Foreword

“Give young people a greater voice. They are the future and they are much wiser than we give them credit for.”
- Archbishop Desmond Tutu

Thinking back to the turn of the century, it was unimaginable that the global pediatric HIV epidemic would be so dramatically transformed over the course of a single decade. Images of severely ill, malnourished infants filling hospital wards remain vivid depictions of the most dramatic manifestations of this infection in pediatric populations. However, with the success of the global scale-up of HIV prevention and treatment services, a new paradigm for pediatric HIV is emerging, representing a slow shift from a fatal infection threatening the lives of infants and young children to a manageable, chronic disease affecting adolescents and young adults.

Multiple factors have contributed to this remarkable transformation. Effective antiretroviral treatment (ART) has enabled increasingly large numbers of children with perinatal HIV infection to survive the vulnerable periods of infancy and early childhood. In addition, the scale up of prevention of mother-to-child transmission (PMTCT) services has resulted in more women being reached with ever-more potent antiretroviral regimens and a reduced number of babies being born with HIV infection. Finally, improved access to testing has facilitated the identification of older children and adolescents with perinatal infection, as well as those with behaviorally acquired disease. By 2009, there were an estimated 4.3 to 5.9 million youth aged 15-24 years living with HIV and, currently, an estimated 2,500 new infections occur among youth each day. These figures reflect not only the successful treatment of those with perinatal infection, but also the existing (and growing) HIV burden among youth.

As the number of adolescents (defined as those aged 10-19 years) with HIV increases, doctors, nurses, program managers, parents, caregivers, and communities are beginning to recognize the distinct health, psychological, and social needs of this population. Adolescents living with HIV face considerable challenges and have unique needs and vulnerabilities, as compared with both young children and adults. As a result, questions are rapidly emerging as to how best to address these needs while also ensuring successful treatment, long-term retention, and optimal outcomes during the complex and often difficult transition from childhood to adulthood. Programs are responding by incorporating attributes of youth-friendly services into HIV care, including reproductive and sexual health care, peer-based activities, mental health and psychosocial support services, and other features appealing to young people, such as flexible clinic hours, specific clinic times for adolescents, and the availability of drop-in services. At the same time, health workers — who often play critical roles in the lives of young people — are anxious to enhance their skills to ensure that they are well-equipped to provide optimal health care services to the growing population of adolescents living with HIV.

This training package was developed with health workers in mind and aims to support them in meeting the evolving needs of adolescents with HIV infection. The materials cover a broad range of subjects, including youth-friendly services, HIV clinical care, counseling, psychosocial support, mental health, adherence and disclosure support, sexual and reproductive health, the transition to adult care, and monitoring and evaluation. The curriculum was built with the understanding that services for adolescents must be youth-friendly, comprehensive (including biomedical and psychosocial care and support), multidisciplinary, and integrated to include as many different services and providers under one roof as possible. Adolescent HIV care services should aim to become the medical home for adolescents living with HIV, and health workers should be able to
attend to the broad set of needs that are likely to emerge when providing services to this population. Central to the philosophy of this curriculum is the premise that health workers need to interact with adolescents, both as individuals with unique needs, wants, and hopes for the future, and as parts of families, peer groups, and communities.

In developing this training package, the authors relied on lessons learned by centers of excellence, public health programs, and individuals in the United States and Africa, specifically the Family Care Center in Harlem, New York and the University Teaching Hospital’s Department of Paediatrics HIV Centre of Excellence (PCOE), and Dr. Chipepo Kankasa in Lusaka, Zambia. We pilot tested portions of the curriculum at the Centre Hospitalier Universitaire de Kigali (CHUK) Pediatric Center of Excellence in Kigali, Rwanda and are forever indebted to the staff of ICAP-Rwanda, RBC/TRAC-Plus, and the Centre Hospitalier Universitaire de Butare (CHUB) for both their attendance during the pilot sessions and their feedback on our training methods and course content. Additionally, this training package borrowed from other areas of public health that have successfully engaged young people, in particular sexual and reproductive health and HIV prevention programs.

Providing comprehensive adolescent HIV services depends on a commitment to scaling up medical and psychosocial services that meet the unique needs of adolescents, as well as continuously improving the knowledge and skills of health workers so they are equipped to address the specific needs of clients. Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers represents a key step in ensuring the rollout of HIV-related services that truly serve the needs of adolescents living with HIV.

I am hopeful that this training package will help individuals, multidisciplinary health care teams, agencies, governments, and organizations in their efforts to provide high-quality health services to adolescents living with HIV, and that these materials will help all of us engage, listen to, learn from, and support adolescents as they travel down the path from childhood to adulthood.

“Guard your light and protect it. Move it forward into the world and be fully confident that if we connect light to light to light, and join the lights together of the one billion young people in our world today, we will be enough to set our whole planet aglow.” - Hafsat Abiola

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Between 2010 and early 2011, ICAP at Columbia University’s Mailman School of Public Health developed Adolescent HIV Care and Treatment: A Training Curriculum for Multidisciplinary Healthcare Teams with the Ministry of Health in Zambia. Subsequently, in mid-2011, Dr. Elaine Abrams responded to increasing interest and focus on adolescents in ICAP country programs and initiated a process to revise the Zambia training package into this generic curriculum. The principle aim was to facilitate easy adaptation of the curriculum by any country or program wishing to establish or improve adolescent HIV services.

ICAP would like to acknowledge a number of contributors to this generic adolescent HIV care and treatment training package, including independent consultant Tayla Colton and ICAP team members Anne Schoeneborn, Dr. Beatriz Thome, Dr. Ruby Fayorsey, Dr. Francine Cournos, Dr. Rosalind Carter, Leah Westra, and Tesmerelna Atsbeha. ICAP would also like to thank the François-Xavier Bagnoud (FXB) Center, School of Nursing, University of Medicine and Dentistry of New Jersey for their contributions to the original and generic training packages, including Virginia Allread, Beth Hurley, Aliya Jiwani, Karen Forgash, Deborah Hunte, Anne Reilly, and Mary Jo Hoyt. Thanks also go to Petra Röhr-Rouendaal for the illustrations used throughout these materials.

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# Table of Contents

Foreword ................................................................................................................................................ iii  
Acknowledgements ................................................................................................................................... v  
Table of Contents ................................................................................................................................... vi  
Acronyms ................................................................................................................................................ x  

Module 1: Introduction and Course Overview ..................................................................................... 1-1  
  Session 1.1: Welcome and Introductory Activity .................................................................................. 1-2  
  Session 1.2: Training Objectives and Ground Rules ......................................................................... 1-3  
  Session 1.3: Training Pre-Test ............................................................................................................ 1-7  
  Session 1.4: Values Clarification ........................................................................................................ 1-8  
  Appendix 1A: Sample Training Agenda ............................................................................................ 1-9  
  Appendix 1B: Pre-Test ......................................................................................................................... 1-13  

Module 2: The Nature of Adolescence and the Provision of Youth-Friendly Services ..................... 2-1  
  Session 2.1: Stages and Changes of Adolescence ............................................................................ 2-2  
  Session 2.2: Adolescent Vulnerabilities, Risk-Taking Behaviors, and Their Consequences .......... 2-9  
  Session 2.3: Providing Youth-Friendly Services to Adolescents ..................................................... 2-13  
  Appendix 2A: Tanner Staging System ............................................................................................... 2-17  
  Appendix 2B: Checklist and Assessment Tool for Youth-Friendly HIV Care and Treatment Services .................................................................................................................. 2-19  
  Appendix 2C: Sample Client Satisfaction Survey for Youth .............................................................. 2-24  

Module 3: Clinical Care for Adolescents Living with HIV ................................................................. 3-1  
  Session 3.1: HIV Acquisition — Modes and Implications for Care and Treatment .................... 3-2  
  Session 3.2: The Package of Adolescent HIV Care and Treatment Services ................................ 3-5  
  Appendix 3A: Laboratory Monitoring Before, During, and After Initiating ART .................... 3-32  
  Appendix 3B: HEADSS Interview Questions ................................................................................ 3-33  
  Appendix 3C: WHO Clinical Staging of HIV Disease in Children with Established HIV Infection ................................................................................................................. 3-35  
  Appendix 3D: WHO Clinical Staging of HIV Disease in Adults and Adolescents .................. 3-36  
  Appendix 3E: Preferred 2nd line ART Options .............................................................................. 3-37  
  Appendix 3F: ARV Dosages for Older Adolescents and Adults .................................................. 3-39  
  Appendix 3G: TB Screening Tool for Children and Younger Adolescents ................................ 3-41  
  Appendix 3H: TB Screening Tool for Older Adolescents and Adults ........................................ 3-43
Module 4: Communicating with and Counseling Adolescents ................................................. 4-1

Session 4.1: Establishing Trust and Rapport with Adolescent Clients ........................................ 4-2
Session 4.2: Effective Techniques for Counseling Adolescents ............................................... 4-5
Appendix 4A: Common Counseling Mistakes ..................................................................... 4-21
Appendix 4B: General Tips on How to Talk with Adolescents .................................................... 4-22
Appendix 4C: Basic Counseling Guidance for ALHIV ............................................................ 4-23
Appendix 4D: Listening and Learning Skills Checklist ............................................................ 4-27
Appendix 4E: Motivational Interviewing ............................................................................... 4-28
Appendix 4F: Common Counseling Scenarios .................................................................... 4-30

Module 5: Providing Psychosocial Support Services for Adolescents .................................. 5-1

Session 5.1: The Psychosocial Needs of Adolescent Clients .................................................... 5-2
Session 5.2: Assessing Psychosocial Support Needs ............................................................... 5-10
Session 5.3: Peer Support in Psychosocial Services for Adolescents ...................................... 5-15
Appendix 5A: Psychosocial Assessment Tool ......................................................................... 5-20
Appendix 5B: Starting/Planning a Peer Support Group ............................................................ 5-23
Appendix 5C: Facilitating a Peer Support Group .................................................................... 5-25
Appendix 5D: Ideas for Peer Support Group Activities .......................................................... 5-27

Module 6: Adolescents, HIV, and Mental Illness ................................................................. 6-1

Session 6.1: Importance of Mental Health Services for ALHIV ............................................. 6-2
Session 6.2: Identifying Possible Mental Illness and Providing Basic Mental Health Support to ALHIV ........................................................................................................ 6-8
Appendix 6A: Tips for Health Workers on Identifying Possible Mental Illness ...................... 6-22
Appendix 6B: Sample Screening Tools for Depression and Suicide ...................................... 6-23
Appendix 6C: Screening for Alcohol Dependency with the CAGE Questionnaire ............ 6-26
Appendix 6D: The Drug Abuse Screening Test (DAST) ......................................................... 6-27

Module 7: Providing Disclosure Counseling and Support ..................................................... 7-1

Session 7.1: The Disclosure Process: A Developmental Approach ........................................ 7-2
Session 7.2: Disclosure Preparation, Counseling, and Support for Children, Young Adolescents, and Caregivers ................................................................................. 7-3
Session 7.3: Disclosure Counseling and Support for Adolescents Who Know Their Status ......................................................................................................................... 7-13
Appendix 7A: Guidance for Developmentally Appropriate Disclosure .................................. 7-18

Module 8: Supporting Adolescents’ Retention in and Adherence to HIV Care and Treatment...................................................................................................................... 8-1

Session 8.1: Introduction to Retention and Adherence ............................................................. 8-2
Session 8.2: Supporting Retention and Adherence to Care ..................................................... 8-7
Session 8.3: Providing Adherence Preparation Support to ALHIV and Caregivers ............... 8-9
Session 8.4: Assessing Adherence and Providing Ongoing Adherence Support ................... 8-16
Appendix 8A: Adherence Support Tree .................................................................................. 8-21
Appendix 8B: Adherence Preparation and Support Guides .................................................... 8-23
Appendix 8C: Adherence Assessment Guides ....................................................................... 8-26
Module 9: Positive Living for Adolescents ................................................................. 9-1
  Session 9.1: Supporting ALHIV to Live Positively and Maintain a Healthy Mind .......... 9-2
  Session 9.2: Supporting ALHIV to Live Positively and Maintain a Healthy Body ......... 9-7
Appendix 9A: Web Resources for ALHIV .................................................................. 9-17
Appendix 9B: Life Skills Training Resources ................................................................. 9-18
Appendix 9C: Basic Food Groups ............................................................................. 9-20
Appendix 9D: Key Components of a Nutritional Assessment .................................. 9-21
Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection .......................................................... 9-22

Module 10: Sexual and Reproductive Health Services for Adolescents .................. 10-1
  Session 10.1: Values Clarification and Introduction .................................................. 10-2
  Session 10.2: Adolescent Sexuality and HIV .......................................................... 10-3
  Session 10.3: Supporting Adolescent Clients to Practice Safer Sex ......................... 10-9
  Session 10.4: Integrating Sexual Risk Screening, Risk Reduction Counseling, and STI Services into Adolescent HIV Services ...................................................... 10-18
  Appendix 10A: Journal Article .............................................................................. 10-26
  Appendix 10B: Adolescent Sexual Abuse ............................................................... 10-31
  Appendix 10C: Screening and Examining Adolescent Clients for STIs ................... 10-38

Module 11: Family Planning and PMTCT Services for Adolescents ...................... 11-1
  Session 11.1: Family Planning Counseling for ALHIV .............................................. 11-2
  Session 11.2: PMTCT Counseling for ALHIV .......................................................... 11-8
  Appendix 11A: Family Planning Screening Questions and Counseling Points .......... 11-13
  Appendix 11B: Family Planning Considerations for People Living with HIV .......... 11-15
  Appendix 11C: Survey of Family Planning Methods for Adolescents .................. 11-16

Module 12: Community Linkages and Adolescent Involvement ......................... 12-1
  Session 12.1: The Importance of Facility-Community Linkages .............................. 12-2
  Session 12.2: Creating a Community Resource Directory ......................................... 12-5
  Session 12.3: Adolescent Participation and Peer Education Programs .................. 12-6
  Appendix 12A: Community Resource Directory Template ................................... 12-13
  Appendix 12B: Template for Adolescent Peer Educator Job Description ................ 12-15
  Appendix 12C: Resources for Peer Education Programs and CABs ....................... 12-16

Module 13: Supporting the Transition to Adult Care ............................................. 13-1
  Session 13.1: Key Considerations for Health Care Transition .................................. 13-2
  Session 13.2: Preparing and Empowering Adolescents to Transition into Adult Care ... 13-4
  Appendix 13A: Transition Checklist for Health Workers ......................................... 13-9
  Appendix 13B: Transition Resources for Health Workers and ALHIV .................. 13-11

Module 14: Monitoring, Evaluation, and Quality Improvement ........................... 14-1
  Session 14.1: Monitoring, Evaluation, and Data Collection ...................................... 14-2
  Session 14.2: Quality Improvement and Supportive Supervision ............................ 14-12
  Appendix 14A: Adolescent Standards of Care ....................................................... 14-17
Module 15: Supervised Clinical Practicum

Session 15.1: Practicum Planning and Preparation

Session 15.2: Supervised Clinical Practicum and Debrief

Appendix 15A: Tips on Mentoring and Coaching with Preceptors

Appendix 15B: Practicum Checklist

Module 16: Action Planning, Course Evaluation, and Closure

Session 16.1: Site-Specific Adolescent HIV Care and Treatment Implementation and Action Planning

Session 16.2: Reflection on Training Objectives and Concerns, Expectations, and Strengths

Session 16.3: Post-Test, Training Evaluation, and Closing

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

Appendix 16B: Post-Test

Appendix 16C: Training Evaluation Form
**Acronyms**

3TC  Lamivudine  
ABC  Abacavir  
ADHD  Attention deficit hyperactivity disorder  
AIDS  Acquired immune deficiency syndrome  
ALHIV  Adolescent(s) living with HIV  
ALT  Alanaminotransferase, a liver enzyme  
ANC  Antenatal care  
ART  Antiretroviral therapy  
ARV  Antiretroviral  
ATV/r  Atazanavir/ritonavir  
AZT  Zidovudine  
BMI  Body mass index  
CAB  Client/consumer/community advisory board  
CD4  T-lymphocyte CD4 cell count  
CHUB  Centre Hospitalier Universitaire de Butare  
CHUK  Centre Hospitalier Universitaire de Kigali  
COCs  Combined oral contraceptives  
CTX  Cotrimoxazole  
d4T  Stavudine  
ddl  Didanosine  
DOT  Directly observed therapy  
ECP  Emergency contraceptive pills  
EFV  Efavirenz  
ETV  Etravirine  
FTC  Emtricitabine  
HBsAg  Hepatitis B surface antigen  
HIV  Human immunodeficiency virus  
HPV  Human papillomavirus  
IMAI  Integrated Management of Adolescent and Adult Illness  
INH  Isoniazid  
IPT  Isoniazid preventive therapy  
IRIS  Immune reconstitution inflammatory syndrome  
IUD  Intra-uterine device  
LAM  Lactational amenorrhea method  
LFT  Liver function test  
LPV/r  Lopinavir/ritonavir  
M&E  Monitoring and evaluation  
MDR TB  Multi-drug resistant tuberculosis  
MTCT  Mother-to-child transmission (of HIV)  
NGO  Non-governmental organization  
NNRTI  Non-nucleoside reverse transcriptase inhibitor  
NRTI  Nucleoside reverse transcriptase inhibitor  
NVP  Nevirapine  
OI  Opportunistic infection  
PEP  Post-exposure prophylaxis  
PI  Protease inhibitor  
PITC  Provider-initiated HIV testing and counseling  
PLHIV  Person (or people) living with HIV  
PMTCT  Prevention of mother-to-child transmission (of HIV)  
POPs  Progestin-only oral contraceptive pills  
QA  Quality assurance  
QI  Quality improvement  
sdNVP  Single-dose nevirapine
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<tr>
<td>SMS</td>
<td>Short message service</td>
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<tr>
<td>SOCps</td>
<td>Standards of care</td>
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<tr>
<td>SOP</td>
<td>Standard operating procedure</td>
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<tr>
<td>SQV/rt</td>
<td>Saquinavir/ritonavir</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TDF</td>
<td>Tenofovir</td>
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<tr>
<td>TST</td>
<td>Tuberculin skin test</td>
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<tr>
<td>TWG</td>
<td>Technical Working Group</td>
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<tr>
<td>VCT</td>
<td>Voluntary counseling and testing</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>XDR TB</td>
<td>Extremely drug-resistant tuberculosis</td>
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