life Cycle

HIV medicines in six drug classes stop HIV at different stages in the HIV life cycle.

- Explain that using combinations of ARV drugs is most effective because they work on multiple stages to achieve viral suppression and reduce the risk of ARV drug resistance.
- Ask participants what they know about ARV drug resistance, and use replies to clarify key points.

KEY POINTS

- ✓ As HIV replicates, it changes (mutates) and can become resistant to ARV drugs.
- ✓ *Resistance* means an ARV drug is no longer effective at suppressing viral replication.

- ✓ When HIV is resistant to an ARV drug it can start to replicate again, which means the viral load goes up, the CD4 count goes down, and the person is vulnerable to OIs.
- ✓ This is called treatment failure.
- ✓ Treatment failure is assessed by a number of factors, which can include viral load.
- ✓ Generally, if the viral load is under 20 copies/ml, then the ARV drugs are effectively suppressing HIV replication.
- ✓ If the viral load is between 20 and 1,000 copies/ml, and the patient is adhering properly, then the ARV drugs may not be working effectively and must be assessed.
- ✓ If viral load is over 1,000 copies/ml, and the patient is adhering properly, it means the ARV drugs are failing to suppress replication.
- ✓ Poor adherence is the most common cause of treatment failure.

- Highlight what happens once HIV replication is suppressed.

KEY POINTS

- ✓ Less HIV means that fewer CD4 cells are being destroyed, so the immune system is strong enough to fight off infections and diseases, and the person's overall health improves.
- ✓ The lower the viral load, the lower the risk of transmitting the virus to partners or infants.

- Explain that in some cases, the viral load becomes so low it is undetectable, which means that it cannot be measured with current tests; however, it is important to understand this does not mean the person has been cured.
- Explain that people with HIV who take ARV drugs as prescribed and achieve and keep an undetectable viral load are now considered to have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Centers for Disease Control and Prevention, 2018).
- Clarify that it is very important that the message is clear that is ONLY the case when viral load is undetectable, so while it is a promising development, people still have to carefully consider their prevention practices.
- Highlight that achieving and/or maintaining a low or undetectable viral load is a main goal for project participants.
- Explain that while YPMs are not expected to become experts on ARV treatment, it can be useful to have a general sense of the current guidelines.
- Review the table of ARV drugs commonly used in Zambia (Republic of Zambia Ministry of Health, 2017).

Classification	Abbreviation (Generic Name)
Nucleoside Reverse Transcriptase Inhibitors (NRTI or “nukes”)	ABC (Abacavir)
	3TC (Lamivudine)
	FTC (Emtricitabine)
	AZT (Zidovudine)
	TDF (Tenofovir)
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI or “non-nukes”)	EFV (Efavirenz)
	NVP (Nevirapine)
Protease Inhibitors (PIs)	LPV-r (Lopinavir + Ritonavir)
	ATV-r (Atazanavir + Ritonavir)

- Explain the difference between ARV drugs for lifelong treatment vs. prophylaxis.
- Review qualifications for lifelong treatment and prophylaxis, and rationale for early initiation of cART (Directorate of Clinical Care and Diagnostic Services, 2016).

Lifelong ARV Treatment	ARV Prophylaxis
<p>All HIV-positive adults, adolescents, and children, regardless of staging or CD4 count</p> <p>Rationale for early initiation includes the following:</p> <ul style="list-style-type: none"> • Reduced rates of HIV-related diseases and death • Reduced MTCT (in pregnant and breastfeeding women) • Potential reductions in the incidence and severity of chronic conditions (e.g., renal disease, liver disease, certain cancers, and neurocognitive disorders) • Reduction in infectious complications (e.g., Tuberculosis [TB]) • Reduced rates of sexual transmission 	HIV-exposed infants for a defined period of time
	Post-exposure prophylaxis (PEP) - short-term course of ARV drugs given to HIV-negative people who have been exposed to HIV to reduce their risk of HIV infection (e.g., health care worker who gets a needle-stick injury, or a person who has been sexually assaulted based on assessed risk of the exposure). PEP must be started within 72 hours after exposure, but the sooner started the better.
	Pre-exposure prophylaxis (PrEP) - ARV drugs given to HIV-negative people to reduce their risk of HIV infection in cases where they are in a relationship with an HIV-positive person who refuses cART or if they are engaged in high-risk activities

- Briefly review preferred first-line ARV drugs for adolescents and adult (Directorate of Clinical Care and Diagnostic Services, 2016).

Table 10: Preferred first-line cART and alternative regimens by specific populations

Specific Populations	Description	Preferred 1 st line cART	Alternative regimen
Pregnant & Breastfeeding Women ^a	ARV naïve or Sure of tail coverage	TDF + XTC + EFV ^b	TDF + XTC + NVP ^c or ABC + 3TC + EFV
	Previous sdNVP exposure; or NVP monotherapy exposure (NVP without 7 days of AZT + 3TC cover); or: Unsure of tail coverage	TDF + XTC + LPV-r	TDF + XTC + LPV-r or ATV-r
Children (0-2 weeks)	All	AZT + 3TC + NVP	Consult or refer to expert opinion
Children (2 weeks to < 5 years old)	All	ABC + 3TC + LPV-r	AZT + 3TC + LPV-r
	HIV and TB co-infection	ABC + 3TC + EFV	After completion of ATT, substitute to preferred 1 st line with LPV-r
	ARV naïve	ABC + 3TC + EFV	AZT + 3TC + EFV or ABC + 3TC + NVP
Children (5 to <10 years old)	History of maternal sdNVP; maternal NVP monotherapy; mother unsure of tail coverage ^d	ABC + 3TC + LPV-r	AZT + 3TC + LPV-r or ATV-r
Adolescents (10 to <19 years old) weighing <35kg	NO history of maternal sdNVP; maternal NVP monotherapy; mother sure of tail coverage	TDF + XTC + EFV (weight-based dosing)	TDF + XTC + NVP ⁱ or ABC + 3TC + EFV (weight-based dosing)
	History of maternal sdNVP, unsure of tail coverage; maternal NVP monotherapy	TDF + XTC + LPV-r	TDF + XTC + LPV-r or ATV-r
Adults	All	TDF + XTC + EFV ⁴⁰⁰ ^g	TDF + XTC + NVP or ABC + 3TC + EFV

- Highlight that these are the first-line protocols for people who are just being initiated onto ARV drugs, and that people who are already on ARV drugs may be taking different combinations.
- Explain that clinicians may have to consider a number of factors when determining which ARV drugs to prescribe, including
 - patients who have a different strain of HIV called HIV2 and,
 - patients who acquired HIV at birth where, to avoid potential drug resistance, clinicians have to consider what ARV drugs the mother has used.
- Explain that clinicians may have specific criteria to guide switching patients to different combinations, including how effective the patient's current regime is at suppressing the virus, how well the patient is tolerating the treatment, and the severity of side effects.
- Review key points on second- and third-line treatment.

KEY POINTS

- ✓ Alternative lines of treatment in cases where first- or second-line treatment fails.
- ✓ May be more complicated and/or have more side effects.

- Acknowledge that treatment and other protocols may change as new data or options become available or as supplies of drugs and equipment changes. This is another reason why it is important for YPMs to always refer clients to health care workers if they have specific questions about their treatment plans.
- Ask participants if they know which ARV drugs they are taking and use responses to highlight that being knowledgeable about your treatment is an important part of self-management.
- Review that like any medication, some people who take ARV drugs experience signs or symptoms called side effects, and that while most often these side effects are mild and disappear over time, some can be life-threatening, so it is important to take them seriously and report them to health care workers.
- Explain that most people do not experience side effects or if they do they are often mild and do not last for long, and can be treated with other medications. Examples of side effects include
 - nausea or vomiting,
 - diarrhoea,
 - abdominal pain, distension, and bloating,
 - headaches,
 - fatigue or weakness,
 - muscle pain, and
 - central nervous system effects – vivid dreams, dizziness, drowsiness, and mood disturbance.
- Review that more severe side effects need immediate attention from a health care worker because they can be life-threatening, such as
 - severe skin rash, blisters around the mouth, or peeling skin,
 - yellow colouring to the skin (jaundice), yellowing whites of the eyes, and dark urine,
 - pins and needles, numbness, or burning feelings in the feet, and
 - sudden onset or severe loss of appetite, nausea, vomiting, diarrhoea, or back pain.
- Emphasize that even mild side effects should be reported to health care workers so they can be assessed.
- Explain that, in addition to reporting any side effects, people on ARV drugs should always check with a health care worker before taking any other medication, including other prescription drugs like contraceptives, over-the-counter drugs from the chemist, herbal or traditional medicines, or street drugs, to ensure that it does not adversely impact their ARV drugs.
- Ask for any questions, and park those on topics which will be covered later.

Adherence (~110 Minutes)

- Ask participants to define adherence and clarify key points.

KEY POINTS

- ✓ Adherence means taking medicine exactly as directed by the health care worker, including the number of pills and when and how to take them.
- ✓ Adherence also means going to all scheduled clinic appointments and getting all monitoring tests to make sure the ARV drugs are working.
- ✓ Adherence is the most important factor in determining how well the medication works at stopping the HIV from replicating.

- Tell the group that poor adherence can take many forms, including
 - skipping a dose,
 - taking a dose at the wrong time,
 - not following instructions for taking a medication,
 - running out of medication , and
 - not keeping to the recommended schedule of follow-up appointments and monitoring tests.
- Ask participants for possible consequences of poor adherence and use responses to clarify key points.

KEY POINTS

- ✓ Incomplete viral suppression
- ✓ Drug resistance
- ✓ Progression of disease
- ✓ Emergence of resistant viral strains that can be transmitted to others
- ✓ Treatment options become more limited, are often more difficult to take, and have greater side effects – eventually treatment options may run out
- ✓ Increased risk of OIs, resulting in poor health and AIDS
- ✓ Higher viral loads increase the risk of transmitting HIV to partners and infants if pregnant

- Ask participants what level of treatment adherence is required to avoid developing resistance and use responses to clarify a key point: that at least 95% adherence is required to prevent HIV from becoming resistant to the ARV drugs being taken, which translates into missing no more than 1 dose every 3 weeks.
- Review provider-related strategies to improve adherence (Directorate of Clinical Care and Diagnostic Services, 2016).

- Establish trust and make sure the patient feels you are there to help manage and solve problems.
- Involve the patient in developing a plan for taking the drugs that is simple and works with the patient's daily activities.
- Educate about goals of therapy, side effects, and what will happen if the patient does not take all the drugs.
- Treat depression or substance abuse issues.
- Treat and manage side effects.
- Monitor adherence at each visit.
- Reinforce importance of adherence at each follow-up visit.
- Explain that as YPMs their job is to reinforce provider adherence strategies, help clients problem-solve adherence challenges, and share lessons learned from their own adherence experiences.
- Direct participants to the **Adherence Self-Reflection Questions** in their **YPM Journal** and tell them they have ~15 minutes to answer them.
 - How would you rate your adherence over the past month? (excellent, very good, good, fair, poor, very poor)
 - During the last 7 days, how many times, in total, did you miss taking one or more of your ARV drugs?
 - During the last 7 days, how many times, in total, did you take one or more of your ARV drugs more than two hours late?
 - What are your biggest challenges with adherence?
 - What are some strategies you have used to address your own adherence challenges?
 - What is at least one thing you wish you had known about taking ARV drugs when you first started?
 - What lessons have you learned on your journey with adherence that could benefit your clients?
- Once it appears that everyone has completed that step, have them find a partner they have not yet worked with and share whatever they are comfortable with from their reflections.
- Bring the group back together and ask the following questions:
 - What has made adherence challenging?
 - What has helped with adherence challenges?
- Ask participants to brainstorm reasons that people may not adhere to their treatment, and list ideas on a flip chart clarifying and adding key points as needed.

KEY POINTS

- ✓ They do not fully understand the importance of adherence.
- ✓ They experience side effects.
- ✓ They start feeling better and think they no longer need the ARV drugs.
- ✓ They do not have a plan for taking their ARV drugs or just forget to take them.
- ✓ They travel away from home and forget to bring ARV drugs.
- ✓ They run out of ARV drugs.
- ✓ They do not believe that ARV drugs actually work.
- ✓ They are sharing ARV drugs with others.
- ✓ They have not disclosed their HIV status to people in the household and have to hide taking ARV drugs.

- Ask participants to find a partner they have not yet worked with and assign each team one or two of the adherence challenges from the list.
- Tell the teams they will have ~20 minutes to brainstorm strategies for addressing the adherence challenge(s) they have been given.
- Circulate among the pairs to clarify the instructions and answer any questions.
- Bring the group back together and have pairs share the ideas they generated.
- Summarise any common themes that emerged from the group.
- Ask participants to think about their own adherence issues and identify strategies for improving their own adherence practices.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 6: Sexual Reproductive Health

Total Session Time: 3 hours

OBJECTIVES:

By the end of the session participants will be able to

- describe common sexually transmitted infections (STIs) and how they are transmitted,
 - describe how STIs can be prevented,
 - demonstrate correct use of male and female condoms,
 - discuss strategies for negotiating safer sex practices,
 - define family planning and explain benefits,
 - describe modern contraceptive methods commonly used in Zambia, and
 - define dual protection and its benefits.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
 - Reference copy of current family planning guidelines
 - Male condoms
 - Female condoms
 - Penis models or substitutes
 - Samples of commonly used contraceptives
-

HANDOUTS & TOOLS

- Agree, Disagree and I Don't Know but I'll Find Out signs
 - HIV Transmission Risk continuum from Session 4
-

FLIP CHARTS

- None
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Write "Agree", "Disagree" and "I Don't Know but I'll Find Out" on pieces of A4 paper and post them on the walls around the room.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Defining Sexual Reproductive Health	Interactive lecture and group discussion	5 min
Sexually Transmitted Infections	Interactive lecture, knowledge exercise, and group discussion	20 min
Safer Sex Practices	Interactive lecture, demonstration, skill practice, and group discussion	80 min
Safer Sex Negotiation	Interactive lecture, scenarios, buzz groups, brainstorming, and group discussion	40 min
Family Planning	Interactive lecture and group discussion	30 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Defining Sexual Reproductive Health (~5 Minutes)

- Clarify that sexual and reproductive health (SRH) is a broad concept encompassing health and well-being in matters related to sexual relations, pregnancies, and childbirth.
- Acknowledge that this is a topic that can be especially challenging to discuss due to taboos regarding talking about sexual matters, but it is a key aspect of being sexually responsible.
- Highlight how SRH and sexual and reproductive rights are a big focus of positive prevention as they aim to increase the ability of HIV-positive people to protect their own health, to avoid passing on the infection to others, to enjoy sexual relationships, and to have reproductive choices.
- Ask participants to share attitudes in the community about the rights and responsibilities of PLHIV when it comes to sex and having children.
- Ask for any questions, and park those on topics which will be covered later.

Sexually Transmitted Infections (~20 Minutes)

- Highlight that another aspect of sexual responsibility is to reduce the risk of transmitting STIs, which starts with learning more about them.
- Point out the *Agree, Disagree and I Don't Know but I'll Find Out! signs* posted on the wall, and tell participants that you will read a series of statements. For each statement, they should decide if they agree with it, disagree with it, or don't know, and then move to that sign.
- Read the following statements, allowing time for participants to move. Once everyone is at a sign, review the answer.
 - *STI stands for sexually transmitted infection:* True – STI is a general term used to describe a group of infections and diseases transmitted from person to person through sexual contact.
 - *HIV is an STI:* True – One of the primary modes of HIV transmission is sexual activity, although it can also be transmitted from mother-to-child and through blood contact.

- *All people with an STI will have symptoms:* False – Not everyone with an STI will have symptoms, especially in the case of women.
 - *People with another STI are more vulnerable to getting HIV:* True – STIs cause an inflammatory response in the areas infected, which increases the number of immune cells, including CD4s, in that area. Sores associated with some STIs provide more access into the body for an HIV-infected body fluid.
 - *If both partners are HIV-positive there is no need to use condoms:* False – HIV-positive partners can transmit new strains of the virus to reinfect each other putting further strain on the immune system. That includes HIV that is ARV drug resistant.
 - *Some STIs are spread even without sexual intercourse:* True – STIs such as herpes and genital warts can be transmitted skin-to-skin through contact with the affected areas. Some STIs can be transmitted through blood contact, and pregnant women can transmit some STIs to their infants.
 - *Condoms are the most effective protection against getting an STI:* False – While condoms do provide a **high** degree of protection against many STIs, only abstinence is 100% effective.
- Direct participants to the ***Sexually Transmitted Infections*** table in their ***YPM Guide*** and review details for common STIs.

Sexually Transmitted Infections						
STI/STD	Cure (C) or Manage (M)	Transmission Routes				
		Vaginal & Anal Sex	Oral Sex	Infected Skin or Sore Contact	Blood Contact	MTC
Chlamydia	C	X	X			X
Gonorrhea	C	X	X			X
Hepatitis B	M	X	X		X	X
Genital Herpes (HSV)	M	X	X	X		X
HIV	M	X	X		X	X
Genital Warts/HPV	M	X	X	X		Rare
Syphilis	C	X	X	X	Rare	X

(Adapted from Public Health Agency of Canada, 2017)

- Explain that in general, the risk of getting an STI through kissing is low, and that only certain STIs are transmittable through kissing including genital herpes and syphilis if lesions are present in the mouth.

- Explain the relationship between HIV and other STIs.
 - The presence of another STI increases the risk of contracting HIV through sex from an infected person as sores, blisters, and rashes from the STI can provide openings for HIV to enter the system.
 - STIs put additional stress on the immune system, so PLHIV who get another STI are more likely to get sick more frequently and develop AIDS more rapidly.
- Ask participants to share common signs and symptoms of STIs and use responses to clarify key points.

KEY POINTS

- ✓ Fluid, sores, or bumps on vagina or penis
- ✓ Swelling or pain in stomach or groin
- ✓ A burning feeling when urinating or having sex
- ✓ Unusual discharge from vagina or penis

- Emphasize that some people with STIs, especially women, may not have any signs or symptoms, so testing is the only way to know for sure.
- Highlight that in addition to increasing the risk for other infections, possible dangers from untreated STIs include
 - infertility,
 - cancer, and
 - miscarriages, premature births, and birth defects.
- Reiterate that it is not the YPM's job to diagnose clients who talk about signs or symptoms of STIs, but rather to serve as an early warning system and refer those clients to health care workers so the clients can be properly assessed.
- Ask for any questions, and park those on topics which will be covered later.

Safer Sex Practices (~80 Minutes)

- Explain that the only way to make sex 100% safe from risk of HIV and other STIs is not to have it (abstinence), and that for adolescents in particular, the longer they wait to have sex the better prepared they will likely be to handle the physical and emotional responsibilities and consequences of being sexually active.
- Acknowledge that, while a focus of safer sex practices is on reducing the risk of transmitting HIV to negative partners, it is also critical for protecting the health of PLHIV from HIV reinfection or infection with other STIs.
- Remind participants that one of the most important factors in HIV transmission is viral load and that one of the reasons Zambia decided to start all HIV-positive individuals on cART early is to significantly reduce the risk of HIV transmission.
- Review other factors that can reduce overall risk of sexual transmission of HIV.

- Delaying sexual debut.
 - Reducing number of sexual partners.
 - Being in a monogamous relationship (only one partner), where both partners know their own status for HIV and other STIs and that of their partner, both partners agree on and consistently use safer sex practices and neither partner has sex outside that relationship.
 - Male circumcision – circumcised men are less likely to get HIV from HIV-positive partners.
 - Prompt diagnosis and treatment of other STIs.
 - Substituting higher risk activities with non-insertive activities such as hugging, massaging, dry rubbing or masturbation.
 - Disclosing HIV status to partners to facilitate open discussion and agreement on safer sex practices.
- Direct participants to the ***HIV Transmission Risk Continuum*** they created in Session 4. Explain that, as with transmission, when considering the safety of sex practices, we are talking about ways to reduce the risk to the lowest levels possible. This means considering again both exposure and access.
 - Ask participants for ways to reduce the risk of HIV transmission through vaginal and anal sex, and use responses to clarify key points.

KEY POINTS

- ✓ Adhering to ARV drugs to achieve viral suppression
- ✓ Consistently and correctly using condoms
- ✓ Not reusing condoms
- ✓ Using appropriate lubrication
- ✓ Male circumcision (reduces risk for insertive partner but not receptive partner)

- Ask participants for ways to reduce the risk of HIV transmission through oral sex, and use responses to clarify key points.

KEY POINTS

- ✓ Adhering to ARV drugs to achieve viral suppression
- ✓ Using male condoms for oral sex on males or dental dams for oral sex on females
- ✓ Ejaculating outside of the mouth
- ✓ Abstaining from performing oral sex in the presence of open sores or cuts in the mouth

- Ask participants what they know about male condoms, and use responses to clarify key points.

KEY POINTS

- ✓ Male condoms are made of latex, polyurethane, or natural membrane.
- ✓ Latex condoms provide the best protection against HIV. Polyurethane condoms are an option for people with latex allergies but do break more often than latex. Natural membrane condoms do not block HIV and other STIs.
- ✓ Water or silicone-based lubricants reduce the risk the condom will break or slip. Oil-based lubricants can cause latex condoms to break.
- ✓ Latex condoms are most widely available in Zambia.
- ✓ Condoms provide protection from pregnancy and other STIs.

- Ask for a volunteer to demonstrate the steps for putting on a male condom (Ministry of Community Development Mother and Child Health, 2014) as you read them.
 - The condom should be put on after the penis becomes hard (erect) and before any genital contact.
 - Always use a new condom every time you have penetrative sex.
 - Check the packet – including the date on the condom. If the packet is ripped or damaged in any way, or if the use-by date has passed, use a new condom.
 - Tear open the condom packet and remove the condom. Do not use your teeth to open the packet, and be careful of long nails or jewelry damaging the condom.
 - Check which side rolls down and then hold the tip of the condom between your finger and thumb, to leave space at the tip to collect semen.
 - With your other hand, put the condom on the end of the penis and unroll it down the length by pushing down the round rim of the condom.
 - When the rim of the condom is at the base of penis (near the pubic hair) penetration can begin.
 - After ejaculation, withdraw the penis while it is still hard, holding the bottom rim of the condom to prevent it from slipping off the penis.
 - Do not let the penis go soft inside your partner because the condom may slip off and spill semen in or near the vagina.
 - Slide the condom off the penis and tie a knot to prevent semen from escaping.
 - Wrap the used condom in waste paper before disposing of it safely in a trash bin (preferably one with a closed lid).

- Ask participants what they know about female condoms, and use responses to clarify key points.

KEY POINTS

- ✓ Are made of polyurethane
- ✓ Can be used with any type of lubricant
- ✓ Can be worn up to eight hours before sexual intercourse
- ✓ Do not require that the male have a full erection to be effective
- ✓ Can be relubricated, while the male condom cannot
- ✓ Conducts body heat better so may feel more natural to male partner
- ✓ Provide protection from pregnancy and other STIs (may provide more protection than male condoms from skin contact transmission because they cover more of the genital area)

- Ask for a volunteer to come to the front and demonstrate the steps for putting on a female condom (Ministry of Community Development Mother and Child Health, 2014) as you read them.
 - The condom can be inserted up to eight hours before sex or immediately beforehand.
 - Check the packet – including the date on the condom. If the packet is ripped or damaged in any way, or if the use-by date has passed, use a new condom.
 - Tear open the condom packet and remove the condom. Do not use your teeth to open the packet, and be careful of long nails or jewelry damaging the condom.
 - The condom has two plastic rings – a loose, smaller inner ring at the closed end which is inserted into the vagina; and a firm, larger ring at the open end which stays outside the vagina.
 - Hold the condom by the inner ring (closed end) and squeeze it between your thumb and middle fingers to make a figure 8.
 - Find a comfortable position – either squatting, lying down, or with one foot on a chair – and insert the inner ring into the vagina.
 - Put your index finger inside the condom and push the inner ring up inside your vagina. The condom is in place when you can feel the inner ring pushing against your cervix – your cervix feels like the tip of your nose.
 - When your partner penetrates, you may need to guide his penis into the condom – the outer ring should remain flat against your vagina, and you should not be able to feel the condom during sexual intercourse.
 - Your partner does not need to remove his penis immediately after ejaculation – the condom can be removed when you are both ready.

- To remove the condom, twist the outer ring (to keep the semen inside), and gently pull the condom from the vagina.
- Wrap the used condom in waste paper before disposing of it safely in a trash bin (preferably one with a closed lid).
- Ask participants to find someone they have not yet worked with and take turns demonstrating the correct use of both male and female condoms, with one person doing the demonstration while the other checks against the steps in the **YPM Guide**.
- Tell them they will have ~10 minutes and that you will call time after 5 minutes so they can switch roles.
- Circulate among the pairs to provide correction as needed, call time after 5 minutes, and bring the group back together after the final 5 minutes.
- Review other tips for using condoms, including never using more than one condom at a time (e.g., not using two male condoms at once in the belief it will be stronger; or using a male and female condom at the same time, as both practices increase friction, which can cause condom breakage), and storing them in a cool, dry place.
- Review where condoms can be obtained.
- Ask for any questions, and park those on topics which will be covered later.

Safer Sex Negotiation (~40 Minutes)

- Ask participants why people may not use safer sex practices, and use responses to clarify key points.

KEY POINTS

- ✓ Lack of knowledge about the risks
- ✓ No or incomplete knowledge of safer sex practices including how to use male or female condoms correctly
- ✓ Fears of disclosing HIV or STI status
- ✓ Concerns that if they request safer sex practices their partner will think they have something to hide
- ✓ Cultural and religious norms about who makes decisions about sex and acceptability of condom use
- ✓ Use of drugs and alcohol or presence of sexual violence
- ✓ Partner refuses to use condoms

- Explain that because practicing safer sex involves two people, it will involve some level of negotiation, which should include discussion and mutual decision-making based on the needs of both partners.

- Acknowledge that the idea of negotiating for safer sex can be particularly challenging for adolescents who may not have the self-confidence to even express their needs, especially if their partner is older.
- Direct participants to the ***Negotiating Safer Sex Scenarios*** in their ***YPM Guide*** and divide them into two small groups.

Negotiating Safer Sex Scenarios	
Scenario	Negotiation Strategies
1. You are a 15-year-old young woman who is being pressured by your 15-year-old boyfriend to have sexual intercourse. You are not ready to take that step yet, but do want to try to maintain the relationship.	
2. You are a 17-year-old young woman in a relationship with a 19-year-old young man who does not like the way male condoms feel and refuses to use them. You want to use condoms for both infection and pregnancy prevention.	

- Explain that they will be working together to brainstorm negotiation ideas for their scenario, and sharing them with the larger group.
- Tell them they will have ~15 minutes to brainstorm ideas before reporting back to the group.
- Assign each group one of the scenarios and ask if there are any questions.
- Circulate among the groups to ensure that they understand the directions and give a 2-minute warning before time is up.
- Invite each of the groups to report back.
- Monitor the time, giving a 1-minute warning before time is up.
- Acknowledge the groups and provide corrections or suggestions as needed.
- Use responses shared to summarise key points.

KEY POINTS

- ✓ Consider that, if you are not ready to talk to a partner about safer sex practices, you may not be ready to have sex with that person or at all.
- ✓ Do not wait to have the conversation about safer sex right before you start having it – introduce the conversation ahead of time.

- ✓ Be clear about your boundaries and state them in a clear and firm manner, avoiding language that is open to interpretation (e.g., saying, “I’d prefer to use condoms” may make it seem like you are willing to NOT use them while “I will not have sex without a condom” is very clear).
- ✓ Do not make it all negative, but also talk about what you ARE willing to do (e.g., “While I am not willing to have sex without a condom, I am willing to give you pleasure with my hand”).
- ✓ Suggest trying female condoms, as many males who do not like male condoms because of how they feel do not have the same issue with female condoms.
- ✓ Use of drugs and alcohol can impair good decision-making and interfere with using condoms correctly.

- Ask for any questions, and park those on topics which will be covered later.

Family Planning (~30 Minutes)

- Reiterate previous points about the rights of PLHIV to have children just like anyone else, and that the goal is to make that process as safe as possible for all involved.
- Explain that family planning involves choosing the number of children desired, planning when to have them, and using appropriate contraceptives to prevent unplanned pregnancies.
- Highlight what research has shown about the benefits of family planning (Smith, Ashford, Gribble, & Clifton, 2009).
 - Spacing births at least 2 years apart is healthiest for the mother, the infant, and other children.
 - Uptake of family planning services protects the health of the woman, reduces maternal mortality due to pregnancy-related health risks, and reduces the demand for unsafe abortions.
 - Uptake of family planning services protects the health and well-being of the infant and other children in the family, and reduces infant mortality related to closely spaced and ill-timed pregnancies.
 - Contributes to greater educational and employment opportunities (especially for girls); higher investments and savings; and reduced public expenditures for education, health, and other social services.
- Describe available services for family planning in the facility and community, emphasizing that it is not the YPM’s job to provide family planning recommendations, but rather to raise awareness of its benefits and refer clients to appropriate resources.

- Acknowledge that while YPMs are not providing family planning services to clients, it can still be helpful to be aware of the different contraceptive choices commonly available in Zambia.
- Review types of contraceptives common in Zambia (Republic of Zambia Ministry of Health, 2006).
 - Oral contraceptives are pills which are highly effective when taken as prescribed and are effective within 24 hours. They must be taken daily to be effective, and do not provide protection against STIs.
 - Injectables are shots which are highly effective and provide protection against pregnancy for 2-3 months. They do not provide protection against STIs.
 - Implants are small matchstick-size rods which are highly effective and provide protection against pregnancy for 5 years. They require a minor surgical procedure for insertion and removal, and they do not provide protection against STIs.
 - Intrauterine devices (IUDs) are small, T-shaped devices inserted into the uterus, which are highly effective and provide protection against pregnancy for up to 10 years. They must be inserted and removed by trained health care workers in settings with infection prevention procedures, and they do not provide protection against STIs.
 - Sterilisation is a surgical procedure that provides permanent protection against pregnancy and is considered irreversible. In males it is called a *vasectomy* and involves cutting or blocking the tubes which release sperm into the semen, and in females it is called *tubal ligation* and involves blocking the tubes which carry eggs from the ovaries to the uterus. Neither provides protection against STIs.
 - Emergency contraceptive pills (ECP) are oral contraceptives that can be used to prevent pregnancy following unprotected sexual intercourse. They are only effective when used within 72 hours following unprotected sex. They do not provide protection against STIs.
 - Male and female condoms are highly effective when used consistently and correctly, and do provide protection against STIs.
 - People who reject modern contraceptives (for example due to cultural or religious beliefs) may be trained in natural family planning methods, which vary in their effectiveness and do not provide protection against STIs.
- Emphasize that, since only condoms provide protection against transmission of HIV and other STIs, they should be used in conjunction with other types of contraceptives and this is called dual protection.
- Highlight that women living with HIV have special needs related to contraception and planning pregnancies so they are as safe as possible for both mother and infant, so family planning is even more important for them.

- Remind the group that viral load plays an important part in risk reduction, so good adherence is critical in protecting the health of the mother and the infant.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 7: Stigma and Discrimination

Total Session Time: 1 hour

OBJECTIVES:

By the end of the session participants will be able to

- explain the difference between stigma and discrimination,
 - discuss different types of stigma and potential effects, and
 - identify strategies to address stigma and discrimination.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
-

HANDOUTS & TOOLS

- None
-

FLIP CHARTS

- None
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Stigma and Discrimination	Interactive lecture, brainstorming, self-reflection exercise, and group discussion	55 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Stigma and Discrimination (~55 Minutes)

- Ask participants how they would define *stigma* and *discrimination*, and use responses to clarify definitions as follows:
 - stigma is seeing someone negatively due to something that is different about the person, and
 - discrimination is denying someone opportunities based on some attribute.
- Share UNAIDS definitions of HIV-related stigma and discrimination (UNAIDS, 2003).
 - HIV-related stigma can be described as “a process of devaluation” of people either living with or associated with HIV. This stigma often stems from the underlying stigmatisation of sex and intravenous drug use (IDU) – two of the primary routes of HIV infection.
 - Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status. Stigma and discrimination breach fundamental human rights and can occur at a number of different levels, including political, economic, social, psychological, and institutional.
 - When stigma exists people often prefer to ignore their real or possible HIV status. This can lead to the risk of faster disease progression for themselves and also to the risk of them spreading HIV to others.
- Ask participants to share examples of stigma they have experienced or observed.
- Share research on common underlying causes of stigma in sub-Saharan Africa (Ogden & Nyblade, 2005).
 - Lack of understanding of how HIV is transmitted combined with fear of death and disease helps perpetuate beliefs in casual transmission, which results in avoidance of those with HIV.
 - Prevailing sexual norms, combined with knowledge that HIV can be transmitted sexually, which leads to perceptions that those with HIV have behaved “improperly.”

- Lack of recognition of stigma in general and words or actions that can be stigmatising.
- Direct participants to the ***Stigma Experience Self-Reflection Questions*** in their ***YPM Journal*** and tell them they have ~20 minutes to complete the questions.
 - Think about a time in your life when you felt isolated or rejected for being seen to be different from others.
 - What happened?
 - How did you feel?
 - What impact did it have on you?
 - Now think about a time when you isolated or rejected someone else because of some real or perceived difference.
 - What happened?
 - How did you feel?
 - What was your attitude?
 - How did you behave?
 - How do you think the other person felt?
- Once it appears that everyone has completed the questions, have them find a partner they have not worked with yet and share whatever they are comfortable sharing about their experiences.
- Bring the group back together and ask the following questions:
 - What were some of the feelings you noted when you felt stigmatised?
 - How did those feelings affect how you viewed yourself?
 - What were some of the feelings you noted when you stigmatised someone else?
- Review the main forms of stigma, which include
 - physical and social isolation from family, friends, and community,
 - shaming and blaming, and
 - depriving people of their rights.
- Highlight that stigma can also include
 - self-stigma when people blame and isolate themselves, and
 - stigma by association when the family and friends of PLHIV are stigmatised.
- Ask participants to discuss possible effects of stigma, and use responses to clarify key points.

KEY POINTS

- ✓ Leads to discrimination which results in loss, including rights, freedoms, housing, schooling, employment, and support
 - ✓ Reduces likelihood of people learning their HIV status or seeking treatment
 - ✓ Can be a barrier to adherence as PLHIV may be afraid to take ARV drugs in certain settings for fear of exposing their HIV status
 - ✓ Fear of sharing status and insisting on safer sex practices increases risk of HIV transmission and the risk of HIV reinfection and/or infection with other STIs
 - ✓ Can result in shame, denial, self-isolation, neglect, loss of hope, depression, alcoholism, self-rejection, anger, and/or violence
-
- Highlight how stigma can be particularly challenging for YPLHIV since needing to fit in with one's peer group is especially important during adolescence.
 - Direct participants to the ***Combating Stigma list*** (Kidd & Clay, 2010) in their ***YPM Guide*** and discuss how those could apply to their work as YPMs.
 - Create a sense of community and build openness and safety to talk about HIV and AIDS, stigma, sex, injecting drug use, and death.
 - Name the problem: get people to describe how stigma occurs in different contexts.
 - Help people read and reflect on their own words, attitudes, and actions towards PLHIV.
 - Help people see the effects of stigma on PLHIV and their families, children, and communities – how it directly hurts those stigmatised and indirectly hurts those who are stigmatising.
 - Address fears and misconceptions about getting HIV through casual contact.
 - Help PLHIV overcome self-stigma and build up self-esteem and skills to provide leadership on anti-stigma action.
 - Help family members learn the attitudes and skills to provide support and care for PLHIV and children living with HIV.
 - Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 8: Disclosure

Total Session Time: 2 hours

OBJECTIVES:

By the end of the session participants will be able to

- define disclosure,
 - discuss benefits and risks of disclosing,
 - discuss aspects to consider when preparing to disclose, and
 - practice supporting a client with disclosure preparation.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
-

HANDOUTS & TOOLS

- None
-

FLIP CHARTS

- 1 flip chart titled "Disclosure" with 2 columns titled "Benefits" and "Risks"
 - 1 flip chart titled "Disclosure Questions" with the list of questions "Who", "What", "Why", "When", "Where", "How"
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Prepare flip charts.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
HIV Disclosure	Interactive lecture, self-reflection exercise, brainstorming, small group work, and group discussion	55 min
Supporting Disclosure	Interactive lecture, brainstorming, and group discussion	60 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

HIV Disclosure (~55 Minutes)

- Ask participants what disclosure in the context of HIV means, and use responses to define disclosure as sharing of HIV status with someone.
- Direct participants to the *Disclosure Self-Reflection questions* in their *YPM Journal* and tell them they have ~10 minutes to answer the questions.
 - How would you describe your present level of disclosure? (full, partial, none)
 - What are or have been your biggest challenges with disclosure?
 - What are some strategies you have used to address your own disclosure challenges?
 - What is at least one thing you wish you had known about disclosure before you shared your HIV status with someone?
 - Have you had a disclosure experience that did not go well? If so, is there anything you think you could have done differently?
 - What lessons have you learned on your journey with disclosure that could benefit your clients?
- Once it appears that everyone has completed that step, have them find a partner they have not worked with yet, and share whatever they are comfortable with from their reflections.
- Bring the group back together, ask for volunteers who are comfortable sharing about their experience with disclosure, and use responses to clarify key points.

KEY POINTS

- ✓ Disclosure should always be voluntary
- ✓ Disclosure is a process, not a one-time event
- ✓ Disclosing HIV status can have many benefits, but it also has some risks that need to be considered
- ✓ Preparing for disclosure gives a person a chance to think about what to say and how to say it, and plan for possible reactions

- Ask participants to brainstorm reasons PLHIV may not disclose their HIV status, and list ideas on a flip chart, clarifying and adding key points as needed.

KEY POINTS

- ✓ Fear of rejection leading to loss of friends or family members
- ✓ Fear of negative consequences, including loss of home, monetary support, livelihood, etc.
- ✓ Fear of violence
- ✓ Fear of being stigmatised and isolated
- ✓ Fear that the person being disclosed to will tell others
- ✓ Discomfort in talking about sexual matters
- ✓ Not knowing how to start the conversation or what to say

- Review that research into disclosure in Zambia (Denison, et al., 2015) found that fear of rejection was a common barrier for YPLHIV.
- Ask participants which groups PLHIV may want to disclose to. For example:
 - Romantic/sexual partners
 - Family and friends
 - Health care workers
 - School personnel
 - Religious or spiritual figures
 - Employers
- Direct participants to the **Disclosure Risks and Benefits Worksheet** in their **YPM Guide** and divide them into small groups of 3-5 people.
- Explain that they will have ~10 minutes to brainstorm possible benefits and risks of disclosure.
- Circulate among the groups to ensure that they understand the directions, and give a 2-minute warning before time is up.
- Bring the group back together and ask the small groups to share their ideas. List ideas on the **Disclosure Flip Chart**, clarifying or adding key points from the table below as needed.

Disclosure Benefits	Disclosure Risks
Provides access to appropriate and life-saving medical care	Rejection
Provides relief at not keeping a secret	Blame and shame
Explains and reinforces need for safer	Violence

sex practices	
Provides emotional, physical, financial and logistical support	Isolation
Provides support for adherence	Stigmatisation and discrimination
Encourages others to learn or share their HIV status	Loss of housing, monetary support, employment, etc.
Supports changing community norms	

- Ask for any questions, and park those on topics which will be covered later.

Supporting Disclosure (~60 Minutes)

- Explain that one of the things YPMs may be called on to do is to support their clients with disclosure issues.
- Highlight that, in the case of YPLHIV, disclosure can be an especially challenging issue as it may involve different layers of disclosure (Gitau, et al., 2014), including
 - parent(s)' disclosure of their own status to YPLHIV,
 - parent/caregiver(s)' disclosure to the YPLHIV of the YPLHIV's status,
 - parent/caregiver(s)' disclosure of the YPLHIV's HIV status to others, and
 - YPLHIV's disclosure of HIV status to others.
- Explain that, when exploring the question of disclosure, it can be helpful to use a framework of questions that can guide the discussion.
- Show participants the **Disclosure Questions Flip Chart** and review the questions.
 - Who – Who do you want to tell about your HIV status, or who do you think needs to know?
 - What – What do you want to tell them, and what level of detail are you comfortable sharing?
 - Why – Why are you telling them, and what do you hope to achieve or gain?
 - When – When would be the best time to have this conversation?
 - Where – Where would be a safe and comfortable place to have the conversation?
 - How – How do you want to tell them? How do you think they will respond? How prepared are you to answer the questions they may have?
- Ask participants to find a partner they have not worked with yet, and take turns asking each other the disclosure questions in relation to their own situation.

- Tell participants they will have ~10 minutes at which point you will tell them to switch roles for another ~10 minutes.
- Circulate among the pairs to clarify the instructions and respond to any questions, taking note of any particularly good practices you see or hear.
- At the end of the first 10 minutes, tell the pairs to wind up and switch roles.
- At the end of the second 10 minutes, tell the pairs to wind up the role plays.
- Once it appears that the pairs have finished this step, bring the group back together and ask for any feedback anyone would like to share about the process.
- Summarise any common themes that emerged from the groups and review general tips for disclosure.
 - Keep it simple and do not over explain to start.
 - Give the person a chance to ask questions.
 - Consider testing the waters first by asking the person about an HIV-related topic in the news to gauge their reaction to the topic.
 - Be prepared for any reaction.
- Ask what questions they think people who have been disclosed to may have, list those on a flip chart, and then ask participants to brainstorm possible responses to each question.
- Ask participants to think of a time when someone disclosed something difficult to them and how they reacted and use examples shared to facilitate a discussion on how to be supportive when being disclosed to.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 9: Healthy Living

Total Session Time: 4 hours and 20 minutes

OBJECTIVES:

By the end of the session participants will be able to

- discuss the dimensions of healthy living,
 - identify actions PLHIV can take to protect their physical health,
 - identify warning signs of possible mental health issues and suicidal thoughts,
 - discuss issues related to grief and bereavement,
 - discuss issues related to safety including gender-based violence,
 - discuss risks associated with drug and alcohol abuse for PLHIV,
 - identify referral resources for healthy living services, and
 - use a self-reflection activity to assess their own healthy living practices.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
 - Reference copy of *Zambian Nutritional Guidelines for PLHIV*
-

HANDOUTS & TOOLS

- Annex 1. Macronutrients and Micronutrients Needed for Good Nutrition
 - Annex 3. Nutritional Benefits of Zambian Foods
-

FLIP CHARTS

- 1 flip chart titled "Physical Violence" with 3 columns titled "Who", "What" and "Whom"
 - 1 flip chart titled "Emotional Violence" with 3 columns titled "Who", "What" and "Whom"
 - 1 flip chart titled "Sexual Violence" with 3 columns titled "Who", "What" and "Whom"
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Prepare flip charts.
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Healthy Living	Interactive lecture, small group work, presentations, and group discussion	30 min
Protecting Physical Health	Interactive lecture, brainstorming, demonstration, and group discussion	80 min
Fostering Mental Health	Interactive lecture, self-reflection, buzz groups, and group discussion	60 min
Promoting Safety	Interactive lecture, brainstorming, gallery walk, and group discussion	40 min
Addressing Substance Abuse	Interactive lecture, brainstorming, scenarios, small group work, and group discussion	30 min
Healthy Living Assessment	Self-assessment	15 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Healthy Living (~30 Minutes)

- Ask participants to define *healthy living* and use responses to clarify the World Health Organization definition (2017) as a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.
- Divide participants into four groups and assign each group one of the dimensions of healthy living (physical, mental, spiritual, and social).
- Give each of the groups a flip chart page and instruct them to write the name of the dimension they have been assigned at the top of the page.
- Explain that they will have ~10 minutes to brainstorm things to promote healthy living in that dimension, and to list those on a flip chart.
- Give the example of exercising as something that benefits physical and mental well-being.
- Circulate among the groups to ensure that they understand the directions, and give a 2-minute warning before time is up.
- Bring the group back together and ask groups to present their flip charts, clarifying or adding points as needed.
- Emphasize that part of healthy living involves seeing ourselves as a whole person and not over identifying with one aspect of our lives that might not be going well. That includes people living with HIV, or any chronic illness, who may look at themselves and just see the illness, rather than a whole person who happens to have an illness.
- Ask for any questions, and park those on topics which will be covered later.

Protecting Physical Health (~80 Minutes)

- Ask participants to brainstorm additional things PLHIV need to consider to protect their physical health, and add those ideas to the flip chart, clarifying and adding key points as needed.

KEY POINTS

- ✓ Adhering to ARV drugs and other prescribed medications
- ✓ Attending all scheduled medical appointments and monitoring tests
- ✓ Getting prompt treatment when sick and reporting all signs and symptoms to a health care worker, even mild ones
- ✓ Practicing safer sex to prevent HIV-reinfection and other STIs
- ✓ Using modern contraceptives to prevent unplanned pregnancies
- ✓ Getting prompt treatment for STIs and other infections
- ✓ Getting adequate nutrition, rest, and exercise
- ✓ Managing stress
- ✓ Practicing good personal hygiene
- ✓ Avoiding drug and alcohol abuse

- Emphasize that protecting physical health in these ways not only improves overall quality of life, it can help delay the progression from HIV to AIDS.
- Highlight that nutrition is a very important topic for PLHIV, and that research conducted in Zambia found that malnutrition among PLHIV was much higher than in the general population (Republic of Zambia Ministry of Health, 2011).
- Explain that *malnutrition* means not getting enough nutrients, while *undernutrition* means not getting enough food, and that is possible to be overweight and undernourished.
- Explain the relationship between HIV and malnutrition (World Health Organization, Food and Agriculture Organization of the United Nations, 2002).
 - Can be a vicious cycle, as malnutrition can weaken the immune system, which can worsen the effects of HIV, including susceptibility to OIs, which can further increase the likelihood of malnutrition.
 - PLHIV have an increased risk of malnutrition because they may not eat enough, and even if they do, they may not absorb or use the nutrients as well.
- Ask participants why PLHIV may have difficulty practicing good nutrition, and list their ideas on a flip chart, clarifying and adding key points as needed.

KEY POINTS

- ✓ Lack of knowledge of the importance of nutrition
- ✓ Medication side effects or HIV-related symptoms, such as nausea and vomiting
- ✓ Mouth or throat sores that make eating painful and difficult
- ✓ Poor appetite

- ✓ Lack of money to buy food
- ✓ Feeling sick or weak can make it difficult to shop and prepare food
- ✓ Medications that change how food tastes

- Highlight that when PLHIV are able to practice good nutrition, it can
 - enhance the body's ability to fight OIs and recover from illnesses,
 - improve the effectiveness of medications,
 - help prolong good health, and
 - improve the quality of life.
- Ask participants what nutrients the body needs and clarify responses, adding key points as needed.

KEY POINTS

- ✓ The nutrients the body needs to function are water, carbohydrates, proteins, fats, vitamins, and minerals.
- ✓ Carbohydrates, proteins, and fats are needed in large amounts and are referred to as *macronutrients*.
- ✓ Vitamins and minerals are needed in smaller amounts and are referred to as *micronutrients*.
- ✓ The body needs both macronutrients and micronutrients in the right amounts and combinations for the body to function properly.

- Distribute ***Annex 1. Macronutrients and Micronutrients Needed for Good Nutrition Handout*** (Republic of Zambia Ministry of Health, 2011) and briefly review.
- Highlight that locally available and traditional foods are an important part of a nutritious and balanced diet, and are generally affordable, accessible, and unprocessed.
- Distribute ***Annex 3. Nutritional Benefits of Zambian Foods Handout*** (Republic of Zambia Ministry of Health, 2011) and briefly review.
- Review recommendations from the Ministry of Health (Republic of Zambia Ministry of Health, 2011) for insuring adequate nutrient and energy intake for PLHIV.
 - Eat smaller meals more frequently throughout the day, and do not miss meals.
 - Eat a variety of foods at every meal to get the necessary nutrients.
 - Eat meals that contain a staple food, such as nshima (a thick porridge made from maize meal), potatoes, rice, cassava, or sweet potatoes; meat, fish, beans, or kapenta (dried fish); vegetables, such as ibondwe (amaranthus), sweet potato leaves, or cassava leaves; and fruits in season, such as mangoes, guavas, pawpaw, masuku (a wild fruit), apples, and oranges.

- Eat snacks of fruit, cooked or roasted groundnuts, or porridge at least twice a day to increase energy and nutrient intake.
- Eat fermented foods, such as maheu, chibwantu, munkoyo, sour milk, or yoghurt to prevent the growth of diarrhoea-causing germs.
- Eat germinated foods to activate proteins and essential fatty acids.
- Eat fortified foods, such as vitamin A-fortified household sugar and iodised salt, to improve micronutrient intake.
- Explain that, in addition to eating well, it is important to drink plenty of clean water and to practice food safety, which includes
 - washing hands before preparing or eating food,
 - keeping food preparation tools and storage areas clean,
 - keeping raw and cooked foods separate,
 - not eating mouldy or rotten fruits and vegetables, or buying cracked eggs or past sell-by dated meat or fish, and
 - not eating raw or undercooked eggs, meat, or fish, and reheating previously cooked foods thoroughly.
- Emphasize that adolescence is a time of rapid physical growth and development, which can make good nutrition even more essential for this population.
- Point out that different foods can affect how medicines are processed so it is very important to always follow directions that call for including or avoiding foods or liquids.
- Review available resources and referrals for nutritional support.
- Ask for any questions, and park those on topics which will be covered later.

Fostering Mental Health (~60 Minutes)

- Ask participants to define mental health and use responses to clarify the World Health Organization definition (2017) as a state of well-being in which every individual realises his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her/his community.
- Clarify that mental health includes our emotional, psychological, and social well-being, which affects how we feel, what we do, and how we relate to others.
- Ask participants what emotions PLHIV may be dealing with, and use responses to review key points.

KEY POINTS

- ✓ Stress over living with a chronic disease and what it means for the future
 - ✓ Fears of death or death of a loved one
 - ✓ Shame
 - ✓ Feelings of loss and grief
 - ✓ Guilt over getting or transmitting HIV
 - ✓ Fear of disclosure
 - ✓ Anger or blame over how they got HIV
 - ✓ Feelings of isolation
 - ✓ Feelings from being stigmatised or discriminated against
 - ✓ Feeling anxious or depressed
-
- Explain that everyone struggles with emotions at times and can have periods where they are grieving a loss or feeling depressed or anxious. However, when those periods become prolonged or the feelings become severe, it is important that the person be referred to a health care worker so he/she can be properly assessed.
 - Acknowledge that PLHIV may be more likely to experience serious depression or anxiety and that YPLHIV may be at an even greater risk, as many common mental health issues like depression and anxiety do not present in people until they enter adolescence.
 - Review signs and symptoms that may indicate the presence of a mental health issue (Duffy, Bergmann, & Sharer, 2014).
 - Flat affect
 - Dramatic changes in appearance and self-care patterns
 - Irritability
 - Behavioral problems
 - Difficulty concentrating
 - Difficulty sleeping
 - Decreased socialization with peers and others
 - Poor school performance
 - Remind participants it is not the YPM's job to diagnose a client as having a mental health issue, but to serve as an early warning system since they are uniquely placed to notice changes in a client's mood or behavior that could indicate the need for intervention.

- Explain that another common emotion PLHIV may be dealing with is grief or bereavement, which is the emotional suffering felt when someone or something important is lost. This could include the death of someone close to them, or the loss of the life they knew before they learned they have HIV.
- Ask participants to share anything they are comfortable sharing about their own experiences with grief or bereavement, and use responses to clarify key points.

KEY POINTS

- ✓ Grief is a highly personal process and no two people will grieve in the same way.
- ✓ Over time the intensity of the feelings associated with grief will lessen, but there may be times when something triggers the return of the feelings in full force.
- ✓ Depending on the loss and the person grieving, the process can take weeks to years.
- ✓ Prolonged or intense grieving may give way to depression that needs to be assessed by a mental health professional.

- Highlight common emotions experienced during the grieving process (Kubler-Ross, 2005).
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance
- Acknowledge that this process is not linear, and that it is common to bounce back and forth between the emotions or to stay in one emotion longer than others.
- Explain that severe emotional suffering can cause people to consider suicide as a way to escape their pain and suffering.
- Review signs that indicate someone may be considering suicide (U.S. Department of Health and Human Services, 2017).
 - Talking about wanting to die or to kill oneself
 - Looking for a way to kill oneself
 - Talking about feeling hopeless or having no reason to live
 - Talking about feeling trapped or in unbearable pain
 - Talking about being a burden to others
 - Increasing the use of alcohol or drugs
 - Acting anxious or agitated or behaving recklessly

- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Reiterate that it is not the YPM's job to try to diagnose a client as having a mental health issue or being suicidal, but to notice changes in a client's mood or behavior that could indicate the presence of a mental health issue that needs professional support.
- Introduce the three questions YPMs can ask if they are concerned a client might be thinking of hurting or killing himself or herself.
 - Are you thinking of hurting/killing yourself?
 - Do you have a plan?
 - Do you have a way to carry out the plan?
- Explain that while YPMs should refer all clients who exhibit any mood or behavior changes, and anyone who answers yes to any of the three questions needs to be referred immediately and not left alone.
- Explain that the project has a protocol in place for identifying and referring clients who may need assessment and support for mental health issues, which will be covered during program management training.
- Ask participants to partner with someone sitting near them and share whatever they are comfortable sharing about their own emotional issues related to living with HIV, including what helped them.
- Bring the group back together and ask the following questions:
 - What were the main emotional issues you faced?
 - What helped you deal with them?
- Use responses to highlight actions that can help someone dealing with emotional or mental health issues, including
 - individual and family counselling,
 - medications which can help manage symptoms,
 - lifestyle changes like diet and exercise,
 - talking to trusted listeners like YPMs,
 - attending support groups, and
 - helping others.
- Review available resources and referrals for mental health support.
- Ask for any questions, and park those on topics which will be covered later.

Promoting Safety (~40 Minutes)

- Explain to participants that we will now be discussing how to promote safety, with a focus on experiences of violence.
- Ask participants to describe different forms of violence, and use their responses to define three main categories of violence.
 - Physical (e.g., slapping, hitting, kicking, beating)
 - Emotional (e.g., intimidation, constant belittling, humiliation)
 - Sexual (e.g., forced intercourse, other forms of sexual coercion)
- Post the **Physical Violence, Emotional Violence and Sexual Violence Flip Charts** around the room, and explain that participants will circulate and list examples they have seen, heard about, or experienced for each type of violence, including “who” did “what” to “whom.”
- Use the example of a parent striking a child to demonstrate filling in the columns on the physical violence flip chart, where the “who” is the parent, the “what” is hitting and the “whom” is the child.
- Have participants start, and circulate to check if they understand the instructions.
- Give them ~10 minutes and, when it appears that most are finished, call the group back together and discuss each flip chart.
- Ask participants about some consequences of violence for people in general and use responses to clarify key points.

KEY POINTS

- ✓ Poorer physical and mental health
- ✓ Risk for re-victimisation
- ✓ Higher likelihood of depression
- ✓ Lower likelihood of undertaking safe sexual practices
- ✓ Lower likelihood of completing school

- Ask participants to consider the “whom” lists to identify factors that may make some groups more vulnerable to violence, and use responses to clarify key points.

KEY POINTS

- ✓ Age
- ✓ Gender
- ✓ Stigma associated with some health conditions like HIV
- ✓ Socio-economic status
- ✓ Cultural norms

- Acknowledge that a lot of different factors can play into the use of violence, and in the remaining time participants are going to look at gender and violence.
- Ask participants to explain the difference between sex and gender.
 - Sex is a term for sexual intercourse. It also refers to the biological differences between males and females. For example, a female has a vagina and a male has a penis.
 - Gender refers to the roles and behaviors that society views as appropriate for males and females.
- Ask participants to share common gender expectations for men and women in their community and how those expectations positively or negatively impact someone's life in his or her community.
 - A gender expectation might be, for example, that women do the household chores and men earn the money.
- Explain that sex cannot be changed but gender roles are social and can be changed.
- Ask participants to define gender-based violence.
 - Gender-based violence refers to any form of harm directed at an individual because of his/her biological sex or gender identity.
- Acknowledge that Youth, in general, may have a higher risk of experiencing gender-based or other forms of violence (e.g. violence from a parent/caregiver).
- Ask why PLHIV might be at higher risk of gender-based violence or other forms of violence than the general population. Some reasons could include
 - HIV stigma is strong and violence is used to blame a person for having the disease,
 - violence can happen as an immediate reaction to HIV disclosure, or
 - HIV infection can make an individual weak, leaving the person more vulnerable to violence.
- Ask participants about some consequences of violence for PLHIV and use responses to clarify key points.

KEY POINTS

- ✓ Poorer adherence to antiretroviral therapy
- ✓ Lower CD4 count

- Review key points about violence.

KEY POINTS

- ✓ Physical, emotional, and sexual violence are three main forms of violence that individuals can experience from a range of perpetrators.

- ✓ Gender-based violence refers to any form of harm directed at an individual because of his/her biological sex or gender identity.
- ✓ Violence against PLHIV is an important public health problem. PLHIV are at higher risk of experiencing violence than the general population.
- ✓ Experiencing violence has a variety of negative health consequences.

- Explain that the project has a protocol in place for identifying and referring clients who may be experiencing violence which will be covered during project management training.
- Review available resources and referrals for anyone experiencing violence.
- Ask for any questions, and park those on topics which will be covered later.

Addressing Substance Abuse (~30 Minutes)

- Explain that abusing drugs or alcohol is not a healthy living practice for anyone, but that PLHIV may be more likely to experience negative effects, especially once they are on ARV drugs, which can include:
 - toxic reactions causing sickness and even death,
 - reduced level of ARV drugs in the blood, which can inhibit viral suppression and lead to resistance and treatment failure,
 - increased damage to liver and kidneys, which have to process ARV drugs and alcohol or recreational drugs, and
 - reduced likelihood of using safer sex practices at all or using them correctly.
- Explain that alcohol use has also been linked to poorer rates of adherence, including one study which found that youth who reported alcohol use in the previous month were significantly more likely to have a 48-hour treatment gap than their peers who did not consume alcohol (Denison, et al., Factors Related to Incomplete Adherence to Antiretroviral Therapy among Adolescents Attending three HIV Clinics in the Copperbelt, Zambia, n.d.)
- Ask participants what signs and symptoms could indicate that someone has a substance abuse problem, and list ideas on a flip chart clarifying and adding key points as needed.

KEY POINTS

- ✓ Feeling a need to use the substance regularly, or to manage situations or feelings, and failing in attempts to stop using
- ✓ Devoting a lot of time to thinking about and planning how to get the substance
- ✓ Spending money budgeted for necessities like food on the substance
- ✓ Doing things outside of normal behaviour to obtain the substance, such as stealing or trading sex

- ✓ Taking risks, such as driving under the influence of the substance
- ✓ Neglecting responsibilities, such as chores or homework and relationships with family and friends
- ✓ Passing out or not remembering things you have done when under the influence of the substance

- Acknowledge that adolescence is a time of experimentation and that will likely include experimenting with alcohol and other drugs.
- Ask participants why adolescents may be tempted to use drugs or alcohol, and list ideas on a flip chart clarifying and adding key points as needed.

KEY POINTS

- ✓ Peer pressure
- ✓ A need to fit in, having been already taxed by feeling different for having HIV
- ✓ Escape from feelings or problems
- ✓ Boredom or curiosity
- ✓ A false sense of confidence provided by drug
- ✓ Exposed to drug or alcohol use in the home

- Ask participants to brainstorm strategies for avoiding drug or alcohol use for each of the reasons, and add those to the flip chart.
- Explain that the project has a protocol in place for identifying and referring clients who may be dealing with substance abuse issues, which will be covered during program management training.
- Review available resources and referrals for substance abuse support.
- Ask for any questions, and park those on topics which will be covered later.

Healthy Living Self-Assessment (~15 Minutes)

- Remind participants that one of the jobs of a YPM is to be a good role model.
- Direct participants to the **Healthy Living Self-Assessment** in their **YPM Journal** and review the structure.

Physical Health		
How would I rate my physical well-being? 😊 😐 😞		
What am I doing well?	What do I want to improve?	What steps can I take to improve?
Mental Health		
How would I rate my mental well-being? 😊 😐 😞		
What am I doing well?	What do I want to improve?	What steps can I take to improve?
Spiritual Health		
How would I rate my spiritual well-being? 😊 😐 😞		
What am I doing well?	What do I want to improve?	What steps can I take to improve?
Social Health		
How would I rate my social well-being? 😊 😐 😞		
What am I doing well?	What do I want to improve?	What steps can I take to improve?

- Tell participants they have a few minutes to start the assessment and ask that they spend some time in the evening completing the assessment.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 10: Effective Communication

Total Session Time: 4 hours and 20 minutes

OBJECTIVES:

By the end of the session participants will be able to

- discuss the two dimensions of communication,
 - describe aspects of verbal and nonverbal communication and ways to improve them,
 - identify common communication barriers and strategies for addressing them,
 - discuss common communication tools, and when and how to use them, and
 - practice using effective communication skills during a role play.
-

MATERIALS

- Flip chart stand, paper, and markers
 - Press stick or masking tape
-

HANDOUTS & TOOLS

- None
-

FLIP CHARTS

- 1 flip chart titled "Communication" with 2 columns titled "Effective Practices" and "Ineffective Practices"
 - 1 flip chart titled "Communication Barriers" with 2 columns titled "Barriers" and "Strategies"
 - 1 flip chart titled "Communication Tools" with list of tools from page 94.
 - 1 flip chart titled "Open-Ended Questions"
 - 1 flip chart titled "I Statements" with 2 columns titled "Statement" and "I Statement" with statements from pages 96-97.
 - 1 flip chart titled "Feedback and Observation" with a subtitle "Process" and bullets "YPM", "Client", "Observer" and "PST Facilitator" and a second subtitle "Key Points" and bullets for "What went well?", "What could be improved?", "Was information provided technically correct?", "Was language used appropriate for the client?", "Was time managed time effectively?" and "Were skills used appropriately?"
-

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
 - ☐ Prepare flip charts.
 - ☐ Prepare and practice a short role play with another team member to demonstrate a range of effective and ineffective communication skills
-

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Dimensions of Communication	Interactive lecture, role play demonstration, brainstorming, buzz groups, and group discussion	55 min
Communication Barriers	Interactive lecture, brainstorming, and group discussion	20 min
Communication Tools	Interactive lecture, brainstorming, demonstrations, small group work, role plays, and group discussion	180 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Dimensions of Communication (~55 Minutes)

- Highlight how being able to communicate effectively with clients is a key priority for YPMs.
- Acknowledge that we are taught to speak when we are young, but that does not mean we have ever really been taught how to communicate effectively, so this is an opportunity to take a step back from what we think we know to really look at our communication practices and how effective they are.
- Tell participants that you are going to do a short role play, and that their job is to take note of what they see in terms of effective and ineffective communication practices.
- Conduct the role play, then debrief participants on what they noted, listing those under the appropriate heading on the *Communication Flip Chart*.
- Use observations from the flip chart to highlight that face-to-face communication has two dimensions: verbal and nonverbal.
- Ask participants to think of different elements involved in verbal communication, and use responses to review key points.

KEY POINTS

- ✓ Choice of words
- ✓ Language used

- Refer back to observations on the *Communication Flip Chart* to review key points about verbal communication.

KEY POINTS

- ✓ Use clear and concise messages – the less words the better.
- ✓ Think about what you want to say before speaking, especially when communicating about challenging subjects.
- ✓ Consider the message you want the receiver to hear, not just what you want to say.

- Ask participants to think of different elements involved in nonverbal communication, and use responses to review key points.

KEY POINTS

- ✓ Tone of voice
- ✓ Body language
- ✓ Gestures
- ✓ Eye contact
- ✓ Facial expressions
- ✓ Body position
- ✓ Proximity
- ✓ Other vocalizations, like sighs

- Refer back to observations on the **Communication Flip Chart** to review key points about nonverbal communication.

KEY POINTS

- ✓ A relaxed, open stance and a friendly tone will make you appear approachable and encourage others to speak openly with you.
- ✓ Use appropriate eye contact to show you are focused on the person, but be careful not to stare, which can make people uncomfortable.
- ✓ Pay attention to the other person's nonverbal signals while you are talking.
- ✓ Be aware that gestures can have different meanings in different cultures.

- Explain that nonverbal elements are particularly important for communicating feelings and attitude.
- Write the phrase, "You look nice" on a flip chart, and ask participants to brainstorm emotions they can convey just with those words. Give an example (e.g., sarcasm).
- Summarise the wide range of emotions that can be communicated with those same three words.
- Highlight how research has shown that, when communication is about feelings and attitudes, nonverbal communication is more important than verbal, especially if the messages are inconsistent (Merabain & Ferris, 1967).
- Demonstrate the point by crossing your arms tightly over your chest and saying, "So nice to see you," in a pleasant tone of voice.
- Ask participants what they would think was meant if they were on the receiving end of that message.

- Use responses to highlight that another part of communication involves how a message is received and then interpreted by the other person, and that in the demo, they were assigning meanings to the crossed arms when it could have been that the speaker was cold.
- Ask participants for ideas of things that can influence how a message is interpreted, and use responses to review key points.

KEY POINTS

- ✓ Inconsistent verbal and nonverbal messages
- ✓ Level of knowledge on the topic
- ✓ Beliefs or opinions about the topic or the speaker
- ✓ Previous experiences
- ✓ Emotional reaction to the topic or speaker

- Ask for any questions, and park those on topics which will be covered later.

Communication Barriers (~20 Minutes)

- Ask participants what can get in the way of effective communication and list those on **Communication Barriers Flip Chart**, adding key points as needed.

KEY POINTS

- ✓ Word choice
- ✓ Language used
- ✓ Speaking speed
- ✓ Disruptions
- ✓ Environment
- ✓ Cultural differences
- ✓ Gender
- ✓ Religious beliefs
- ✓ Values or beliefs
- ✓ Education level
- ✓ Perceived status differences
- ✓ Prejudices

- Facilitate a discussion on strategies for overcoming the barriers listed.
- Ask participants what they think will be the main communication barriers they will experience with
 - clients,

- project staff, and
- health care facility staff.
- Brainstorm strategies for overcoming those communication barriers, and highlight available resources for supporting communication challenges.
- Ask for any questions, and park those on topics which will be covered later.

Communication Tools (~180 Minutes)

- Show the **Communication Tools Flip Chart** and explain that, in addition to attending to our verbal and nonverbal messages, there are other tools we can use to make our communication effective, including
 - active listening,
 - questioning,
 - paraphrasing,
 - reframing,
 - normalising statements,
 - “I” Statements,
 - summarising, and
 - feedback.
- Introduce the term *Active Listening*. Ask participants what they think it means, review key points, and give a demonstration.

KEY POINTS

- ✓ Active listening is a way to show the person speaking that you are interested in what he/she is saying and want to understand what the person means.
- ✓ Includes using verbal and nonverbal cues to demonstrate interest. For example saying “uh huh” or nodding.
- ✓ Involves paying close attention to what the other person is saying, both verbally and nonverbally, and not just focusing on response.
- ✓ Active listening can include asking clarifying questions and rephrasing what the person said to ensure understanding.
- ✓ Active listening can also include mirroring the speaker’s body language. For example: Leaning in towards the speaker when the speaker is leaning in.

- Introduce the term *Questioning*. Ask participants what they think it means, review key points and give a demonstration.

KEY POINTS

- ✓ Questioning is a way to gain information from and understanding of another person.
- ✓ Questions can be closed- or open-ended.
- ✓ Closed-ended questions can be answered with a one-word answer, including “yes” or “no,” and are useful when specific information is needed. For example: “Did you take your pills today?”
- ✓ Open-ended questions require more of a response and are useful when you want more information. For example: “How did you feel after disclosing to your friend?”
- ✓ It is not unusual for adolescents to answer open-ended questions with just one word.

- Ask participants to brainstorm open-ended questions they could use with clients, and list those on the ***Open-Ended Questions Flip Chart***.

Open-Ended Questions

How do you feel about...?

What are you thinking about...?

What are your ideas for...?

How did you feel when...?

Can you tell me more about...?

And then what happened?

What do you know about...?

- Introduce the term *Paraphrasing*. Ask participants what they think it means, review key points, and give a demonstration.

KEY POINTS

- ✓ Paraphrasing is using your own words to repeat back to a speaker what you understand the speaker to be saying.
- ✓ Paraphrasing is useful in avoiding conflicts, which can arise when assumptions are made and can make the speaker feel listened to and validated. For example: “So what I think I heard you say was that you feel your best friend may reject you if you disclose your status – is that right?”

- Introduce the term *Reframing*. Ask participants what they think it means, review key points, and give a demonstration.

KEY POINTS

- ✓ Reframing is looking at an experience, event, or emotion in another way, often to find an alternative or more positive interpretation.
- ✓ Reframing is useful when someone feels stuck and cannot see past a situation or emotion. For example: "You've said that you don't think your mother trusts you because she holds on to your medication. That's one way of looking at it. What might be another way?"

- Introduce the term *Normalising Statements*. Ask participants what they think it means, review key points, and give a demonstration.

KEY POINTS

- ✓ A normalising statement is one that creates a space for the person to feel that the person is not alone in his or her actions, thoughts, beliefs, etc.
- ✓ Normalising is useful when someone feels their reactions, emotions, circumstances, etc. are bad or wrong or completely different from anyone else's. For example: "Many people feel anger when they lose someone they love – it's a normal part of the grieving process."

- Introduce the term *"I" Statements*. Ask participants what they think it means, review key points, and give a demonstration.

KEY POINTS

- ✓ "I" statements provide a way to take responsibility for one's personal opinions, experiences, or thoughts.
- ✓ "I" statements are useful in diffusing situations where someone is feeling blamed or attacked.
- ✓ "I" statements allow acknowledgment of similar experiences or expressions of empathy without presuming to know exactly how the other person feels. For example: "I feel like you're avoiding the subject."

- Show participants the **"I" Statements Flip Chart** and ask them to brainstorm ideas for turning each statement into an "I" statement.

Statement	"I" Statement
You are really frustrating me because we've talked so much about the importance of adherence and you still keep missing doses.	I'm concerned that you are still missing doses, and I'm feeling a bit frustrated that I can't seem to help you with that – what do you suggest?

I know exactly how you feel!	I know how it feels OR I know how I felt...
You let me down when you didn't show up for our appointment – why did you skip it?	I was really concerned when you didn't come to our appointment – what happened?

- Introduce the term *Summarisation*. Ask participants what they think it means, review key points and give a demonstration.

KEY POINTS

- ✓ Summarisation is a way to bring together the points of what has been discussed in order to confirm understanding.
- ✓ Summarisation can be useful before moving into problem-solving an issue that is being shared, or to close a session. For example: "So, today we've focused on brainstorming ways you can remember to take your pills, and you've decided you'd like to try setting alarms on your phone this week. If that doesn't work, you'll ask your cousin if she can also set an alarm to help support you."

- Introduce the term *Feedback*. Ask participants what they think it means, review key points and give a demonstration.

KEY POINTS

- ✓ Feedback is an observation communicated from one person to another and can be positive or negative.
- ✓ When done skillfully, feedback can be very constructive, and when done poorly, it can be very destructive.
- ✓ Feedback is useful in giving a person a different viewpoint so that he or she can make corrections, improvements, or decisions. For example: "I know you've shared you really want to take on more self-management of your treatment, but when you skip doses the way you've been doing, it makes it hard for your caregiver and health care team to feel you're ready for that."

- Explain that throughout the rest of the PST participants will be role playing to build the knowledge and skills needed to be effective YPMs, and that providing and receiving constructive feedback is an important part of that learning process.
- Show the **Feedback and Observation Flip Chart** and introduce the feedback process that will be used to process role plays or presentations going forward.
 - Person (or people) playing the YPM provides feedback on themselves to start developing the ability to self-reflect after client meetings.

- Person (or people) playing the client provides feedback from their perspective of being on the receiving end of the services.
- Person (or people) playing the observer provides feedback from their perspective.
- PST facilitator(s) provides summative feedback and any corrections needed.
- Review the key points to consider when providing feedback.
- Divide participants into pairs.
- Tell them they will have an opportunity to practice using what they have learned about effective communication by role playing conversations between a YPM and a client.
- Instruct each participant to come up with an uncomplicated scenario a client might present that participants can use when they are the client. Participants may also choose to use an issue from their own life that they are comfortable sharing.
- Ask participants not to be difficult or challenging when they are the client since the aim of the exercise is to start practicing some new skills.
- Explain that there will be two rounds of role plays and that each round will last 10 minutes, and then there will be 2 minutes for feedback before switching roles.
- Start the first round of role plays and circulate among the groups to clarify the instructions and respond to any questions.
- Take note of any particularly good practices you see or hear.
- Give a 2-minute warning. At the end of the first 10 minutes, tell the pairs to wind up, give feedback, and then have them switch roles.
- Repeat the process.
- Bring the group back together, and ask for any feedback anyone would like to share about the process.
- Provide any final feedback based on observations and tell participants they will have more opportunities to practice in future sessions.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 11: Mentoring Skills

Total Session Time: 4 hours and 40 minutes

OBJECTIVES:

By the end of the session participants will be able to

- discuss peer mentoring framework,
- give examples of ways YPMs can demonstrate peer mentoring activities, and
- describe developmental needs of adolescent clients.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- None

FLIP CHARTS

- 9 flip charts with one of the terms from Peer Mentoring Framework from page 100

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
- ☐ Prepare flip charts.
- ☐ Prepare and practice a short role play suitable for freeze-frame learning activity.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Peer Mentoring Framework	Interactive lecture, brainstorming, gallery walk, role plays, self-reflection, and group discussion	220 min
Mentoring Adolescents	Interactive lecture, brainstorming, and group discussion	55 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Peer Mentoring Framework (~220 Minutes)

- Direct participants to the *Peer Mentoring Framework* in their *YPM Guides* and review that it illustrates key practices YPMs need to be skilled at in order to develop effective relationships with their clients.
- Review that the foundation of the peer mentoring relationship involves building trust, demonstrating respect, and showing empathy, and that the other practices build on that foundation.

- Show participants the *Peer Mentoring Practices Flip Charts* around the room.
- Explain that participants will be doing a gallery walk to brainstorm ways that YPMs can demonstrate the activities during interactions with clients.

- Work through *Listen* as an example, and add key points as needed.

KEY POINTS

- ✓ Listen for understanding by using active listening skills.
- ✓ Listen more and speak less – clients should be doing the majority of the talking.
- ✓ Listen for what is NOT being said as well as what is being said.
- ✓ Do not be afraid of silences.
- ✓ Do not underestimate the value to clients of someone who is really listening to them.

- Tell participants to start, and circulate among them to make sure they understand the directions.
- Give ~15 minutes, and when it appears that most are finished, call the group back together.
- Process what has been listed for *Model*, and add key points as needed.

KEY POINTS

- ✓ Practice what you preach in terms of healthy living practices.
- ✓ Share your success and challenges.
- ✓ Demonstrate effective communication practices.
- ✓ Freely admit when you do not know something, and demonstrate how to find answers to questions.

- Process what has been listed for *Coach*, and add key points as needed.

KEY POINTS

- ✓ See the potential in clients...even when they cannot.
- ✓ Focus on their strengths and ways to build and leverage those strengths.
- ✓ Provide constructive feedback.
- ✓ Be a partner for practicing things like disclosure conversations.

- Process what has been listed for *Support*, and add key points as needed.

KEY POINTS

- ✓ Be a safe space for clients to share emotions and thoughts.
- ✓ Help clients problem-solve solutions to challenges.
- ✓ Facilitate linkages to other services.
- ✓ Escort clients to appointments or go with them as appropriate.

- Process what has been listed for *Educate*, and add key points as needed.

KEY POINTS

- ✓ Look for teachable moments and then take advantage of them.
- ✓ Provide factual information to help dispel unfounded fears.
- ✓ Freely admit when you do not know something and model ways to get answers.
- ✓ Engage in a process of continued learning yourself.

- Process what has been listed for *Motivate*, and add key points as needed.

KEY POINTS

- ✓ Look for ways to link recommended practices, like adherence, to their goals – the “what’s in it for me?” factor.
- ✓ Acknowledge and praise even small improvements.
- ✓ Share success you have or others have had to show what is possible.
- ✓ Find inspiring quotes that speak to what the client is dealing with.

- Process what has been listed for *Trust*, and add key points as needed.

KEY POINTS

- ✓ Keep confidences unless required by program guidelines and then follow them responsibly
- ✓ Be consistent and do what you say you are going to do, or take responsibility and make amends if you do not
- ✓ Be accurate in the information you provide, and freely admit when you do not know something

- Process what has been listed for *Respect*, and add key points as needed.

KEY POINTS

- ✓ Be on time for client meetings and youth group meetings.
- ✓ Be prepared or take responsibility and make amends if you are not.
- ✓ Acknowledge that clients come to you with their own experiences, skills, and strengths.
- ✓ Use effective communication skills and do not treat clients like children.
- ✓ Keep an open mind and do not predetermine that you know what is best for clients.

- Process what has been listed for *Empathy*, and add key points as needed.

KEY POINTS

- ✓ Validate and normalise clients' concerns and emotions.
- ✓ Share similar experiences as appropriate.

- Conduct a freeze frame role play where two team members play the client and the YPM. As the team member playing the YPM demonstrates the ineffective mentoring skills shown below, call freeze and invite a couple participants to come up and demonstrate how it could be done more effectively. Continue the process for each of the skills.
 - Respect – YPM is late for session and does not take responsibility or make amends
 - Model – YPM starts to make something up in response to a question he/she can't answer
 - Coach – YPM tells client what they did wrong in a situation
 - Educate – YPM misses capitalizing on a teachable moment
 - Motivate – YPM does not link recommendations to client goals
 - Trust – YPM does not take responsibility for something they promised to do
- Briefly review BEST model of stages of mentoring relationships (The Mentoring Partnership of Southwestern Pennsylvania, 2017).
 - **Building** the relationship – initial meetings are important for establishing trust and boundaries, and learning about the client and his/her needs.
 - **Enhancing** the relationship – as the relationship develops, the focus can shift towards setting goals and problem-solving challenges the client has identified.
 - **Sustaining** the relationship – can be a challenge after the newness of the meetings has worn off. May require resetting expectations for the meetings or establishing new boundaries.
 - **Transitioning** the relationship – at the conclusion of the project period, clients need to be prepared to transition out of meetings or into more limited ones, which may involve finding other resources to continue supporting unmet needs.
- Ask for any questions, and park those on topics which will be covered later.

Mentoring Adolescents (~55 Minutes)

- Ask participants to use their own experiences of being an YPLHIV to brainstorm any special needs that their clients may have and to list those on a flip chart.
- Ask participants how they might adapt aspects of the peer mentoring framework to meet those needs.

- Acknowledge that some of the clients served by Project YES will be adolescents, and that they may have more specific needs to consider.
- Review that WHO defines adolescents as people between 10 and 19 years of age (United Nations General Assembly, 1989).
- Acknowledge that adolescence is one of the most rapid phases of human development and is characterized by a period of tremendous physical, emotional, and social change and growth.
- Explain that while YPMs are not expected to become child development experts, it can be useful to have a general sense of the stages adolescents go through.
- Direct participants to the *Stages of Adolescent Development* table in the appendix of their *YPM Guide* and briefly review.
- Caution that adolescents are a heterogeneous group and the needs of two adolescents of the same age could vary widely based on factors such as their
 - stage of development,
 - gender,
 - home and family situation,
 - educational level, and
 - relationship status.
- Highlight how determining the needs of clients will be a process that will unfold as they get to know each other, and that part of the YPM role will be learning how to adapt to the needs of each client. For example, the facts of HIV transmission do not change, but a YPM might use very different language to explain it to different clients.
- Ask participants for common challenges adolescents face, and use responses to review key points.

KEY POINTS

- ✓ Need to redefine relationships, especially with parents/caregivers
- ✓ Struggle to individuate (gain independence) from parents/caregivers
- ✓ Adjustment to physical changes, especially those related to sexual development
- ✓ Hormonal mood swings
- ✓ New responsibilities and experiences that can be stressful
- ✓ Issues related to sexual orientation or gender identification
- ✓ Increased risk-taking behaviours
- ✓ Fluctuating self-confidence
- ✓ Peer pressure

- ✓ Experimentation with sex, drugs, and alcohol
- ✓ Emergence of mental health issues

- Acknowledge that adolescence is already a difficult time, and that adolescents living with HIV (ALHIV) have additional concerns or challenges on top of the common ones.
- Ask participants to reflect back on their own experiences to identify additional concerns or issues ALHIV may be dealing with, and use responses to review key points.

KEY POINTS

- ✓ Stress over living with a chronic disease and what it means for the future, especially as it relates to sexual partners and having a family
- ✓ Challenging home situations, including caregivers who are ill themselves
- ✓ Lingering feelings over how they contracted HIV and how they were told of their status
- ✓ Rejection and/or isolation
- ✓ Stigma and/or discrimination
- ✓ Difficulties adhering to prescribed medications or treatments
- ✓ Grief from losing family members to HIV
- ✓ Disclosure decisions or inadvertent disclosure
- ✓ Missing school during periods of illness or for medical appointments

- Ask for any questions, and park those on topics which will be covered later.

Session 12: Facilitating Client Meetings

Total Session Time: 15 hours and 20 minutes

OBJECTIVES:

By the end of the session participants will be able to

- discuss elements of client meetings,
- identify tools used in each client meeting,
- participate in a client meeting demonstration,
- practice facilitating client meetings, and
- practice completing meeting tools.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- Client Meeting Outlines and Tools
- Client Journal

FLIP CHARTS

- Feedback and Observation Flip Chart from Session 10

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Introduction to Client Meetings	Interactive lecture, self-reflection, demonstration, role plays, and group discussion	25 min
Facilitating Client Meetings	Interactive lecture, demonstrations, role plays, and group discussion	890 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Introduction to Client Meetings (~25 Minutes)

- Ask participants who have experienced being mentored to share anything they feel comfortable sharing about their experience.
- Explain that outlines for client meetings have been designed to guide and support YPMs in facilitating meetings, while allowing enough flexibility to respond to the client's needs.
- Distribute *Client Journal and Client Meeting Outlines and Tools Handouts*.
- Briefly review the general structure and sequence of meetings, and the tools used in each one.

Facilitating Client Meetings (~890 Minutes)

- Explain that the next couple of days will be spent learning about the client meetings and how to facilitate them.
- Explain that you (or another qualified facilitator) will do a demonstration of each meeting with one of the participants playing the role of the client, followed by a chance for the participants to practice by role playing.
- Emphasize that at this stage the intent is for participants to get familiar with the meeting outlines and to start practicing how to use what they have learned about the technical topics and the communication and mentoring skills.

Note: Because there is not enough time for all participants to play the YPM for every meeting, the table below outlines a schedule that can be adapted as needed.

Activity	Notes	Time
Orientation Meeting Demo	Review the structure of the whole Orientation Meeting and demonstrate just the client breakout portion	90 min
Orientation RP1	All participants play both YPM and client. Keep the same pairs for both role plays	60 min
Orientation RP2		60 min

1 st Client Meeting Demo	Review and demonstrate all of the 1 st meeting.	90 min
1 st Client Meeting RP1	Only one participant plays the YPM role for the 1 st meeting.	60 min
2 nd Client Meeting Demo	Review and demonstrate all of the 2 nd meeting	60 min
2 nd Client Meeting RP1	Only one participant plays the YPM role for the 2 nd meeting. Keep the same pairs from the 1 st meeting so both partners get to role play a full meeting as YPM.	60 min
3 rd Client Meeting Demo	Review the structure of the whole meeting and demonstrate just the discussion portion since the engagement, information gathering, adherence check-in and conclusion process is the same as the 2 nd meeting.	45 min
3 rd Client Meeting RP1	Only one participant plays the YPM role for the 3 rd meeting. Use different pairs from the 1 st and 2 nd client meeting role plays.	45 min
4 th Client Meeting Demo	Review the structure of the whole meeting and demonstrate just the discussion portion since the engagement, information gathering, adherence check-in and conclusion process is the same as previous meeting.	45 min
4 th Client Meeting RP1	Only one participant plays the YPM role for the 4 th meeting. Keep the same pairs from 3 rd meeting.	45 min
5 th Client Meeting Demo	Review the structure of the whole meeting and demonstrate just the discussion portion since the engagement, information gathering, adherence check-in and conclusion process is the same as previous meeting.	45 min
5 th Client Meeting RP1	Only one participant plays the YPM role for the 5 th meeting. Use different pairs from the 3 rd and 4 th client meeting role plays.	45 min
6 th Client Meeting Demo	Review and demonstrate all of the 6 th meeting.	60 min
6 th Client Meeting RP1	Only one participant plays the YPM role for the 6 th meeting. Keep the same pairs from the 5 th meeting	60 min

- Follow this process for each of the client meeting demonstrations:
 - Direct participants to the meeting outline and review the structure and any tools used.

- Ask for a participant to volunteer to be the client, and do a demonstration of the client meeting.
- Instruct the other participants to follow along with the meeting outline, and to take note of anything they observe.
- Process the demonstration using the ***Feedback and Observation Flip Chart***.
- Follow this process for the client meeting role plays:
 - Divide participants into pairs and ask them to decide who will play the YPM and who will play the client. Manage this process to ensure that everyone gets to play the YPM four times noting where it is recommended to keep the same pairs.
 - Start the role plays. Circulate among the pairs to clarify the instructions and respond to any questions. Take note of any particularly good practices you see or hear.
 - Give a 2-minute warning. At the end of the time period, tell the pairs to wind up.
 - Process the role play using the ***Feedback and Observation Flip Chart***.
 - Instruct the participant playing the YPM to practice completing the meeting notes and log.
- At the conclusion of all of the demonstrations and role plays, bring the group back together and ask for any feedback anyone would like to share about the process.
- Provide any final feedback based on observations and tell participants they will have more opportunities to practice in future sessions.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 13: Facilitating Youth Group Meetings

Total Session Time: 3 hours and 35 minutes

OBJECTIVES:

By the end of the session participants will be able to

- discuss elements of a youth group meeting,
- identify tools used in youth group meetings, and
- participate in a youth group meeting demonstration.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- Youth Group Meeting Outlines and Tools

FLIP CHARTS

- Feedback and Observation Flip Chart from Session 10

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Introduction to Youth Group Meetings	Interactive lecture, self-reflection, and group discussion	30 min
Facilitating Youth Group Meetings	Interactive lecture, demonstration, and group discussion	180 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Introduction to Youth Group Meetings (~30 Minutes)

- Ask participants who have attended a peer support or youth group meeting to share anything they feel comfortable sharing about their experiences.
- Review key points about support groups in general.

KEY POINTS

- ✓ Support groups are made up of people who share a common challenge or experience, such as living with HIV.
- ✓ Participating in support groups allows people to interact with others who are going through similar experiences, which can help alleviate feelings of isolation or stigmatisation.
- ✓ Support groups can provide a forum to learn about, and discuss issues of interest related to, the challenge or experience.
- ✓ Participants can learn practical tips from others who are further along in the process.
- ✓ Support group participants can act as role models for each other as seeing someone who has successfully coped with shared issues or challenges can be inspiring and motivating.
- ✓ Support groups provide a safe space for sharing thoughts and feelings participants may otherwise not be able to express.

- Explain that for this project, youth group meetings are intended to provide clients with information and emotional support; that they are closed, meaning only those invited may attend; that each session will last ~90 minutes and will be co-facilitated by YPMs utilising guest speaker subject matter experts as needed.
- Explain that as with the client meetings, outlines for youth group meetings have been designed to guide and support the facilitators, while allowing enough flexibility to customize the interaction to respond to the participants' needs.

- Distribute **Youth Group Meeting Outlines and Tools Handouts.**
- Briefly review the general structure for each meeting and the tools used.
- Discuss common challenges faced in facilitating youth group meetings, including participants who
 - come in late or leave early,
 - monopolize the discussion,
 - interrupt others or bring up inappropriate or irrelevant subjects,
 - want to challenge or argue about everything being said, or
 - share information that is inaccurate.
- Review possible solutions to those challenges, which could include
 - using empathy to acknowledge the offender's situation or point of view followed by "I" statements to identify how his/her actions affect the group,
 - offering other ways for the offender to get support, such as an individual meeting with a YPM,
 - reviewing youth group ground rules and asking those who cannot abide by them to refrain from attending, and
 - speaking to offender outside of the meeting if the situation continues.

Facilitating Youth Group Meetings (~180 Minutes)

- Explain that you (or another qualified facilitator) will do a demonstration of the 1st youth group meeting with participants playing the clients. Then you'll review the outlines for the rest of the meetings, and that they will practice facilitating a group meeting as part of the next session.

Note: Because there is not enough time to demonstrate and role play every meeting, the table below outlines a schedule that can be adapted as needed.

Activity	Notes	Time
1 st Group Meeting Demo	Review and demonstrate all of the 1 st meeting	90 min
2 nd Group Meeting Review	Review the structure of the 2 nd meeting	15 min
3 rd Group Meeting Review	Review the structure of the 3 rd meeting	15 min
4 th Group Meeting Review	Review the structure of the 4 th meeting	15 min
5 th Group Meeting Review	Review the structure of the 5 th meeting	15 min
6 th Group Meeting Review	Review the structure of the 6 th meeting	30 min

- Ask participants to form a circle with their chairs for the demonstration.
- Conduct a demonstration of the 1st meeting and process the demonstration using the ***Feedback and Observation Flip Chart***.
- Review the outlines and tools for the other meetings.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 14: Practicum

Total Session Time: 7 hours and 45 minutes

OBJECTIVES:

By the end of the session participants will be able to

- practice planning and facilitating a youth group meeting,
- practice facilitating a client meeting, and
- practice completing client and youth group meeting tools.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- None

FLIP CHARTS

- Feedback and Observation Flip Chart from Session 10
- 1 flip chart titled "Youth Group Meeting Role Play Groups" with small group breakdowns and assigned meeting topic
- 1 flip chart titled "Client Meeting Role Play Groups" with small group breakdowns

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
- ☐ Prepare flip charts.
- ☐ Divide participants into two groups for youth group meeting role plays. Assign one group the HIV & AIDS Basic meeting and the other the Flourishing with HIV meeting. Be sure to divide the stronger or more outgoing participants evenly between the groups.
- ☐ Divide participants into groups of three for client meeting role plays of client meetings 3, 4, and 5. Be sure to divide the stronger participants evenly between the groups.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Youth Group Meetings	Role plays and group discussion	250 min
Client Meetings	Role plays and group discussion	210 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Youth Group Meetings (~250 Minutes)

- Show participants the *Youth Group Meeting Role Play Groups Flip Chart*.
- Explain that each group will be planning and facilitating the youth group meeting they have been assigned.

Note: The table below outlines a schedule that can be adapted as needed. Additional time has been added in to the total for transitions and final feedback.

Activity	Notes	Time
Group Meeting Practice Planning and Preparation	Participants will have ~60 minutes at the end of Day 8 to plan and prepare and ~10 minutes at the start of Day 9 to get ready	70 min
Group Meeting Role Play 1	~70 minutes for the role play and ~10 minutes for feedback	80 min
Group Meeting Role Play 2	~70 minutes for the role play and ~10 minutes for feedback	80 min

- Tell participants that they will have ~70 minutes for each role play followed by ~10 minutes for feedback.
- Explain that they will have ~70 minutes to work together as a team to plan and prepare for their meeting.
- Emphasize that a big part of planning is determining how much they can cover in their allotted time, so while they are welcome to use their PST materials they may not be able to use them exactly (e.g. their HIV & AIDS basics session took four hours and for the group meeting have ~30 minutes for information sharing).
- Start the planning time and circulate between the groups to answer any questions and provide guidance, especially in terms of thinking through how much content they can cover in the time allotted.
- Start the first role play, and take note of any particularly good practices.
- Give a 2-minute warning. At the end of the first 70 minutes, tell the group to wind up and give feedback using the *Feedback and Observation Flip Chart*.

- Repeat the process for the second group.
- Bring the group back together and provide any final feedback based on observations and describe opportunities to practice going forward.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Client Meetings (~210 Minutes)

- Show participants the *Client Meeting Role Play Groups Flip Chart*.
- Explain that they will be practicing facilitating client meetings in groups of three, where, over three rounds, everyone will play a YPM, a client, and an observer.

Note: The table below outlines a schedule that can be adapted as needed. Additional time has been added in to the total for transitions and final feedback.

Activity	Notes	Time
Client Meeting Role Play 1	~55 minutes for the role play and ~5 minutes for feedback and documentation	60 min
Client Meeting Role Play 2	~55 minutes for the role play and ~5 minutes for feedback and documentation	60 min
Client Meeting Role Play 3	~55 minutes for the role play and ~5 minutes for feedback and documentation	60 min
Final Feedback		30 min

- Tell participants that they will have ~55 minutes for each role play followed by ~5 minutes for feedback and documentation.
- Tell participants that they will be role playing the 3rd, 4th and 5th client meetings and to decide as a group who will play the YPM, the client, and the observer for each role play.
- Give participants ~10 minutes to review the meeting outline for the client meeting where they will be the YPM .
- Start the first round of role plays, and circulate among the groups to clarify the instructions and respond to any questions.
- Take note of any particularly good practices you see or hear.
- Give a 2-minute warning. At the end of the first 55 minutes, tell the group to wind up and give feedback using the *Feedback and Observation Flip Chart*.
- Repeat the process until everyone has played each role.
- Bring the group back together and provide any final feedback based on observations, and describe opportunities to practice going forward.
- Ask for any questions, and park those on topics which will be covered later.

Session 15: Project Partners and Resources

Total Session Time: 1 hour

OBJECTIVES:

By the end of the session participants will be able to

- describe roles and responsibilities of health care team members, and
- discuss available services in the health facility and community.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape

HANDOUTS & TOOLS

- None

FLIP CHARTS

- 1 flip chart titled "Health Care Team" with 2 columns titled "Team Member" and "Roles & Responsibilities"

PREPARATION CHECKLIST

- ☐ Review the session and practice any unfamiliar activities.
- ☐ Prepare flip charts.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Health care Teams	Interactive lecture and group discussion	25 min
Community Services	Interactive lecture and group discussion	30 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.
- Ask why learning about this topic is important for YPMs and summarise benefits.

Health Care Teams (~25 Minutes)

- Ask participants to think of their own experiences in the health care facility and to name the different providers they have had contact with.
- List those on *Health Care Team Flip Chart*, adding in any not mentioned.

Team Member	Roles and Responsibilities
Physicians	Provide clinical care, medical reviews, prescription of drugs including ARVs, and identification of and referral to other services.
Clinical Officers	Provide clinical care, medical reviews, and prescription of drugs including ARVs, and identification of and referral to other services.
Nurses	Carry out procedures as prescribed by clinicians and draws blood, reinforcing adherence. May include identification of clients with missed appointments and needing linkage to other services.
Counsellors	Provide psychosocial support, including treatment adherence counselling and crisis counselling.
Pharmacists	Provide treatment adherence support and dispensing of drugs.
Nutritionists	Provide nutritional advice and support.

- Describe roles and responsibilities of health care team members in relation to the project and how they might be interacting with YPMs.
- Review any additional resources available in the health facility and what types of interactions YPMs might have with them.
- Ask for any questions, and park those on topics which will be covered later.

Community Resources (~30 Minutes)

- Review available community services, including
 - types of services provided,
 - any eligibility criteria for recipients, and
 - how clients are referred.
- Explain that the referral and tracking process they will be using will be reviewed during the program training sessions.
- Ask for any questions on content covered in the session, and park those on topics which will be covered later.

Session 16: Closing

Total Session Time: 2 hours and 20 minutes

OBJECTIVES:

By the end of the session participants will be able to

- obtain follow-up measurement of knowledge on HIV-related topics,
- provide feedback on training course, and
- obtain certificates of completion.

MATERIALS

- Flip chart stand, paper, and markers
- Press stick or masking tape
- Certificates

HANDOUTS & TOOLS

- Knowledge Assessment
- Pre-Service Training Evaluation
- Completion Certificates

FLIP CHARTS

- None

PREPARATION CHECKLIST

- ☐ Print out certificates with participant names, and have them signed by designated people.
- ☐ Invite graduation ceremony guests.

SESSION OVERVIEW

Learning Activity	Primary Methodology	Time
Session Overview	Group discussion	5 min
Knowledge Assessment Post-Test	Knowledge assessment	30 min
Training Course Evaluation	Written evaluation	15 min
Coming to Closure	Self-reflection	30 min
Graduation	Ceremony	60 min

LEARNING ACTIVITIES

Session Overview (~5 Minutes)

- Direct participants to the session overview in their *YPM Guide*.
- Ask for volunteers to read the session objectives.
- Ask if there are any questions, respond to those that are relevant, and park those on content covered later.

Knowledge Assessment Post-Test (~30 Minutes)

- Distribute the *Knowledge Assessment Handout* and instruct participants to circle the words “post-test” on the top. Explain how results will be shared and used.
- Give a 5-minute warning before time is up, then call time and collect the tests.

Training Course Evaluation (~15 Minutes)

- Distribute *Pre-Service Training Evaluation Handout* and explain how the information gathered will be used.

Coming to Closure (~30 Minutes)

- Clear any relevant items from *Parking Lot*, and identify next steps for any remaining items.
- Thank and acknowledge participants for their efforts during the week and anyone who contributed to the training course.
- Invite participants to share anything they would like to share to come to closure on their training experience.

Graduation (~60 Minutes)

- Invite designated speaker(s) to give closing remarks.
- Facilitate closing ceremony and distribution of *certificates*.

Appendix

Handouts & Tools

<i>Attendance Register</i>	Session 1: Opening Session	Project YES PST Attendance Register_
<i>Knowledge Assessment Pre-Test/Post-Test</i>	Session 1: Opening Session Session 16: Closing	Project YES PST Knowledge Assessme
<i>PST Evaluation</i>	Session 16: Closing	Project YES PST Evaluation_28Feb19.
<i>Completion Certificate</i>	Session 16: Closing	Project YES YPM PST Certificate.pub

Session 11: Stages of Adolescent Development

Stages of Adolescent Development			
Category	EARLY 10-15 years	MIDDLE 14-17 years	LATE 16-19 years
Physical Growth	<ul style="list-style-type: none"> • Secondary sexual characteristics appear • Rapid growth reaches a peak 	<ul style="list-style-type: none"> • Secondary sexual characteristics advance • Growth slows down • Has reached approximately 95% of adult growth 	<ul style="list-style-type: none"> • Physically mature
Cognition	<ul style="list-style-type: none"> • Uses concrete thinking ("here and now") • Does not understand how a present action affects the future 	<ul style="list-style-type: none"> • Thinking can be more abstract (theoretical) but goes back to concrete thinking under stress • Better understands results of own actions • Very self-absorbed 	<ul style="list-style-type: none"> • Most thinking is now abstract • Plans for the future • Understands how choices and decisions have an effect on the future
Psychological and Social	<ul style="list-style-type: none"> • Spends time thinking about rapid physical growth and body image (how seen by others) • Frequent changes in mood 	<ul style="list-style-type: none"> • Develops body image • Thinks a lot about impractical or impossible dreams • Feels very powerful • Experiments with sex, drugs, risks, etc. 	<ul style="list-style-type: none"> • Plans and follows long term goals • Usually comfortable with own body image • Understands right from wrong (morally and ethically)
Family	<ul style="list-style-type: none"> • Struggles with rules related to independence • Argues and is disobedient 	<ul style="list-style-type: none"> • Argues with people in authority 	<ul style="list-style-type: none"> • Moving from a child-parent/guardian relationship to a more equal adult-adult relationship
Peer Group	<ul style="list-style-type: none"> • Important for self-development • Intense friendships with same sex • Contact with opposite sex in groups 	<ul style="list-style-type: none"> • Strong peer friendships • Peer group most important and determines behaviour 	<ul style="list-style-type: none"> • Decisions/values less influenced by peers than by individual friendships • Selection of partner based on individual choice rather than what others think
Sexuality	<ul style="list-style-type: none"> • Self-exploration and evaluation 	<ul style="list-style-type: none"> • Forms stable relationships 	<ul style="list-style-type: none"> • Mutual and balanced sexual relations

(Adapted from World Health Organization, 2017)

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