Training Guide

for
HIV Counseling and Testing for Youth: A Manual for Providers

Interagency
Youth
Working
Group

Training Guide

for
HIV Counseling and Testing for Youth: A Manual for Providers

Interagency
Youth
Working
Group

Training Guide for HIV Counseling and Testing for Youth: A Manual for Providers
by Family Health International, International Planned Parenthood Federation/
Western Hemisphere Region, and Population Services International

© 2008 by Family Health International
ISBN: 1-933702-32-X

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of Family Health International and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement No. GPO-A-00-05-00022-00, the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) Program.

Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel: 919.544.7040
www.fhi.org

Acknowledgments

This training guide is based upon the book *HIV Counseling and Testing for Youth: A Manual for Providers*, developed by the YouthNet Program, led by Family Health International (FHI), with funding from USAID. Published in 2005 in English, the manual was published later in Spanish in conjunction with the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) and in French in conjunction with Population Services International (PSI).

Family Health International, IPPF/WHR, and PSI supported the development of the training guide. Those involved in drafting the training guide were Susannah Canfield, River Finlay, and Jessica Halverson of IPPF/WHR; William Finger, Suzanne Fischer, Eric Ramirez, and Heidi Reynolds of FHI; and Dvora Joseph of PSI. The manual was field tested in Saint Lucia, with the support and participation of the Saint Lucia Planned Parenthood Association, a Member Association of IPPF/WHR, as well as participation from the Saint Lucia Ministry of Health. A field test was also conducted in Zambia, with the support and participation of PSI, Zambia's Society for Family Health, and staff from FHI's Nairobi and Lusaka offices. Jane-Harriet Namwebya (FHI/Kenya), Neater Sialwiindi (FHI/Zambia), and Alison Surdo (USAID) offered substantive suggestions that helped improve the training guide.

Editing: William Finger and Suzanne Fischer
Copyediting, design, and production: Karen Dickerson

Table of Contents

Introduction 5
Agenda 7

Day 1

Session 1. Opening 13
1.1 Workshop introduction 13
1.2 Getting to know each other 14
1.3 Pre-course self-assessment 14
Session 2. Integrated services for youth 15
2.1 Introducing integrated services 15
2.2 Youth-friendly services 17
2.3 Vulnerability and risk in youth populations 18
Session 3. HIV counseling and testing for youth 19
3.1 Skills needed by people who counsel youth 19
3.2 Models and major steps of HIV counseling and testing 20
3.3 Pretest counseling and risk assessment 23
3.4 Posttest counseling and risk reduction 25
Session 4. Closing 29
4.1 Review and close of the day 29

Day 2

Session 5. Review and provider practice session 33
5.1 Ball toss energizer 33
5.2 Review of pretest and posttest counseling 34
5.3 Practice HIV counseling and testing for youth 35
Session 6. Prevention of sexually transmitted infections 37
6.1 Overview of sexually transmitted infections 37
6.2 Why discuss sexually transmitted infections? 38
6.3 STI review with case studies 39
Session 7. Pregnancy prevention 40
7.1 Pregnancy prevention and HIV counseling and testing for youth 40
7.2 Treasure hunt 41
Session 8. Sexuality and youth sexual and reproductive health 43
8.1. Introduction to sexuality 43
Session 9. Provider practice session 44
9.1 Role-play comprehensive counseling and testing services 44
Session 10. Closing 45
10.1 Review and close of the day 45

DAY 3

Session 11.	**Referrals**		49
	11.1	Opening and review	49
	11.2	Establishing a successful referral network	49
	11.3	Mapping referral systems	50
Session 12.	**Integrated services**		51
	12.1	How do we implement integration of youth SRH and HIV services?	51
Session 13.	**Building community support**		53
	13.1	Building community support for integrated services	53
	13.2	Working groups for building community support	54
Session 14.	**Promoting integrated services to youth**		55
	14.1	Social marketing	55
	14.2	Designing a campaign to promote integrated services for youth	56
Session 15.	**Evaluation and conclusion**		58
	15.1	Post-course self-assessment	58
	15.2	Closing and evaluation	58

Handouts	Handout 1.	Participant interview	63
	Handout 2.	Pre-course self-assessment	64
	Handout 3.	Resources on youth-friendly services	66
	Handout 4.	Nonjudgmental risk assessment	67
	Handout 5.	Parts 1 and 2. Conducting an integrated risk assessment	68
	Handout 6.	Making referrals to health care providers	72
	Handout 7.	Reflections on Day 1/Day 2	75
	Handout 8.	Role-play scenarios—HIV counseling	76
	Handout 9.	STI case studies and discussion questions	78
	Handout 10.	Role-play scenarios—comprehensive counseling	79
	Handout 11.	Referral mapping	81
	Handout 12.	Community support worksheet	84
	Handout 13.	Post-course self-assessment	86
	Handout 14.	Final course evaluation	88

Appendices	Appendix 1.	Risk-reduction action plan	91
	Appendix 2.	Energizers	93
	Appendix 3.	Activities to conduct during a site visit	94

Training Supplement	(PowerPoint slides 1–43)	97

Introduction

In 2005, Family Health International produced *HIV Counseling and Testing for Youth: A Manual for Providers*, a unique resource for providers working with young people. The manual's goals are to improve provider knowledge, sensitivity, and confidence in offering HIV counseling and testing to youth. It contains:

- Guidance on methods to use when counseling young people who come for HIV testing
- Models of several approaches to HIV counseling and testing
- Resources for an integrated approach to this counseling, including a chart of information on contraceptive methods and on sexually transmitted infections
- An approach to counseling that links concerns about HIV to the overall sexual and reproductive health (SRH) needs of youth
- An emphasis on developing a referral network of organizations or clinics that provide related services to young people

After English, Spanish, and French versions of the manual were distributed to and used in many country programs, program managers suggested that a new publication be developed to train providers on how to use the manual. Based on that need expressed by users in the field, this training guide was developed.

By the end of the workshop, participants will be able to:

- Use *HIV Counseling and Testing for Youth: A Manual for Providers* as both a guide to services and programs and as a reference tool
- Describe and understand the concept of integrated services for HIV counseling and testing and other SRH needs and plan how to implement integrated counseling and services within their organizations
- Identify and implement the key elements of HIV counseling and testing for youth:
  - pretest counseling and risk assessment
  - posttest counseling for both negative and positive results and risk reduction
- Explain the importance of quality referrals in providing HIV counseling and testing to youth and identify the referral systems in place and the gaps in existing referral systems in their communities
- Demonstrate improved youth-focused counseling skills, drawing on resources in the manual
- Understand how to gain community support for integrated youth services and how to develop promotional and social marketing campaigns for those services

This guide is intended to be used to train experienced HIV counselors how to offer counseling and testing to *youth* and how to integrate HIV counseling and testing and other SRH services. **This training is not intended as basic counselor training and does not provide information on how to administer an HIV test.**

The training emphasizes the manual's underlying concept of integrated services, where a provider offering HIV counseling and testing includes broader SRH counseling and services as needed. The manual also emphasizes approaches to counseling youth in a way that is sensitive to their specific needs, although an in-depth discussion of creating youth-friendly services is beyond the scope of this training.

The training manual can benefit many who have a stake in counseling and testing and SRH service provision to youth, not just providers. Program managers and planners, clinic supervisors, and youth themselves will find the manual and this training guide helpful.

Each participant in the workshop should have a copy of *HIV Counseling and Testing for Youth: A Manual for Providers*. Ask participants to bring the manual to each day of the workshop, because they will need to have it at hand for many of the activities. During the workshop, participants will learn about the content in the manual and practice using it.

In preparation for the training, facilitators should make a photocopy of the handouts and Appendix 1 for each participant. (Make two copies of Handout 7 for each participant, because this handout is used at the end of Day 1 and Day 2.)

Finally, facilitators should feel free to modify the training as needed, possibly in any of the following ways.

- Names and situations in the case studies might be changed to make them more representative of the local context.
- *HIV Counseling and Testing for Youth: A Manual for Providers* places more emphasis on counseling and testing youth in a VCT setting than in clinical settings (see box entitled "A note on terminology"). However, all of the information and exercises in the guide are applicable to providers who work in clinical settings, and trainers should adjust their emphasis to suit the professional backgrounds of the workshop participants.
- The agenda presented here is only a recommended model; time allotted to various sessions can vary depending on the number of participants attending the workshop.

A note on terminology

"Voluntary counseling and testing" (VCT) refers to a stand-alone service in which youth, or others, specifically seek HIV counseling and testing.

In some settings (such as in hospitals or clinics), everyone may be tested routinely for HIV as part of other health services unless a client expressly chooses not to be tested, which is referred to as "opting out." In other settings, the test may be routinely offered, but the client receives the test only if he or she requests it, which is referred to as "opting in."

In this training guide, the term "HIV counseling and testing" encompasses all of these approaches.

A PowerPoint presentation is printed in this training guide. Both the presentation and the training guide are available online at: www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm. More information is available at: youthwg@fhi.org.

Agenda

Day 1—Session and Activities	Time	Materials
Session 1. Opening	**1 hr**	
1.1 Workshop introduction	15 min	Flip chart with day's objectives and agenda
1.2 Getting to know each other	30 min	Handout 1
1.3 Pre-course self-assessment	15 min	Handout 2
Session 2. Integrated services for youth	**1 hr, 45 min**	
2.1 Introducing integrated services	30 min	PowerPoint slides 1–6, flip chart and markers
2.2 Youth-friendly services	30 min	Handout 3, flip chart and markers
Break	**15 min**	
2.3 Vulnerability and risk in youth populations	45 min	PowerPoint slides 7–10
Session 3. HIV counseling and testing for youth	**3 hr, 15 min**	
3.1 Skills needed by people who counsel youth	30 min	PowerPoint slides 11–16, flip chart with questions listed in Step 1, flip chart and markers
3.2 Models and major steps of HIV counseling and testing	45 min	PowerPoint slides 17–20, flip chart with questions listed in Step 3, flip chart and markers
Lunch	**1 hr**	
3.3 Pretest counseling and risk assessment	1 hr	Handout 4, Handout 5 (Parts 1 and 2)
Break	**15 min**	
3.4 Posttest counseling and risk reduction	1 hr	Handout 6, flip charts with statements listed in Step 6, Appendix 1, flip chart and markers
Session 4. Closing	**30 min**	
4.1 Review and close of the day	30 min	Handout 7

Day 2—Session and Activities	Time	Materials
Session 5. Review and provider practice session	**1 hr, 45 min**	
5.1 Ball toss energizer	15 min	Ball, Appendix 2, flip chart with day's objectives and agenda
5.2 Review of pre- and posttest counseling	30 min	Flip chart and markers
5.3 Practice HIV counseling and testing for youth	1 hr	Handout 8, PowerPoint slide 20, flip chart and markers
Break	15 min	
Session 6. Prevention of sexually transmitted Infections	**1 hr, 30 min**	
6.1 Overview of sexually transmitted infections	30 min	Local statistics, flip chart and markers
6.2 Why discuss sexually transmitted infections?	30 min	Flip chart and markers
6.3 STI review with case studies	30 min	Handout 9
Lunch	**1 hr**	
Session 7. Pregnancy prevention	**1 hr**	
7.1 Pregnancy prevention and HIV counseling and testing for youth	45 min	PowerPoint slides 21–27, flip chart and markers
7.2 Treasure hunt	15 min	Small prizes (optional)
Session 8. Sexuality and youth sexual and reproductive health	**30 min**	
8.1 Introduction to sexuality	30 min	PowerPoint slides 28–30, flip chart and markers
Break	**15 min**	
Session 9. Provider practice session	**1 hr, 15 min**	
9.1 Role-play comprehensive counseling and testing services	1 hr, 15 min	Handout 10
Session 10. Closing	**30 min**	
10.1 Review and closing for the day	30 min	Handout 7

Day 3—Session and Activities	Time	Materials
Session 11. Referrals	**1 hr, 15 min**	
11.1 Opening and review	30 min	Flip chart with day's objectives and agenda
11.2 Establishing a successful referral network	15 min	Flip chart and markers
11.3 Mapping referral systems	30 min	Handout 11
Session 12. Integrated services	**1 hr, 15 min**	
12.1 How do we implement integration of youth SRH and HIV services?	1 hr, 15 min	PowerPoint slides 31–33, flip chart and markers
Break	**15 min**	
Session 13. Building community support	**1 hr, 15 min**	
13.1 Building community support for integrated services	15 min	Flip chart with points from Step 2, flip chart and markers
13.2 Working groups for building community support	1 hr	Handout 12
Lunch	**1 hr**	
Session 14. Promoting integrated services to youth	**2 hr**	
14.1 Social marketing	30 min	PowerPoint slides 34–40, flip chart and markers
14.2 Designing a campaign to promote integrated services for youth	1 hr, 30 min	PowerPoint slides 41–43, flip chart with 4 Ps, flip chart and markers
Break	**15 min**	
Session 15. Evaluation and conclusion	**45 min**	
15.1 Post-course self-assessment	15 min	Handout 13
15.2 Closing and evaluation	30 min	Handout 14
Optional site visit		Appendix 3

Day 1

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers

Day 1

By the end of Day 1, participants will be able to meet these objectives:

- Describe the concept of integrating HIV counseling and testing with other sexual and reproductive health (SRH) services
- Name the key skills people need to successfully counsel youth
- Identify ways to work with special youth populations
- Identify the steps of HIV counseling and testing, including
  - pretest counseling and risk assessment
  - posttest counseling for negative and positive results and risk reduction
- Use the tools in *HIV Counseling and Testing for Youth: A Manual for Providers*

Session 1. Opening

session time: 1 hr

1.1 Workshop introduction (15 min)

Purpose: To introduce the workshop, including objectives and logistics, and develop ground rules for the duration of the workshop.

Materials: Prepared flip chart with Day 1 objectives (see list above) and agenda
HIV Counseling and Testing for Youth: A Manual for Providers

1. Facilitators should introduce themselves and talk about their expectations for the workshop. Explain that you will establish ground rules and discuss the workshop's objectives. Tell participants that you will then lead an exercise in which they will introduce themselves.

2. Establish a safe and comfortable environment to help foster a positive training climate and encourage participants to exchange knowledge and experiences with one another. Ask participants what ground rules they think are appropriate. Prompt them, if needed, by asking things like: "Is it important that we respect one another? Participate fully? Give everyone a chance to talk?" Record these agreed-upon ground rules and post them on one of the walls—keep this list visible to participants throughout the entire workshop.

3. Be sure everyone has a copy of *HIV Counseling and Testing for Youth: A Manual for Providers*, referred to as "the manual" in this training guide. You should distribute these when participants register and ask participants to bring their manuals to each workshop session.

4. Review the workshop objectives on the prepared flip chart. Inform the group that this training will strengthen their knowledge and skills in HIV counseling and testing for youth clients. It will allow participants to put the manual into practice. It will also increase their familiarity with the tool, so it becomes a reliable reference for information and guidance after the workshop.

5. Review the agenda.

6. Review the logistical and administrative aspects of the workshop such as start time, breaks, per diems, and expense reports.

1.2 Getting to know each other (30 min)

Purpose: To help participants and facilitators get acquainted with one another and their backgrounds.

Materials: *Handout 1. Participant interview*
Flip chart and markers

1. Distribute *Handout 1. Participant interview* to the participants and ask them to find a partner to work with. Explain that each person should interview his or her partner using the questions on the handout and write down the person's responses.

2. Give them about five minutes to finish their interviews, then ask for volunteers to introduce their partners to the rest of the group.

3. Once everyone has been introduced, conclude the activity by summarizing what backgrounds are represented in the group (e.g., service providers, program managers, community leaders, or youth representatives) as well as the range of expertise in the relevant areas. Make a brief comment on the diversity or vantage points of this particular group.

1.3 Pre-course self-assessment (15 min)

Purpose: To have participants assess their knowledge, attitudes, and skills at the start of the workshop. (This will allow them to measure their progress after the workshop.)

Materials: *Handout 2. Pre-course self-assessment*

1. Distribute the pre-course self-assessment (Handout 2) for participants to complete and return. In order to keep the outcomes anonymous, ask participants to write down a six-digit number representing their birthday. For example, a participant who was born on the May 8, 1967, should put 080567 (day, month, year). A post-course assessment with the same questions will be distributed at the end of the workshop and a comparison will be made against the pre-course assessment to judge the effectiveness of the training.

2. After 10 minutes, collect the questionnaires.

3. At the end of Day 1, facilitators should review the results of the pre-course questionnaire to learn more about the participants' knowledge of the topics. During Days 2 and 3, facilitators can try to address any major gaps made evident in the self-assessments.

Session 2. Integrated services for youth

session time:
1 hr, 45 min

2.1 Introducing integrated services (30 min)

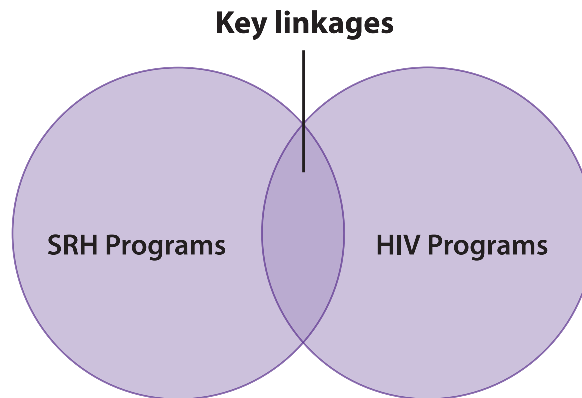
Purpose: To establish common understanding about the concept of "integration."

Materials: PowerPoint slides 1–6
Flip chart and markers

1. Introduce the topic of integrated services. Then brainstorm with the group about what they think integration means in relation to HIV and SRH.

2. Divide participants into groups of three. Distribute flip chart paper (1–2 sheets) and markers to each group. Explain that this activity will help to illustrate the meaning of "integration" as it pertains to HIV and SRH services.

3. Ask the groups to draw their own interpretation of integration using a diagram similar to the one shown on the next page.



Ask them to give each circle a heading (facilitator can demonstrate) as shown above.

4. Ask the groups to list important components of SRH and HIV programs near the corresponding labels. Explain that they could list various programs, services, and even commodities that fall under these two categories. (If needed, provide one or two examples, like "family planning" and "VCT.") Then the groups should determine the key areas where SRH and HIV intersect ("key linkages"). Remind them to include programs for youth in their diagram.

5. After the groups are finished brainstorming, each group should bring its drawing to the front of the room, tape it up, and explain it to the other participants.

6. Make note of similar themes and ideas mentioned by the different groups and point out these common threads after all groups have presented. Explain to the group that we begin with the concept of integration to illustrate how HIV and SRH programs can be strengthened through an integrated approach. Explain that on the third day we will be discussing integration in more detail, including discussing steps to improve integration in their organizations.

7. PowerPoint slides 1–6 can be used to reinforce the concept of integration, if necessary. You might also want to give the group some concrete examples of integrated programs, including:

- Some South African organizations that serve youth are renting or sharing spaces in government facilities such as cultural centers or welfare centers and providing HIV counseling and testing, family planning information and contraception, and life skills education, all in one place.
- In Uganda, family planning services are being integrated with adolescent-friendly services provided at four centers that have traditionally offered only sexually transmitted infection (STI) management and HIV counseling and testing.
- In Ethiopia, HIV counseling and testing is now being offered to youth at libraries, recreational facilities, and other places where young people have traditionally gone for peer education on life skills and family planning.

Explain that many models of integration are currently being evaluated, and we are still unsure which will prove to be the most successful. Some models will likely be more successful in some contexts than others.

8. Now, explain that while integrated services have many benefits for young people, these services must be youth friendly, or youth might not make use of them. Tell the group that next you will talk about what makes SRH and HIV services youth friendly.

2.2 Youth-friendly services (30 min)

Purpose: To get participants thinking about what makes SRH services youth friendly.

Materials: *Handout 3. Resources on youth-friendly services*
Flip chart and markers

1. Conduct a brainstorming exercise, asking participants to write down the answer to the following question: **What makes services youth friendly?** When they have worked a few minutes, ask for volunteers to name some of the characteristics they listed, and record their responses on flip chart paper.

2. Use the following probing questions if participants need encouragement or are not on the right track.

- When is the clinic open and where is it? (*convenient hours for youth, such as after school and weekends; near public transportation, school*)
- How will youth pay for services? (*affordable fees, sliding scale, or no charge for youth*)
- Are the clinic providers and staff able and willing to serve this group? (*trained to work with young people, nonjudgmental, respectful toward youth*)
- Would young people have concerns about their parents or friends finding out that they attended a clinic? (*confidentiality, anonymity [use code names], privacy, youth-specific entrance or hours*)
- Who makes policies for the clinic? (*youth participation in policy-making and implementation, through advisory board, or as peer educators*)
- How does your organization provide information about SRH services and issues? (*materials tailored to youth and community education on youth issues*)

3. Encourage participants to read the section called "Making Services Friendly to Youth" in the manual (pages 30–31) to see if they are missing any important considerations. Then ask participants to point out the Web address where more information is available on youth-friendly services. Distribute *Handout 3. Resources on youth-friendly services.*

4. Now, tell the group that certain youth populations can be even harder to reach, even if your services are generally friendly and welcoming to young people. In the next section, you will be talking about especially vulnerable youth populations and how stigma and discrimination discourage them from seeking SRH and HIV services.

Break (15 min)

2.3 Vulnerability and risk in youth populations (45 min)

Purpose: To encourage participants to think about the concepts of vulnerability, stigma, discrimination, and risk as they relate to HIV/AIDS. To give participants the opportunity to think through the challenges faced by young people in vulnerable situations and how providers can offer sensitive counseling and testing services to those youth.

Materials: PowerPoint slides 7–10

1. Begin by explaining the objective of the session. Ask participants if they think of "youth" as one population or many smaller populations. If necessary, prompt them by naming a few subpopulations such as orphans or street kids. Ask participants why it might be important to consider the subpopulations to which youth belong when developing programs for young people. (If they need help, remind them that different groups of youth have very different needs.)

2. Next, discuss the following questions with the group:

- How would you define vulnerability? (In this context, vulnerability means susceptibility to HIV, other STIs, or unintended pregnancy; vulnerability is influenced by underlying social factors such as cultural practices, laws, and socioeconomic status. It is not to be confused with individual behaviors, which put people directly at risk for HIV, STIs, or unwanted pregnancy.)
- What makes some groups more or less vulnerable? (Factors such as poverty, gender, age, lack of education, lack of access to health care, and belonging to a specific ethnic group can make people more or less vulnerable.)
- Ask them to name a few vulnerable populations of young people.
- Now take a few minutes to define "risk" (risk is influenced by specific behaviors), and then show PowerPoint slides 7–10 about factors that put youth at risk for HIV, other STIs, and

unintended pregnancy. Tell participants that more information about the factors that put youth at risk can be found in the manual on pages 15–17.

- ✦ What are stigma and discrimination? How do stigma and discrimination affect a person's vulnerability to HIV? (Stigma refers to unfavorable attitudes or beliefs directed toward someone; discrimination means treating an individual or group with prejudice. Stigma and discrimination can discourage people from seeking counseling and testing services, disclosing their test results to their family or partner, and seeking care and treatment. Stigma also prevents some people from asking a partner to use condoms, which have been stigmatized as something only promiscuous people would need to use.)
- ✦ What groups in your country are considered vulnerable?

3. Divide participants into small groups and ask each group to select one of the vulnerable populations they named in Step 2. Each group should discuss what particular challenges this population faces in seeking medical care and counseling and what they as providers can do to minimize stigma and discrimination through voluntary HIV counseling and testing. Have participants turn to pages 18–19 in the manual and encourage them to refer to these pages during the discussion, as needed.

4. After the small groups have discussed a vulnerable population, allow some time for them to share highlights of the discussion with the entire group.

5. Briefly summarize the discussion. Explain that next you will be talking about some important skills that providers need to counsel youth.

Session 3. HIV counseling and testing for youth

session time: 3 hr, 15 min

3.1 Skills needed by people who counsel youth (30 min)

Purpose: To emphasize the four most important skills for counseling youth.

Materials: PowerPoint slides 11–16
Prepared flip chart with questions listed in Step 1
Flip chart and markers

1. Post the prepared flip chart with these questions and discuss them with the group. Prompts are provided in italics.

- Why should we focus on youth rather than the general public? Why focus on youth instead of other vulnerable groups? (Prompt: *Youth account for up to half of all new HIV infections in many countries. Youth are the future. Many services that young people need are not designed for youth; hence, we must focus on making these services more welcoming to young people if we want youth to use them.*)
- Why are integrated services important for youth? (Prompt: *Youth lack access to services. Getting all of their SRH and HIV needs met in one place would be especially helpful to them. Integration could help reach youth who do not go to SRH service providers.*)

2. Ask the group to brainstorm aloud about the kinds of skills needed to successfully counsel young people. Write their responses on flip chart paper.

3. Using PowerPoint slides 11–16, review the four most important skills for counseling young people, answering questions as you go. Notice that in the notes section of each slide, there are additional points that you should make in the presentation.

4. Conclude the discussion by asking participants to turn to pages 23–29 in the manual to see where information is available about skills needed for working with youth. Remind participants that they can refer to these pages for reminders and tips after the workshop is over. Now, explain that you will talk about the two major models of HIV counseling and testing, and how youth-friendly counseling fits in these models.

3.2 Models and major steps of HIV counseling and testing (45 min)

Purpose: To review different models of HIV testing (provider-initiated versus client-initiated); to discuss the pros and cons of these models for youth; to challenge participants to see how the client flow at their organizations can be optimized for youth; and to discuss the four major steps in HIV counseling and testing.

Materials: PowerPoint slides 17–20
Prepared flip charts with questions listed in Step 3
Flip chart and markers

1. Tell the group that there are two major models of providing HIV counseling and testing, each of which has some benefits and potential drawbacks for young people. Show PowerPoint slides 17–20, pausing at each slide for discussion. Use the notes section of the each slide as the basis for discussion and refer the participants to the relevant section of the manual.

2. For slides 18–19, ask participants to turn to these two different testing models, shown as flow charts in the manual on pages 37 and 39. Explain that the flow chart on page 37 describes a model in which a provider routinely offers an HIV test as part of other services (e.g., a range of tests offered to a pregnant woman). This model is referred to as "provider initiated," and the client has the right to "opt out" of taking the test (decide not to take the test) or "opt in" (decide to take it).

   Explain that the flow chart on page 39 describes a model in which clients specifically seek HIV counseling and testing. This model is referred to as "client initiated," which is often called voluntary counseling and testing (VCT).

3. Ask participants if the services they provide follow one of these models or, if not, how their services differ. Divide participants into small groups and ask each group to diagram the client flow where they work, from beginning to end of the HIV counseling and testing process. (Ideally, everyone in each group will be from the same organization. If not, ask the group to choose one process to diagram.) Emphasize that you want them to think about their client flow as it relates to young people. While they are working on their diagrams, they should consider the following questions and be prepared to discuss these issues as they present their diagrams to the entire group. Give them about 15 minutes to work on their diagrams.

   Post the prepared flip charts with these questions:

- ✦ How do youth know that you are providing the service? What brings them in for testing?
- ✦ Are all youth offered HIV counseling and testing when they come in for services, or are clients offered testing on a case-by-case basis? Are there policies about parental consent?
- ✦ Where in the facility are results of the HIV test given? In a private room? How is confidentiality ensured?
- ✦ Are materials and resources available to young people who test HIV positive? HIV negative?
- ✦ Does your organization have a policy or follow a protocol about partner or parental notification?
- ✦ What services does your clinic/organization provide for young people who test positive or negative?

   Now ask each small group to explain its diagram to the entire group. Use the prompts (below, in italics) if participants had difficulty answering the questions:

- ✦ How do youth know that you are providing the service? What brings them in for testing? (*Perhaps their organizations market and promote services to young people via interpersonal*

communications or mass media, work with peer educators and promoters, or tell existing clients when they come for other services.)

- Are all youth offered HIV counseling and testing when they come in for services, or are clients offered testing on a case-by-case basis? Are there policies about parental consent? (*Ask the groups if they can explain their organizations' parental consent guidelines.*)
- Where in the facility are results of the HIV test given? In a private room? How is confidentiality ensured? (*Maybe their organizations ensure that clients coming in for HIV testing are not separated from other clients and instead are integrated into the existing clinic flow.*)
- Are materials and resources available to young people who test HIV positive? HIV negative? (*Do their organizations prepare packets of informational and educational materials that are tailored to youth, for both those who test positive and those who test negative? Do they make referrals for both HIV-positive and HIV-negative youth for posttest care and support?*)
- Does your organization have a policy or follow a protocol about partner or parental notification? (*Perhaps they only encourage clients to notify parents and partners? Or must parents be present?*)
- What services does your clinic/organization provide for young people who test positive or negative? (*Perhaps they offer follow-up care, counseling, and support for sero-positive clients. Are posttest clubs and counseling available for those who test negative? Young people who test HIV negative could still benefit from ongoing support in making healthy decisions.*)

4. Conclude the discussion by pointing out some commonalities in the presented client diagrams. Make note of steps in the process that encourage youth to use the services and steps that might discourage youth.

5. Next, show slide 20, briefly review the major four HIV counseling and testing steps, and explain that in the next sessions you will discuss each of these steps in more detail.

Lunch (1 hr)

3.3 Pretest counseling and risk assessment (1 hr)

Purpose: To discuss Steps 1 and 2 in the HIV voluntary counseling and testing model in the manual (pages 38–43). To practice performing a risk assessment and pretest counseling with youth clients, in an effective, nonjudgmental, and unbiased manner.

Materials: *Handout 4. Nonjudgmental risk assessment*
Handout 5. Parts 1 and 2: Conducting an integrated risk assessment

1. Remind participants that previously they discussed provider- and client-initiated testing, and that while these models differ in many ways, an important component of both models is the voluntary nature of HIV testing for young people (and adults, of course). No matter which model a counselor follows, a young person should not be coerced into taking the test. Ask the group to define "coercion." (Prompt: *in the context of this topic, coercion means forcing or pressuring someone to get tested against their will.*) Discuss the importance of ruling out any coercion. Ask for volunteers to briefly explain what they do—or plan to do—to ensure that young people have been informed about the test, understand its implications, and can decide for themselves to take the test. Briefly refer to pages 38–43 in the manual, which serve as good background on this step in the counseling process.

2. Next, explain that counselors should tell clients how an HIV test is done, how accurate the test is, and what negative and positive test results mean. This counseling step could be provided in a group setting.

3. Tell participants that risk assessment is an important component of HIV counseling and testing for young people. In the VCT model of counseling and testing, risk assessment is often part of pretest counseling. In a clinical setting where HIV tests are routinely offered to everyone, a client's risk of HIV, other STIs, or unintended pregnancy might be assessed after the test has been given. While the timing of risk assessment varies, the counseling messages and the manner in which they should be delivered (described below) are the same.

   When you ask young people sensitive questions about their potentially risky behaviors, it is important to establish trust and create a safe, nonthreatening environment. Maintaining a nonjudgmental attitude is crucial to gaining accurate and honest information from your clients. Providers should try to use open-ended questions, where practical, to encourage clients to provide complete information, rather simply than giving "yes" or "no" answers. Refer to page 29 in the manual and read the bullet on open-ended questions. Ask for a participant to explain, in their own words, the difference between open- and close-ended questions. Ask two participants to provide an example of an open-ended question.

4. Explain that the following activity is designed to help participants understand the key information to gather. The exercise also reviews how providers can address some of these topics during sessions without intimidating their clients. Distribute Handout 4 and Handout 5, Part 1, and ask participants to work with a partner or in small groups.

They should read through Handout 4 for examples of judgmental versus nonjudgmental risk assessment questions. Then, assign each pair or group several of the risk assessment topics listed on Handout 5, Part 1. Participants should write down at least one question that they would ask a young client about each of the topics. They should spend about 20 minutes on this activity. Facilitators are encouraged to observe the pairs/groups to make sure that they understand the concept and to offer assistance if needed. Remind participants to think of questions that are not judgmental and that, in most cases, elicit more than yes or no answers from their clients.

5. Spend about 10 minutes asking volunteers to give examples of their questions. Distribute the Handout 5, Part 2, "Answer key," which provides sample questions that counselors could ask their young clients. Remind participants that some close-ended questions are fine and that they should use their judgment about how to best gather the necessary information during risk assessments.

6. Explain that counselors need to cover a few additional topics during the counseling session. Ask participants how they would incorporate the following important issues:

- Couples counseling—youth often seek counseling and testing with their partners before they enter into a relationship or before they get married; for those already in a relationship, there are obvious benefits to testing both partners
- Discordancy among couples (even if a client is negative, his or her partner might not be), especially with young engaged or dating couples (how is confidentiality handled?)
- Availability of treatment and care (specific to the client) in the case of an HIV-positive test result

7. Remind them that counselors should explore the ability of youth to deal with the results of a test and their understanding of the possible implications. They should ask their clients whom they will tell about their test result and whether they have a trusted adult they can go to for support.

8. Tell participants that in the next exercise, they will be reviewing posttest counseling and risk-reduction strategies.

Break (15 min)

3.4 Posttest counseling and risk reduction (1 hr)

Purpose: To review and practice effective strategies for providing posttest counseling to young people. To discuss risk reduction for youth clients and demonstrate how to create a risk-reduction action plan.

Materials: *Handout 6. Making referrals to health care providers*
Prepared flip charts with statements listed in Step 6 about abstinence, being faithful, and condom use
Appendix 1. Risk-reduction action plan
Flip chart and markers

1. Explain that at this point in the HIV counseling process, counselors will have ensured that their clients are getting tested voluntarily and will have explained what the HIV test results mean. Now, assuming the client has agreed, the HIV test will be administered.

   Clients will then either wait for results (rapid testing), or will be reminded when to return to the clinic to get their results. Note that rapid testing is preferable, as it is a better way to ensure that youth receive their test results. International research has shown that approximately one-third of clients do not return for their test results when it is not a rapid result. This is especially important for youth. See the local ministry of health or national AIDS commission or laboratories for more information about rapid testing.

2. Tape two pieces of blank flip chart paper on the front wall. Remind participants that, as many of them have experienced, counseling for positive results is very different from counseling for negative results. Ask if anyone would like to share a posttest counseling experience (with an adult or a young person)—it could be one that was particularly challenging, one that they think they handled well, or just an interesting client or situation.

3. Explain that you would like their help documenting some of the key elements of counseling for each test-result scenario. Tell them to keep in mind what they have learned so far about counseling youth and see if they can adapt what they already know about posttest counseling to be more youth friendly.

   Key elements that participants should mention include the bulleted items listed below.

   (Prompt: *If these points are not mentioned, prompt by saying: "what about_______?"*) Write their responses on blank flip chart paper so you can ensure that all important points were mentioned.

What to cover with youth who have a negative test result

- Ensure that clients understand their results.
- Acknowledge clients' feelings of relief.
- Remind clients that if they practiced risky behaviors (such as sex without a condom or sharing a needle) in the last three months, they should return in six weeks to three months from the last risky behavior to test again. Regardless of their self-reported behaviors, if clients in a clinical setting have been diagnosed with an STI, they should also be encouraged to return for another test (since an STI can be indicative of certain risky sexual behaviors).
- Reinforce any healthy behaviors that your clients reported in their pre-counseling session (such as using condoms or not using drugs).
- Reinforce risk-reduction strategies discussed in pre-counseling session. If it has been a week or more since the test, ask your clients what they have been doing to reduce their risk since you last spoke. Congratulate them on their efforts.
- Encourage clients to see a negative result as an opportunity to stay negative by practicing safe behaviors from now on, if they have not done so in the past.
- If your clients will be sexually active, review correct condom use and condom negotiation skills; provide condom demonstrations and have the clients practice putting a condom on a penis model to encourage their comfort with condom use.
- Distribute condoms, as needed.
- Provide information on STIs and preventing pregnancy (this workshop will cover these topics in more depth later).
- Provide referrals if clients need additional counseling or health services.
- Encourage clients to bring their sexual partners for couple or individual testing (highlight the fact that HIV discordancy can exist in couples).

What to cover with youth who have a positive test result

- Review what an HIV-positive result means and the difference between HIV infection and AIDS.
- Allow clients to express feelings. They may feel anger, depression, fear, sadness, or betrayal.
- Listen, offer empathy, give as much time as they need.
- Ask clients whom they will tell. Will clients be safe sharing their HIV status? Do they fear abuse as a result of testing positive?
- If clients do not fear abuse, encourage them to tell their sexual partners or people with whom they have shared needles. Acknowledge that this can be scary and offer to help. You can do a role-play with your clients to help them practice telling others their status.
- Ask clients to encourage partner(s) to get counseling and testing.
- Where will your clients turn for support? Friends? Relatives? Support group? Counselor?
- Make a short-term plan: What will your clients do when they leave? Whom will they talk to immediately? What will they do in the next few days to cope with the results?

- Make a long-term plan: Encourage safe behaviors with both HIV-negative and HIV-positive partners. Explain that they could be exposed to different strains of HIV if they have unprotected sex with someone who is HIV positive.
- Review correct condom use and negotiation skills; provide condom demonstrations and have clients practice to encourage their comfort with condom use.
- Distribute condoms.
- Provide information on STIs and preventing pregnancy (this workshop will cover these topics on Day 2). Explain the risk of transmitting HIV from mother to baby and note that there are ways to reduce this risk.
- Discuss treatment, care, and support needs and offer referrals.
- Refer clients to an HIV treatment facility or doctor for medical evaluation (including a CD4 cell count), even if they do not feel sick. (See Handout 6 for information about making referrals to medical care providers.)
- Discuss the importance of maintaining their health. Drugs, alcohol, smoking, and poor nutrition weaken overall health.
- If the client is pregnant, explain treatment options; make appropriate referrals.
- Give referrals for youth clubs, support groups, additional counseling, and faith-based support, as appropriate.
- Provide clients with informational and educational materials to take home after the session.

Encourage participants to review the section on posttest counseling in Chapter 2 of the manual (pages 48–53) to see if they may have missed any items.

4. Write the words "Risk Reduction" on the top of a blank piece of flip chart paper. Ask participants to explain what this phrase means. Record their responses on the flip chart.

5. Explain to participants that because they all have experience in counseling for risk reduction, you will not be reviewing the topic in detail here. However, tell them that you would like to review some strategies for helping young people, specifically, practice risk-reduction skills.

   Often, young people feel that they lack the skills to explain to partners that they have chosen to practice abstinence. Likewise, those who are sexually active might have difficulty negotiating condom use or advocating for a monogamous relationship. The following exercise will help participants counsel young people about **A** (abstinence), **B** (being faithful), and **C** (condom use).

6. Post the prepared flip chart paper with the following bullets. Ask participants what they think these statements refer to. Who might say them?

Abstinence:

- Everyone else is having sex, why can't we?
- There's no good reason to wait to have sex. You should do it now.
- You've had sex before, why do you want to be abstinent now?
- If you don't have sex, people will think you're homosexual.

Being faithful:

- It's my right to have sex with anyone I want!
- I can't help it that he (she) tempted me.
- It was just sex; he (she) doesn't mean anything to me. It's you that I love.

Condom use:

- I don't want to use condoms because they don't feel good.
- Don't you trust me?
- I guess you don't really love me.
- Just this once without.

Ask for volunteers to perform a role-play in front of the group. Ask one volunteer to pretend that he or she is a young person pressuring a partner into having sex, having sex without a condom, or trying to justify having sex with multiple, concurrent partners. Ask the other volunteer to respond to the pressure. After several pairs of participants have had a turn to role-play different scenarios, lead a short discussion about compelling responses to this sort of peer pressure. (For examples, see pages 44–47 in the manual.) Remind participants that they can recommend these responses while counseling young people about risk reduction. Also, encourage participants to actually do these role-plays with clients who feel they need to practice.

7. Next, engage participants in a discussion that addresses the following issues:

- How does gender factor into negotiation? Would males and females require different types of negotiation skills? (See the discussion of gender on pages 16–17 in the manual.)
- What about situations that involve fidelity? How would participants address these same issues for clients who are in a committed relationship? (Prompt: *Young married women are one of the more vulnerable groups. How do we confront this situation?*)
- How can you encourage young couples to come together for counseling? What are some arguments in favor of both members of a couple getting tested and knowing each other's status?

Allow participants to mention other difficult situations their young clients face and how they might encourage them to reduce their personal risk.

8. Note that risk-reduction counseling entails helping youth to develop certain "life skills." Refer to Chapter 5 in the manual (pages 75–77) and briefly list the skills mentioned there. Tell participants that they will have the opportunity to practice this material on Day 2.

9. Explain that one way to maximize the effectiveness of posttest counseling is to create a risk-reduction action plan with their young clients. Ask participants if they have ever created such a plan. Provide an example of a risk-reduction plan, which can be integrated into their current services (Appendix 1).

Session 4. Closing

session time: 30 min

4.1 Review and close of the day (30 min)

Purpose: To review the highlights of the day and allow participants to reflect on Day 1 of the workshop.

Materials: *Handout 7. Reflections on Day 1/Day 2*

1. Thank participants for their energy and participation and note that they made it through a long and information-packed day. Then summarize what they learned today. You can say something like this:

   Thank you so much for your participation and enthusiasm today. We couldn't have been as successful without your energy and feedback. I think this has been an extremely productive day and a great start to the workshop. We covered a lot:

- Reviewing some key counseling skills
- Considering how to make services more youth friendly
- Discussing important issues to think about when providing HIV counseling and testing to youth
- Successfully adapting our current knowledge about providing HIV counseling and testing to better suit the needs of young people

2. Distribute *Handout 7. Reflections on Day 1/Day 2* and ask participants to take a few minutes to fill it out. Remind them not to include their names if they wish their comments to be anonymous. Ask participants to be as honest as possible. Collect the forms and mark this set as Day 1. Review the comments before the next day of training to improve your presentation of the material.

3. As you are distributing Handout 7, let participants know what time you will be begin on Day 2, give a brief overview of the material they will cover, and provide any other important logistical information.

Day 2

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers

Day 2

By the end of Day 2, participants will be able to meet these objectives:

- Practice the four steps in providing HIV counseling and testing to young people, as described on Day 1
- Describe key issues related to counseling youth on prevention and treatment of STIs in the context of HIV counseling
- Describe key issues related to counseling youth on prevention of pregnancy in the context of HIV counseling
- Explain the meaning of sexuality and how peers, media, and parents affect young people's perceptions of sexuality
- Conduct an integrated HIV counseling and testing session with a young client; use the tools on counseling youth, the steps in HIV counseling and testing, information related to prevention of pregnancy and STIs, and issues regarding referrals as described in *HIV Counseling and Testing for Youth: A Manual for Providers*

Session 5. Review and provider practice session

session time:
1 hr, 45 min

5.1 Ball toss energizer (15 min)

Purpose: To energize participants for Day 2 of the workshop. To review key concepts learned on Day 1 and answer any questions participants have from Day 1.

Materials: Ball
Appendix 2. Energizers
Prepared flip charts with Day 2 objectives (see list above) and agenda

1. Welcome participants to Day 2 of the workshop. Ask them to stand and form a circle (they may need to push furniture out of the way).

2. Tell them that when they receive the ball, they should say something that they learned yesterday, then say another person's name and toss the ball to him or her. Continue until everyone has had a turn.

3. When everyone has had a turn, ask the participants if there was anything that they learned yesterday that was not mentioned. When all the key concepts from Day 1 have been mentioned, you can end the game. Ask whether participants have any questions from Day 1.

Note: Additional energizer and icebreaker activities are provided in Appendix 2. Use these as needed throughout the day if participants' energy begins to fade.

4. Review the day's objectives and agenda.

5.2 Review of pretest and posttest counseling (30 min)

Purpose: To review the material counselors should cover in pretest and posttest counseling sessions with young people.

Materials: Flip chart and markers

1. As a quick review, ask participants to name topics that should be covered during pretest counseling. Write their responses on flip chart paper. Make sure the following topics are mentioned:

- Previous testing for HIV (when and results of test)
- Number of sex partners (male, female) in past six months
- Partners' sexual history
- History of exchanging sex for money, drugs, or shelter
- History of nonconsensual sexual activity
- Concerns that a sex partner might put the client at risk of HIV
- Types of sexual activity (oral, vaginal, anal)
- HIV prevention activities taken
- Use of condoms (for what activities and, if not used, why?)
- History of injection-drug use or needle sharing
- History of sharing tattoo or body-piercing equipment
- History of blood transfusion
- Effect of drug or alcohol use on sexual behavior
- History of STIs
- Plans to become pregnant

2. Briefly review the use of nonjudgmental and open-ended questions. Ask for some good examples of questions counselors should ask young clients.

3. Ask participants to name topics that should be covered with clients who test negative for HIV and for those who test positive. Ensure that all responses on pages 26–27 in this guide are covered.

4. Tell participants that next they will have a chance to practice an HIV counseling and testing session and that they should take special care to apply what they have learned about counseling young clients.

5.3 Practice HIV counseling and testing for youth (1 hr)

Purpose: To practice the four steps in providing voluntary HIV counseling and testing to young people.

Materials: *Handout 8. Role-play scenarios—HIV counseling*
PowerPoint slide 20
Flip chart and markers

1. Ask participants to divide into pairs and distribute *Handout 8. Role-play scenarios—HIV counseling*. Assign two role-play scenarios to each group. If possible, engage youth from the community to participate in this session to make the counseling role-plays more realistic. Youth can play the client and allow both participants in the pair to practice being providers.

2. If young people are not available for this exercise, tell participants that they should each practice being the provider and the youth client, going through the four steps of HIV counseling and testing. Show PowerPoint slide 20, which has the four main counseling steps listed on it, for reference. Explain that for the purpose of this role-play exercise, the "provider" can skip talking about STIs and pregnancy prevention in detail, since you will be covering that more extensively later. Tell participants that the person who is playing the part of the client should use the information in the scenario, but that he or she can make up whatever information is missing as the provider asks questions.

3. Remind participants that Chapter 2 in the manual (pages 33–54) covers all four steps of HIV counseling and testing and that they can refer to these pages as needed. Again, facilitators are encouraged to observe the role-plays and offer constructive feedback.

4. When the participants are finished with the role-plays, ask for volunteers to discuss what went well and where improvements could be made. Use the following questions to help guide this discussion:

- As the provider, what do you think you did well and what do you think you need to improve upon?
- As the client, what do you think the provider did well and what could he or she improve upon?

- As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- Did the provider give the client all of the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- Did the provider adequately assess the client's risk and provide successful risk-reduction strategies?

Refer to pages 20–21 in the manual (section entitled "Opportunity for Other Services and Education") and see which, if any, of these topics were covered by the provider in the role-play. Conclude the discussion by summarizing what the group learned from this role-play. Were there any parts of the counseling process that seemed unclear? Were there sections during which providers did particularly well?

Explain that the exercise was meant to give them practice working with young clients and doing pretest and posttest counseling in ways that are nonjudgmental and youth friendly. Tell them that in the next few sessions, they will be learning more about preventing pregnancy and STIs and why this kind of information should be included in integrated counseling and testing sessions with youth. They will have a chance to practice a comprehensive counseling and testing session at the end of the day.

Break (15 min)

Session 6. Prevention of sexually transmitted infections

session time:
1 hr, 30 min

6.1 Overview of sexually transmitted infections (30 min)

Purpose: To review the most common types of STIs and familiarize participants with this section of the manual.

Materials: STI prevalence statistics in the country or area in which the workshop is occurring
Flip chart and markers (optional)

1. Explain that talking about STIs with young clients is an important component of an integrated counseling and testing session. You will discuss the reasons why this is true in the next session. For now, explain that during this session, you will briefly review the most common types of STIs.

   Next, review information on the prevalence of STIs (including HIV) in the country in which the workshop is being held, if that information is available. Also include any data that reveal epidemiological trends, such as gender, age, or location, as applicable. Or, you might ask participants if they can share what they know about STIs in their country or area.

2. Refer to the STI chart in the manual (pages 60–61). Lead participants through a quick review of the material, prompting participants with the following questions and recording answers on the flip chart:

- What are the two major categories of STIs? (bacterial and viral)
- What are common symptoms of STIs?
- Do all STIs manifest symptoms?
- Ask a volunteer to briefly list the different STIs.
- How are STIs diagnosed?
- Which STIs are curable and which ones need to be managed?
- What kinds of treatment might be required for certain STIs? What about care and support services?

Note: If participants have forgotten to include HIV in this discussion, remind them that it is also an STI and should be part of the discussion.

3. Inform participants they do not have to memorize all of the facts about all STIs—the chart in the manual summarizes the basic information. Emphasize that the participants have the manual as a reference, which they will take with them and can refer to at any time.

6.2 Why discuss sexually transmitted infections? (30 min)

Purpose: To discuss why it is important to incorporate discussion of STIs into comprehensive HIV and SRH services for youth.

Materials: Flip chart and markers

1. Conduct a brainstorming exercise by asking participants to answer the following questions: "Why is it important to talk to youth about STIs? Why might a counseling and testing session be a good time to discuss STIs?" Record their responses on the flip chart.

   If needed, use the following questions and prompts:

- Are HIV and STIs transmitted the same way? (*HIV is a sexually transmitted infection.*)
- Are young people always given accurate information about STIs when they need it and want it? (*Youth lack information about how to prevent STIs and are less likely to ask for information because of fear and shyness.*)
- What about diagnosis and treatment? (*Young people might not know the signs and symptoms of STIs. They might not seek treatment even if they think they have an STI.*)
- What do we know about STIs and vulnerability to HIV? (*Studies indicate that individuals showing STI symptoms, especially ulcerative symptoms, are more likely to contract HIV, if exposed.**)
- What about young women? Why are they particularly at risk of STIs?
  - What about their anatomy and physiology? (*Young women are more susceptible to STIs due to immature cervices and cervical ectopy, a condition in which inner cells of the cervix extend to the outer surface of the cervix. Women are more susceptible to STIs because the surface area of the vagina is larger and more vulnerable than the penis.*)
  - What about consequences of STIs for young women? (*Once they have an STI, women are at greater risk of developing infertility and reproductive cancers than are men.*)
  - What about signs and symptoms of STIs in young women? (*Young women are less likely to exhibit signs and symptoms of STIs than young men; therefore, they are more likely to go undiagnosed and untreated.*)
  - What are some consequences of STIs?

* Research is unclear about whether someone is more vulnerable to HIV transmission in the presence of an STI. Most linkages are between ulcerative STIs, such as herpes or syphilis, and viral STIs such as human papillomavirus.

If participants have trouble answering the questions, refer them to pages 55 and 58–59 of the manual.

2. Assure participants that unless they are clinically trained to do so, they are not responsible for diagnosing STIs. Instead, they should know how to assess whether young people are at risk for STIs, explain the health consequences of STIs and the relationship between HIV and other STIs, discuss general signs and symptoms of STIs, and refer clients for care if STIs are suspected.

6.3 STI review with case studies (30 min)

Purpose: To use case studies to review why it is important to include a discussion about STIs as part of a comprehensive counseling and testing package for youth.

Materials: *Handout 9. STI case studies and discussion questions*

1. Divide participants into groups of three to five people and distribute *Handout 9. STI case studies and discussion questions*. Assign Case Study 1 to a third of the groups, Case Study 2 to a third, and Case Study 3 to a third.

2. Ask participants to spend about 15 minutes reviewing their case studies and discussing the questions in their groups. Tell participants that someone from the group should take notes to report back to the entire group.

3. After participants have finished reviewing their case studies, ask a participant to read Case Study 1 aloud, and to summarize the main points raised in their small group discussion. Depending on time, you might ask other groups who reviewed Case Study 1 to share the main points raised in their discussion.

4. Repeat for Case Study 2 and Case Study 3. Allow time for questions and comments as they arise. Conclude the discussion by summarizing what the groups learned from this exercise and emphasizing that discussion of STIs is a key component of the HIV counseling and testing process, particularly with young people.

Lunch (1 hr)

Session 7. Pregnancy prevention

session time: 1 hr

7.1 Pregnancy prevention and HIV counseling and testing for youth (45 min)

Purpose: To review the key issues about pregnancy prevention for youth, as well as contraceptive methods that are appropriate for young people, and the links between pregnancy prevention and prevention of HIV.

Materials: PowerPoint slides 21–27
Flip chart and markers

1. Ask participants why prevention of unintended pregnancy is an important component of the HIV counseling process. Points that should be made during the discussion include:

- Unprotected sex can lead to unintended pregnancy as well as infection with HIV and other STIs.
- If a woman has HIV, the prevention of unintended pregnancies is the best way to prevent transmission of HIV from mother to child.
- If HIV-positive clients wish to have children or are pregnant already, they need to be counseled about services for the prevention of mother-to-child transmission, antiretroviral therapy, and related considerations, such as breastfeeding and the risk of HIV transmission.
- Childbearing is more dangerous for women under 18 than for fully grown adults—and for their children, too, who are more likely to become sick or die in infancy. Access to obstetric care can help, but physically immature bodies, poverty, lack of education, and lack of access to general medical care increase the danger.
- Young clients may not know about pregnancy prevention methods, and a comprehensive counseling session is an opportunity to address these needs.

2. Show PowerPoint slides 21–25. Notice that in the notes section of each slide, there are additional points that you should make in the presentation. Take special care to discuss which methods are especially safe and appropriate for youth, and correct any myths. Refer participants to Chapter Four of the manual for more information about pregnancy prevention.

3. Have participants turn to page 74 in the manual. Ask a volunteer to give a definition of dual protection, using his or her own words. Ask someone to explain how dual method use differs from dual protection. (Prompt: *Dual protection is the simultaneous prevention of*

STIs, including HIV, and pregnancy. One dual protection strategy is to use one method [such as abstinence, or the correct and consistent use of condoms] to protect against STIs and pregnancy. Another is the dual method strategy, where couples use one method to protect against STIs [condoms] and another method to protect against pregnancy [usually one of the hormonal methods]).

Show slide 26 on dual protection to summarize and ensure that all important points are covered.

4. Show slide 27 to summarize how discussion of STIs and pregnancy prevention are a natural part of the HIV counseling and testing process, since all are linked to sexual behavior.

7.2 Treasure hunt (15 min)

Purpose: To review key concepts about pregnancy and pregnancy prevention and to show participants where information on these concepts can be found in the manual for their future reference.

Materials: Small prizes, such as candy or condoms (optional)

1. Divide participants into two or more teams, depending on the size of the group.

2. Ask aloud as many of the questions listed below as time allows, and tell teams to raise their hands as soon as they are prepared to answer a question. If you do not have time to ask all of the questions, use your judgment to select those about which your participants need more information or practice. Make sure participants answer the question exactly as it is written in the manual rather than by using their existing knowledge of the topic. The game is meant to encourage participants to familiarize themselves with the contents of the manual.

3. If the team that first attempts to answer the question provides an incorrect answer, the other team gets a chance to answer. Prizes can be awarded to teams that answer questions correctly.

Treasure hunt questions

In addition to answering the questions, the teams should also site the page number on which the answer appears in the manual. Page numbers are provided here for the facilitator.

1) What are two reasons a young person might want to delay childbearing? (page 65)
2) What is the pregnancy rate for withdrawal when used as a contraceptive method? What are two counseling issues about withdrawal to discuss with young people? (page 70)
3) In addition to a lack of accurate information, what are two factors that put youth at risk of HIV that can also put them at risk of unintended pregnancy? (pages 15–16)
4) The manual provides role-plays to help the client practice what to say if someone is pressuring him or her to have sex. Where in the manual would you find the role-play on abstinence? (page 45)
5) What is the difference between combined oral contraceptives (COCs) and progestin-only pills (POPs)? What are two *different* counseling issues about each method to discuss with young people? (pages 67–68)
6) What are two questions one could ask a client about gender norms? (pages 16–17)
7) What is the definition of dual protection? (page 74)
8) What should a woman do if she misses three birth control pills in a row during the second week of her cycle? (pages 72–73)
9) What are three counseling issues about emergency contraception to discuss with young people? (page 71)
10) What are three things you, as a service provider or program manager, can do to help young people prevent unintended pregnancy? (page 63)
11) What is the pregnancy rate for male condoms as a contraceptive method? What are two counseling issues about male condoms to discuss with young people? (page 66)
12) What is one concern about progestin-only injectable contraceptives when they are given during adolescence? What is one noncontraceptive benefit of injectable contraceptives? (page 68)
13) What methods are examples of dual protection? Why can dual protection sometimes be problematic for adolescents? (page 74)
14) Is an IUD a good contraceptive choice for a 17-year-old female with multiple sex partners? Why or why not? (page 69)
15) The manual provides role-plays to help the client practice what to say if a partner does not want to use a condom. Where in the manual would you find the role-play on condoms? (pages 46–47)
16) What is cervical ectopy? Why is it a concern with respect to HIV and STIs? (page 59)

Session 8. Sexuality and youth sexual and reproductive health

session time: 30 min

8.1 Introduction to sexuality* (30 min)

Purpose: To introduce the concept of sexuality and provide an opportunity to identify messages about sexuality.

Materials: PowerPoint slides 28–30
Flip chart and markers

1. Explain that in this session you will be discussing sexuality and how young people form their ideas about their own sexuality. Write the word "sexuality" on the flip chart. Ask for definitions from participants, and write their comments on the flip chart.

2. Show PowerPoint slides 28–30 as a way to confirm participants' definitions and to add anything they missed. See if participants understand and agree on the definition.

3. Divide participants into three groups. Distribute flip chart paper and markers to each group. Explain that each group will spend about 10 minutes brainstorming about different sexuality messages.

4. Tell participants that they should imagine that they are a young person. Ask them to try to remember what it was like to be young and to think about what it is like to be a young person today. Assign groups the following questions to discuss among themselves:

   Group 1: What have you heard your parents or other authority figures say about sexuality? (What do you think parents say or might say about sexuality?)

   Group 2: What have you heard your friends or peers say about sexuality? (What do you think friends say or might say about sexuality?)

   Group 3: What have you seen or heard about sexuality in the media—movies, music, radio, magazines, and television? (Remember that you are pretending that you are a young person, so think about the entertainment media to which young people are exposed.)

---

* Adapted from: *Life Planning Education: A Youth Development Program*. Washington, DC: Advocates for Youth, 1995.

Circulate among the groups and make suggestions to help the participants get started. For example, parents might say, "sex should wait for marriage," friends might say, "everyone is having sex," and media messages might include, "you will be sexier if you use our product."

After 10 minutes, reconvene the entire group and ask each small group to post its flip chart paper.

Conclude the activity by asking participants the following discussion questions:

- How are the messages from parents, other adults, peers, and the media different? How are they similar? Why is that so?
- Which messages do you agree with? Disagree with?
- What other messages might youth be getting about sexuality, such as from religious sources, health educators, or romantic partners?
- What other messages do you think young people *should* be getting about sexuality?

Break (15 min)

Session 9. Provider practice session

session time: 1 hr, 15 min

9.1 Role-play comprehensive counseling and testing services (1 hr, 15 min)

Purpose: To practice providing comprehensive HIV counseling and testing to young people, including addressing STIs and pregnancy prevention, when appropriate.

Materials: *Handout 10. Role-play scenarios—comprehensive counseling*

1. Tell participants that now that they have reviewed information on preventing pregnancy and STIs, they will practice integrating this information into counseling sessions with young people. Ask participants to divide into groups of three and distribute *Handout 10.*

Role-play scenarios—comprehensive scenarios. Assign Scenarios 1–3 to half of the groups and Scenarios 4–6 to the other groups.

2. Tell participants that they should each practice being the provider and the youth client, with the third person acting as an observer. The person who is playing the part of the client should use the information in the scenario, but he or she can make up whatever information is missing as the provider asks questions. Providers need only take the role-play to the point where they offer an HIV test to the client. Observers should take notes about what the providers did well and what skills they could improve. Facilitators should circulate around the room, watch the role-plays, and give feedback.

3. Each role-play should take about 15 minutes. When the participants are finished, they should discuss what the provider did well and where he or she could make improvements, as needed. Tell participants to use the questions on the handout to guide their discussion. Groups can choose to spend 5 minutes talking over the discussion questions after each role-play or 15 minutes at the end of all three role-plays.

4. Next, ask whether any of the small groups would like to share any insights, questions, or concerns that arose during the role-plays. Conclude by pointing out what seemed to go well and on what skills the participants might need more practice.

Session 10. Closing

session time: 30 min

10.1 Review and close of the day (30 min)

Purpose: To review the highlights of the day and allow participants to reflect on Day 2 of the workshop.

Materials: *Handout 7. Reflections on Day 1/Day2*

1. Thank participants for their energy and participation. Summarize what they learned today, including:

- How to implement the four steps in HIV counseling and testing for young people
- Key issues related to counseling youth on prevention and treatment of STIs in the context of HIV counseling
- Key issues related to counseling youth on prevention of pregnancy in the context of HIV counseling
- How peers, media, and parents affect young people's perceptions of sexuality
- How to conduct an integrated HIV counseling and testing session with a young client

2. Ask whether anyone has questions about anything covered today. Distribute *Handout 7. Reflections on Day 1/Day 2* and ask participants to complete them. Collect the forms and mark this set as Day 2. Review the comments before the next day of the workshop to improve your presentation of the material.

3. Let participants know what time you will begin on Day 3, give a brief overview of the material they will cover, and provide any other important logistical information.

Day 3

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers

Day 3

By the end of Day 3, participants will be able to meet these objectives:

- Explain the importance of quality referrals in providing HIV counseling and testing to youth
- Identify the referral systems in place and gaps in existing referral systems in their community
- Describe how their organization can address issues of integrated services
- Learn how to build community support for integrated services
- Learn about social marketing and how to promote integrated services to youth and others in the community

Session 11. Referrals

session time: 1 hr, 15 min

11.1 Opening and review (30 min)

Purpose: To energize participants for Day 3 of the workshop. To review key concepts learned on Day 2 and answer any questions participants have from Day 2.

Materials: Prepared flip charts with Day 3 objectives (see list above) and agenda

1. Welcome participants to the final day of workshop. Ask participants to name some of the key things they learned in Day 2.

2. Ask whether anyone has questions about anything from Day 2.

3. Review the day's agenda and objectives (show prepared flip charts).

11.2 Establishing a successful referral network (15 min)

Purpose: To discuss the important components of a good referral network and what to do in the absence of a good referral network.

Materials: Flip chart and markers

1. Explain to the participants that as they have now seen, numerous issues about sexual and reproductive health are covered in integrated counseling and testing sessions. As they are probably well aware, many places where young people go for counseling and testing are

not equipped to deal comprehensively with all youth SRH needs. Explain that in this session you will be talking about how to establish and maintain a good referral network.

Conduct a brainstorming exercise, asking participants to answer the questions below. Record their responses on the flip chart. If participants need prompting, make suggestions using the information below.

- What are the most important components of a successful referral network for young people?
  - Referral organizations have been contacted to let them know you will be referring clients there.
  - Referral organizations have been visited to ensure that their standard of care is equivalent to your own.
  - Referral organizations are youth friendly.
  - Referral organizations have a contact person to whom you can directly send a youth client, if necessary.
  - Mechanisms are in place for regular (e.g., annual) checks of referral organizations. (Do they have the same phone number and address? Still offer the same services? Offer any new services?)
  - Follow-up protocols are in place for getting feedback on referral organizations.
- What are the challenges to developing a successful referral network?
  - There is a lack of providers for the services young people need.
  - Organizations that provide needed services exist but are not youth friendly.
  - It is difficult to maintain a good referral network because of staff turnover at referral organizations.
  - It can be difficult to track whether clients visit organizations to which you have referred them.
- What should providers do in the absence of a good referral network?
  - When feasible, accompany the client to the next service delivery point.
  - Proactively advocate for a good network.
  - Make contacts at other organizations through professional networks.

11.3 Mapping referral systems (30 min)

Purpose: To allow participants to map the referral systems, identify gaps, and establish next steps for improving their organization's referral networks for youth clients.

Materials: *Handout 11. Referral mapping*

1. Distribute *Handout 11. Referral mapping*.

2. Divide participants into small groups of about three to five people. Ideally, participants should be grouped with other providers from their organization or clinic. If they are from different organizations, explain that they will each fill out their mapping sheet for their own organization. The group members should help each other to complete the mapping exercise.

3. After they have had about 15 minutes to work on the handout, ask participants what they notice about their current referral system. Are there services for which they need to find referral sources? How can they improve the current referral process for their young clients? Even if their referrals are internal (as they might be in a large hospital), do they think that their referral system could be improved?

4. Explain to participants that this exercise is just a beginning and that you encourage them to return to their organizations and actually work to improve their referral systems, particularly with young people in mind. Remind participants that the manual includes referral charts (see pages 80–82) that they can use and share with their colleagues.

Session 12. Integrated services

session time:
1 hr, 15 min

12.1 How do we implement integration of youth SRH and HIV services? (1 hr, 15 min)

Purpose: To brainstorm what participants can do to improve HIV/SRH integration in their organizations.

Materials: PowerPoint slides 31–33
Prepared flip chart with bullets from step 2
Flip chart and markers

1. Explain that the goal of this session is to think about actions participants can take to improve integration within their own organizations. Show PowerPoint slides 31–33 to give examples.

2. Divide the group into small groups of four to five people and give each group flip chart paper and markers. Have the small groups discuss what actions can be done in their organizations under each of the four priority areas listed below. Encourage them to think of actions in the areas of programs, services, and advocacy under each priority area. Give them 45 minutes for their discussions.

Post the prepared flip chart. Prompts are provided in italics.

- Improve access to services (emphasizing the fact that integration of HIV and SRH services should improve access to SRH services for groups who may not typically seek them out—for instance, boys or high-risk groups who access HIV testing).
    - *Advocate for better hours (after school, weekends), less expensive services, mobile and outreach services.*
- Promote safer sex.
    - *Promote dual protection, non-penetrative sex, other kinds of intimacy; have more discussions with young people about sexuality, gender roles, prevention of STIs and unplanned pregnancy, faithfulness, and abstinence.*
- Optimize the connections between HIV, STI, and SRH services.
    - *Train and cross-train providers in each of these areas; organize or rearrange the clinic in ways that promote the integration of services; improve referral networks; do integrated counseling and testing services; promote integrated services in the community, especially among youth and their parents or guardians.*
- Integrate HIV services with maternal-child and adolescent health programs (including family planning programs) to help prevent more HIV infections.

3. Allow each group to present the results of their discussion. Allow other participants to ask questions after each presentation. Ask probing questions to ensure that participants have a clear understanding of the meaning of integration, a realistic plan for improving it in their organizations, and an understanding that many steps that promote integration are low in cost. Spend about 30 minutes on this discussion.

Break (15 min)

Session 13. Building community support

session time:
1 hr, 15 min

13.1 Building community support for integrated services (15 min)

Purpose: To review the main guidelines for building community support for integrated SRH and HIV counseling and testing for youth.

Materials: Prepared flip chart with guidelines from Step 2
Flip chart and markers

1. Remind participants that they have just worked on an action plan for integrating SRH services for youth in their organizations. Tell them that in the next portion of the workshop, they will learn how to build community support for these integrated services.

2. Post the prepared flip chart with the four guidelines (listed below) for building community support. For each one, talk through the points outlined.

- Know the community
  - Community and parent groups need to be informed, involved, and supportive of the program.
  - Identify key groups and stakeholders; inform them and involve them in implementing SRH and HIV counseling and testing services for youth at your clinic or organization.
- Involve youth from the beginning
  - Because these integrated services are for youth, young people should be able to voice their opinions. This will ultimately help to strengthen the program.
  - Young people can speak powerfully and effectively about their need and desire for these services and help you gain support from their parents, guardians, friends, peers, and other community members.
- Know the laws and policies for providing counseling and testing and other SRH services to youth
  - Many countries have consent laws about HIV counseling and testing and SRH services that must be observed in your clinic or organization. Also, investigate whether the country has any laws about partner notification or tracing.

- Inform and involve other staff
  - Even if other staff at your clinic or organization will not be providing counseling and testing to young people, it is important that they understand the benefits of the service and that you have their support.
  - All staff who might come into contact with young people at your clinic or organization should be informed about and trained on the basics of youth-friendly services.

13.2 Working groups for building community support (1 hr)

Purpose: To develop and document the key steps for building support in participants' communities.

Materials: *Handout 12. Community support worksheet*

1. Distribute *Handout 12. Community support worksheet.*

2. Divide participants into groups of three to five people. Ideally, participants should be grouped with other providers from their organization or clinic. If they are from different organizations, explain that they will each fill out their worksheet for their own organization. Tell them they will have about 30 minutes to complete their worksheets.

3. Reconvene the entire group. Ask participants to share what they learned from completing the worksheet and to discuss any obstacles or challenges that they might encounter in gaining community support. Prompt discussion with the following questions:

- What will be the easiest part of the process of building community support?
- Who are your key stakeholders? Who among them is an advocate? Who opposes your services?
- What will be the most difficult part of the process? How might you overcome it?

Lunch (1 hr)

Session 14. Promoting integrated services to youth

session time:
2 hr

14.1 Social marketing (30 min)

Purpose: To define social marketing. To learn and identify key elements of effective health service promotion campaigns.

Materials: PowerPoint slides 34–40
Flip chart and markers

1. Explain to participants that marketing their organization's services plays a key role in the process of building community support.

   Show PowerPoint slides 34–40, which introduce the topic of health services promotion. Notice that the notes section of each slide provides additional points that should be made in the presentation.

2. Explain that you want the group to brainstorm about what to consider when developing an effective promotional plan for their organization's youth services. The purpose of this step is to think about who the audience is and what behavior the promotional campaign is attempting to change or encourage.

   Ask the group the following questions. Prompts are provided in italics.

- Audience: Who is the target youth audience for your services?
  - *Be specific. Do you want to reach young people in schools? Out of school? Street youth? Sex workers? Other vulnerable youth? Do you need to focus on a very targeted audience of high-risk youth or on young people in general?*
- Behavior change: What behavior do you want them to change or adopt?
  - *Are you trying to encourage youth to seek health-related services? Better understand their perception of risk? Use family planning methods? Access couples counseling and premarital HIV counseling and testing? Use condoms correctly and consistently? Practice abstinence or fidelity?*

- Triggers: Why do young people seek integrated counseling and testing?
  - *Are they worried about their HIV status and their risk-taking behavior? Is a partner, friend, or family member HIV positive? Are they sick? Do they want to become pregnant or marry? Do they not want to become pregnant? Are they just curious about their status? Are they looking for referrals?*
- Barriers: What are the biggest barriers for youth seeking HIV counseling and testing?
  - *Fear of testing positive; fear of death; no cure for HIV; fear of stigma or discrimination from providers, family, and peers; perceived lack of confidentiality; legal concerns; cost; need to return for results (when rapid test not available); belief that testing is only for promiscuous or sick people; sense of immortality?*

Emphasize that although the participants are not marketers or advertisers, they are members of their community and might have many opportunities, formal or informal, to talk about the kinds of services their organization provides to young people. The lessons they learn in this exercise will help them make the most effective case for why integrated services are important to youth and their families.

14.2 Designing a campaign to promote integrated services for youth (1 hr, 30 min)

Purpose: To practice using social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth.

Materials: PowerPoint slides 41–43
Prepared flip chart with definition of "4 Ps" (see PowerPoint slide 38)
Flip chart and markers

1. Show PowerPoint slides 41 and 42. Discuss the key aspects of effective and targeted messaging as illustrated in the New Start campaign. Next, show slide 43 and discuss the marketing for the Saadhan clinic. Ask the group to analyze the factors that make the campaign effective.

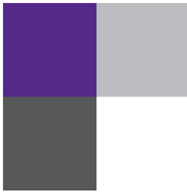
2. Divide the group into smaller groups of four to five people (or fewer, depending on the size of the entire group). Distribute flip chart paper and markers to each group. Explain that they will be developing a promotional campaign for integrated SRH and counseling and testing services among youth at their clinic or organization. Remind them to think about their audience and about what behaviors their campaign is attempting to change or encourage. (Mention that when people develop an actual promotional campaign, they conduct extensive research first and that an intervention should accompany and support any promotional campaign.)

Before they begin designing their campaigns, discuss the following questions for about ten minutes. Prompts are provided in italics.

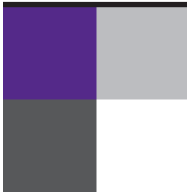
- Effective messaging: Based on what we know about the audience, what kinds of messages do you think could be effective with your target populations?
  - *Messages should be empowering, hopeful, and positive. They should challenge the notion that knowing your HIV status leads to hopelessness, illness, and death; they should emphasize how knowing one's HIV status can give peace of mind and how important it is to know one's status before entering a new partnership or having a baby.*
- Targeted messaging: To whom are the messages targeted? How do you reach youth from special populations?
  - *Messages should be culturally appropriate, targeted toward sexually active or high-risk, vulnerable youth. Messages can also be targeted toward very specific populations of young people. Messages should target motivators and counter barriers to testing as identified through formative research.*
- Product: What are your services and how do the services appeal to young people? What aspects of your counseling and testing and SRH services do you want to make sure young people know about?
  - *Friendliness of staff to young people, affordability, confidentiality or anonymity, high quality of services, convenient location and hours*
- Placement: Where and when will the messages be placed?
  - *Where do the young people that you are trying to reach convene? How do they spend their time?*
- Price: Are the services affordable? How will your target audience know they can afford your services?
- Promotions: What types of promotion will best reach this group of young people?
  - *Do they read posters? Do they wear T-shirts? Watch TV? Listen to radio? What stations?*

Now, tell participants that they will have about 20 minutes to design a promotional campaign, which they will present to the entire group. They should use the flip chart paper to outline the details of their discussion. Tell them their campaign should highlight their answers to the 4 Ps just discussed: product, placement, price, and promotions. Show PowerPoint slide 42 on the New Start campaign as a model. Direct their attention to the flip chart on which you have defined the 4 Ps.

3. After about 20 minutes, reconvene the participants, and give each group about 5 minutes to present its campaign (depending on how many groups you have).



Break (15 min)



Session 15. Evaluation and conclusion

session time: 45 min

15.1 Post-course self-assessment (15 min)

Purpose: To assess participants' knowledge, attitudes, and skills at the end of the workshop and determine their progress since the beginning of the workshop.

Materials: *Handout 13. Post-course self-assessment*

1. Distribute the post-course self-assessment (Handout 13) for participants to complete and return. Ask participants again to write down the six-digit number representing their birthday. Tell participants that their questionnaires will remain anonymous but that you will read them to help determine the effectiveness of the training and learn where improvements can be made.

2. After participants are finished, distribute their pre-course questionnaires, if they would like to compare the two. When participants are done reviewing their pre- and post-course self-assessments, collect both.

15.2 Closing and evaluation (30 min)

Purpose: To close the workshop and reflect on the course. To gain feedback from participants about the course.

Materials: *Handout 14. Final course evaluation*

1. Thank the participants for their contributions and hard work. Congratulate them on participating in this workshop and for making the effort to learn more about comprehensive HIV and SRH counseling for young people. Emphasize that effective communication with youth will be an ongoing learning process and that they will get better at it with practice. Remind

participants that young people 15 to 24 years of age account for 45 percent of all new, non-pediatric HIV infections and that about 2.7 million youth become infected each year. By receiving this training and making an effort to reach out to young people, participants are contributing to reducing that number. Finally, remind them that *HIV Counseling and Testing for Youth: A Manual for Providers* is a great resource that they can refer to at any time.

2. Distribute Handout 14 and ask participants to take a few minutes to complete it. Tell them that their comments will remain anonymous and that you appreciate their honesty, as it will help to improve the course.

3. Collect the evaluations as participants finish them.

Optional Site Visit

If time allows and you have convenient access to a site that provides HIV counseling and testing, try to schedule a site visit to allow participants to see providers practicing in a real setting. Make sure issues of privacy and confidentiality are considered. See *Appendix 3. Activities to conduct during a site visit*.

Handouts

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers

Handout 1. Participant interview

How long have you worked in HIV-related services? ______________________________

Sexual and reproductive health? ______________________________

Youth-related services? ______________________________

What do you like best about your job? ______________________________

____

____

What is the most important job-related lesson you have learned? ______________________________

____

____

What do you like best about working with young people? ______________________________

____

____

What do you enjoy doing outside of work? Any special hobbies? ______________________________

____

____

Is there something about you (that you care to share) that might surprise people? ______________________________

____

____

Handout 2. Pre-course self-assessment

Indicate your opinion by circling a number, using this rating scale:
1–Strongly disagree 2–Disagree 3–No opinion 4–Agree 5–Strongly agree

I can list factors that put youth at risk of getting HIV and other STIs.	1 2 3 4 5
I can explain the most important skills for counseling youth effectively.	1 2 3 4 5
I know how to make services youth friendly.	1 2 3 4 5
I understand the issues and concerns facing youth from special populations when they seek HIV counseling and testing.	1 2 3 4 5
I feel that I can conduct a risk assessment with youth clients in a way that makes them feel comfortable being honest and open about their risk-taking behavior.	1 2 3 4 5
I can list several ways to help young people practice safer behaviors.	1 2 3 4 5
I understand why and how I should talk to young people about STIs when I am providing HIV counseling and testing.	1 2 3 4 5
I understand why and how I should talk to young people about pregnancy prevention when I am providing HIV counseling and testing.	1 2 3 4 5
I know which contraceptive methods are appropriate for adolescents.	1 2 3 4 5
I know what dual protection and dual method use are.	1 2 3 4 5
I am confident that I can successfully provide comprehensive HIV counseling and testing to young people.	1 2 3 4 5
I am able to list the most important elements of a good referral system for youth.	1 2 3 4 5
I can explain what integration is and how to implement it.	1 2 3 4 5

List the answers:

What are four of the most important skills for counseling youth?

1. 3.
2. 4.

What are three things that put youth at risk of HIV and other STIs?

1.
2.
3.

What are three important elements of a good referral system for young people?

1.
2.
3.

Indicate your opinion by circling a number.

I can use social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth.	1 2 3 4 5
I can explain the most important skills for promoting integrated services.	1 2 3 4 5
I know how to get community support for SRH and HIV counseling and testing services for youth.	1 2 3 4 5
I understand the issues, concerns, and barriers to HIV counseling and testing and SRH services in the community and among youth.	1 2 3 4 5

Circle the best answer(s):

To build community support for integrated SRH and HIV counseling and testing services for youth, it is essential to:

a. Know the community and involve adults and parents in the beginning
b. Involve youth and teachers
c. Involve youth and know the laws for providing HIV counseling and testing and other SRH services to youth
d. Inform and involve other staff and community members
e. All of the above

It is important to know local laws and policies for HIV counseling and testing because testing minors for HIV is illegal.

a. True
b. False

To develop a social marketing campaign, one should understand factors that motivate an audience or hinder them from changing behaviors.

a. True
b. False

The New Start campaign was developed to promote HIV counseling and testing and SRH services to youth.

a. True
b. False

Handout 3. Resources on youth-friendly services

Youth often avoid using HIV prevention and other services because of inconvenient hours or location, unfriendly staff, and lack of privacy and confidentiality. Special efforts must be made to attract, serve, and retain young clients.

Recommended resources

More information (including Web links) about these and other resources for youth-friendly services can be found on the Web site of the USAID-sponsored Interagency Youth Working Group at *www.infoforhealth.org/youthwg/prog_areas/youth-friendly.shtml*.

Adolescent-Friendly Health Services. An Agenda for Change. (World Health Organization, 2002)

Adolescent-Friendly Health Services. An Impact Model to Evaluate their Effectiveness and Cost. (World Health Organization, 2002)

Applying Social Franchising Techniques to Youth Reproductive Health/HIV Services. (Family Health International/YouthNet, 2003)

Comprehensive Reproductive Health and Family Planning Training Curriculum, Module 16: Reproductive Health Services for Adolescents. (Pathfinder, 2002)

Creating Youth-Friendly Pharmacies. (Family Health International/YouthNet, 2005)

Franchised Youth Clinics Motivate Behavior Change in Madagascar. (Population Services International, 2004)

Making Services Youth Friendly with Limited Resources. (International Planned Parenthood Federation, 2005)

Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents. (Family Health International, 2000)

Reproductive Health of Young Adults. Training Module. (Family Health International, 2003)

The WHO Orientation Programme on Adolescent Health for Health-Care Providers. (World Health Organization, 2004)

Youth-Friendly Pharmacy Program Implementation Kit. (Program for Appropriate Technology in Health, 2003)

Youth-Friendly Services: A Manual for Service Providers. (EngenderHealth, 2002)

Handout 4. Nonjudgmental risk assessment

Two important aspects of discussing and obtaining risk information are developing trust and providing a safe environment where clients can discuss their risk for infection without fear of judgment. Using open-ended questions will allow you to gain more information regarding risk and personal circumstances and allow the client the opportunity to acknowledge risk.

Maintaining a nonjudgmental attitude is one of the hardest and most valuable tools a clinician can use when discussing personal issues, especially with young people. Below are some examples of closed, judgmental statements and how they could be better worded in an open, nonjudgmental manner:*

Closed, Judgmental Statements	Open, Nonjudgmental Statements
Why don't you use condoms?	Tell me about the times you chose to use a condom. How about a time you chose not to use a condom?
Don't you care if you get HIV?	How do you think you would feel if you did get HIV?
If you don't change your ways, you will get a disease.	What do you think will happen if you keep having unprotected sex?
Do you have vaginal, anal, or oral sex?	Tell me about the kind of sex you have—vaginal, anal, or oral.
Do you use contraceptive pills?	What do you do to prevent pregnancy?
Do you drink or use drugs?	When is the last time you used alcohol or other drugs? Tell me about your use of alcohol or drugs.
What does that mean? I've never heard of it before!	Explain that a little more. What did you mean by that?

* Adapted from: Health Care Education and Training, Inc. (HCET). *HIV Risk Assessment for Women: An HCET Learning Link On-line Training Module.* Accessed August 4, 2008. Available at: http://www.hcet.org/training/hiv.htm.

Handout 5. Conducting an integrated risk assessment

Part 1—Exercise

Before beginning the risk assessment,* it is important for the provider to prepare the client for some of these questions and ensure that he or she is as comfortable as possible and that the counseling session still feels voluntary.

Write an introductory phrase below that you might use to begin a session with a youth (example: I need to ask some personal questions about your sex life and other behaviors, so that I can provide you with proper care. Is that okay?):

Below is a list of topics that should be covered during a comprehensive risk assessment. For each, a closed or judgmental question is listed. With your group or partner, rewrite the questions into nonjudgmental statements, using open-ended questions when possible.

1. Previous testing for HIV (when and results of test)
   Example of closed or judgmental question: You haven't already been tested for HIV, have you? Open, nonjudgmental statement:

2. Number of sex partners (male and female) in the client's life and in the past six months
   Example of closed or judgmental question: You've only had sex with your boyfriend (girlfriend), right? Open, nonjudgmental statement:

3. Partners' sexual history (Does the partner have other partners? What is the age of the other partners?)
   Example of closed or judgmental question: Has your partner slept around a lot? Open, nonjudgmental statement:

4. History of exchanging sex for money, drugs, or shelter
   Example of closed or judgmental question: Have you ever been a prostitute or drug addict? Open, nonjudgmental statement:

5. History of nonconsensual sexual activity
   Example of closed or judgmental question: Have you ever been raped? Open, nonjudgmental statement:

---

* Adapted from: Health Care Education and Training, Inc. (HCET). *HIV Risk Assessment for Women: An HCET Learning Link On-line Training Module*. Accessed August 4, 2008. Available at: http://www.hcet.org/training/hiv.htm.

6. Concerns that a sex partner put the client at risk for HIV
   Example of closed or judgmental question: You know men aren't always faithful—don't you think he might have slept with another woman while he's been with you? Open, non-judgmental statement:

7. Types of sexual activity (oral, anal, vaginal)
   Example of closed or judgmental question: You've never had anal sex, have you? Open, nonjudgmental statement:

8. History of HIV prevention (efforts to protect himself or herself from HIV/STIs)
   Example of closed or judgmental question: Do you always use a condom? Do you only use clean needles? Open, nonjudgmental statement:

9. Use of condoms (For what types of sexual activities? If not used, what are the barriers?)
   Example of closed or judgmental question: Why don't you use condoms every time? Open, nonjudgmental statement:

10. Injection drug use or needle-sharing or sexual partner history of injection drug use
    Example of closed or judgmental question: You haven't ever used injecting drugs, have you? You don't think your partner has used drugs, do you? Open, nonjudgmental statement:

11. Effect of alcohol or other drug use on sexual behavior
    Example of closed or judgmental question: Do you get drunk a lot before you have sex? Open, nonjudgmental statement:

12. History of sexually transmitted infections and testing
    Example of closed or judgmental question: You've never had an STI before? Open, non-judgmental statement:

13. Currently pregnant or planning to become pregnant
    Example of closed or judgmental question: You don't want to get pregnant yet, do you? Open, nonjudgmental statement:

Handout 5. Conducting an integrated risk assessment

Part 2—Answer key

Below are suggested open, nonjudgmental questions. In a typical risk assessment, you might ask one or two of these questions under each topic. There would generally not be enough time to ask all of these questions.

1. Previous testing for HIV (when and results of test)
   - ❍ Have you been tested for HIV before? If so, tell me about the last time you got tested.
2. Number of sex partners (male and female) in the client's life and in the past six months
   - ❍ Tell me about your sex partner or partners.
   - ❍ In your whole life, how many people have you had sex with—3, 10, 25, 50?
   - ❍ Tell me about the people you have had sex with in the last six months.
   - ❍ It's pretty common for young people to experiment with sex with both men and women. Have you ever had sex with a male (female)?
3. Partners' sexual history (Does the partner have other partners? What is the age of the other partners?)
   - ❍ Of the people with whom you have had sex in the last year, how many sex partners did each have?
   - ❍ Have you ever asked a sex partner about his or her previous partners?
   - ❍ Has your current partner ever had an STI?
4. History of exchanging sex for money, drugs, or shelter
   - ❍ Sometimes people use sex as a way to get things they might not otherwise be able to get. Can you tell me if you've ever had an experience like that?
   - ❍ Have there ever been times when you had sex with someone to get food, shelter, or money?
   - ❍ Have you ever had sex with someone to get drugs or alcohol?
5. History of nonconsensual sexual activity
   - ❍ Do you ever feel like you "have" to have sex with your partner, or have you ever felt this way with any of your previous partners?
   - ❍ Tell me about any times that you were coerced or forced to have sex.
6. Concerns that a sex partner put the client at risk for HIV
   - ❍ Is there any chance that one of your sex partners could have HIV?
   - ❍ What things does your partner do that might put him or her at risk for HIV?
   - ❍ Are you concerned that any of your sex partners could have HIV?
   - ❍ Have you ever discussed HIV concerns with a sex partner?
7. Types of sexual activity (oral, anal, vaginal)
   - ❍ I need to ask some pretty personal questions about your sex life so that I can provide you with proper care. Is that okay? Have you ever tried oral or anal sex?

- Tell me about some of the things you do sexually with your partner(s), such as oral, anal, or vaginal sex?
- Many people try different types of sex. Have you ever substituted oral sex for vaginal sex? What about anal sex instead of vaginal sex?

8. History of HIV prevention (efforts to protect himself or herself from HIV/STIs)
   - What kind of things have you been doing to protect yourself from infections?
   - How do you make sure you don't get any infections?
9. Use of condoms (For what types of sexual activities? If not used, what are the barriers?)
   - If you use condoms, do you use them for oral, anal, and vaginal sex?
   - Tell me about the times you used a condom. How did you feel about yourself after using a condom? What would make it easier to use a condom more often?
   - Tell me about the times you didn't use a condom. What were some of the reasons you chose not to? Did you worry during or afterward about the risk?
   - How often do you use condoms?
10. Injection drug use or needle-sharing or sexual partner history of injection drug use
    - Have you ever experimented with injecting drugs?
    - Have you ever discussed injection drug use with a sex partner?
    - Do you know if anyone you have had sex with has injected drugs?
11. Effect of alcohol or other drug use on sexual behavior
    - What kind of role do you think alcohol or other drugs play in your sex life?
    - Have you ever had "too much" and don't remember what happened to you?
12. History of sexually transmitted infections and testing
    - Which STIs, if any, have you been tested for in the past?
    - What STIs, if any, have you had?
    - Has a doctor or nurse ever told you that you had a sexual infection?
13. Currently pregnant or planning to become pregnant
    - Are you pregnant or trying to get pregnant? Do you want to have a baby soon?

Handout 6. Making referrals to health care providers

When making a medical referral for a client:

- Allay fears and encourage the client to go to the referral
- Provide general information
- Provide referral options

Ask the client the following questions. If the answers for 1 and 2 are YES or if the answer to two or more of the symptoms in question 3 is YES, make a tuberculosis (TB) referral.

1. Have you had a cough for more than two weeks?
   ❑ No, less than two weeks ❑ Yes, more than 2 weeks

2) Are you bringing up sputum (phlegm) when you cough?
   ❑ No ❑ Yes ❑ Not sure

3) Over the past three months, have you had any of the following?

Chest pain	❑ No	❑ Yes	❑ Not sure
Shortness of breath or difficulty breathing	❑ No	❑ Yes	❑ Not sure
Night sweats	❑ No	❑ Yes	❑ Not sure
Weight loss	❑ No	❑ Yes	❑ Not sure
Loss of appetite	❑ No	❑ Yes	❑ Not sure
Weakness or fatigue	❑ No	❑ Yes	❑ Not sure
Fever	❑ No	❑ Yes	❑ Not sure
Swelling of lymph nodes	❑ No	❑ Yes	❑ Not sure

Messages to give when making a TB referral

- I am not making a clinical diagnosis. I am not a clinician, but you seem to have some of the signs and symptoms of TB, and I would like to refer you to a TB clinic for a check-up.
- TB is an airborne disease and is curable.
- Medications are available and free.
- TB is not always associated with HIV.
- TB prevention includes good ventilation, avoiding TB contact, and maintaining good health and a strong immune system.

Then provide referral options.

Ask the client the following question. If the answer is YES, make an STI referral.

1. Have you had any genital sores, leakages, or discharge within the past six months?
   ❑ No ❑ Yes ❑ Not sure

Messages to give when making an STI referral

- I am not making a clinical diagnosis. I am not a clinician, but you seem to have some of the signs and symptoms of an STI, and I would like to refer you to an STI clinic for a check-up.
- Many STIs are curable and common.
- Medications are available and free.
- Have you gone to a hospital or clinic? Been diagnosed?
- There are many complications of STIs, so don't delay.
- When you have an STI, you can infect others and become reinfected yourself. It is important to disclose to your partner and encourage him or her to go for treatment as well.
- STIs facilitate HIV infection.

Then provide referral options.

If the client is HIV positive:

Referral for Antiretroviral Therapy (ART)

- I would like to refer you to a clinic where you can be screened to determine if you need ART.
- Detailed information will be given to you at the clinic. But, let me share a few key points with you now:
  - ART drugs and screening are free (confirm that this is true in your area).
  - You do not automatically need ART. If you are healthy, you will not need them.
  - Adherence is very important. Once you are put on ART, you are on it for life.
  - Disclosure to family and friends is important so that they can help you to adhere.
  - No special foods are necessary.
- Once you get an appointment, make sure that you keep it, because the ART clinics are very busy.

Then provide referral options.

If the client is currently pregnant and HIV positive:

Referral for Prevention of Mother-to-Child Transmission (PMTCT) of HIV

- When you are HIV positive, you can infect your baby before delivery, during delivery, or through breast milk.
- These days, the likelihood of mother-to-child transmission can be greatly reduced.
- The best way to do this is to visit an antenatal clinic. You'll be given a medicine called nevirapine. You will take one dose as you go into labor and your baby will take one dose once it is born.

- Taking nevirapine does not mean that your baby will be HIV free, but it will significantly reduce the likelihood of infection.
- There are other things that you can do to reduce mother-to-child transmission. You can learn more by discussing it with your health care provider.

Then provide referral options.

Some clients may want to know:

- Without intervention, 25 percent to 50 percent of infants born to HIV-infected mothers in developing countries will be HIV infected.
- ART prophylaxis given to the mother during pregnancy or labor and to the infant after birth decreases the risk of transmission of HIV by 40 percent to 70 percent.

Handout 7. Reflections on Day 1/Day 2

1. What exercise(s) or presentation(s) today did you like and why?

2. What exercise(s) or presentation(s) today did you *not* like and why?

3. What things did you learn today that will be the most useful to you in your work?

4. Is there anything that we did not cover today, or that we did not cover sufficiently, on which you would like more information?

5. Do you have any other comments or concerns?

Handout 8. Role-play scenarios—HIV counseling

Scenario 1

Jonathan is 19 and comes to the clinic for the first time, requesting an HIV test. Jonathan says he is heterosexual and currently has a girlfriend, but he has "experimented" with other guys a little. He says he uses condoms "sometimes," but he does not like them. He admits to drinking heavily a couple of times a week and sometimes using drugs.

Jonathan's HIV test results come back negative.

Scenario 2

Angela is 14 and has recently become sexually active with her boyfriend. She says she "knows you can die from HIV" and that "you can get it from having sex," but she says she and her boyfriend use condoms. Angela says that her boyfriend is her only partner, but with a little more probing, she admits that one of her older cousins forced her to have sex with him a year ago.

Angela's HIV test results come back negative.

Scenario 3

Louis is 16 and came to the clinic a year ago for treatment of chlamydia. He is back because he is having similar symptoms, but he is not aware of the new HIV-testing services. Louis has had multiple partners with occasional condom use. He says he does not usually have money to buy condoms, and he is afraid to keep them around because he does not want his parents to find them.

Louis' HIV test results come back positive.

Scenario 4

Anna is 20 and has been living on her own since she ran away from home at 15. Anna admits that she has used drugs and that she has used sex to get money to support herself. She is no longer living on the street and has her own apartment, but she does not know how much longer she can afford the rent. Anna explains that she has not been feeling well lately.

Anna's HIV test results come back positive.

Scenario 5

Rachel is 17 and has come to the clinic requesting an HIV test. She says that she has had sex with five people, but they have all been boyfriends, so they were always faithful to each other. She says she did not usually use condoms with her past boyfriends because "they weren't the

type to have HIV," and she's been on the pill since she was 14. But, Rachel says she just broke up with her most recent boyfriend because he was cheating on her. She does not think that she could have HIV, but she thought she should get tested.

Rachel's HIV test results come back negative.

Scenario 6

Rose is 16, and her parents have brought her to the clinic for contraceptives and an HIV test after they "caught her messing around" with a boy. Rose insists she has never had sex but reports that she has had oral and anal intercourse. Rose says she does not think of oral and anal sex as "sex," and she does not use condoms because she "can't get pregnant that way."

Rose's HIV test results come back negative.

Scenario 7

Joseph is 18 and comes to the clinic for the first time. As a truck driver, he spends a lot of time on the road, and his girlfriend at home recently became pregnant. Although he cares about his girlfriend, he admits to having had unprotected sex with a sex worker while on the road. He also says that he used to inject drugs but that he does not "do that anymore." He says he wants to be a good father to his baby that is on the way.

Joseph's HIV test results come back positive.

Discussion questions

Prepare to discuss these questions with the entire group after everyone has completed the role-plays:

- As the provider, what do you think you did well and what do you think you need to improve upon?
- As the client, what do you think the provider did well and what could he or she improve upon?
- As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- Did the provider give the client all the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- Did the provider adequately assess the client's risk and provide successful risk-reduction strategies?
- What does the audience think the provider could improve upon?

Handout 9. STI case studies and discussion questions

Using the case studies below, discuss the following questions:

- What counseling skills are particularly important in this situation?
- What youth issues are apparent here?
- What first steps would you take in counseling this client?
- How does his or her situation link with counseling and testing for HIV?

Case Study 1

Sarah is 16 and has come to the clinic because she has a sore on her vagina. She says she has only had sex with her boyfriend, but she says they do not use condoms because they are faithful to each other and use withdrawal to prevent pregnancy. She is upset because she thought she could tell if someone had an STI, and she has never noticed anything wrong with her boyfriend.

Case Study 2

Richard is 17 and has come to the clinic for an HIV test. He has had multiple partners, including men and women. He says he usually uses condoms with female partners because he does not want to deal with getting a girl pregnant, but not with guys because it does not feel good. When asked if he is worried about STIs, he says he has never had any symptoms, so he thinks he is probably fine.

Case Study 3

Janet is 18 and has come to the clinic with her friend. The counselor finds that Janet knows a lot about how STIs and HIV are transmitted, the difference between HIV and AIDS, and the difference between viral and bacterial STIs. However, as the counselor begins to talk to Janet, it becomes clear that Janet does not take measures to protect herself. She explains that she has been on contraceptive pills to prevent pregnancy since she started having sex two years ago, but that she rarely uses condoms. Janet also admits to drinking heavily on a regular basis.

Handout 10. Role-play scenarios—comprehensive counseling

In this exercise, you will be role-playing a comprehensive counseling session in which you will cover prevention of pregnancy and STIs in addition to HIV counseling and testing. As you do so, keep in mind the four key counseling skills we discussed:

1. Rapport and trust
2. Respect
3. Communication and language
4. Accurate information

For this role-play, assume that your clinic has already made efforts to make the clinic youth friendly, that the client has been greeted in a friendly and respectful manner upon arriving, and that you have a private, quiet place in which to meet with him or her. The person who is playing the part of the client should use the information in the scenario, but he or she can make up whatever information is missing while the "provider" asks questions.

In this exercise, we are only going to focus on the counseling leading up to the HIV test (if that is what the client chooses), not the results and posttest counseling.

Scenario 1

Julia is 15 and has never been to a sexual and reproductive health clinic before. Her parents brought her to the clinic because they believe she is sexually active; however, she tells them she is not. Her parents explain that they have brought her to the clinic to discuss contraceptive options with her. They allow her to go in and talk to the provider on her own. When talking to the provider, Julia reveals that she has, in fact, had sex with "a few" guys and has not used any protection.

Scenario 2

Benjamin is 17 and has come to the clinic because he would like to talk to a counselor. His girlfriend just started taking contraceptive pills so that they could start having sex. She is a virgin, but her parents took her to get the pills. He thinks they should use condoms too, but he says she does not think they need to. He has had unprotected sex with guys a few times, but he does not want his girlfriend to know.

Scenario 3

Grace is 16 and has come to the clinic for a free HIV test and condoms. After some gentle probing, the counselor finds out that Grace ran away from home a year ago and has been living on the street on and off. She works sometimes, but the work is not constant, and she often runs out of money and food. She has had multiple partners and only uses condoms if she can get them or the guy has one.

Scenario 4

Anette is 21 and has come to the clinic for a Depo-Provera shot but also requests an HIV test. Anette lives with her boyfriend, but she does not think he is faithful to her. She cannot leave him, though, because he supports her and her son. They do not use condoms, and she says she could never suggest using them because he would accuse her of cheating and throw her out of the house.

Scenario 5

Jamie is 18 and has come to the clinic because he says it hurts when he urinates. He has not been to a clinic or doctor's office since he was a child, and he says he just wants to know what is wrong and get some medicine. He does not know much about STIs or HIV. Jamie does not have a regular sex partner right now, but he says he has had four partners in the past year.

Scenario 6

Catherine is 15 and has come to the clinic for an HIV test. She has only had sex twice, once each with two different people, but both were unprotected and she now regrets both experiences. Catherine is really nervous about getting HIV or another STI, and she does not want to get pregnant either. She is not even sure she wants to be having sex, but she would like to have a boyfriend.

Discussion questions

Prepare to discuss these questions with the entire group after everyone has completed the role-plays:

- As the provider, what do you think you did well and what do you think you need to improve upon?
- As the client, what do you think the provider did well and what could he or she improve upon?
- As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- Did the provider give the client all the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- Did the provider adequately assess the client's risk and provide successful risk-reduction strategies?
- What does the audience think the provider could improve upon?

Handout 11. Referral mapping

Using the chart on the following page, mark the services that your clinic provides and those it does not. For those services that it does not provide, proceed to the appropriate box and fill in the referral information as best you can. (If you work in a large facility—such as a hospital—and refer people to other departments within your facility, this mapping exercise is still very useful.) Referral information includes the following items:

- The referral clinic or organization name
- Address and phone number
- Has the organization been contacted to discuss referrals? *If not, this can be completed when you return to your home organization. It is important to call those organizations to which you will be referring your clients to be sure that they can provide the services for which you are referring. If possible, you should visit those organizations to assess that their standard of care is equal to yours.*
- Is the organization appropriate for young people? *When you talk with and visit referral organizations, find out if they have experience with youth. Have their providers been trained to work with youth? Is their facility youth friendly? Do they have hours that accommodate young people? What about payment for services for youth?*
- Does the organization have a contact person for youth? *If you are sending a youth client to a referral organization, is there a contact they can ask for when they get there?*
- Are there follow-up protocols in place? *Follow-up protocols should include annual checks of referral organizations' address/phone number, services, and contact person(s), as well as feedback from clients about the referral organizations.*

Referral mapping

Your Clinic/Organization			
Does your clinic/organization/department provide the following services FOR YOUTH?	**Yes**	**No**	**If No, go to …**
1. HIV treatment, care, and support			Box # 1
2. Contraceptive services			Box # 2
3. STI screening and treatment			Box # 3
4. Counseling and support for victims of sexual assault or violence			Box # 4
5. Psychological or mental health counseling			Box # 5
6. Youth support, activity groups, other social services such as housing, educational, financial, or job services			Box # 6

Box # 1: HIV Treatment, Care, and Support					
Clinic/Organization Name	**Address/Phone**	**Contacted to discuss referral?**	**Appropriate for young people?**	**Youth contact person**	**Follow-up protocols in place?**
1.					
2.					
3.					
4.					

Box # 2: Contraceptive Services					
Clinic/Organization/Name	**Address/Phone**	**Contacted to discuss referral?**	**Appropriate for young people?**	**Youth contact person**	**Follow-up protocols in place?**
1.					
2.					
3.					
4.					

Box # 3: STI Screening and Treatment

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

Box # 4: Counseling and Support for Victims of Sexual Violence

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

Box # 5: Psychological or Mental Health Counseling

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

Box # 6: Youth Support and Activity Groups

Clinic/Organization Name	Address/Phone	Contacted to discuss referral?	Appropriate for young people?	Youth contact person	Follow-up protocols in place?
1.					
2.					
3.					
4.					

Handout 12. Community support worksheet*

Know the community

1. What other clinics/organizations offer HIV counseling and testing and other SRH services? Are these services available to youth? Are other services and providers youth friendly?

2. If other clinics/organizations offer HIV counseling and testing and other SRH services, how does the community perceive those programs?

3. Is there a group of individuals who will or do strongly support integrated HIV counseling and testing for youth? Will they actively support your program and speak in favor of it?

4. Is there a group of individuals who will or do strongly oppose it? How can you work to overcome this opposition?

5. What other community or parent groups do you think you should talk with in order to gain support? What is the best avenue: Provider presentation? Youth presentation? Small meeting with key stakeholders?

Involve youth from the beginning

1. Does your clinic/organization already have a youth advisory board, peer educators, or other youth program? Can you get input from those young people about implementing comprehensive HIV counseling and testing for youth? If not, how will you recruit young people to be involved in the planning and implementation process?

2. What role should youth have: Promoting the service? Talking to community members and youth groups to gain support? Evaluating if clinic services are youth friendly?

---

* Adapted from: *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI.* Washington, DC: Advocates for Youth, 2002. Available at: http://www.advocatesforyouth.org/publications/TAP2.pdf.

Know the laws and policies about providing HIV counseling and testing and other SRH services to young people

1. What are the local and national laws and policies about providing HIV counseling and testing to young people? Do they require parental consent? Test-result reporting?

2. Does your clinic have its own protocols for providing HIV counseling and testing to youth? What are they? If not, who will develop these protocols?

Inform and involve other staff

1. Have other staff (i.e., those not providing comprehensive HIV counseling and testing to youth) been informed about the project? Do you have their support?

2. Have other staff been trained in providing youth-friendly services? If not, who will conduct this training and when?

Develop advocacy messages

1. What types of messages would be most persuasive to the general community in garnering support for youth HIV and SRH services?

2. Practice wording one or two short advocacy messages:

3. Would your advocacy messages change if you were to target just youth? Policy-makers? Parents? Community or religious leaders? Briefly discuss with your group.

Handout 13. Post-course self-assessment

Indicate your opinion by circling a number, using this rating scale:
1–Strongly disagree 2–Disagree 3–No opinion 4–Agree 5–Strongly agree

I can list factors that put youth at risk of getting HIV and other STIs.	1 2 3 4 5
I can explain the most important skills for counseling youth effectively.	1 2 3 4 5
I know how to make services youth friendly.	1 2 3 4 5
I understand the issues and concerns facing youth from special populations when they seek HIV counseling and testing.	1 2 3 4 5
I feel that I can conduct a risk assessment with youth clients in a way that makes them feel comfortable being honest and open about their risk-taking behavior.	1 2 3 4 5
I can list several ways to help young people practice safer behaviors.	1 2 3 4 5
I understand why and how I should talk to young people about STIs when I am providing HIV counseling and testing.	1 2 3 4 5
I understand why and how I should talk to young people about pregnancy prevention when I am providing HIV counseling and testing.	1 2 3 4 5
I know which contraceptive methods are appropriate for adolescents.	1 2 3 4 5
I know what dual protection and dual method use are.	1 2 3 4 5
I am confident that I can successfully provide comprehensive HIV counseling and testing to young people.	1 2 3 4 5
I am able to list the most important elements of a good referral system for youth.	1 2 3 4 5
I can explain what integration is and how to implement it.	1 2 3 4 5

List the answers:

What are four of the most important skills for counseling youth?

1.
2.
3.
4.

What are three things that put youth at risk of HIV and other STIs?

1.
2.
3.

What are three important elements of a good referral system for young people?

1.
2.
3.

Indicate your opinion by circling a number.

I can use social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth.	1 2 3 4 5
I can explain the most important skills for promoting integrated services.	1 2 3 4 5
I know how to get community support for SRH and HIV counseling and testing services for youth.	1 2 3 4 5
I understand the issues, concerns, and barriers to HIV counseling and testing and SRH services in the community and among youth.	1 2 3 4 5

Circle the best answer(s):

To build community support for integrated SRH and HIV counseling and testing services for youth, it is essential to:

a. Know the community and involve adults and parents in the beginning
b. Involve youth and teachers
c. Involve youth and know the laws for providing HIV counseling and testing and other SRH services to youth
d. Inform and involve other staff and community members
e. All of the above

It is important to know local laws and policies for HIV counseling and testing because testing minors for HIV is illegal.

a. True
b. False

To develop a social marketing campaign, one should understand factors that motivate an audience or hinder them from changing behaviors.

a. True
b. False

The New Start campaign was developed to promote HIV counseling and testing and SRH services to youth.

a. True
b. False

Handout 14. Final course evaluation

1. Instructional and administrative aspects

Indicate your opinion by circling a number, using this rating scale:
1–Insufficient 2–Poor 3–Satisfactory 4–Good 5–Excellent

Achievement of course objectives	1	2	3	4	5
Achievement of personal expectations	1	2	3	4	5
Relevance of training to your work	1	2	3	4	5
Usefulness of training materials	1	2	3	4	5
Training methodologies	1	2	3	4	5
Organization of the course	1	2	3	4	5
Workshop facilities	1	2	3	4	5
Administrative support	1	2	3	4	5
Travel arrangements	1	2	3	4	5
Financial arrangements	1	2	3	4	5
Lodging accommodations	1	2	3	4	5

2. Course Length: Too long Too short Just right

3. What topics covered in this workshop do you think will be most useful to you in your work?

4. On which topics would you have liked more information or preferred to spend more time?

5. On which topics would you have liked less information or preferred to spend less time?

6. Other comments or suggestions?

Appendices

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers

Appendix 1. Risk-reduction action plan

Client number: ___________________________ Date: ________________________

Counselor: _______________________________

Circle and provide details: who, what, when, and where:

1. Client will talk about HIV concerns and risks with partner(s)/friend(s).
- Client will talk to partner.
- Client will talk to friend.
- Client will talk to others.

Details ____

____

2. Client plans to discuss HIV testing with partner(s) before having sex.
- Client will bring partner to site to be tested before having sex again.
- Client will use condoms until partner is tested for HIV.
- Client will abstain from sex until partner is tested for HIV.

Details ____

____

3. Client plans to change or discontinue relationships with high-risk sexual partners (for example, a person who trades sex for money or other needs, or a drug user).
- Client will stop having sex with high-risk partner.
- Client will eliminate a particular type of high-risk partner.
- Client will have fewer partners.

Details ____

____

4. Client plans to change sexual behavior.
- Client will remain faithful to one partner.
- Client will abstain from sex.
- Client will use condoms correctly and consistently with partner(s).

Details ____

____

5. Client plans to change alcohol or drug use.

- ✦ Client will decrease or eliminate alcohol or drug use before having sex.
- ✦ Client will avoid places where he or she uses alcohol or drugs.
- ✦ Client will avoid sharing needles.

Details ____

____

6. Client plans to increase condom use.

- ✦ Client will talk to partner(s) about using condoms.
- ✦ Client will use condoms when having sex.
- ✦ Client has done a condom demonstration and is comfortable with condom use.

Details ____

____

7. Other plans (describe):

Appendix 2. Energizers

Energizer 1. Tell a story

The participants stand in a circle. The group will build a story, with each participant contributing a sentence one by one that must:

- Make sense and at the same time add some fun to the activity
- Build on the previous sentence
- Be grammatically correct

For example:

#1: "I was walking to breakfast this morning."
#2: "A dog came up to me."
#3: "I said good morning to the dog."
#4: "The dog asked me what I was going to have for breakfast."

The activity continues until all of the participants have contributed or until the facilitator feels that the group has been energized.

Energizer 2. The last word

The participants stand in a circle. One participant moves and stands randomly in front of another. He or she makes a statement (e.g., "It is such a lovely day."). The person spoken to will move to another person and make a statement starting with the last word in the statement that he or she received (e.g., "Day 1 of the course was very tiring."). Make sure that each participant takes a turn.

Energizer 3. BOOM!

The participants sit in a circle. They count aloud one by one, around the circle. Each person whose number is a multiple of 3 (3, 6, 9, 12, etc.) or a number that ends with 3 (13, 23, 33, etc.) must say BOOM! instead of the number. The next person should continue the normal sequence of numbers.

Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified.

The numbers must be said rapidly; if a participant takes too long to say his or her number, that person is disqualified. The activity continues until the facilitator feels that the group has been energized.

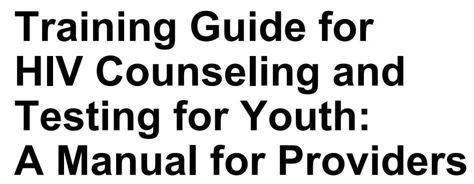
Appendix 3. Activities to conduct during a site visit

- Introduce clinic staff to participants.
- Observe service provision flow and client-provider interaction. Ask the person conducting the tour of the clinic to show these areas:
  - Reception and waiting areas
  - Counseling spaces
  - Testing area
  - HIV counseling and testing walk-through (clinic staff walk participants through the full VCT flow as experienced by a client)
  - Other relevant services and program areas (such as youth-only space, peer-counseling program, etc.)
- Encourage participants to observe:
  - Ambiance and environment of the clinic
  - Any staff or provider interaction with youth
- See what informational materials are available to clients. Are they youth friendly?
- Discuss services with clients and other users. If appropriate, some of the participants might speak with youth clients to find out about their experience at the clinic.
- Discuss protocol and providers' needs. Ask the clinical manager to discuss any clinic protocols that the participants might not be able to view, such as periodic staff meetings to discuss cases, or specific policies that affect youth, such as parental notification. Ask the clinical manager to share both strengths and weaknesses in their service provision to youth.
- Allow for participant questions. If possible, allow participants to ask questions of the clinical manager and staff about the site.
- Make sure participants note the following aspects during the tour:
  - Youth friendliness: Do the reception and waiting areas seem welcoming to youth? Are targeted materials available to youth?
  - Confidentiality: What measures are in place to make youth feel that their concerns will be kept confidential? Consider how a youth requests services upon arrival; to whom or where are they directed? Do the physical facilities lend themselves to privacy for the clients?

Training supplement (PowerPoint slides)

Training Guide

for
HIV Counseling and Testing for Youth:
A Manual for Providers



A Training Supplement

Session 2.1
Introducing integrated HIV and SRH services
1

Integration can be defined as offering two or more services at the same facility during the same operating hours, with the provider of one service actively encouraging clients to consider using the other services during the same visit, in order to make those services more convenient and efficient.

2

Integration can be accomplished by one provider who is trained to offer several services or by more than one provider located in the same facility.

- The interactions between sexual and reproductive health and HIV are now widely recognized.
- The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding.
- Poor sexual and reproductive health shares many root causes with HIV.

3

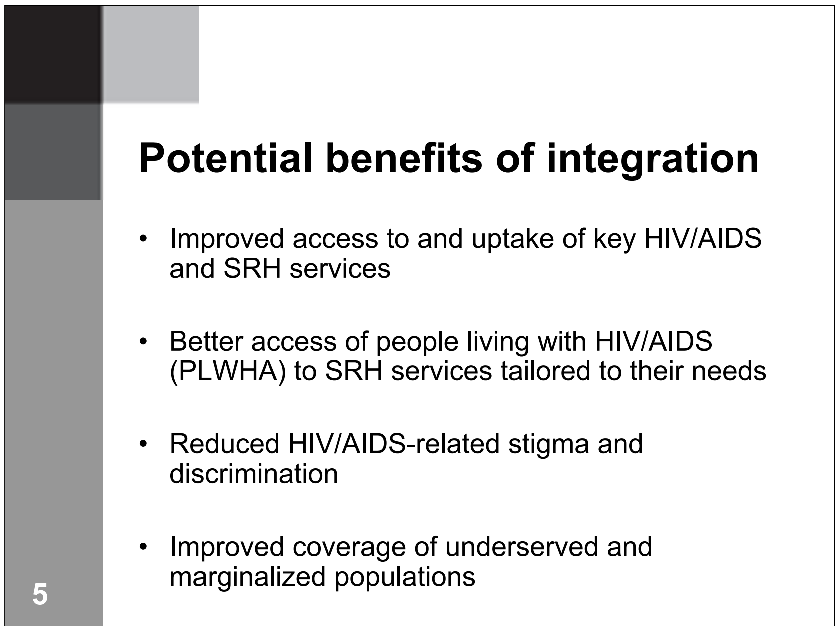
How do SRH and HIV intersect?

- Sexual behavior is a defining risk for both unintended pregnancy and HIV/AIDS.
- There is an obvious intersection between HIV and reproductive health because the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding.
- Root causes of both poor sexual and reproductive health and HIV include poverty, lack of access to medical services, gender inequality, and social marginalization of the most vulnerable populations.

- SRH plays a key role in HIV prevention.
- In addition to reducing maternal and child mortality, increased use of SRH services can improve women's lives in other important ways.
- Integrated HIV/SRH programs can help people who are not often reached by traditional SRH services.

4

- SRH plays a key role in HIV prevention. For example, averting unintended pregnancies in HIV-positive women is effective and a more cost-effective way of reducing mother-to-child transmission than drug treatment. SRH programs are also important in their own right, and unmet need for contraception and other services remains high, in part due to limited donor support.
- People who are not traditionally reached by SRH services include men, adolescents, and sex workers.



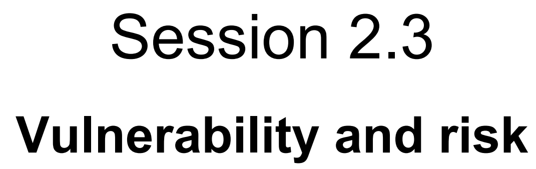
- With integrated services, clients are more likely to get access to all the services they need. (Example: Prenatal care integrated with HIV/AIDS services means a pregnant woman can be tested for HIV and provided with antiretrovirals. Or, someone who seeks HIV testing can also be provided with a contraceptive method if he or she wishes to avoid pregnancy.)
- When providers are trained in both HIV/AIDS and SRH services, PLWHA are more likely to receive services tailored to their needs.
- Clients might feel less stigma in visiting a clinic that provides multiple services than they would in visiting a facility that only provides HIV testing.
- Counseling and testing attracts men and youth, who are not traditionally reached by family planning services.

(continued)

- Greater support for dual protection against unintended pregnancy and STIs, including HIV, especially for young people
- Improved quality of care
- Enhanced program effectiveness and efficiency

6

- If providers are trained to offer integrated services, they can emphasize the benefit of dual protection against unintended pregnancy and HIV.
- Studies have shown that most clients (especially young people) prefer a “one-stop shop,” that is, getting all the services they need in one place.
- Programs can be streamlined, and there is less duplication of services in an integrated-care setting.

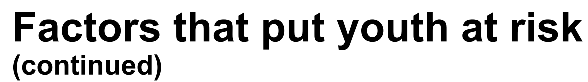

Session 2.3
Vulnerability and risk
7

- Early age at first sex
- Risk-taking behaviors
- “It cannot happen to me”
- Pressure to prove “manhood”
- Low levels of condom use

8

- Multiple sex partners
- Vulnerability to coercion and abuse
- Lack of negotiating skills
- Exchange of sex for basic needs
- Use of sex to build self-esteem

9

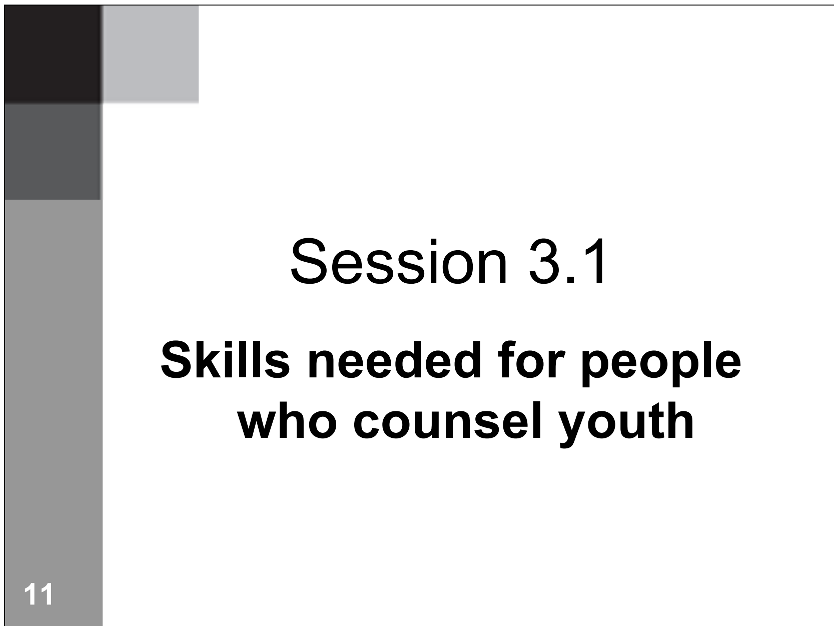


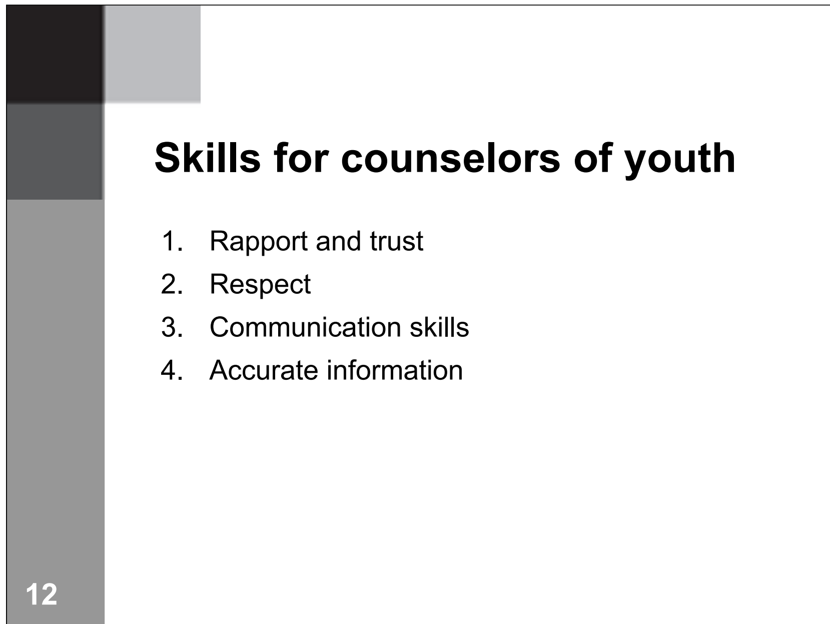
(continued)

- Cross-generational sex
- Cervical ectopy in young women
- High prevalence of STIs, lack of testing or treatment
- Alcohol and drugs

10

- Cross-generational sex is typically—although not always—between young girls and older men.
- Cervical ectopy is a normal condition in which the cells that line the inside of the cervical canal extend onto the outer surface of the cervix. This condition is present in most female adolescents and becomes less common with age. It causes young women to be more susceptible to gonorrhea and chlamydial infection.
- A high prevalence of STIs increases the likelihood of acquiring and transmitting HIV. Youth might receive improper treatment of STIs (or no treatment at all) when they are discouraged from seeking help by clinicians who are not youth friendly.
- Experimentation with alcohol and drugs is associated with high-risk sexual behavior.


Session 3.1
Skills needed for people who counsel youth
11



Counselors who provide counseling and testing to youth clients can help young people:

- Avoid acquiring HIV and STIs, as well as unintended pregnancy.
- Make positive, long-term changes in youth behavior.
- Access other health-related and support services.
- Plan for the future.

However, in order to successfully achieve these goals, counselors must:

1. Build rapport with youth clients and earn their trust.
2. Respect the different life circumstances of the young people they counsel.
3. Know how to communicate with youth and be able to speak the language of youth.
4. Provide accurate information on the subject matter and on local laws and customs (check with trusted sources of information, such as country guidelines, the World Health Organization, and others).

1. Rapport and trust

- Use a private, quiet counseling station
- Explain issues of confidentiality
- Begin by asking general questions
- Ask about client's sexual knowledge and experience
- Show empathy and be patient

13

Your clients have shown tremendous courage in seeking your help. Many adults feel uncomfortable talking about sexual and reproductive health, and this feeling is likely to be even stronger in young people.

- Set up a private, quiet counseling station.
- Try to start on time; waiting increases anxiety.
- Introduce yourself in a warm, friendly manner.
- Explain and discuss issues of confidentiality.
  - Local laws or agency guidelines might require parental or guardian consent to conduct an HIV test. Be aware of such laws and guidelines and explain your obligation to the young client, and offer to help him or her talk to parents about the test. Some youth, such as orphans, street children, and "mature minors," might be exempt from parental notification laws.
- Begin by asking general questions about the client's life and interests, friends and family, studies or work, and hobbies.
- Respect your clients' intelligence and life experiences. Ask them about their sexual knowledge and experience before giving them information they already know.
- Show empathy and demonstrate that you understand your clients' thoughts and feelings.
- Be patient if your clients take a while to open up; if possible, allow enough time so your clients do not feel rushed.

2. Respect

- Assure clients that you will not judge them
- Maintain a positive attitude
- Treat each client as an individual
- Ask questions about beliefs and views
- Welcome *all* youth
- Do not make assumptions based on age

14

Respecting your clients' life circumstances involves understanding the factors that can influence young people's behavior and practices. These can include social class, age, sexual orientation, marital status, race, ethnicity, religion, and much more.

- Assure your clients that you will not judge them. Try not to let personal feelings or biases about how you think young people should behave influence your professional behavior with your clients.
  - Instead of saying: "What you're doing is wrong," or "It's bad to have sex at your age," say: "Your behavior is exposing you to the risk of getting HIV and STIs."
- Display a positive attitude about your clients. Do not make them feel criticized about poor choices they might have made; help them to focus on good choices they can make in the future.
- Treat each client as an individual. Do not stereotype or assume that one way of counseling will work with all young people.
- Ask questions about their beliefs and views and let them know that you understand.
- Welcome *all* youth, regardless of sex, age, marital status, level of sexual activity, number of partners, or history of pregnancy.
- Adjust your approach to account for your clients' developmental stage; assess their knowledge and experience instead of making assumptions based on age alone.

3. Communication skills

- Simple language, avoid technical terms
- Nonjudgmental language
- Clarify terms
- Active listening and open-ended questions
- Body language
- Admit when you do not know the answer

15

- Use simple language and short sentences. Avoid technical terms.
- Use nonjudgmental language. Instead of saying: "You should …," say: "You can …" or "You may want to think about …"
- Be aware of slang that youth use to talk about sexual issues. Be clear in your questions and responses.
- Use active listening by paraphrasing what your client is saying and repeating it back. This confirms that you understand what your client is saying and allows the client to correct any misunderstandings.
  - For example, if a young person expresses concern about HIV, you can say: "It sounds as though you want to learn how to prevent HIV, and you have some questions about protecting yourself and your partner."
  - Use appropriate eye contact, gestures, and verbal responses to let your client know that you are listening.
- Ask open-ended questions when possible. These will encourage discussion rather than a "yes" or "no" answer.
- Be aware of your body language. If you are frowning and sitting with your arms crossed, this could suggest that you are angry or upset by what your client is saying.
- Make sure clients understand by asking them questions. Do not simply say: "Do you understand?"
- Admit when you do not know how to answer a question. Try to find the answer and be sure to follow up with the client.

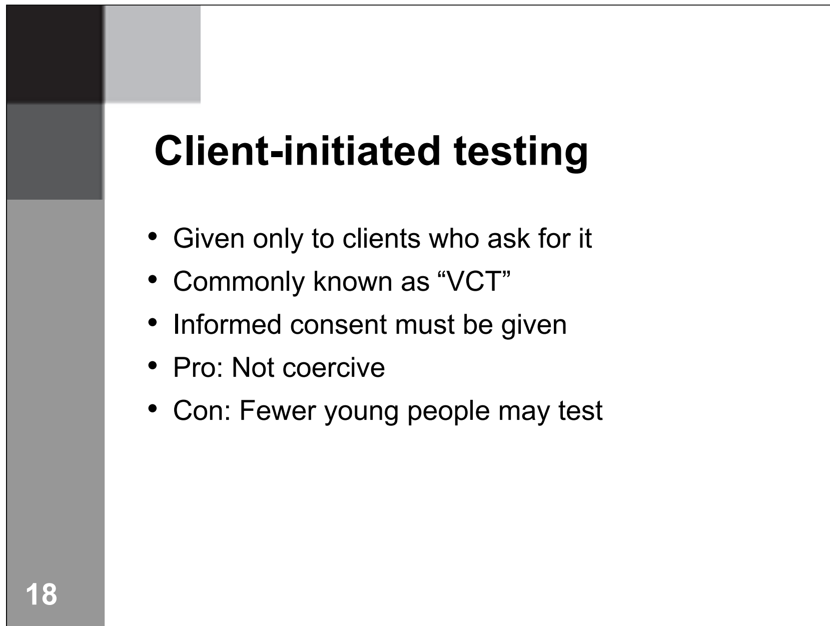
4. Accurate information

- Young people get a lot of misinformation
- This is your opportunity to provide accurate, science-based information
- Stay current on topics such as:
  - HIV/AIDS and STIs
  - Contraception and other SRH services
  - Life skills

16

- Young people can receive a lot of misinformation from friends, media, the Internet, and well-intentioned adults.
- This is your opportunity to provide them with accurate, science-based information in a clear manner that they can understand.
- You should try to stay current on topics that will be of interest to your clients:
  - HIV/AIDS and STIs
  - Contraception and other SRH services
  - Life skills, such as negotiation, decision making, critical thinking, and assertiveness
- If you do not know the answer to your clients' questions, be honest and let them know you will find the answer for them.

Session 3.2
Major steps of HIV counseling and testing
17



HIV testing can be initiated by the client or offered routinely at a medical facility (provider-initiated).

Differences between these two models are described on this slide and the next one.

Client-initiated testing:

- HIV testing is given only to clients who ask for it. HIV testing is not offered by providers; they must wait for clients to request it. Programs market the service to youth so that they know that the test is available.
- As in all testing, informed consent must be given by the client or parent or guardian.
- Pro: Not coercive; young people can make the choice to test for HIV without feeling pressured to do so by a medical provider.
- Con: Fewer young people may test; young people might be afraid to ask about HIV testing or not know that it is available.

Routine, provider-initiated

- Offer HIV testing to all clients
- Informed consent must be given
- Confidentiality must be maintained
- Pro: Youth do not have to ask
- Con: Must avoid being coercive

19

Routine, provider-initiated testing:

- Providers routinely offer HIV testing to all clients in a clinical setting. In some settings, everyone is tested for HIV, often while receiving other tests, unless a client expressly chooses not to be tested. This is called "opting-out." In other clinical settings, providers generally offer the test to all their clients but will only test clients who then request it. This is called "opt in" testing.
- Informed consent must be given. Depending on your clinic or country setting, informed consent may be obtained from the youth client, or it may have to be obtained from a parent or guardian. Either way, explain your clinic's confidentiality policies and what informed consent is.
- A client's confidentiality should be guaranteed no matter what model of testing is being used.
- Pro: Youth do not have to ask for a test. Youth clients may be afraid to ask for HIV testing, fearing that they will be judged or singled out. Or, they might not know the service exists.
- Con: Must avoid being coercive. It is especially important that youth understand what HIV testing entails and that they have a choice about whether or not to test. Even if HIV testing is offered to all clients at your clinic, it is important that they are prepared to learn the results of an HIV test, and that they understand that they do not have to test if they do not want to.

1. Welcome client and discuss reason for visit
2. Pretest counseling
3. Administer test
4. Posttest counseling

20

1. Welcome the client and discuss the reason for his or her visit. This step includes explaining informed consent and confidentiality. Also:
   - If the client is unsure about whether he or she wants to test, you may conduct a risk assessment to help the client determine his or her risk of HIV.
   - You can use this step to establish a rapport with clients and earn their trust. With youth, in particular, it is important to recognize their courage in coming in for testing and taking care of their health.
2. In the pretest counseling step, you should conduct a risk assessment, if you have not done so in step 1. Also review:
   - What HIV is and how it is transmitted (if the client does not know)
   - How the HIV test works
   - What negative and positive test results mean (i.e., a negative result means that HIV antibodies were not found in their blood, and a positive result means HIV antibodies were found in their blood)
   - When they should return for results (if you are not using rapid testing)
   - How they will cope with a negative or positive result and whom they can turn to for support
   - Counsel your client on how to reduce the risk for contracting HIV (and other STIs)
3. Administer the test.
4. Provide posttest counseling.

Depending on whether a client tests positive or negative, posttest counseling will vary tremendously. We will review the steps for each result later in this session. If the client had to return to the clinic for the test result, congratulate him or her for having the courage to come back.

Note: Counseling about other services—such as family planning or STIs—might be raised at various times. We will discuss this later in the workshop.

Session 7.1
Pregnancy prevention
21

- Why prevent unintended pregnancy?
  - The facts
  - Options
  - Rights
  - Information = Empowerment

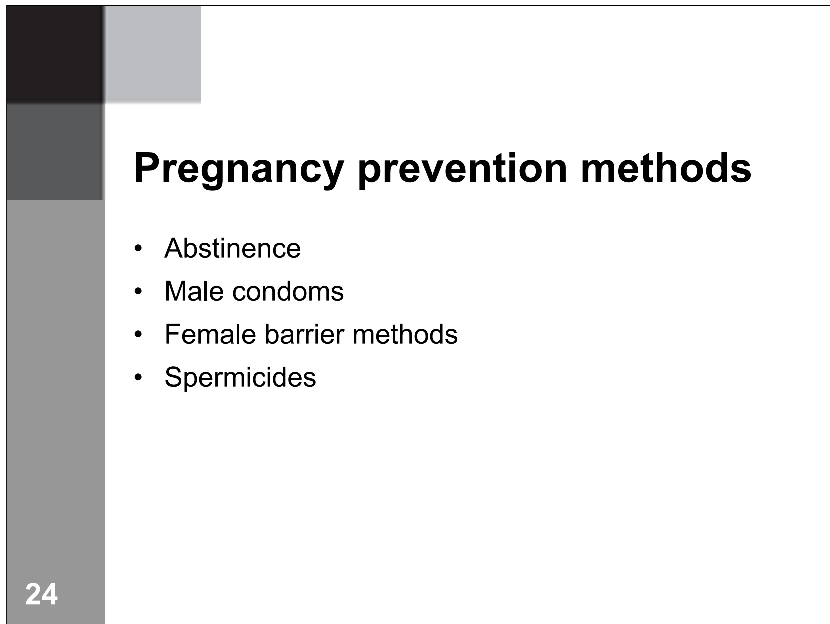
22

- The facts are that:
  - Young women are more likely than women ages 20 and older to experience premature labor, spontaneous abortion, and stillbirths.
  - Young women have not reached physical maturity. If a woman's pelvis is too small, she can suffer an obstructed delivery, hemorrhage, infection, or fistula (a hole in the birth canal caused by prolonged labor; without prompt medical intervention, the woman is left with chronic incontinence and, in most cases, a stillborn baby).
  - Infant deaths are higher among adolescent mothers than for older women.
- Options: Delaying childbearing can give young women and young men the opportunity to pursue educations and jobs without the pressure of providing for a family.
- Rights: Just as adults do, young people have the right to be well informed about their choices and to have access to the services that support their choices about their sexual and reproductive health.
- Information = Empowerment: Providing youth with information about the facts of early childbearing and how to prevent unintended pregnancy through abstinence and contraception empowers them to make their own informed decisions.

- Educate
- Understand that SRH is lifelong
- Empower youth to delay sex
- Provide safe, effective, affordable contraception
- Encourage dual protection

23

- Educate young people about how their bodies function; how pregnancy occurs; and the health, emotional, and socioeconomic risks of adolescent pregnancy.
- Help young people think about their reproductive health as a lifelong process; their decisions today can affect fertility and health later in life. Help them develop decision-making and negotiation skills so that they can follow through on their decisions.
- Empower youth to delay sexual relations until they feel ready to accept sexual responsibility.
- Inform them about and offer access to safe, effective, and affordable contraception.
- Encourage youth who are sexually active to use *dual protection* to prevent both unintended pregnancy and the transmission of HIV and other STIs.



Not all contraceptive methods are appropriate and safe for adolescents. Here are some key counseling issues to think about. (Remind participants that their manuals have this list as well.)

Abstinence

- Appropriate for youth.
- Most effective way to prevent pregnancy, as well as STI/s, including HIV; requires self-motivation, discipline, and commitment from both partners.

Condoms

- Appropriate for youth; accessible and affordable.
- Can protect against pregnancy and STIs, including HIV, but must be used correctly and consistently.
- Clients should be informed about emergency contraception as a backup method when a condom breaks or slips; emergency contraceptive pills can be given in advance.

Other barrier methods (female condom, diaphragm, cervical cap)

- Appropriate for youth.
- Youth must be comfortable with their bodies and insertion of the device; the method must be used correctly and consistently.
- Unlike other female barrier methods, the female condom provides some protection from STIs, including HIV. It is a woman-controlled method but can be expensive and hard for some people to access.

Spermicides

- Appropriate but not ideal because they do not provide good protection from pregnancy and STIs, including HIV.
- Better than no method at all, but should not be used if other methods are available.
- Clients must understand how to use correctly (place high inside the vagina, wait before and after intercourse, new application with each act of intercourse).

Pregnancy prevention methods
(continued)

- Injectables
- COCs
- Emergency contraception
- Sterilization

25

Injectables

- Appropriate for youth; some concerns about progestin-only injectables and bone-density in adolescence, but benefits generally outweigh risks; clients must be able to return for injections; do not protect against STIs, including HIV.
- Are very effective in preventing pregnancy.
- Side effects can occur, such as irregular bleeding, amenorrhea, weight gain, headaches, and mood changes.
- Noncontraceptive benefits include decreased risk of pelvic inflammatory disease (PID), ectopic pregnancy, and endometrial cancer.

COCs (combined oral contraceptives)

- Appropriate for youth; do not protect against STIs, including HIV.
- Must be taken daily to be effective, and clients need to be informed about what to do if pills are missed.
- Side effects include nausea, headache, breast tenderness, and spotting.
- Noncontraceptive benefits include regular menses and reduced risk of ovarian cancer, endometrial cancer, and PID.

Emergency contraception

- Appropriate for youth who have unplanned intercourse, forget to use a method, or need a backup method (e.g., for condom breakage); also can be used by young women or girls coerced into sex; does not protect against STIs, including HIV.
- Possible side effects include nausea and vomiting.
- Counsel about proper use (as soon as possible, but must be within five days); test for pregnancy if menses is late; explain that emergency contraception is not meant as a regular contraception method.

Sterilization

- Not normally recommended for youth; young age and low parity are generally associated with high levels of regret.
- Counseling should emphasize that the method is permanent and irreversible.

Dual protection

- Prevention of both pregnancy and STIs, including HIV
- Condoms offer dual protection

Dual method use

- Use of two methods, such as COCs and condoms
- Another way to achieve dual protection

26

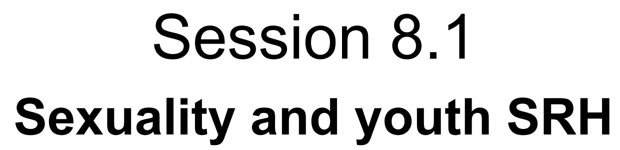
Although the terms "dual protection" and "dual method" are closely related, there is a difference.

Dual protection is the simultaneous prevention of STI or HIV infection and unwanted pregnancy. Dual protection can be achieved by either the use of one method that is effective against both pregnancy and STI or HIV infection (such as abstinence or correct and consistent condom use) or by **dual method,** which is the use of two methods, such as condoms and oral contraceptives.

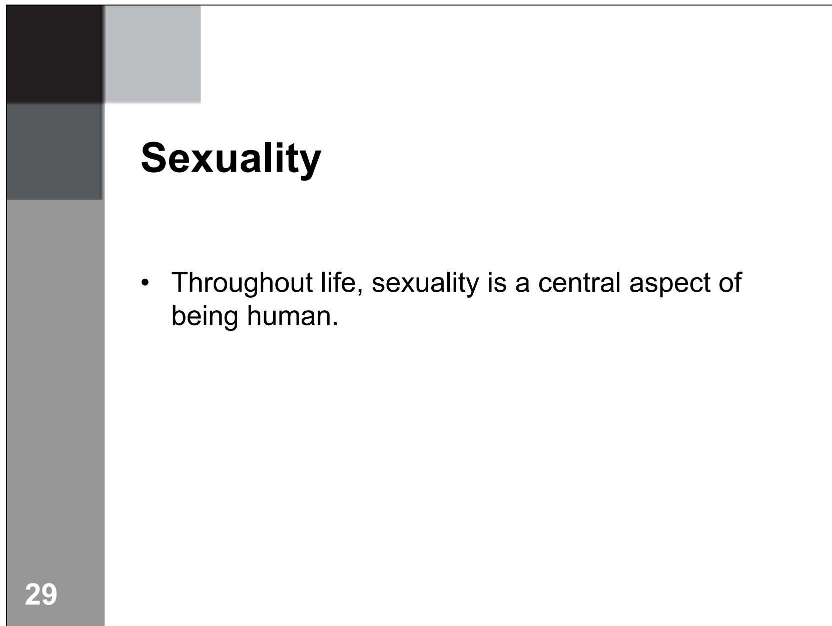
- Encouraging dual protection provides link
- Lines of communication already open
- Comprehensive SRH care

27

- Dual protection is the perfect link between pregnancy prevention and HIV counseling and testing. If a client comes to be counseled for pregnancy prevention, you can talk about pregnancy prevention that also protects against STIs, including HIV, and recommend testing. Or, if a client comes for HIV testing and counseling, talking about dual protection opens the discussion of pregnancy prevention.
- Through counseling and testing, counselors establish rapport and trust with clients. While the lines of communication are open, the counselor has the opportunity to provide comprehensive sexual and reproductive health care.
- Comprehensive SRH care includes counseling and services for pregnancy prevention and the prevention of STIs, including HIV.



28

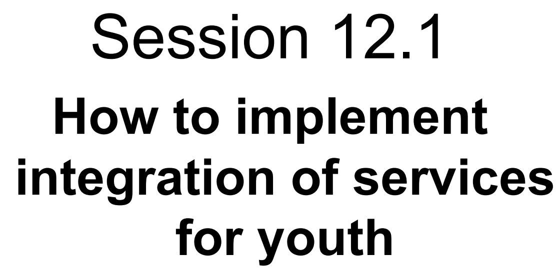


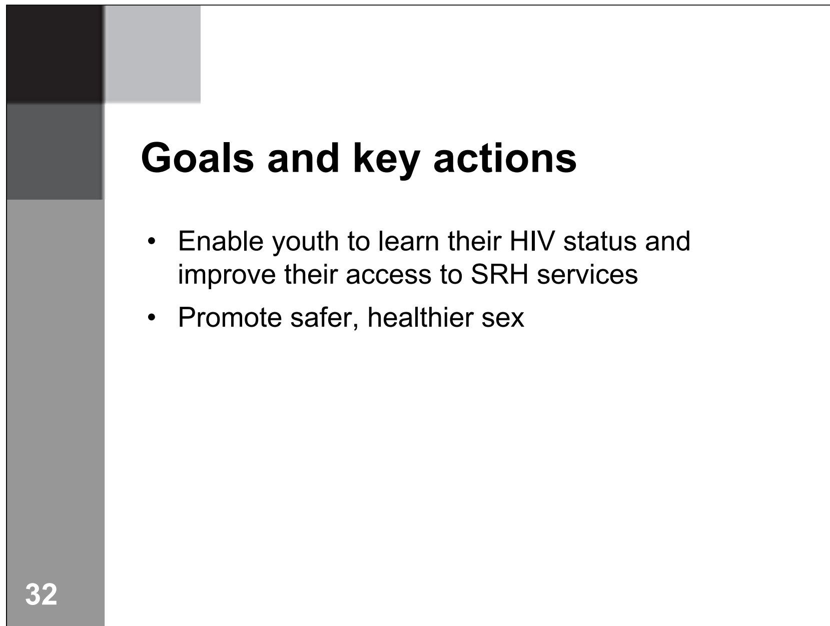
- Sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction.

- Sexuality is experienced and expressed in many ways.
- Sexuality is influenced by the interaction of numerous factors.

30

- Sexuality can be experienced through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships.
- Sexuality is influenced by many things, including biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.


Session 12.1
How to implement integration of services for youth
31



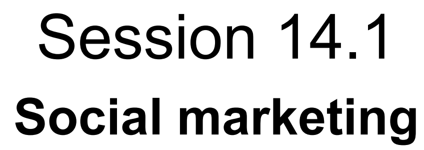
Here are some goals of programs that serve youth and how integrated HIV and SRH services can help meet those goals.

- Enable youth to learn their HIV status and improve their access to SRH services.
    - Provide basic SRH services (information on dual protection, counseling, and access to condoms) in counseling and testing programs.
    - Routinely offer HIV testing and counseling in STI services and establish access to comprehensive HIV services.
- Promote safer, healthier sex.
    - Promote condom use for dual protection within all family planning and HIV prevention programs.
    - Ensure that young people have access to comprehensive sexuality information, including in HIV counseling and testing sessions.

33

- Optimize connection between SRH and HIV services
- Integrate HIV/AIDS with maternal and child health programs

- Optimize the connection between SRH and HIV services.
  - Advocate for investment in STI management as a key strategy to reduce HIV transmission.
  - Include in STI programs a package of HIV/AIDS services, including safer-sex information and counseling, routine offer of HIV testing and counseling, and condoms.
- Integrate HIV/AIDS services with maternal and child health programs.
  - Provide a basic package of HIV/AIDS services (information on safer sex, counseling, and access to condoms) in antenatal care settings.


Session 14.1
Social marketing
34

- Application of marketing techniques to address social or health problems
- Adaptation of commercial marketing to influence voluntary behavior that improves personal welfare
- Framework to understand how to influence people's behavior
- Process of designing and modifying behavior change interventions

35

Source: PSI. *Round II EBSM Course: Introduction to Evidence-based Social Marketing*, 2006.

The definition of social marketing has evolved. It is currently understood to be:

- The adaptation of commercial marketing technologies to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part.
- A framework or structure that draws from many other bodies of knowledge, such as psychology, sociology, anthropology, and communications theory to understand how to influence people's behavior.
- A process of designing and modifying behavior change interventions.

- 90% of those who are HIV positive do not know their status
- At current rate of testing, 90% of the 12,000 people who will be infected with HIV *today* will not know until 2013
- Services not reaching many at highest risk or most vulnerable populations, including youth

36

According to recent United Nations figures, 90% of all those who are HIV positive in the world do not know their status, which means that 90% of the roughly 12,000 people who will be infected today will not know they are infected until 2013. During this time, these people may become involved in serodiscordant relationships and infect others. The spread of HIV cannot be stopped until people know their status, are empowered to change their at-risk behavior, and have access to care and treatment. In addition, many of the behaviors that put young people at risk for HIV also put them at risk for other STIs and unintended pregnancy.

This is where social marketing for comprehensive counseling and testing for youth becomes important. Social marketing can encourage behavior change or, in this case, promote comprehensive counseling and testing among young people.

Social marketing for comprehensive counseling and testing

Objective: To expand access to and demand for integrated counseling and testing services among target groups by:

- creating networks of *high-quality* counseling and testing sites (often through social franchising)
- meeting ongoing (and growing) consumer demand for services
- creating consumer demand for integrated services

37

Social marketing of HIV counseling and testing starts by:

- Creating a network of high-quality HIV counseling and testing sites (site selection and upgrading, as well as partner selection, are important).
- Enabling sites to meet ongoing consumer demands by having adequate levels of trained counselors, keeping clinics open during hours that clients are able to access them, ensuring confidentiality, and monitoring quality on an ongoing basis.
- Creating consumer demand for comprehensive counseling and testing services by developing promotional materials including brochures, posters, TV and radio spots, and informational materials (such as dramas, peer education training, or testimonials from youth). All materials and communications should be pretested and designed specifically for the target populations.

- **Product:** What is the product or service you are marketing? Why is it important?
- **Placement:** Where will you place the marketing materials? In what community? How will you reach your target audience?
- **Price:** What is the cost of the service in terms of money and time? Is it affordable?
- **Promotion:** What kinds of promotions best reach your target group?

38

- Where should you put posters?
- What TV shows and what times?
- What radio programs and what times?
- When and where can you get attention for a presentation or drama?
- How do you get the attention of your target group: youth?

39

It is important to know your target audience and to research which material and placement will be most effective in reaching them.

- Where should you put posters? For example, where do youth gather and socialize?
- What TV shows do youth watch and at what time?
- Do youth listen to the radio? What radio programs do they listen to?
- When is the best time to get their attention for a presentation or drama? Can you present it in school? Could you reach more youth somewhere else—for example, while they wait in line to get into a club?

Promotion: types of marketing materials

- Brochures
- Posters
- TV and radio spots
- Peer presentations, dramas, etc.
- Condoms with clinic information and counseling and testing promotion printed on them

40

Many marketing materials can be used in a social marketing campaign to promote a new service. These are a few examples. The ones you select will depend upon your budget and which will best reach your audience.

Session 14.2
Design a promotional campaign
41

Brand name and logo

- Brand name
- Logo
- Product description
- Desired action

New Start-branded VCT sites in nine

42

- Brand name: "New Start," which implies a new beginning in life.
- Logo: The sun, which depicts hope through the rising sun and vibrant colors.
- Product description: Note that the description is "counselling and testing center," not "HIV/AIDS center."
- Desired action: Your promotional materials should include what desired action (behavior change) you are trying to achieve. Here, the desired action is in the slogan: "Make a New Start Today."

PSI social marketing campaign for VCT

"I went to Saadhan clinic. Not only did I get HIV testing, but also a start to a healthy, new life."

43

Take a look at this poster that was part of a social marketing campaign for voluntary counseling and testing, conducted by PSI.

What do you think is good about this campaign?

The poster not only tells us what service is available and where to get it, but it promotes hope and health. It paints a positive picture of counseling and testing.

Research indicates that promoting hope appeals to young people. Fear tactics, on the other hand, do not work and may perpetuate stigma and discrimination of people living with HIV/AIDS.

Family Health International
P. O. Box 13950
Research Triangle Park, NC 27709
USA
Tel: 919.544.7040
Fax: 919.544.7261
Web site: www.fhi.org