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Elizabeth Glaser Pediatric AIDS Foundation
Fighting for an AIDS-free generation

IMPLEMENTING THE RED CARPET PROGRAM

Tools for Linkage to and Retention in Care of Adolescents and Youth Living with HIV

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THE GLOBAL PACKAGE

The global Red Carpet Program (RCP) Package consists of individual but interlinked resources, tools, and guides. The components include:

A. SUMMARY RED CARPET BRIEF

This brief provides a high-level overview of the Red Carpet Model outlining the different components, evidence, and elements for implementation as well as descriptions of cadres and roles specific to the model.

B. RED CARPET HEALTH FACILITIES GUIDE

This guide offers resources for guidance on the implementation of the RCP suite of interventions to support effective linkages to and retention in care of adolescents and youth living with HIV (AYLHIV).

C. RED CARPET COMMUNITY AND SCHOOL LINKAGES

This guide provides direction in implementing the RCP for responsive communities in schools to support effective linkages and coordination between facilities and school communities to ensure an uninterrupted continuum of quality care and retention of adolescents and youth students living with HIV.

D. RED CARPET AYLHIV AND STAKEHOLDER ENGAGEMENT GUIDE

This guide provides a framework and guidance for stakeholder engagement at the facility and community level in implementing the RCP.

E. RED CARPET STANDARD OPERATING PROCEDURES PACKAGE

This package of standard operating procedures (SOP) is a suite of consolidated practical tools that complement the guides to support the implementation of the RCP at the facility and community level.

ACRONYMS

AYLHIV – adolescents and youth living with HIV

ARV – antiretroviral

ART – antiretroviral therapy

EGPAF – Elizabeth Glaser Pediatric AIDS Foundation

HCF – health care facility

HCW – health care workers

MDT – multi-disciplinary team

MOE – ministry of education

MOH – ministry of health

PSS – psychosocial support

RCP – Red carpet program

SOP – standard operating procedure

SRH – sexual and reproductive health

U=U – undetectable means untransmittable

VIP – very important person

THE RED CARPET PACKAGE

RED CARPET PACKAGE – THE RATIONALE

Adolescents and youth living with HIV (AYLHIV) are a particularly vulnerable population. They traditionally experience worse clinical outcomes compared to other age cohorts along the HIV cascade.[1,2] In fact, AIDS is the second leading cause of death globally and the leading cause in Africa for adolescents.[3] Compounding factors for adolescent mortality include low rates of testing; adherence and treatment optimization challenges; and failure to achieve and sustain viral suppression. If trends continue, 183,000 adolescents will be newly infected with HIV annually by 2030.[4]

Testing and linkage to care is a significant drop-off point in the continuum of care among ALYHIV.[5] Adolescents' access to and uptake of testing and counseling is significantly lower than adults,[6] signifying a large proportion of adolescents who do not know their HIV status. Population-based surveys in sub-Saharan Africa highlight this gap in the "first 90" of the UNAIDS 90-90-90 treatment goals as only 48% of young people (15-24 years) were aware of their HIV status compared to 78% of adults.[7]

AYLHIV experience poor linkage and retention in HIV care, which serve as critical precursors to antiretroviral therapy (ART) adherence and viral suppression—these have typically been challenging areas for this population. In recognizing the unique barriers and challenges AYLHIV face with access and uptake of services across the HIV cascade (outlined in Figure 1), it becomes clear that there remains an unmet need in ensuring quality and effective linkages to care and treatment, especially for adolescents and youth. The Red Carpet Program (RCP) is a multifaceted suite of services tailored to adolescents and young people (AYP) (15-24 years) living with HIV that aims to increase linkage and improve retention for this population in HIV prevention, care, and treatment.

1 Slogrove AL, Mahy M, Armstrong A, Davies MA. Living and dying to be counted: what we know about the epidemiology of the global adolescent HIV epidemic. J Int AIDS Soc. 2017 May 16;20(Suppl 3):21520.
2 Nachega JB, Hislop M, Nguyen H, et al. Antiretroviral therapy adherence, virologic and immunologic outcomes in adolescents compared with adults in southern Africa. J Acquir Immune Defic Syndr. 2009;51(1):65–71.
3 UNAIDS. 2015 "All In". https://www.un.org/youthenvoy/hiv/
4 UNICEEF. 2019. "Children, HIV, and AIDS: the world in 2030". https://pedaidsorg.sharepoint.com/:b:/s/POSQIEeEnA3icfBFGorLQfpdC4ZUB0402RFFONG2ul4jf7849nA?e=drmTNd
5 Brain Zanoni, Ryan Elliot, Anne Neilan, et al. 2018. "Screening for HIV and linkage to care in adolescents: insights from a systematic review of recent interventions in high versus low- and middle income settings. Adolescent Health, Medicine and Therapuetics. https://www.dovepress.com/screening-for-hiv-and-linkage-to-care-in-adolescents-insights-from-a-s-peer-reviewed-fulltext-article-AHMT#reft3
6 UNICEF. 2016. "For Every Child End AIDS Seventh Stocktaking Report, 2016. https://data.unicef.org/wp-content/uploads/2016/12/HIV-and-AIDS-2016-Seventh-Stocktaking-Report.pdf
7 Vincent Wong, Kate Murray, Donna McCarraher, et al. 2017. "Adolescents, young people, and the 90-90-90 goals: a call to improve HIV testing and linkage to treatment". AIDS.

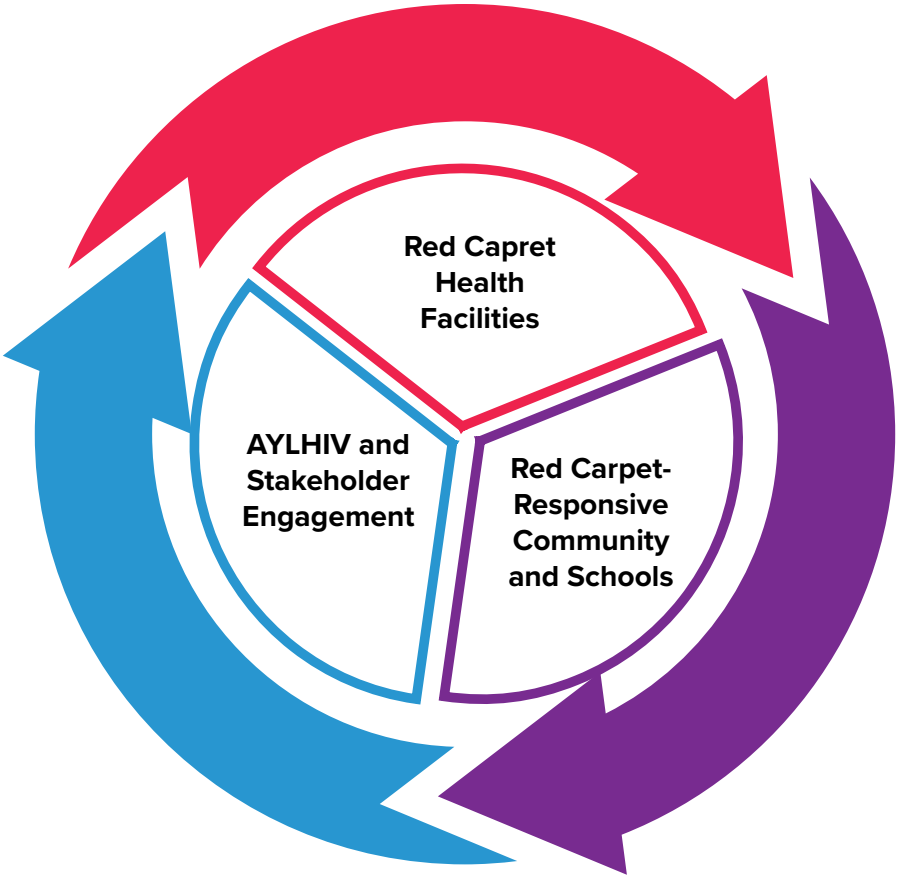
CHALLENGES AYLHIV FACE WITH ACCESS AND UPTAKE OF HIV SERVICES [8,9,10]

8 Ruria EC, Masaba R, Kose J, et al. Optimizing linkage to care and initiation and retention on treatment of adolescents with newly diagnosed HIV infection. AIDS. 2017;31(Suppl 3):S253-S260. Available at: https://www.pedaids.org/wp-content/uploads/2018/03/aids-31-s253.pdf

9 WHO, RTI. 2013. "Voices, Values and Preferences of Adolescents on HIV Testing and Counseling". https://apps.who.int/iris/bitstream/handle/10665/95143/WHO_HIV_2013.135_eng.pdf;jsessionid=775D56726344BA329EE41EF09A89825C?sequence=1

10 Nadia Sam-Agudu, Morenike Folayan, Echezona Ezeanolue, et al. 2016. "Seeking wider access to HIV testing for adolescents in sub-Saharan Africa." Pediatric Research. https://www.nature.com/articles/pr201628

THE RED CARPET MODEL



RCP is composed of three individual but interlinked components that holistically ensure adolescent responsive services in the health facility and beyond.

The target population of RCP is newly-diagnosed AYP for early linkage, antiretroviral drugs initiation, and retention. However, it also prioritizes other AYLHIV along the HIV treatment cascade with a focus on AYP responsive services. It is implemented at both the facility and community levels through fast-tracked services and reduction of barriers encountered by adolescents' and youth's access to and utilization of HIV services.

- **At the health facility level,** the RCP package is anchored on fast-tracking access to services through the VIP express card. This card guarantees VIP red carpet treatment to the AYLHIV. The VIP experience ensures that the AYLHIV can seek and receive services in an environment that is valued, dignified, respected, and non-judgmental, providing client-centered and responsive services promptly.
- **At the community and school level,** the RCP activities are a comprehensive package of care for AYLHIV within the community and school settings. In collaboration with stakeholders, including Ministries of Education and school-based personnel, RCP components establish and enhance

bi-directional school-health facility (HCF) engagement to support and enable the identification of learners living with HIV (LLHIV), as well as linkages, adherence, and retention in care within schools and other community-based support.

- **AYLHIV and stakeholder engagement** is the final component of the RCP. Across the span of the RCP, a range of stakeholders are engaged to facilitate adolescent responsive services through effective coordination, networking, meaningful engagement, and involvement to ensure the package is adapted for local context and the needs of the targeted population.

The RCP components, though separate, are intended to work in solidarity to provide a cohesive package of services for AYLHIV. The facility-based activities ensure the provision of clinical and psychosocial support in an AYLHIV-responsive manner. The school-based activities ensure LLHIV can receive HIV care services via an established linkage system with health facilities as well as provide school-based adherence and retention support. Intentional engagement of AYLHIV and other stakeholders occurs at the facility and community level ensuring buy-in, context, and population-appropriate content to maximize the objectives of the RCP model.

OBJECTIVES OF THE RED CARPET PROGRAM

- To improve access to specialized and fast-tracked HIV linkage to care, as well as the initiation of antiretroviral treatment (ART) and retention services.
    a. Increase the proportion of AYP aged 10-24 years who tested for HIV and received their results
    b. Increase the proportion of AYP aged 10-24 years newly diagnosed with HIV who attend initial, first, second, and third appointments for HIV care
    c. Increase the proportion of newly-identified AYLHIV aged 10-24 who are initiated on ART and retained on treatment
    d. Increase the proportion of newly-identified and current AYLHIV who are virally suppressed after six and 12 months on ART
- To increase the capacity of health care workers (HCW) in implementation of the Red Carpet model of care including provision of adolescent-friendly and responsive service delivery, optimizing linkages and retention, and enhanced PSS for newly-identified AYLHIV while providing responsive ongoing care to those already enrolled.
- Build the capacity of school personnel to provide a supportive learning environment for AYLHIV learners.
- To meaningfully engage AYLHIV in the design, implementation, and ongoing improvements of HIV prevention, care, and treatment interventions.
- Build the capacity and knowledge of AYLHIV as AYP champions.
- Establish comprehensive care support, ensuring LLHIV not only know where they can receive HIV care services but are also aware of their current health status in terms of viral load and opportunistic infections. Additionally, support AYP in keeping care and treatment appointments at RCP health facilities as well as taking daily medication, etc.

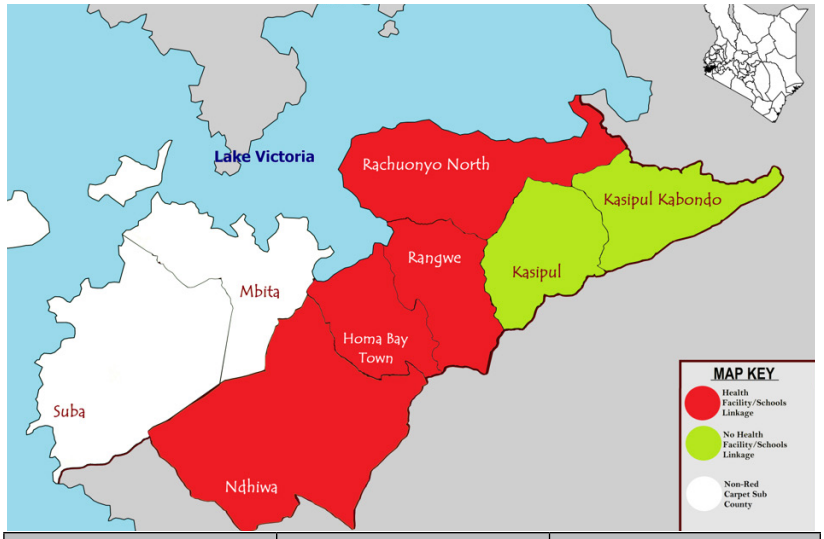
- Improve the bi-directional referral between RCP responsive schools and RCP health facilities to improve the management of AYLHIV.

THE EVIDENCE

The RCP model was evaluated in the Kenyan context in Homa Bay County following a pilot period. The pre-post implementation evaluation, conducted in 2016, focused on AYLHIV (15-21 years) and assessed the impact of the RCP model at 50 health care facilities and 25 boarding schools.[11]

The evaluation of the RCP revealed significant improvement in linkage and early retention in care among adolescents and youth in Homa Bay, Kenya. Within six months of program rollout, 559 adolescents and youths (481 women; 78 men) were newly diagnosed with HIV. Of which, 97.3% (n = 544) were linked to care, compared to 56.5% at pre-implementation. All AYLHIV (n = 559) received peer counseling and PSS, with 79% (n = 430) initiated on treatment.

TABLE 1. RCP EVALUATION RESULTS



Retained in Care	Pre-intervention	Post-intervention
At 3 months	142/215 (66%)§	389/432[b] (90%)§
At 6 months	117/215 (54.4%)§	144/146[c] (98.6%)§

b Data for three months available for 432 patients enrolled within the first 3 months

c Data at six months available for 146 patients enrolled within the first month

§p<0.0001

Compared to pre-implementation, the proportion of AYLHIV who were retained on treatment increased from 66% to 90% at three months (P < 0.001), and from 54.4% to 98.6% at six months (P < 0.001) as illustrated in Table 1.

After the evaluation showed that the implementation of RCP was associated with significant improvements in linkage and early retention in HIV care, the model was scaled up. From 2017-2019, the RCP was expanded to include 66 health facilities and 87 schools. During this expansion period, the model also grew to include adolescents and youth 10-24 years, recognizing adolescents and youth broadly face challenges associated with identification, linkage, and retention in HIV care.

The sustained improvements concerning treatment outcomes were maintained over subsequent project years. In project year three (July 2018-September 2019) for example, 83% of the 1,740 AYLHIV newly identified as HIV-positive were linked to a facility. The overall viral load suppression for AYHLIV on ART was 82% (n=7,069), which was an improvement from 77% in the previous project year.

RCP ELEMENTS FOR IMPLEMENTATION

Various activities are necessary to roll out and implement the RCP model.

11 Ruria EC, Masaba R, Kose J, et al. Optimizing linkage to care and initiation and retention on treatment of adolescents with newly diagnosed HIV infection. AIDS. 2017;31(Suppl 3):S253-S260. Available at: https://www.pedaids.org/wp-content/uploads/2018/03/aids-31-s253.pdf

Identification and Engagement of Stakeholders

As the RCP model engages a myriad of stakeholders in the planning, implementation, and evaluation. it is important to identify and engage stakeholders early and often to ensure maximum collaboration. The types of stakeholders involved will vary depending on which RCP components are planned. Sensitizing the appropriate stakeholders on the process, components, and aims of the RCP model is essential for buy-in and to strengthen collaboration moving forwards.

RCP Health Facilities

- ✓ Ministry of Health
- ✓ Health facility staff – MDT, clinicians, nurses
- ✓ RCP coordinator
- ✓ AYLHIV clients
- ✓ AY peer navigators

RCP responsive schools

- ✓ Ministry of Education
- ✓ School staff – matrons, teachers
- ✓ RCP coordinator
- ✓ AYLHIV – adolescent and youth champions
- ✓ Linked RCP health facility staff

Selection and Assessment of RCP Site(s)

The lack of adolescent and youth responsive services in health facilities and schools can negatively impact linkage, adherence, and retention of AYLHIV.

Health Facility

In identifying potential RCP sites, the youth friendliness of the space and how services are provided need to be assessed. Spaces need to be hospitable, open, and safe for AYLHIV, while service provision needs to be done in a youth-friendly manner: respectful, responsive, non-judgmental. A baseline assessment needs to be administered at selected sites before the rollout of the model. The assessment is a crucial step to identify strengths and gaps where the RCP team needs to focus during rollout and implementation. Holding a meeting with all involved stakeholders, including AYLHIV, to discuss the outcomes of the baseline assessment is beneficial to establish a work plan for implementation, prioritizing addressing gaps identified in the assessment.

Schools

Conducting a mapping exercise to identify schools with AYLHIV students and linked health facilities (including RCP facilities) can be a beneficial initial step. Assessing existing support structures and knowledge concerning HIV among the school staff is important to denote areas of focus during activity planning and capacity building activities.

Identify RCP Cadres and Roles

Once the facilities have been selected and assessments have been completed, the remaining RCP cadres need to be selected. Eligibility criteria for various roles can be adapted for the context of the facility.

Onboarding and Capacity Building

With RCP roles filled and the assessments completed, the onboarding and capacity building of cadres should be tailored to their roles and any gaps identified in the assessment. The training aims to build capacity around HIV knowledge, improve the quality of services/support provided to AYLHIV clients and students, improve overall treatment literacy, and ensure understanding around the components and aims of the RCP model. Ongoing mentorship is built into the RCP model to allow for continual learning and monitoring.

Contextualization of RCP

The RCP model is an evidence-based intervention but designed to be conscious of the need for contextualization. Based on the needs identified in the assessments at the initial phase of roll-out, in addition to other contextual factors, the RCP model can be molded to fit the site, population, and county-specific challenges to identification, linkage, and retention of AYLHIV at the facility and community level.

CADRES AND ROLES IN RCP

As alluded to previously, the RCP model employs a range of cadres and roles that support the effective implementation of the components of the package at the facility and in the community. These roles and cadres are outlined in Table 2.

TABLE 2. RCP ROLES

Position	RCP Roles
RCP coordinator – *facility based*	• Coordinate with the AYLHIV and RCP health facility personnel to ensure optimal implementation of the program. • Ensure all RCP clients receive quality RCP services and additional support as needed • Support bi-directional relationships between the RCP health facilities and community entities.
Health records officer/data clerk	• Work to ensure completeness and data quality in the client files and RCP registers. • Conduct quality checks, ensuring complete documentation in files.

RCP nurse/clinician	• Provide compressive clinical examination and support. • Ensure collection of samples for tests, as per the guidelines, including viral load and CD4 count, where applicable. • Initiate AYLHIV on appropriate ART regimens. • Support disclosure of HIV status and treatment literacy for client and treatment supporter(s). • Make necessary referrals and ensure linkage to other services within and outside of the facility. • Participate in multi-disciplinary teams to ensure adolescent health issues are addressed in an integrative comprehensive way.
Multi-disciplinary team – *facility based*	• Meet regularly to review the progress of AYLHIV. • Discuss any issues/challenges among AYLHIV clients and propose the next steps.
Adolescent and youth peer navigators	• Support AYLHIV clients across service points at RCP facilities • Facilitate VIP express services and support documentation of client information. • Coordinate activities/care with schools. • Conduct follow-ups with new AYLHIV clients and those presenting with any issues via visits, calls, or SMS.
School matron and teachers	• Supporting and implementing responsive and supportive schools for AYLHIV students
RCP HCW linked to RCP school	• Facilitate RCP health facility – school linkage. • Support AYLHIV to ensure access to fast-tracked services in the HCF. • Support school-based adherence interventions, in liaising with school-based support staff and developing individual adherence plans.

RCP GLOBAL PACKAGE RESOURCES

The following resources are available to assist with the implementation of the RCP at the facility and community level. These tools provide in-depth descriptions and guidance on how to implement each model.

- Red Carpet Health Facilities Guide
- Red Carpet Community and School Linkages Guide
- Red Carpet ALHIV and Stakeholder Engagement Guide
- Red Carpet Communication resources/ SOP packet

Photo: Eric Bond/EGPAF, 2017

RED CARPET HEALTH FACILITIES GUIDE

INTRODUCTION TO THIS GUIDE

The Red Carpet Program (RCP) guide for health facilities is a consolidated resource for guidance on the implementation of the RCP suite of interventions to support the effective linkages to and retention in care of adolescents and youth living with HIV (AYLHIV).

Target Audience:

This guide is for healthcare facilities (HCFs) and health care providers interested in adopting Red Carpet services at their sites.

GUIDE SECTIONS

I. Overview of the RCP Program

II. Objectives of an RCP HCF

III. RCP VIP Services

IV. Setting up an RCP Facility

V. Adapting the model to local context

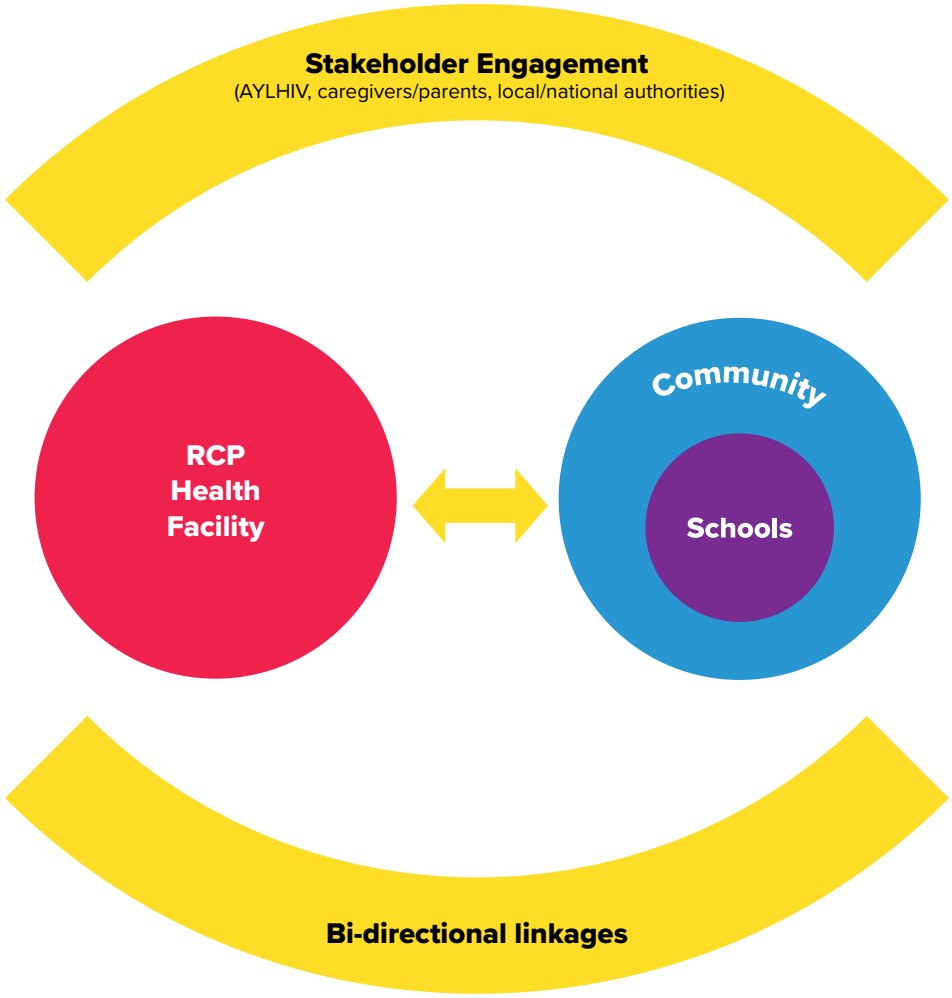
VI. Associated tools

OVERVIEW OF THE RED CARPET PROGRAM

The RCP was designed to increase service linkage and retention in HIV care and treatment for newly diagnosed adolescents and youth (10-24 years) and has evolved into supporting all AYLHIV in care. It is implemented at both facility and community levels through express services that reduce barriers for AYLHIV to access and utilize quality HIV care, support, and treatment services. The basis of the RCP is to provide a VIP experience of being valued, dignified, and respectful to AYLHIV through the use of VIP, express, card-based, fast-track services at health care facilities (HCF) with a responsive cadre of health care workers (HCWs). AYLHIV are supported by their learning institutions and empowered with youth peer navigators, sometimes called youth champions. An RCP facility also acts as a link to the community, including schools, to support AYLHIV in accessing adolescent and youth-friendly and responsive services

Target Group:

The primary target group of RCP is AYLHIV in care (10-24 years). AYLHIV are prioritized along the HIV treatment cascade with a focus on the delivery of adolescents and youth responsive services.



GOALS AND OBJECTIVES OF A RED CARPET FACILITY

Goals:

Improve access to fast-tracked HIV linkages to care, initiation of antiretroviral therapy (ART), retention in care, and treatment services at HCFs and within the community, including schools.

a. Increase the proportion of AYLHIV who have been linked to HIV care after testing positive

b. Increase the proportion of newly identified AYLHIV who engage in care (e.g., have attended initial 1st, 2nd, and 3rd appointments for HIV care)

c. Increase the number of AYLHIV who are retained in treatment (e.g., seen every six months or more frequently as needed) and virally suppressed (e.g., have a viral load (VL) <1000 copies/mL or lower threshold when available)

Objectives:

1. Increase the capacity of HCWs in the implementation of the RCP model of care, including the provision of AYLHIV-friendly services, optimization of linkages to care and retention, and psychosocial support (PSS) for newly identified AYLHIV, while providing responsive ongoing care to those already enrolled.

2. Meaningfully engage AYLHIV in the design, implementation, and quality improvement of HIV prevention, care, and treatment interventions.
    a. Engage adolescent and youth peer navigators in supporting AYLHIV at facilities and within schools and other community settings.
3. Connect surrounding communities to health services for adherence and care support, especially local schools.

RCP FACILITY INTERVENTIONS

The RCP combines multiple activities to assure fast-track HIV services for all AYLHIV in care while creating an overall conducive environment for youth clients. The graphic on the next page outlines the interventions that comprise the VIP experience for AYLHIV.

Photo: Eric Bond/EGPAF, 2017

Package of interventions

RCP VIP Express Desk

- A welcome desk for youth at triage ensures adolescent and youth clients are directed to the appropriate service delivery point, preferably through a designated VIP express room where available. This reduces the waiting time as well as the burden of navigating the complex healthcare system.

- Appointments and any required referrals and services can be made at the VIP express desk.

RCP VIP express health room

HCF designates a one-stop room for adolescent and youth health services, where feasible. This room is available to provide integrated and comprehensive HIV and health services in a private and confidential settings, reducing AYLHIV movement from one service delivery point to another.

RCP VIP Express card

The VIP card is issued to all adolescents and youth who are newly identified as HIV-positive clients upon enrollment in care and on ART. The card enables AYLHIV to access fast-tracked HIV treatment services within the health facility. The card is recognized by all Red Carpet HCF staff team.

RCP Client Feedback Forms

A confidential youth-friendly survey to encourage and facilitate AYLHIV to provide continuous feedback on the quality of services they recieve and their satisfaction with their experiences

Fast-track essential services

The essential services include HIV services (lab work, pharmacy, clinical, adherence counseling, nutrition, and TB and prevention of mother-to-child transmission (PMTCT) services where applicable), adolescent sexual and reproductive health services (pregnancy, family planning, post violence care, and sexually-transmitted infection (STI) management); mental health (depression, anxiety, substance abuse, general counseling), and other health services

Adherence support tools

AYLHIV in RCP HCFs on ART receive a pillbox to enhance adherence. They are also educated on other adherence interventions, such as daily reminders, pill diaries, etc.

Communication

Phone calls, phone-based texting, and messaging/communicaiton platforms such as WhatsApp are available to clients to facilitate information sharing, counseling and referral services. They can be also used for peer support.

Home and school visits

School and home visits are available for AYLHIV in need for additional follow-up as well as to enhance adherence for treatment of AYLHIV in boarding schools where applicable.

SETTING UP AN RCP HCF

Steps

1. Engage relevant stakeholders
2. Identify the RCP team
3. Train/sensitize RCP team
4. Assess the friendliness of the facility for adolescent and youth clients
5. Implement VIP/fast-track services
6. Recognize HCF as an RCP facility

STEP 1- ENGAGE RELEVANT STAKEHOLDERS

Stakeholder engagement is a critical initial step in planning for RCP rollout at the facility level to ensure buy-in and collaboration throughout the implementation process.

The types of stakeholders will vary based on context. Completing a stakeholder matrix could be beneficial in identifying different stakeholders and ways to engage them.

Stakeholder	Type	Background	Interest in RCP	Capacity/ level of influence	Engagement with stakeholder

In general, however, the following groups of stakeholders are important to engage:

- Local and national authorities—ministries of health and education
- Staff and providers at the selected facility – clinicians, peer cadres
- AYLHIV – clients and existing peer cadres
- Support persons from local schools – parents, teachers, matrons

Initial sensitization meetings with stakeholders for awareness building on the aims of RCP are recommended, as well as engaging them during activity planning, implementation, and evaluation.

STEP 2- IDENTIFY RCP TEAM

The roles needed for RCP implementation at the facility level include:

- ✓ RCP focal point (one or more depending on the volume of clients and schedule of the identified person(s))
- ✓ Adolescent and youth peer navigators (number depending on the size of facility and number of AYLHIV clients)
- ✓ RCP health providers
- ✓ RCP response team--multi-disciplinary facility-based team including:
    - Clinician
    - Nurse
    - Peer navigator (adolescent and youth age)
    - Other staff as available – social worker, psychologist, counselor
- ✓ Health records officer
- ✓ Data clerk

Initial sensitization meetings with stakeholders for awareness building on the aims of RCP are recommended, as well as engaging them during activity planning, implementation, and evaluation.

STEP 3 - TRAIN AND SENSITIZE RCP TEAM

Once the roles have been filled, training and sensitization on RCP responsibilities and expectations need to be conducted. It is recommended that training cover the following:

- ✓ An overview of the RCP and its goals
- ✓ RCP activities and the package of interventions to be implemented at the facility
- ✓ Roles and responsibilities of each cadre in the implementation of the program and quality monitoring (see Table 1)

Photo: Florence Dzame/EGPAF, 2017

TABLE 1. RCP FACILITY ROLES

ROLES	RESPONSIBILITIES
RCP FOCAL POINT(S)	• Support and coordinate RCP services • Coordinate with the AYLHIV and RCP HCF staff to ensure optimal implementation of the program • Ensure all RCP clients receive adherence and ART counseling • Facilitate counseling sessions, as per individual client care plans, as needed • Act as an advocate for AYLHIV within the HCF • Serve as a facilitator of the linkage between the AYLHIV and health providers at HCF • Support providers and peer navigators to ensure quality service delivery to clients • Work with the peer navigators and the clinician/nurse to ensure that linkage with schools is maintained • Organize bi-directional meetings between the RCP HCFs and schools • Act as a liaison for school-based staff to access and link AYLHIV to care
AY PEER NAVIGATOR(S)	• Spearhead RCP activities at the health facility and community levels • Connects with newly diagnosed AYLHIV within testing and counseling entry points and escort them to the HCF • Ensure AYLHIV are registered in the Pre-ART register and receive a Pre-ART number • Register AYLHIV within the RCP program and issue them an individual VIP express card • Set up appointments for AYLHIV for the first clinical visit (if conducted on a different day) and include them in the appointment register • Make telephone calls/send text messages to registered AYLHIV to confirm attendance at the first clinical visit and follow up if they did not show up • Conduct home visits to AYLHIV newly enrolled in care and as needed • Invite and enroll AYLHIV in PSS after the first clinical visit and follow up to ensure they attend • Welcome AYLHIV in the Red Carpet program when they attend the HCF and facilitate the fast-tracking of service delivery • Support counseling on disclosure, adherence, school, family planning, hygiene, nutrition, etc • Refer AYLHIV for any subsidiary services as required (e.g. nutrition, legal support, education support, family planning, etc.) • Manage the VIP express room and the VIP express desk in collaboration with the facility staff in charge

RCP HEALTH PROVIDERS	• Provide HIV care including clinical examinations, TB and malnutrition screening, and clinical staging • Ensure laboratory sampling for baseline and follow up test, as per the guidelines, including viral load and CD4 count, where applicable • Initiate and support prophylaxis for opportunistic infections, as indicated • Initiate AYLHIV on ART regimens as per guidelines • Support disclosure of HIV status and advance treatment literacy for client and treatment supporter(s) • Make necessary referrals and ensure linkage to other services within and outside of the HCF • Provide support to AY peer navigators in the formation and activities of PSS groups • Supervise AY peer navigators and other staff involved in the care of the AYLHIV • Ensure/support the implementation of the RCP in the facility • Coordinate the formation and facilitation of multi-disciplinary teams to ensure adolescent health issues are addressed in an integrative comprehensive way
RCP RESPONSE TEAM (MDT) • Clinician • Nurse • AY Peer navigator • Other staff as available (social worker, psychologist, counselor)	• Meet regularly to review the progress of AYLHIV • Discuss any issues/challenges among AYLHIV clients and proposed the next steps • Ensure appropriate referrals are made • Support/coordinate successful AYLHIV transitions: to adult/general care, to another HCF, school/home setting, and to and from PMTCT services.
HEALTH RECORDS OFFICER/ DATA CLERK	• Sort and organize RCP AYLHIV files • Work with the clinician and RCP coordinators to ensure completeness and data quality in client files and RCP registers • Participate and support MDT review of AYLHIV files by conducting quality checks, ensuring complete documentation in files • Follow-up on action points for AYLHIV and ensure their documentation • Participate in facility data review meetings

STEP 4 - ASSESSMENT OF FRIENDLINESS AND RESPONSIVENESS OF THE FACILITY FOR ADOLESCENT AND YOUTH CLIENTS

Adolescent and youth-friendly services (AYFS) and spaces are a cornerstone of the provisions of RCP at HCFs. To ensure all components of AYFS are met, an initial assessment needs to be conducted to evaluate existing strengths and gaps.

According to the World Health Organization (WHO), to be considered an adolescent-friendly health facility, services should be accessible, acceptable, equitable, appropriate, and effective.[1]

This checklist can provide insight into areas of focus during the initial training and roll out of RCP at a facility.

Other resources for understanding adolescent and youth-friendly facilities and providers:

- WHO, UNAIDS: *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents* https://apps.who.int/iris/handle/10665/183935
- Global Health Network of Youth People Living with HIV: *Ready to Care* (health-friendly self-assessment score care) http://www.yplusnetwork.org/resource/ready-to-care/

AYFS Facility Checklist

- ☐ Accessible services - facility hours, location, short waiting times, safe
- ☐ Staff trained – youth friendly service delivery (non-judgmental, confidentiality, respectful)
- ☐ Access to information – comprehensive health, sexual and reproductive health
- ☐ Meaningful partnership and engagement of ALIHV
- ☐ Active relationships between facility and schools in the community
- ☐ Ability of AYLHIV to provide anonymous feedback

STEP 5- IMPLEMENTATION OF VIP/EXPRESS SERVICES

The VIP express services include providing fast-tracked health services to AYLHIV through a Red Carpet VIP experience to facilitate the delivery of fast, friendly, and comprehensive services. The following outlines the different components of the VIP package.

The Red Carpet VIP card

The RCP VIP card is issued to all adolescents and youth who are newly identified as living with HIV upon enrollment in care. The purpose of the card is to enable AYLHIV to access fast-tracked HIV treatment and other related services within the HCF. The card, recognized at all RCP sites, is intended for AYLHIV to show when they come to the clinic so providers and the RCP team can facilitate their VIP experience at the site.

The Red Carpet VIP card (front)

The Red Carpet VIP card (back)

1 WHO. Making health services adolescent friendly Developing national quality standards for adolescent-friendly health services. 2012. https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf;sequence=1

VIP Express Desk

The VIP express desk, managed by AY peer navigators, enables AYLHIV visiting the HCF to utilize expedited, youth-friendly services. The client can also use the VIP express welcome desk to set up appointments and any additional required referrals.

Fast-Tracked Services

Essential services include:

- HIV care services: lab work, pharmacy, clinical, adherence counseling, nutrition, TB and PMTCT services, where applicable
- Adolescent-friendly sexual and reproductive health services: pregnancy, family planning, postabortion care, post violence care, and STI management
- Mental health services: screening and treatment for depression and anxiety, substance abuse, general counseling
- Other health services

If some of these services are not provided at the facility, clients can be referred to facilities or organizations that offer those services and acknowledge the VIP RCP express approach. These should be mapped out before implementation.

Red Carpet/VIP Express Health Room and Service Days

The RCP VIP room is identified by the HCF as a designated youth-friendly room to provide adolescent and youth health services. When feasible, this room should have resources for adolescents and youth such as posters, games, computer(s), or an internet hotspot. The computers could host games and learning resources.

This room should offer a space for private confidential counseling for young people, and could also serve as a place to relax as they wait for any additional services. If possible, space could be available for use throughout the week and on weekends. Alternatively, specific times/days during the week or month can be designated for the use of the room. HCFs that do not have additional space/rooms for adolescent and youth express services, can integrate their services within the existing HFC spaces and structures.

The VIP express room can also serve as a “one-stop-shop” in providing additional health services specific to adolescents and youth attending the health facility such as those listed in the list of the essential services.

Adherence Support

RCP facilities can provide AYLHIV with hands-on adherence support and instructions including the provision and use of pillboxes and diaries to enhance adherence. Instructions on how to use them and how to set up reminders that work for each client (on their phones, based on meals) can also be provided.

Client Feedback on Service Quality

The use of feedback forms with clients to check program performance in response to youth client needs ensures that facilities continuously respond to client satisfaction and service quality.

A copy of a client feedback survey is available at the end of this guide.

Telephone Support

A phone and WhatsApp line/number for adolescents and youth to access health information on key individual issues they may have is beneficial, when feasible.

The use of phone/app-based communications can enhance communication between clinic visits, feedback, and linkage for further support. AY peer navigators can use these platforms to stay in touch with clients and for educational and peer support activities.

Airtime

Providing financial support to allow peer navigators sufficient airtime to conduct follow up/monthly calls to the AYLHIV in RCP is critical to ensure the quality implementation of this activity.

Transportation reimbursement

Transportation barriers should be assessed for AYLHIV clients and peers and addressed appropriately to facilitate access to the facility, home, and community for visits, follow-ups, and appointments.

Home visits and school visits

Follow-up visits conducted by AY peer navigators at schools and homes are conducted with AYLHIV clients in need of additional support, such as enhanced adherence and those who did not attend a clinic appointment or collect a refill, and can be informed via assessments of local barriers and facilitators.

STEP 6 – RECOGNIZING A RCP FACILITY

RCP HCFs are designed to have a unique, standardized, easily recognizable logo that is visible on the wall at a facility so clients can recognize that the facility offers the RCP. The logo, designed with adolescent and youth input, was intentionally created to be youth-friendly and non-stigmatizing.

ADAPTING RCP PACKAGE TO LOCAL CONTEXT

The RCP for HCF is designed with flexibility in mind to be able to adapt, change, and mold based on the local context. The above-mentioned elements are proposed so that facilities, providers, and stakeholders decide which elements would contribute significantly to the needs identified for AYLHIV in their locality.

For example, the number and types of providers and cadres, as well as the types of interventions implemented, will depend on what gaps were identified. Furthermore, linkages to the community can be engaged based on existing systems and stakeholder involvement. This can include having AY peer navigators attend schools, including boarding schools, where applicable and permissible, to provide PSS and adherence support to AYLHIV.

RCP FACILITIES TOOLS

The following associated tools with this resource are meant to supplement the content in this package outline and to align with national guidelines. These tools include:

- Facility RCP checklist
- Facility RCP Register
- School checklist
- SOPs

RCP FACILITY CHECKLIST

- ☐ Trained/orientated health care providers, AY peer navigators, and other identified stakeholders on:
  - Red Carpet Package
  - VIP Express interventions
  - Roles and responsibilities
- ☐ Provision of Red Carpet VIP Express Cards for all AYLHIV
- ☐ Provision of fast-track essential services
- ☐ Availability of pillboxes and other adherence tools for AYLHIV clients
- ☐ Availability of designated phone line
- ☐ Conducting of follow-up visits for AYLHIV
- ☐ Availability of Red Carpet tools:
  - Checklist
  - Register
  - SOPs
- ☐ Availability of AY Peer Navigators
- ☐ Linkage of HCFs to community resources and school

RED CARPET CLIENT FEEDBACK FORM

Kindly help us improve by completing these questions. Please do not include your name.

Age: years	Sex: Male / Female (circle one)	Facility:

1. What services did you come to the facility to receive today? (check all that apply)

- ☐ HIV testing
- ☐ HIV prevention services (condoms, PrEP/PEP, STI screening & treatment)
- ☐ Family planning (contraceptives)
- ☐ Pregnancy care (test, antenatal or postnatal care)
- ☐ HIV treatment (ARVs, TB screening, treatment)
- ☐ Counseling
- ☐ Condoms
- ☐ Other (describe) _____

2. Did you get everything you needed?

- ☐ Yes
- ☐ No, because I also wanted _____

3. How long did it take you from arrival at the facility until departure?

- ☐ Under 1 hour
- ☐ 2 to 3 hours
- ☐ 3 or more hours
- ☐ Other_____

4. Did you receive services through a specialized clinic department?

- ☐ No, I received general care
- ☐ Not sure, staff did not identify themselves as different or wear any identifying clothes
- ☐ HDA for HIV testing
- ☐ DREAMS Corner
- ☐ Ariel/teen club
- ☐ Red Carpet Services
- ☐ Other: _____

5. Were you satisfied with our services today? (circle the face that best describes your experience)

 Very Satisfied	 Somewhat Satisfied	 Just Okay	 Dissatisfied	 Very Dissatisfied

6. Additional feedback: please write below.

 Praise or Thanks to a health care worker or peer	 An idea or Suggestion	 A Complaint or Issue
*please name the provider (s)		*please name the provider (s)

7. Will you invite and bring other adolescents and young people to this facility in the future?

☐ Yes!

☐ No, because: _____

RED CARPET COMMUNITY AND SCHOOL LINKAGES

INTRODUCTION TO THIS GUIDE

The Red Carpet Program (RCP) package for responsive communities and schools is a resource to support effective linkages and coordination between facilities and school communities to ensure an uninterrupted continuum of quality care and retention of adolescents and youth students living with HIV.

RCP RESPONSIVE SCHOOL SERVICES

The following suite of services can be integrated into schools and the broader communities to provide responsive AYLHIV support.

Supportive Enviorments for Learners Living with HIV

Communciation and education on HIV and AIDS for school personelle and learners

School-based AYLHIV Support

- Disclosure support

- Adherence support--directly observed therapy (DOT) with school ART storage

- Psychosocial support
- Retention support for clinic appointments

- School-wide stigma reduction

Bi-directional Linkages to Health Care Facilities

Ensure access to facility linakges to support refills, follow-ups, and referrals for other subsidiary services

Most adolescents and youth living with HIV (AYLHIV) spend a large amount of time in school, 6-8 hours per day at primary and secondary level day schools, and all day (24 hours) at boarding schools. Schools, therefore, represent a critical environment for ensuring that AYLHIV have support for adherence, retention in care, and positive living.

A community is a term that encompasses physical, social, and emotional connections between groups of people. Schools are a community for students and also a home for those attending school at

boarding institutions. In the context of HIV, the school environment and staff have a substantial impact on the clinical, psychosocial, and emotional wellbeing of ALHIV students at their institution.

Target audience

This guide is meant for communities, schools, and other respective stakeholders looking to adopt RCP services to support AYLHIV and students living with HIV.

Outline of the guide

I. Overview of the RCP

II. The objective of RCP responsive schools and communities

III. Setting up an RCP responsive school

IV. Associated tools

OVERVIEW OF THE RED CARPET PROGRAM

The RCP was designed to increase service linkage and retention in HIV care and treatment for newly diagnosed adolescents and youth (10-24 years) and has evolved into supporting all AYLHIV in care. It is implemented at both facility and community levels through express services that reduce barriers for AYLHIV to access and utilize quality HIV care, support, and treatment services. The basis of the RCP is to provide a VIP experience of being valued, dignified, and respetful to AYLHIV through the use of VIP, express, card-based, fast-track services at health care facilities (HCF) with a responsive cadre of health care workers (HCWs). AYLHIV are supported by their learning institutions and empowered with youth peer navigators, sometimes called youth champions. An RCP facility also acts as a link to the community, including schools, to support AYLHIV in accessing adolescent and youth-friendly and responsive services

Beneficiaries:

The target population for this guide concerning responsive communities and schools are learners living with HIV (LLHIV) and the staff of RCP responsive schools.

OBJECTIVES OF THE RED CARPET PROGRAM IN RESPONSIVE COMMUNITIES AND SCHOOLS

- Strengthen community, school, and health facility collaboration to ensure all LLHIV **keep clinic appointments,** are **retained in care**, and achieve and maintain **viral load suppression.**
- Engage and **build the capacity of teachers and primary and secondary caregivers** on treatment literacy and adherence support for LLHIV.
- Mainstream HIV and AIDS literacy and support activities in schools to **facilitate stigma reduction,** increase knowledge on HIV, and foster positive attitudes towards HIV and AYLHIV within the school environment.
- Establish school-led systems and support existing **structures of psychosocial support (PSS),**

including disclosure, peer support, and treatment buddies.

- Increase **access to social protection services** through referrals and linkages within and outside the school environment.

SETTING UP AN RCP RESPONSIVE SCHOOL

The Steps

1. Map school attendance, plan, prioritize school engagement
2. Engage relevant stakeholders
3. Identify RCP school team
4. Train/sensitize RCP team
5. Assess school environment
6. Implement RCP responsive services at school
7. Engage staff/parents/caregivers in school-based support for AYLHIV
8. Introduce any additional RCP elements
9. Identify and establish bi-directional communications/referrals with local RCP health care facilities (HCFs) where LLHIV receive care

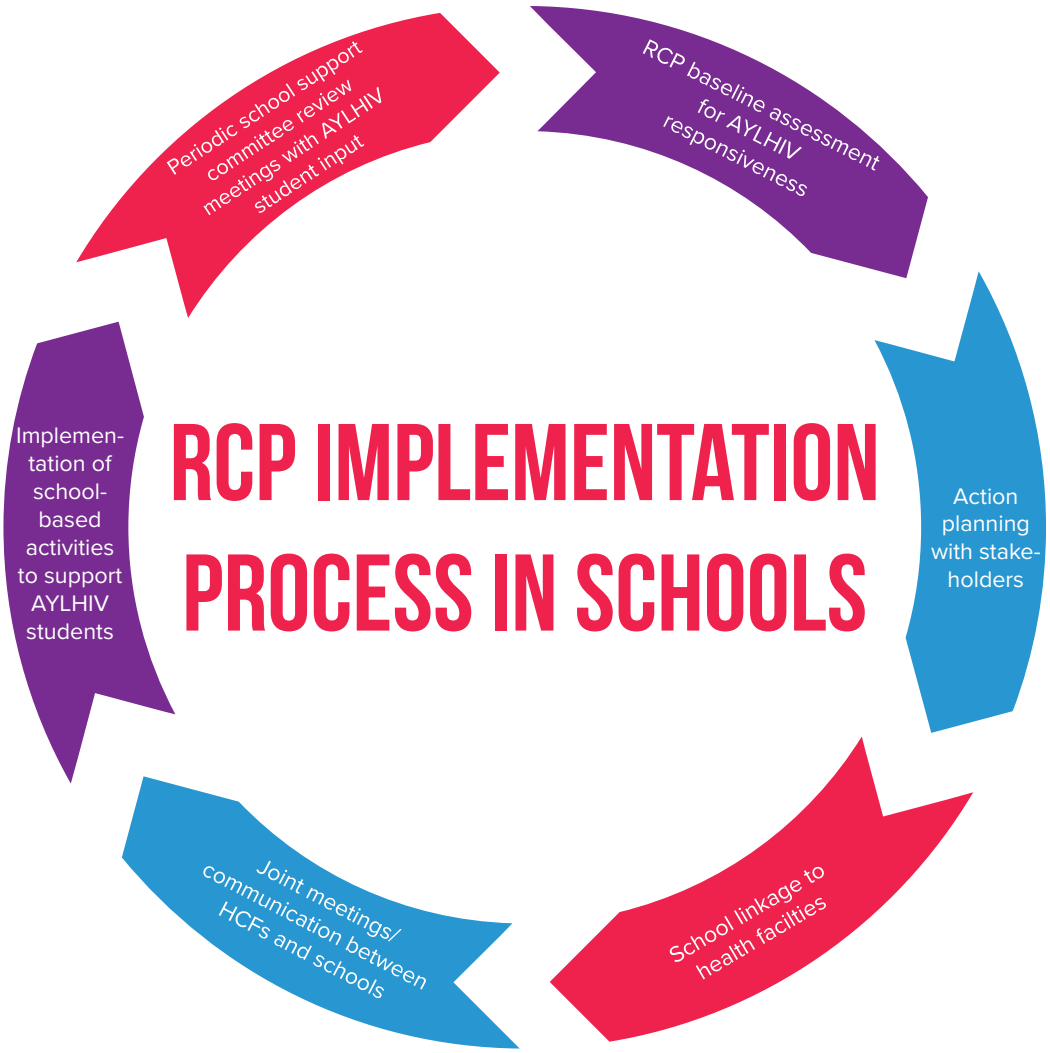
Step 1 - Map School Attendance By AYLHIV, Plan, and Prioritize School Engagement

An important initial step is to document school attendance by AYLHIV. This includes mapping LLHIV to identify which facilities they attend and at which school level they are currently in. The benefit to this is to be able to ascertain the type(s) and amount of support needed to engage clients at school to support them in the most effective way possible. The advantage of being completed at the school level is the ability to understand and plan for the needs of the students identified. Facility level mapping of school attendance by AYLHIV clients may also be done to enhance understanding of prevailing needs across LLHIV at various schools (primary, secondary, tertiary) in an area.

This can be broadened to capture critical information for all adolescent and youth (AY) students who have chronic conditions to reduce the potential stigma associated with HIV, as well as collect critical information to support other students who also need support.

A possible school documentation excel-based register can be found here.

Adapting to the local context



The RCP is designed with flexibility in mind to be able to adapt and change based on the local context. The RCP school activities and support elements should have school staff and other stakeholders decide which elements of the RCP package would contribute significantly to the needs identified for AYLHIV in the context of their community and school. The decision can be informed by the results of the mapping exercise in identifying areas to prioritize.

The guide is meant to complement national guidelines and policies while being tailored to meet the needs of AYHLIV in a specific setting.

Step 2- Engage Relevant Stakeholders

Stakeholder engagement is a critical initial step in planning for RCP initiation at the community or school level to ensure buy-in and collaboration throughout the implementation process. Coordination with various stakeholders including the education and health sectors can increase access to HIV services for LLHIV.

In general, the following groups of stakeholders are important to engage

- School and health authorities (ministries of education and health)

- Staff and providers at the schools and health facilities (parents, teachers, matrons, HCWs, lay personnel at HCFs, and others)
- AYLHIV students
- Parents/caregivers

Initial sensitization meetings with stakeholders for awareness building on the aims of RCP are recommended to get their buy-in and support to implement school components.

Sample Agenda

✓ Introductions of stakeholders

✓ RCP refresher – aims, objectives

✓ Discussion around adaptation and contextualization of RCP elements to fit needs and gaps for school support as well as identification of stakeholders

✓ Next steps

Step 3 - Identify RCP School Team

The RCP roles at the community and school levels are outlined below. The roles and composition of groups, including that of the school-support committee, will vary based on the local context and be informed by local stakeholders. Existing systems and guidelines nationally and at the community level will shape the roles needed and how they can be layered into existing activities to form a team.

School-level positions and groups include:

Educators play a crucial role in the development, state, and perception of HIV in school settings. How educators speak

- School principal/headteacher
- RCP teachers
  - Those who are championing the initiative and will be the main resource for RCP activities and LLHIV
- RCP Focal Point
  - A school-based position that can be an assigned teacher, school nurse, counselor, etc. This is a role to fill with a pre-existing, internal stakeholder, and not necessarily a newly hired position.
- School-based healthcare staff
  - Nurse, counselor
- AY peer navigators
  - This is a community-based cadre that can be attached to a facility but also supports activities in the community and at schools.
- RCP school support committee
  - RCP school support committees can consist of various staff at the school, community, or facility connected to the school (teachers, matron/principal, school nurse, school counselor, parents/caregivers, HCWs, community workers, and AY and AYLHIV representatives). Such a committee aims to assure and support the wellbeing of all the students with a focus on AYLHIV and ensures their unique needs are recognized and met.
  - The size and scope of the school support committee can be determined based on context. Adaptation of the model is possible, for example, one school support committee can be formed to support more than one school.

to, regard attitudinally, and act on perceptions of HIV and AIDs has a profound impact on the way HIV is perceived by students and other staff, as well as implications for how LLHIV process and behave. Negative perceptions and attitudes can breed stigma and discrimination, and may therefore directly impact clinical (adherence and retention), emotional (self-stigma), and mental (depression and anxiety) outcomes for AYLHIV in the school environment.[1,2,3] Therefore, capacitating and supporting educators and schools to create and sustain stigma-free, supportive environments for AYLHIV is vital for their personal and academic growth and healthy lives.

Step 4 - Train And Sensitize RCP Teams

Training and sensitization of RCP objectives, responsibilities, and expectations should be conducted once RCP teams have been identified. It is recommended that RCP training cover the following:

- Overview of the principles and requirements of the RCP responsive communities and schools
- Overview of the RCP activities for school-based support
- Roles and responsibilities of each school-based cadre in the quality implementation of the activities (see Table 1)
- Expectations for accreditation as an RCP responsive school

TABLE 1. RCP RESPONSIVE COMMUNITIES AND SCHOOLS ROLES

ROLES	RESPONSIBILITIES
SCHOOL HEAD TEACHERS PRINCIPLES	• Advocate and support the institutionalization of the school HIV response. • Ensure the availability of safe spaces for antiretroviral therapy (ART) storage and support for AYLHIV students on adherence, disclosure, care, and retention. • Promote a stigma-free environment and support the implementation of stigma reduction activities within the school. • Establish and maintain bi-directional linkages with RCP HCFs.
RCP FOCAL POINT	• The point of contact at the school for any communication, information, updates on RCP activities, or services. • Support coordination of RCP activities and communication with other outside stakeholders.
AYLHIV STUDENT CAREGIVERS/ PARENTS	• Advocate and support the institutionalization of school HIV response. • Support disclosure of HIV status (to and by AYLHIV). • Provide additional support to AYLHIV as needed.

1 https://bmjopen.bmj.com/content/6/7/e011453

2 https://www.hindawi.com/journals/bmri/2019/9623159/

3 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0232359

VIP RESPONSE TEAM AT RCP LINKED HCF	• Facilitate school linkages. • Support AYLHIV to ensure VIP services at the RCP HCF. • Support school-based adherence interventions (DOT, pillboxes, antiretroviral (ARV) storage) • Support the formation and function of PSS groups and other peer support groups. • Ensure AYLHIV follow up at HCF and communicate with school nurses on their care and treatment needs.
SCHOOL-BASED PEERS **AY PEER NAVIGATORS**	• Support health education and health promotion within schools that address stigma reduction and prevention of HIV. • Provide consistent confidential adherence support for LLHIV • Ensure follow up with and support for AYLHIV at all learning institutions. • Participate in school-based PSS activities. • Provide beneficiary feedback when possible
RCP SCHOOL-SUPPORT COMMITTEE SUB-COMMITTEE **TASK FORCE WITHIN EXISTING SCHOOL COMMITTEES**	• Assure the wellbeing of LLHIV. • Support treatment literacy activities for ALHIV and their parents/caregivers through existing engagement mechanisms (Parent Teacher Association for example). • Support development and implementation of school health education, HIV prevention, and stigma reduction activities. • Assure access to social protection services for LLHIV. • Establish and maintain accessible PSS for LLHIV. • Strengthen bi-directional linkages with RCP HCFs.

Step 5 - Assess School Environment

In preparing to implement RCP activities at schools, it is important to first critically assess school environments in identifying strengths and gaps concerning the responsiveness in meeting the needs of LLHIV.

Basic RCP Responsive Schools Checklist – Assessment

- ☐ Safe school environments – promote the safety and physical, emotional, and mental wellbeing of all AY including AYLHIV
- ☐ Stigma-free environments – support stigma reduction and education activities focused on providing accurate HIV and AIDS knowledge, prevention, and understanding to all AY and school staff
- ☐ Adherence support – provide support to AYLHIV for medication storage, adherence and treatment buddies, DOT, assured access to focal point support (e.g., teachers/ matrons)
- ☐ Retention support – ensure AYLHIV accessibility to HCFs for HIV care, including ARV refills, clinic and laboratory appointments, and other follow-up clinical needs
- ☐ PSS support – ensure access of AYHLIV to peer-led PSS, whether school-based or facility-based
- ☐ Respect and uphold the values of AY privacy and confidentiality
- ☐ Ensure meaningful engagement and participation or AYLHIV in design, implementation, and evaluation of RCP activities

Step 6 - Implementing RCP Responsive Services at Schools

Create a Supportive Environment for AYLHIV Students

Work planning with relevant stakeholders, including county management or ministries of health and education, needs to precede the implementation of RCP activities and capacity building of school personnel in creating and sustaining supportive environments for AYLHIV.

This work planning involves bi-directional consultations between school principals, management personnel, and teachers. Positive and productive communication and education on HIV and AIDS needs to be integrated into education systems for students, teachers, and parents. Supportive school environments promote a stigma-free atmosphere ensuring accessibility to services, treatment, and care by AYLHIV.

Disclosure Support of AYLHIV at school

Disclosure of HIV status is a process that requires a safe, confidential, and encouraging environment. Disclosure of HIV status to others is a personal decision for AYLHIV and/or their parents/caregivers, when applicable, and can be supported by HCWs, parents/caregivers, school staff, and peers. Disclosing HIV status at school can be beneficial in gaining additional support for adherence and retention in care. This is particularly applicable to LLHIV at boarding institutions.

School staff, including trained and sensitized teachers and school-based healthcare workers, can become trusted resources for LLHIV throughout the disclosure process. As trusted resources, these school staff can facilitate AYLHIV support in the form of confidential medication storage, DOT, and facilitating and attending medical appointments at the HCFs and for PSS.

School staff needs to collaborate with HCWs at linked facilities in making arrangements for DOT at school, ensuring the privacy and confidentiality of LLHIV. DOT refers to the therapeutic intervention as a coordinated effort with the HCF that includes directly observing and confirming the consumption of treatment by a client.

Indications for DOT for AYLHIV include:

- Treatment of an opportunistic infection in addition to ART
- A history of past or current treatment failure(s)
- Poor adherence or treatment interruption
- Special psychosocial needs (orphans, dysfunctional families, etc.)
- History of mental health issues (depression, anxiety, etc.)
- History of substance abuse
- Attention and organization challenges
- A significant drop in academic performance
- Any observed or reported bullying, stigma, or discrimination

ART Storage at School

A focal person, e.g. school nurse, principal, teacher, or counselor, should be identified as the individual in charge of ARV storage at school.

The focal person will be in charge of:

- Allocating a storage cabinet in a private space for ARVs that meets the minimum requirements for storage of medicines (dry, lockable, and in a cool place)
- Ensuring confidentiality during storage and access to medications is maintained at all times
- Making sure the storage space is accessible to LLHIV as needed
- Keeping track of remaining medications to avoid expiration and stock-outs
- Facilitating refills at the linked health facility if the ARVs run low before school holidays
- Keeping a log of stored medications: who received medications, date of receiving the medications, and what type of medications with clear labels for each AYLHIV to avoid dosing errors
- Facilitating routine adherence monitoring by ensuring the AYLHIV is taking the medicines as prescribed
- Linking with the HCF in case of any treatment or clinical concerns

Provision of PSS

PSS is a critical component of care for AYLHIV. PSS provides support to the clinical, emotional, social, and spiritual needs of AYLHIV and their parent/caregivers.

RCP HCFs can perform a psychosocial assessment and facilitate a referral to an age-appropriate PSS resource or group either at the school or facility. PSS groups can be held on weekends or during school holidays. School staff should play a supportive role in facilitating the attendance of AYLHIV students to PSS activities including PSS groups outside of schools.

If a school has a PSS group, then the following minimum criteria should be met for AYLHIV participation:

- A minimum of two to three AYLHIV in the school to allow for group formation
- PSS attendees must have disclosed their HIV status to an involved school staff member and must be willing to disclose their status to other AYLHIV
- It is important to involve the parent or caregiver, when possible, to ensure consistent messaging and support at home, when applicable
- The availability of a private, safe space to hold meetings and maintain confidentiality
- A trained staff member or PSS provider
- An established linkage to the HCF for co-facilitation and support of the PSS group

Stigma Reduction

The RCP aims to empower HIV stigma reduction and mitigation in the school environment. This can occur in many ways, including the following activities:

- Providing regular health education on HIV and HIV prevention to the school community, including peers, teachers, and parents/caregivers
- Support addressing any HIV-related issues within the school community in a non-stigmatizing way
- Linking adolescents to PSS groups within and outside of the school
- Mobilizing and involving parents and caregivers in the PSS of AYLHIV
- Supporting and facilitation of an RCP school support committee
- Assuring disclosure support in schools
- Addressing self-stigma in empowering LLHIV in self-management capacities
- Implementing creative stigma-reduction activities using innovative, engaging approaches (dramas, music, etc).

Linkage to HCFs

A core element of RCP responsive schools is the establishment and maintenance of bi-directional linkages with HCFs to provide comprehensive support and care for LLHIV. Established relationships with HCFs can facilitate attendance to routine clinic visits for drug refills and other treatment follow-up

or tests. Referrals can also be made more easily in the case of AYLHIV becoming unwell or developing side effects from prescribed treatment.

A good practice to undertake is the mapping of HCFs or clinics around a school to have a better understanding and awareness of the types of facilities, organizations, and the services they provide.

ADDITIONAL RCP ELEMENTS

An additional resource is a checklist for caregivers/parents to ensure critical information and items are considered and obtained when sending children to school.

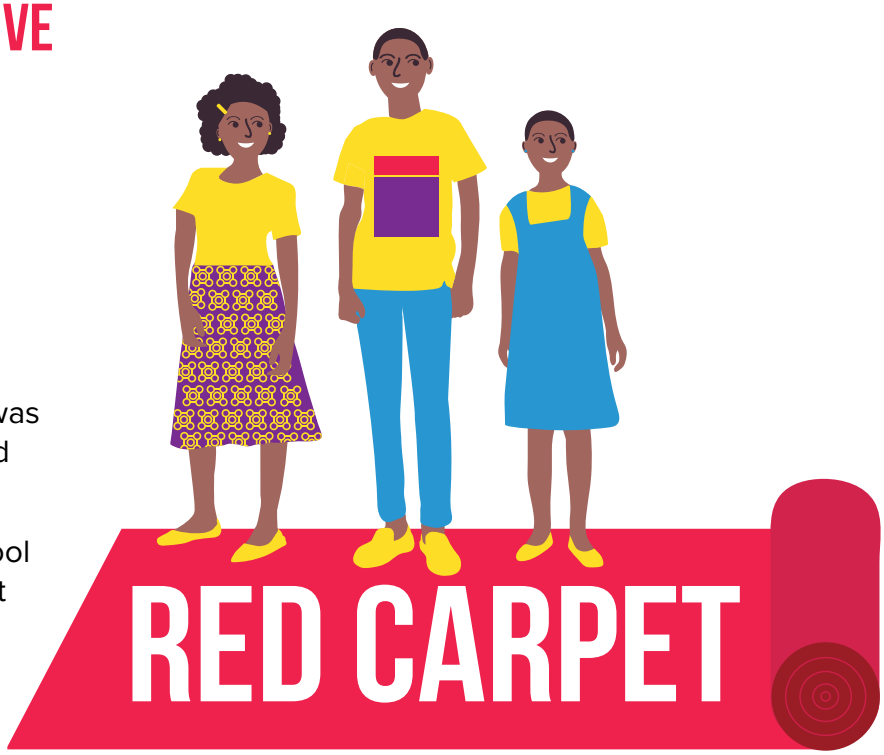
Caregiver/parent checklist when sending children to school:

- ☐ Document facility and provider contact information
- ☐ If child is taken to the facility for any reason, ensure that school informs caregiver/parent
- ☐ Document medicine regimen and date of last and next refill
- ☐ Review names of medications with the child (if disclosed to)
- ☐ Support disclosure to the child and/or to the school staff when appropriate
- ☐ Identify a support person at the school the child/adolescent could go to for assistance
- ☐ Support development of a treatment plan to ensure adherence during school
- ☐ Inform school personnel of any allergies
- ☐ Inform school of any changes of caregiver at home

ACCREDITING AN RCP RESPONSIVE SCHOOL

RCP sites, including HCFs, schools, and communities benefit from having a unique, standardized, and easily recognizable icon. This icon, visible on display, is intended for AYLHIV and stakeholders to recognize that the site offers RCP activities. The RCP icon, designed with adolescent and youth input, was intentionally created to be youth-friendly and non-stigmatizing.

To be accredited as an RCP responsive school and display the RCP brand, at least three out of five items on the RCP responsive school checklist need to be completed.



ASSOCIATED TOOLS

The following associated tools with this resource are meant to supplement the content in these guidelines and align with national guidelines. Tool include:

- Checklist for HIV responsive schools
- RCP Responsive Schools Checklist
- SOP Package

RCP Responsive Schools Checklist

- ☐ Trained/orientated school staff and other identified stakeholders on
  - Red Carpet Package of services
  - Roles and responsibilities
- ☐ Identification and bi-directional linkage with HCF and community-based organizations
- ☐ Initiation of engaging AY Peer Navigators for peer activities
- ☐ Provision of RCP services at schools with support staff and committees
- ☐ Availability of RCP tools:
  - Checklist
  - SOPS

Photo: Florence Dzame/EGPAF, 2017

THE RED CARPET GUIDE FOR ADOLESCENTS AND YOUTH LIVING WITH HIV AND STAKEHOLDER ENGAGEMENT

INTRODUCTION TO THIS GUIDE

The Red Carpet Program (RCP) Guide for Adolescents and Youth Living With HIV (AYLHIV) and Stakeholder Engagement is a resource for meaningful client and stakeholder participation at the facility and community level.

For any program, the engagement and collaboration of various stakeholders are critical for the successful planning, implementation, and sustainment of activities. Understanding the process and key action items to employ throughout can be a challenge. This guide aims to provide a framework for stakeholder engagement for the RCP.

Target audience

This guide is aimed at facilities and communities looking to implement RCP services coordinating with different stakeholders.

Guide Sections:

I. Overview of the RCP program

II. Objectives of engaging stakeholders

III. Mapping stakeholders

IV. Defining RCP stakeholders

V. Working with RCP stakeholders

VI. Adapting to the local context

VII. Associated tools

OVERVIEW OF THE RED CARPET PROGRAM

The RCP was designed to increase service linkage and retention in HIV care and treatment for newly diagnosed adolescents and youth (10-24 years) and has evolved into supporting all AYLHIV in care. It is implemented at both facility and community levels through express services that reduce barriers for AYLHIV to access and utilize quality HIV care, support, and treatment services. The basis of the RCP is to provide a VIP experience of being valued, dignified, and respected to AYLHIV through the use of VIP, express, card-based, fast-track services at health care facilities (HCF) with a responsive cadre of health care workers (HCWs). AYLHIV are supported by their learning institutions and empowered with youth peer navigators, sometimes called youth champions. An RCP facility also acts as a link to the community, including schools, to support AYLHIV in accessing adolescent and youth-friendly and responsive services.

Target Group:

The primary target group of RCP is adolescents and youth aged 10-24 years who are diagnosed with HIV, initiated on ART, and retained in comprehensive services. However, AYLHIV overall are also prioritized along the HIV treatment cascade with a focus on the delivery of adolescent and youth (AY) responsive services.

OBJECTIVES OF ENGAGING STAKEHOLDERS

- Define and prioritize stakeholders for RCP service success—this includes providers, clients, school staff, and community leaders.
- Meaningfully engage AY in the planning, design, implementation, and ongoing improvements of AY responsive RCP activities.
- Coordinate across various sectors to engage diverse stakeholders in cohesive and cooperative partnerships.
- Implement, from the start, sustainable and local support from key stakeholders to improve services.

MAPPING STAKEHOLDERS

An important first step is determining which types of stakeholders will be engaged in the process of implementing the RCP. The decisions on which parts of the RCP will be implemented and at what locations will inform the amount and types of stakeholders that will need to be engaged in the process. Identifying the stakeholders that will need to be engaged at various points or across the lifetime of the project at the beginning is useful for planning.

Conducting a stakeholder mapping activity is a multi-step process that includes:

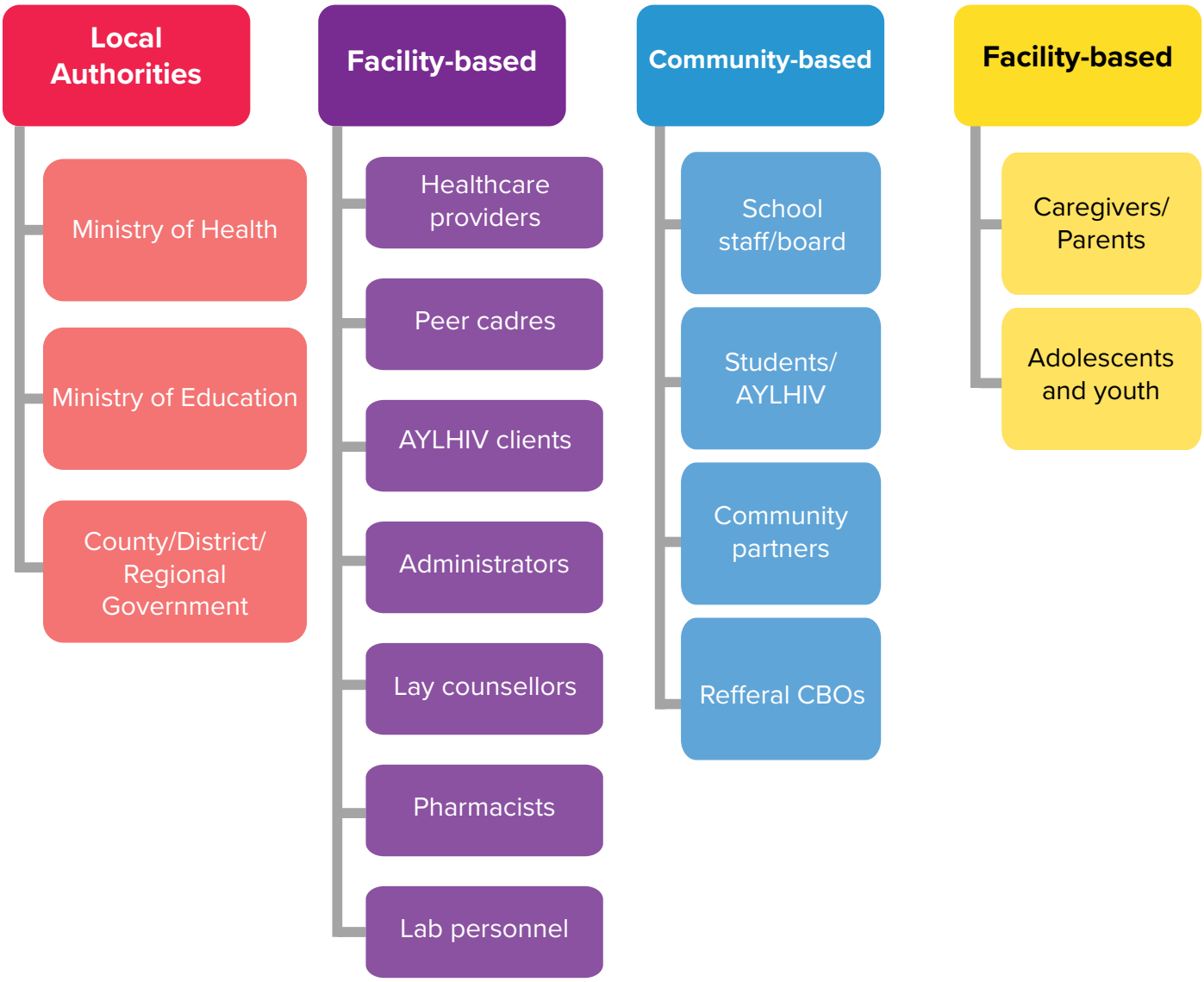
1. Identifying stakeholders informed by national policies and guidelines based on the RCP services selected for implementation. A stakeholder is a person, group, or organization that has an interest, impact, or can be affected by a project.

When identifying stakeholders, it can be beneficial to ask the following questions:

- Who will be impacted by this project?
- Who will be able to influence this project?
- Who will have authority in this project?
- Who can support this project?
- Who can object to this project?
- Who does or has done similar work to this? (Who may have lessons/advice and can ensure no duplication of services?)

DEFINING RCP STAKEHOLDERS

RCP Stakeholders will broadly fall into the following categories:



The type of stakeholder(s) that are engaged will vary based on the RCP services provided and the context.

For example:

1. An RCP HCF would engage with the Ministry of Health (MOH) at the national level as well as country or district health officials, healthcare providers (clinicians and RCP teams including AY peer navigators) at the facility, AYLHIV clients, and other local partners.
2. An RCP responsive school linked to RCP HCFs would engage the stakeholders mentioned above in addition to the Ministry of Education (MOE) and any local or municipal education authorities, school-based staff (teachers, principal, counselors, parent/caregivers of students, and AYLHIV students).

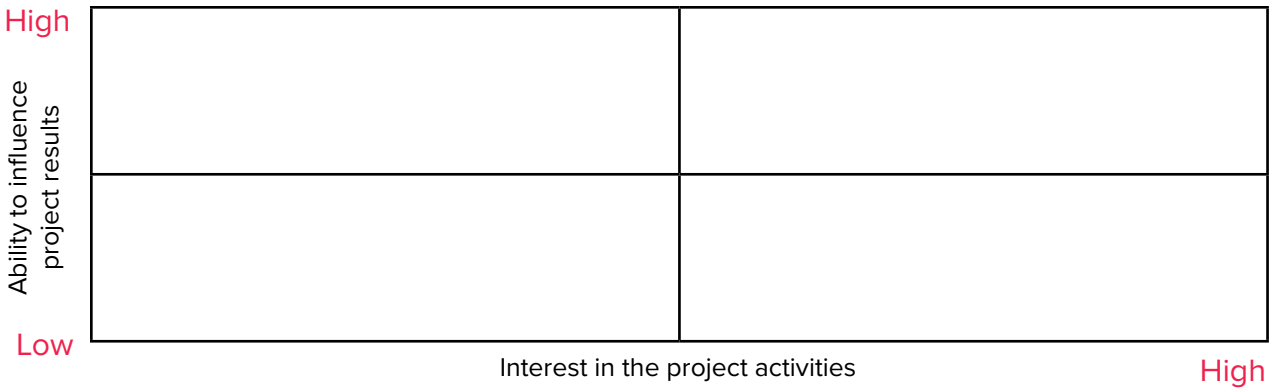
Meaningful AY Engagement

RCP Service Component	Stakeholders
Facility-based VIP Express Service	• RCP focal point • RCP response team (MDT) – clinicians, nurses, • AY Peer Navigators • AYLHIV clients • MOH • Local health authorities
School-based Client Support	• School staff/board • RCP linked facility and response team • MOE • Local education and health authorities • Caregivers • AYLHIV students

In further defining RCP stakeholders, it is beneficial to define eligibility of selection to cadres, including AY peer navigators, and engagement processes of other stakeholders, such as related ministries.

2. Plotting their interest in the project and the ability to influence the results

Once identified, conducting a mapping exercise using the stakeholder power/influence analysis chart on the next page can visually aid in prioritizing stakeholders to engage to maximize results in the RCP project.



3. Identifying the approach and frequency of engagement of priority stakeholders

With the list of prioritized stakeholders, it is helpful to outline action steps describing how the engagement of the stakeholder is planned to ensure the success of activities and at which points of time this engagement will occur.

Ministries of Health or Education

Coordination with various stakeholders including the education and healthcare sectors can increase access to HIV services for AYLHIV at facilities and schools. The RCP implementation should engage county and national MOE and MOH to respond to the needs of AYLHIV. The engagement process will vary by context and should align with national guidelines and policies. A sample engagement cascade is depicted below:

National MOE or MOH sensitization and engagement
A meeting to build buy-in and ownership, identify focal points, and plan for any subsequent meetings with staff or other

County MOE or MOH sensitization and engagement
A meeting to build buy-in and ownership, identify focal points, and plan for any subsequent meetings with staff or other

Joint meetings with identified focal points from one or more ministries
Build and facilitate participation and collaboration between focal points and identify a mechanism for sustained collaboration and accountability, such as a regularly convening working groupmeetings with staff or other

Establishment of collaboration and accountability mechanism
Meet on a regular basis to discuss progress, challenges, support needed to ensure everyone is kept informed throughout.

Important considerations to account for throughout the process include:

- An open communication style to foster productive dialogues between RCP teams and stakeholders
- Feedback on ideas, input, and solutions of challenges

AY Peer Navigators

AY peer navigators support the implementation of RCP activities at the facility and community level. It is important to define their selection process and subsequent management structure before identifying AY individuals who will fill this role. Equally as important is to clearly define and communicate the expectations and responsibilities of the role to interested candidates, outlining the contract: terms, stipend, etc. Contracts could be active for two years to allow for a rotating group of AY, depending on local context and resources.

Sample selection criteria for defining eligibility for AY peer navigators include:

- ✓ AYLHIV (male or female) aged 15-24yrs who are active in their care and the RCP facility
- ✓ Demonstrates adherence to ART and sustainable viral suppression
- ✓ Has basic health literacy
- ✓ Good communicators in English and/or local language
- ✓ Educated/trained in HIV and reproductive health issues
- ✓ Willing to disclose his/her HIV status and share personal journies
- ✓ Can serve as role models
- ✓ Actively engaged with psychosocial support (PSS) groups or has experience serving as a member or facilitator
- ✓ Willing and able to participate in RCP project activities
- ✓ Approachable, accessible, friendly, respected by peers
- ✓ Good interpersonal skills
- ✓ Willing to learn and be trained
- ✓ Must respect and observe the privacy and confidentiality of AYLHIV clients and private health information
- ✓ Must consent to be AY a peer navigator (if underage, parental/caregiver consent might be required)

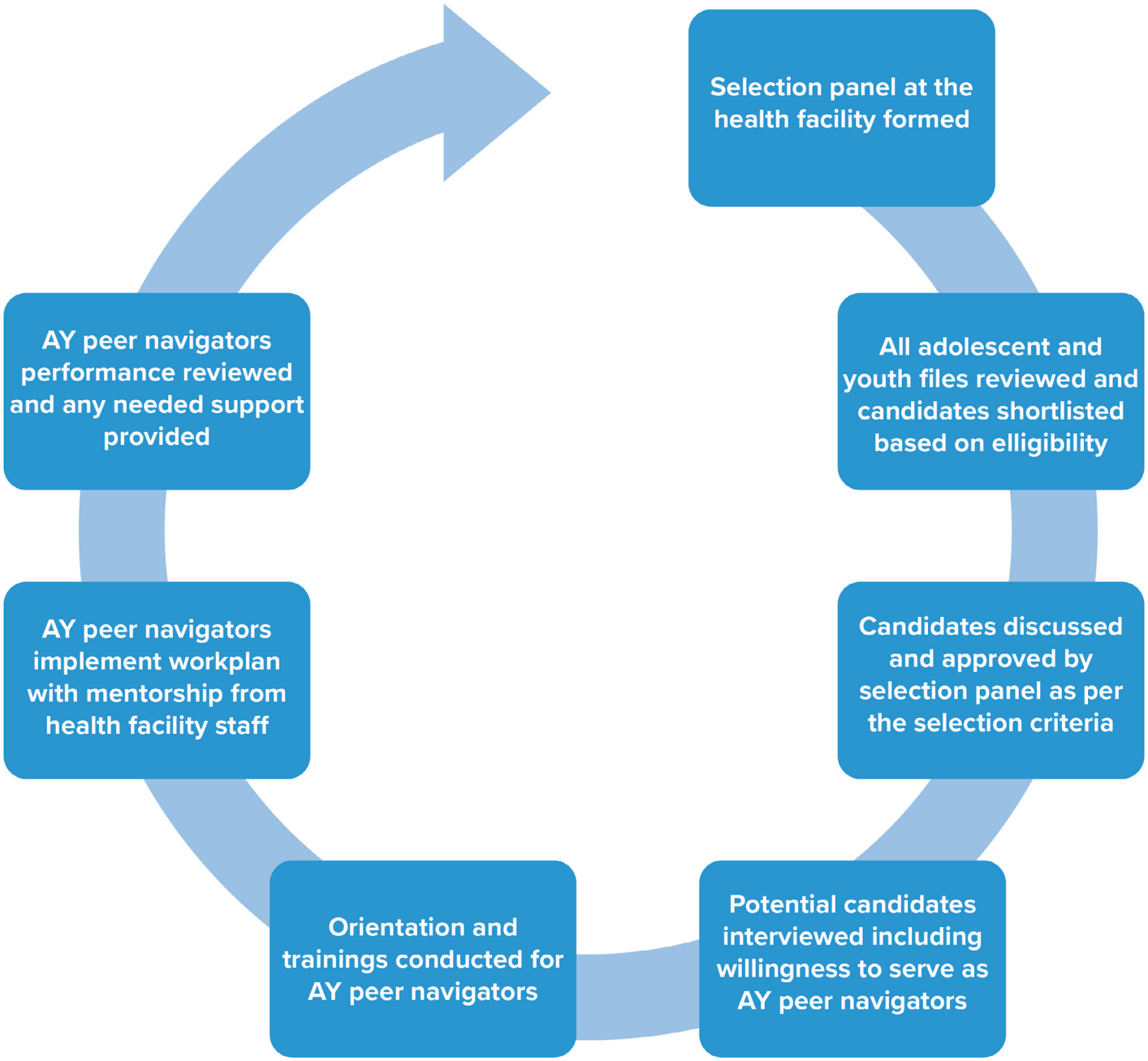
The AY peer navigator selection process

The RCP coordinator at the RCP HCF is responsible for the overall coordination of the process for identification, selection, training, and management of AY peer navigator activities.

Each HCF will identify a certain number of AY peer navigators (males and females) within the different age bands (15-19 years and 20-24 years). The number of AY peer navigators depends on the volume of clients at the facility – for example, a facility with 30 AYLHIV clients, one peer navigator may be sufficient, while a HCF with 60 AYLHIV in care may require two.

A selection panel consisting of the RCP coordinator, an AY client, and HCWs at the facility are responsible for the selection of AY peer navigators. Upon selection and consent to the position, the AY peer navigators are oriented on their roles and responsibilities.

The selection process is outlined in the diagram below:



WORKING WITH RCP STAKEHOLDERS

In order to work productively with stakeholders, understanding the roles, responsibilities, and expectations of RCP staff and stakeholders is important. These should be discussed in meetings and reported on during routine meetings.

Stakeholder roles and expectations

ROLES	RESPONSIBILITIES
Facility staff/ RCP focal point	• Map and engage stakeholders • Facilitate and implement express VIP services • Retain stakeholders in a meaningful and productive manner • Organize and facilitate regular meetings to share progress, results, and facilitate input to continue improving • Be a point of contact for stakeholders for on-going feedback
AY peer navigators	• Implement VIP express services • Work with community leadership to sensitize them on the importance of supporting AYLHIV • Work with peers in supporting their continued engagement in their care • Liaise between clients and providers at the facility • Advisory role
MOE	• Advocate and support implementation of RCP within school systems • Provide guidance for RCP responsive schools to align with national guidelines and policies • Liaise with local education and health authorities with RCP teams to ensure success • Document and share results
MOH	• Advocate and support implementation of RCP at HCFs • Provide guidance in ensuring RCP implementation at facilities align with guidelines and policies • Document and share results
Parents/ caregivers	• Provide safe, enabling environments for AYLHIV • Support adherence, care, and treatment for AYLHIV • Support provision of school-based adherence interventions (disclosure to school leadership, pill boxes, appointment keeping)
AYLHIV	• Provide a client perspective on services and activities experiences • Provide insight and ideas for designing RCP interventions • Support peers and provide meaningful feedback to the RCP team

AY Peer Navigators: Key Responsibilities

Strengthen navigations and bidirectional referrals

- Facilitate linkages between community and clinical programs
- Support bidirectional referrals — in person linkage to referrals when possible
- Support navigation of VIP express services for RCP clients

Support and uphold supportive, responsive environments

- Provide feedback to HCW on quality of services
- Facilitate access to client RCP surveys for feedback on service provision
- Conduct activities in the community and schools to support developing enabling environments
- Work with community leadership to sensitize them on the importance of supporting AYLHIV
- Support implementation of stigma-reduction activites in schools and in the community

Empower AYLHIV clients and foster self-management skills

- Provide adherence support
- Build self-management skills for adherence, treatment management, viral load of AYLHIV clients
- Conduct home visits or follow-up calls to support retention in care

Support provision of quality VIP express services

- Man the VIP express Desk
- Provide VIP express cards and VIP navigational support for clients
- Support with reporting and quality assurance
- Co-facilittate PSS sessions

Working with multi-sectoral collaboration

As the RCP is a multi-faceted package of services, the engagement and cooperation of multi-sectoral parties is crucial and involves various stakeholders such as government, civil society, educators, AYLHIV, families, and healthcare providers.

The benefit of this engagement and cooperation is the ability to leverage expertise and resources to support and facilitate progress towards a shared RCP goal.

For example, multi-sector collaboration to enhance bi-directional school-health facility engagement

through existing structures, guidelines, and policies at the national and county level is essential to ensuring a solid foundation for cooperation and implementation.

These relationships can be cultivated over time to develop a platform for learning and sharing of information and knowledge.

Meaningful adolescent and youth engagement

As AY are engaged in various capacities through the life of RCP, it is important to understand what it exactly means to engage AY in a "meaningful" way.

Meaningful youth engagement is defined as the intentional partnership, inclusion, and involvement of adolescents and youth in the design, development, and evaluation of project activities.

This means that the power is shared and respective contributions are valued so that young people are treated as equal partners and leaders, rather than being viewed as passive beneficiaries.

Examples of meaningfully engaging AY include:

- Youth representative on boards or technical committees
- Youth employed as advisors or consultants
- Youth cadres implementing and evaluating project activities

By having AY input and collaboration on project activities that are targeting AYLHIV, the quality and efficacy of the activities can improve along with the intended outcomes of these activities.

Tips for Adults Working with Youth

- Be open and non-judgmental
- Let them know their involvement and opinions are important and will be taken seriously
- Keep involvement meaningful
- Actively ask for opinions
- Do not make assumptions about what young people are "like" or "know"
- Develop trust and rapport with young people or beneficiaries and try to have fun
- Remember youth are individuals—each will have their own view that may or may not be representative of an entire population

ADAPTING TO LOCAL CONTEXT

Stakeholder choices and engagement of stakeholders will vary based on context. The process of engagement and the types of stakeholders involved throughout the process should be informed by and aligned with national and county guidelines.

ASSOCIATED TOOLS

The following associated tools with this resource are meant to supplement the content in this package outline and to align with national guidelines. These tools include:

- Facility checklist
- School checklist
- School Register
- SOPs

Photo: Eric Bond/EGPAF, 2019

RED CARPET PROGRAM – STANDARD OPERATING PROCEDURES PACKAGE

INTRODUCTION

This Red Carpet Program (RCP) Standard Operating Procedures (SOP) Package is a collection of SOP designed to complement the RCP guides and substantiate guidance across care and treatment for adolescents and youth living with HIV (AYLHIV) in the RCP at the facility and the community, including schools.

CONTENTS

DEFINING THE RED CARPET RESPONSE TEAM

The RCP Rapid Response team is a multi-disciplinary team consisting of the following different professional and lay cadres who work in collaboration to support AYLHIV clients and optimize their care in the RCP:

- Clinician(s)
- Nurse(s)
- Adolescent and youth (AY) peer navigator
- Other staff as available
  - Social worker(s)
  - Psychologist(s)
  - Counselor(s)

Health care workers (HCWs) and AY peer navigators have different but complementary roles in supporting AYLHIV across the care and treatment cascade at the facility and in the community.

Health Care Workers (HCWs)	AY Peer Navigators
Clinical scope • Treatment optimization • Clinical/laboratory examinations • Medication education and treatment literacy • Completion of documentation of clinical outcomes and health service delivery • Disclosure and adherence support • Referral to other subsidiary services • Support and supervision role – lay, peer cadres	**Facility and health system navigation support** • Linkage and navigation to appointments and referrals • Physical escorting of the clients when possible • Enrolment in RCP register for newly identified AYLHIV **An all-around source of support in VIP care and treatment for AYLHIV** • Manning VIP express desk • Issuing VIP cards • Follow-up with clients after initiation and with any missed appointments – phone, home visits **Peer-to-peer support** • Disclosure support • Adherence support – life, school • Treatment planning for home/school • Prevention – safe sex practices

STANDARDS IN PROVIDING VIP EXPRESS CARE TO AYLHIV

These VIP standards are designed to allow and support standardized quality RCP service implementation by the RCP response team and other providers. The SOPs in this package are intended to guide implementation of the RCP in line with the standards listed below.

Standards

1. AYLHIV VIP clients are warmly greeted at every encounter, ensuring they are addressed by their name, as well as asked how they are doing and if they need or would like any other support.
2. AYLHIV VIP clients present their VIP card and receive expedited, express services when attending the clinic for a visit—waiting time should be minimized.
3. VIP RCP services are provided in a non-judgmental, respectful, youth-friendly manner.
4. VIP RCP services are available during convenient times for AYLHIV clients, as feasible, who were consulted throughout the planning process.
5. Provision of services is confidential and privacy is emphasized and prioritized by ensuring lay and professional cadres fully respect, implement, and maintain private and confidential dialogues and conversations structurally and in practice with AYLHIV clients.
6. Feedback and opinions of AYLHIV clients are sought regularly via surveys or dialogues and are valued. This can take the form of an AY facility committee, RCP client survey, or other feedback mechanisms to inform and improve the quality and elements of activities implemented.
7. Youth RCP cadres (AY peer navigators, etc.) receive optimal support (financial and material) to ensure the successful implementation of their responsibilities in an enabling and safe environment. Support can include provisions for airtime, transport, and additional capacity-building opportunities.

Photo: Eric Bond/EGPAF, 2017

SOP 1: ENROLLMENT AND LINKAGE OF AYLHIV INTO CARE AT FIRST ENCOUNTER

ENROLMENT/LINKAGE/REFERRAL – FIRST ENCOUNTER

Purpose

To guide the RCP team charged with linking newly-identified AYLHIV during their first clinical visit to enrollment in care and RCP services. This SOP further illustrates steps in the provision of RCP services.

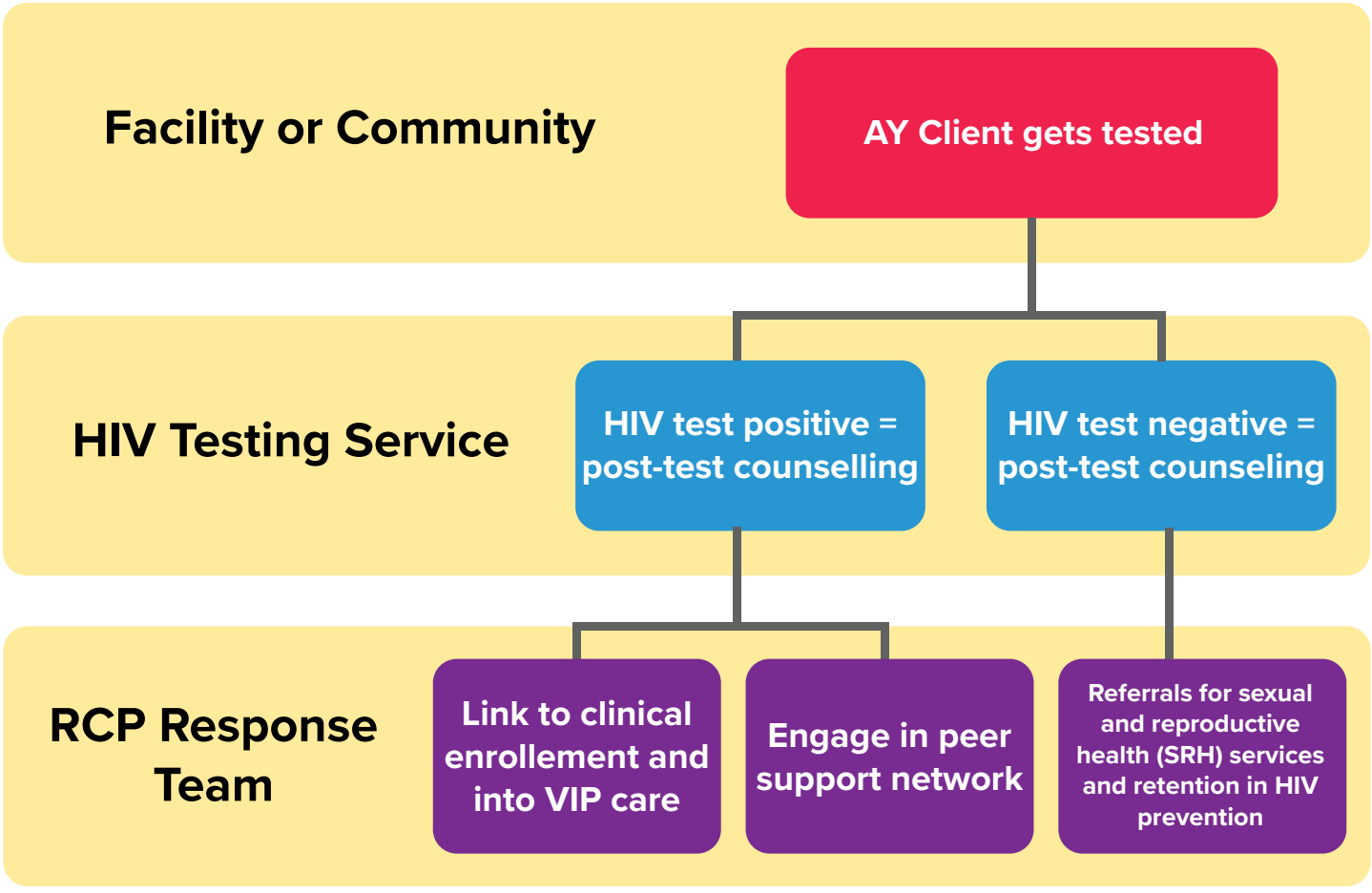
The SOP will ensure a positive enrollment process for long-term retention in care and will also facilitate the sharing of information across settings and providers.

Scope

This SOP will be used by the RCP team at facilities who are responsible for linkage and enrollment of AYLHIV clients into care (HIV testing counselor, nurse, social worker, AY peer navigators).

Algorithm

Following a positive HIV test, AYLHIV will receive initial counseling and be initiated and linked to VIP care. When possible, enrollment into care needs to take place or be arranged the same day. AYLHIV who are not newly identified can also be enrolled in VIP services in follow-up appointments.



Procedure

1. The AY peer navigator will be based at the facility near the HIV testing point or the VIP express desk. The peer navigators will work closely with the HIV testing service (HTS) providers to identify AY clients who test positive and are 10-24 years old.
2. The HTS provider will connect the AY peer navigator with the newly identified HIV-positive AY after post-test counseling by the HTS provider.
3. The AY peer navigators will introduce themselves to the adolescent/youth (and/or caregiver) and explain the next steps, reassuring them of provided support from this point on.

Activities for the HCW/AY peer navigator:

1. Introduce yourself and your role in the process of care, treatment, and service linkages.
2. Explain the basics of HIV and the perspective of living positively.
3. Ask the client about their feelings and reassure them that there is a dedicated team to support them with any of their needs. Reinforce positive messages.
4. Escort the client (newly identified ALHIV) to the HIV clinic.
5. Inform the newly identified client about the services provided at the HIV clinic.
    a. Provide an overview of available services: HIV testing, ART clinic for treatment support and treatment monitoring, counseling services, laboratory services, psychosocial support (PSS) groups, peer support.
6. Ensure the newly identified AYLHIV is enrolled in HIV care and the RCP program on the same day of test results when possible. If for some reason it is not possible, schedule an appointment for the new client within seven days and make sure he/she attends it via the shared contact information in the following steps.
    a. Documentation of enrolment can be recorded in the HIV care or RCP register. Make sure to document any reasons for non-enrolment as well.
7. Once the client has accepted enrolment, document the client's details (including telephone number and home address) and fill in the entry point column in the facility or RCP register. If not already included, document the following when possible: [if unable to at the initial visit, these can be documented at subsequent visits]
    a. Home environment
    b. School status and name of the school
    c. Client's level of understanding of HIV and treatment
    d. Initial concerns or worries that counseling needs to address
    e. Interest and willingness to join peer support groups or online networks
8. Request consent for home visits by a peer navigator in case it is required for follow-up.
    a. If verbal consent is obtained, collect and document contact information.

9. Collect additional contact details from the newly identified AYLHIV. The information can also be received from the caregiver if present. [clinician, HCW]
    a. Telephone, address, etc.
10. Confirm caregiver's contact details (name, phone number/s, relationship to the patient). Use their national ID number where appropriate. [clinician, HCW]
    a. Call/text the phone number given to ensure it goes through.
11. If appropriate, identify a substitute caregiver and make sure the caregiver understands the role of a substitute (responsible for administering medications and/or bringing the adolescent to the clinic if the main caregiver is unavailable). [clinician, HCW]

    All contact information should be combined and stored in one location, such as the client's file
12. Retrieve the next VIP express card from the list and issue it to the newly identified ALHIV. This card should contain the client's name, age, HIV clinic ID number, and date of enrolment to HIV care. [AY peer navigator]
    a. Explain the VIP card to the client and caregiver and its aim to provide easy-to-access, fast, and friendly care anytime the client comes to the facility
13. Complete the VIP express card log to include the AYLHIV name, the VIP Express Card number, and the Pre-ART number that has been issued. [AY peer navigator]
14. Give the adolescent/youth the VIP express card with all the details filled in and explain the importance of bringing it to the clinic when they come. Inform the client what to do and where to call/go if the card is lost.
15. Send client to an RCP provider which could be a clinician or nurse for:
    a. Complete clinical exam, including WHO staging, with anthropometric measurements (weight, height, mid-upper arm circumference)
    b. Screen for sexual activity, violence, pregnancy, and sexually transmitted infections (STIs) for clients file
    c. Screen for TB
    d. Screen for gender-based violence (GBV), mental health
    e. Start treatment/prophylaxis for any opportunistic infection
16. Answer any questions or clarify concerns the client or caregiver may have. Clarify expectations around treatment management and adherence. [clinician, HCW]
    a. Discuss adherence and prepare the client to begin treatment. Develop a plan for adherence including adherence tips. Ask the client about any concerns or questions (for example, could include pill swallowing or stigma-related concerns)
17. Ensure client's baseline laboratory and radiology investigations are conducted, depending on the local standard of care procedures

a. Explain in easy-to-understand, nontechnical language the reasons for these additional tests and answer any questions or concerns the client or caregiver may have

18. Set up the client's next appointment, fill in the appointment register as well as the patient's appointment card, and remind the client to use the VIP card upon arrival.
19. Ensure linkage to peer support, home visits, and any other referrals* recommended by the HCW.
20. Before the newly identified AYLHIV exits the clinic, ensure they know the reliable way to contact the AY peer navigator and the health care facility.
21. The peer navigators should inform the newly identified AYLHIV that they will receive a home visit or a telephone call from a peer navigator to check in on how they are progressing and answer any questions they may have.
22. The peer navigators should plan to make at least one home visit and/or phone call/SMS text to the AYLHIV (or caregiver) before the next clinic appointment. Record the scheduled visit in the register.

***Services for Referral:**

The AY peer navigator and HCWs will refer AYLHIV for additional psychosocial support, nutrition support, social welfare, family planning (FP) services, antenatal care services for pregnant females, risk reduction, and other health services based on need within the health facility. Before each referral, a referral form should be completed including any client information and reasons for the referral. The form should also include space for feedback to track outcomes of referral.

Where possible, the AYLHIV client should be accompanied to the next service, handed to the responsible staff, and enrolled/receive needed services on the same day of referral (the peer navigators are responsible for physically accompanying clients when possible).

All referral outcomes should be documented in the client records and registers.

Resources

- Health facility referral form
- Locator/contact forms
- Red Carpet VIP card
- Client file
- Facility register – ART, appointment
- Baseline lab investigation request forms
- WHO staging charts, screening forms (TB, GBV, STIs, mental health)
- Condoms

SOP 2: SUPPORTING TREATMENT ADHERENCE

Purpose

To guide the RCP teams and other health care workers (HCWs, counselors, clinicians, social workers), including AY peer navigators, at adolescent HIV clinics providing RCP services to support adherence and treatment success for AYLHIV clients and caregivers.

Scope

This SOP will be used by the RCP teams who support treatment management and treatment adherence of AYLHIV clients receiving care at the HIV clinics. This SOP will be used for all AYLHIV in care starting ART to provide ongoing support to bolster adherence, particularly those with poor outcomes.

Adherence Support

1. Adherence support in the clinic or other clinical services

    a. Review the facility register/client files to identify any AYLHIV clients with adherence challenges (low viral load, poor retention, low PSS attendance) before the clinic day [RCP team]

    b. Flag/identify clients that need additional adherence support at their next visit and in between (stickers, markers, separate pile) [RCP team]

For AYLHIV starting ART

2. Discuss and review the treatment the client will be taking. Explain any potential side effects and review the regimen and frequency. Discuss any concerns or clarifications needed from the client or caregiver.

    a. Explain the reasons for adherence in simple terms, and the goal of reaching viral suppression and what that means. **Sometimes using visuals to explain concepts can be helpful. A few examples are shown on the next page.*

    b. Discuss any anticipated challenges or things that would make it challenging to take their medication every day at the same time. Share any tips for adherence (see box on next page – youth advice on self-management)

    c. Clarify what to do if the client forgets to take their medication, has any side effects, and needs medical care, as well as what do to/how often to come for refills. Make sure the client/caregiver has contact information for the facility and/or provider as well as for the AY peer navigator

    d. Empower the client to take responsibility in their care (SOP 3)

    e. Confirm/invite clients to attend PSS groups for additional peer support

3. Develop an individualized treatment plan to meet the schedule and needs of the client and caregiver. Take into account their home, school, family context.

    a. Annex 2 – treatment success plans for clients and caregivers

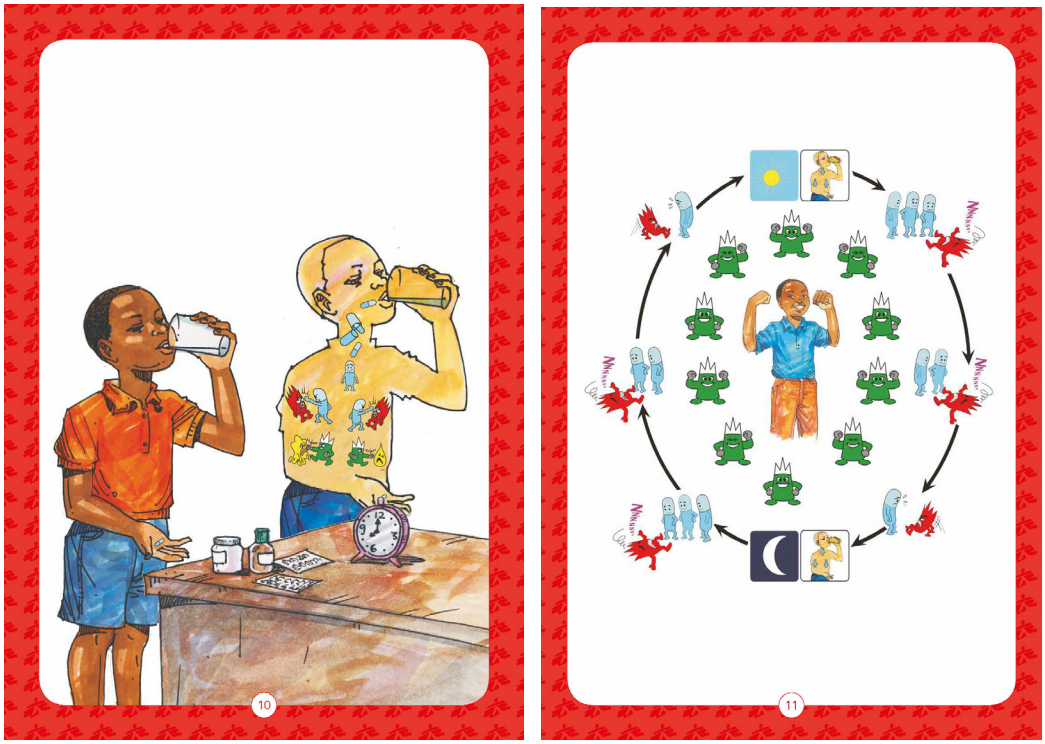
For all AYLHIV clients, especially those experiencing challenges with adherence

4. For AYLHIV clients (and caregivers) who have confirmed adherence challenges and/or elevated viral load: set aside time at their next appointment for peer navigation support (in person or virtually). **Regardless of documented adherence challenges or an un-suppressed viral load, it is important to discuss how clients feel about their adherence and to plan for any changes in their adherence schedule based on life changes, transitions, and preferences.*

    a. Review the need for taking medications regularly – emphasizing that they make you strong and feel better. Using the following visuals can help younger clients to see pills in a different, positive way. For example:

        i. Draw pills with muscles to help you stay healthy

        ii. Show pills as warriors, soldier protecting your body – day and night[1]



1 MSF, 2017. Child & Adolescent flipchart for HIV Testing, Disclosure & Adherence Counselling. https://samumsf.org/sites/default/files/2017-10/MSF_CHILDREN_HIV_flip_chart_A3_EN%20FINAL_180917.pdf

b. For older adolescents – focus on framing adherence as a way to help the AY to reach their life dreams

   i. *Activities can include peer testimonials or cartoons which could be useful to facilitate productive conversations*

   ii. *Online cartoon development via Avert comic creator can be used to create unique cartoons about various topics*[2]

   iii. *Hopes and Dreams worksheets (available in the Annex) for support groups or for individual counselling sessions can help AY think more about what they aspire to do in life and focus on how creating an adherence plan can support that*

c. Talk about things that may make it difficult to take pills at the same time every day, which could include:

   i. *Home: lack of disclosure to family, lack of food – makes stomach upset, no way to tell time, now living with a different caregiver*

   ii. *School: class schedule, status is a secret, HIV is stigmatized at the school by teachers/students, no safe space to store medication, changing schools*

   iii. *Other: pills make you feel sick or other side effects, do not want to take pills in front of peers or a partner, feeling anxious or depressed emotions, fear of disclosure to a partner*

   iv. *Pregnancy: stigma, non-disclosure to a partner/spouse*

2 Avert Young Positive Voices Online Cartoon Creator - https://comic.avert.org/ - Cartoon displayed titled *The Immortal* created by Committee of African Youth Advisor members from Cameroon

v. *Employment: non-disclosure to a boss or supervisor and fear of accidental disclosure, not able to miss work for refills*

d. Develop a personal, treatment plan with the client (and caregiver)

i. *A sample treatment plan worksheet is in Annex 2*

ii. *A caregiver specific treatment supporter worksheet is also available in Annex 2*

5. For certain clients experiencing non-adherence and who are non-suppressed, depending on national guidelines, referral to enhanced adherence counseling sessions will need to be made.

6. Connect clients with peers to discuss shared experiences, challenges, advice around adherence, reducing treatment fatigue in PSS and other settings.

i. *Invite/link AY clients to PSS groups at the facility or community*

For All AYLHIV Clients

It is important to be aware of the language used when discussing adherence with AYLHIV clients–see the box below outlining the do's and don'ts of discussing adherence with AYLHIV clients. Document adherence counseling activities in the client's file and any other referrals/activities.

Do's and Don'ts of discussing adherence with AYLHIV Clients

Do's	Don'ts

• Friendly inquire as to how the AYLHIV client is doing and listen to what they have to say
• Use positive and empowering language
• Make sure they know they are not alone
• Review the benefits of adherence in a way that is relevant to them. Emphasize:
  • Healthy weight
  • Clear healthy-looking skin and hair
  • Physical growth
  • Ability to live a normal life = being able to focus on their life goals
  • Being able to spend less time coming to the clinic and with providers
• Explain that current regimens have to be taken daily *until a better option is available*.
• Associate ART with strength — *ARVs make you powerful.*
• Achieve treatment goals to put HIV to rest — *ART makes you feel good.*
	• Ask closed-ended questions such as, "Are you adhering like a good client?"
	• Shame non-adherence
	• Make clients feel bad
	• Repeat adherence over and over
	• Negative and blaming language or emphasizing the negative consequences of non-adherence like: "if you avoid taking your ARVs you will die"
	• For caregivers:
	  • Physically or emotionally beating your child for non-adherence
	  • Make taking their medicine a fight

YOUTH ADVICE: TIPS FOR HIV SELF-MANAGEMENT

- Use alarms/watches to remind you to take your medications.
- Use pillboxes to carry meds in your bag.
- Take your medication as prescribed by your doctors.
- Attend your appointments and viral load testing as scheduled.
- Attend support group meetings to meet with your peers.
- Find a routine that works for you and your schedule.
- Be proud of who you are and accept the things you can't change.
- Know that self-management is not easy, and you will forget or skip taking your medication. That's OK, but make sure you keep going.

– EGPAF Committee of African Youth Advisors (CAYA)

Photo: Eric Bond/EGPAF, 2017

SOP 3: CLIENT EMPOWERMENT – BUILDING RESILIENCE AND RESPONSIBILITY OF CARE

Purpose

To guide AY peer navigators and RCP response team on empowering AYLHIV clients to be resilient in their care.

Scope

This SOP will be used by the RCP response teams who support treatment management and adherence of AYLHIV clients receiving care at the HIV clinics. This SOP will be used throughout the cascade of care, particularly during initiation of treatment for newly identified clients and for clients experiencing challenges with adherence to empower and build skills around resilience and self-management.

Procedure

1. Review the facility register/client files to identify any AYLHIV clients that show adherence challenges (high viral load, poor retention, low PSS attendance)
2. Flag/identify clients who need additional adherence support at their next visit and in between (stickers, markers, separate pile)
3. Welcome the AYLHIV (and caregiver) at the next appointment. Start by asking general questions about life, school, and any significant events since the last visit.
4. Ask the AYLHIV how they are doing. Be engaging, listen to what they would like to share.
    a. Use friendly, positive greetings – smile!
    b. Let clients know it is safe to talk about anything they would like to share, which could include things they are having difficulties with, things that have been hard, personal successes, etc.

Positive greetings

- It's great to see you!
- It's awesome to catch up again!
- Hello friend! Long time no see. How's it going?
- So happy to see you, how are things?

5. Discuss the client's and caregiver's treatment plan, review worksheets if completed, otherwise complete them.
    a. Set short and long term goals while emphasizing existing support available from peers and providers. Maintain positive, encouraging language, and focus on reaching goals – personal and clinical. Goal setting can include timelines of one month, six months,

one year, five years. Questions posed can include: What goals can you set for yourself (concerning those outlines in their plan) to achieve in one month, six months, and one year from now?

6. Discuss how clients (and caregivers are feeling about treatment, ask if they experience any stigma.
    a. Support acceptance of status with motivating, encouraging language. Bring examples of people living well with HIV
    b. Complete the *Living Positively: Realizing My Hopes and Dreams* worksheet in Annex 1
7. Ask whether the young client has any other questions or if it would be helpful to discuss anything around HIV, treatment, clinical care, etc.

Advice About Accepting One's Status from ALHIV on EGPAF's Committee of African Youth Advisors (CAYA)

Positive, reinforcing language to support acceptance of status:

- You are not alone.
- You can live a full and health life. HIV does not limit your potential.
- HIV does not define who you are.
- There are people (like me) who are here to support you in anything that you need and to help you reach your goals.
- Many people in the world live with chronic health conditions including HIV and do great
- Many people in the world take daily medicines like you do

8. If undisclosed, support disclosure with caregivers to clients or from client to caregiver or partner
    a. Disclosure Toolkit (tool) https://www.pedaids.org/wp-content/uploads/2019/01/NewHorizonsDisclosureToolkit_FINAL.pdf
9. Link to PSS if not yet participating. If needed, explain the benefits and encourage the caregiver to support the adolescent to participate.
    a. Link the caregiver to a caregiver support group if possible.
10. Explore any additional concerns, questions, and challenges and address them appropriately.
11. Document activities in the client's file as well as any other referrals that were made.

Photo: Eric Bond/EGPAF, 2017

SOP 4: FIRST VIRAL LOAD AND SUBSEQUENT DISCUSSION WITH AYLHIV

Purpose

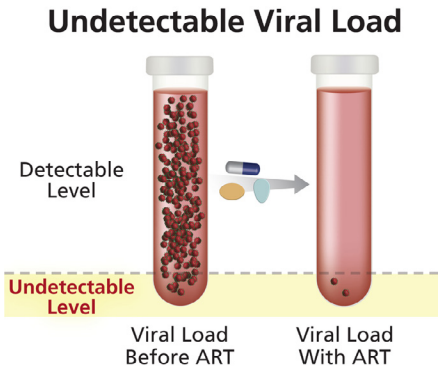
To guide the RCP response team around the discussion of the first viral load test with AYLHIV clients and subsequent follow-up.

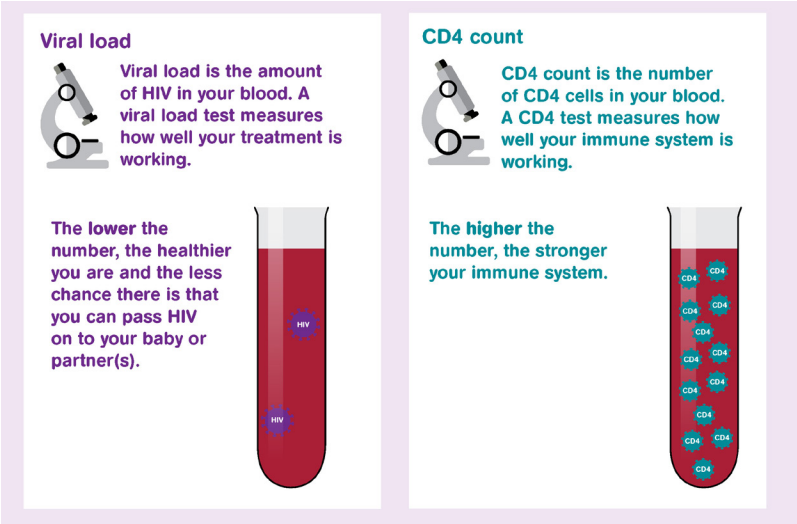
Scope

This SOP will be used by the RCP teams who support clinical monitoring of AYLHIV clients receiving care at the HIV clinics. This SOP will be used at the initial assessment of viral load and following receipt of results of the viral load test, the first which occurs the first six months after ART initiation and every 12 months thereafter if the client is suppressed, or as defined in the national guidelines. The clients with high viral loads are usually engaged in enhanced adherence counseling and repeat their viral load test at three to six months following adherence counseling.

Procedures

1. Greet the AYLHIV client and caregiver in a friendly and positive way – Smile! Ask them how they are doing and how things are going.
    a. The client may attend with a caregiver, partner, or another treatment supporter – take that into account if it impacts the way things are explained. If a new person is accompanying the client, ask whether that person knows the client's status before proceeding with any discussions.
2. Explain to the client and caregiver that the purpose of this meeting is to learn/understand more about their test results, viral load, and viral load testing.
    a. Using visuals can help to explain the concept[3,4]
    b. Explain what the viral load test is, why it is done, and how often it is conducted.
    c. Put viral load testing and reaching/sustaining suppression in the context of client life goals and explain how it is linked to daily ART





3 GNP+, 2016. Positive health, dignity and prevention for women and their babies. https://www.gnpplus.net/resources/positive-health-dignity-and-prevention-for-women-and-their-babies/

4 AIDSinfo. Undetectable Viral Load. https://aidsinfo.nih.gov/understanding-hiv-aids/glossary/876/undetectable-viral-load

Language framing viral load suppression

- Staying committed to your treatment goals will help you reach your treatment goal and stay virally suppressed
- Reaching viral suppression is a great goal and can help you be healthy and feel good so you can focus on living your life
- Reaching viral suppression also means you cannot infect others; have you heard of U=U? Undetectable = Untransmittable
- Less virus in your blood means there will be less inflammation and less of a response in your body – this means you will feel better and remain healthy
- Becoming virally suppressed would also make it possible to have easier ways to get care—access to fast-track services so you would not have to come to the facility often and can just take care of yourself
- Sometimes there are other factors that can cause you to not to be virally suppressed, like treatment resistance when the ARVs do not work, so you might need to change your medicines

   d. Empower the client through positive examples and trust in their capacity to adhere

   e. Avoid judging the AYLHIV or making grim predictions for the future

   f. Ask clients to confirm their understanding of viral load testing and the need to adherent to ART

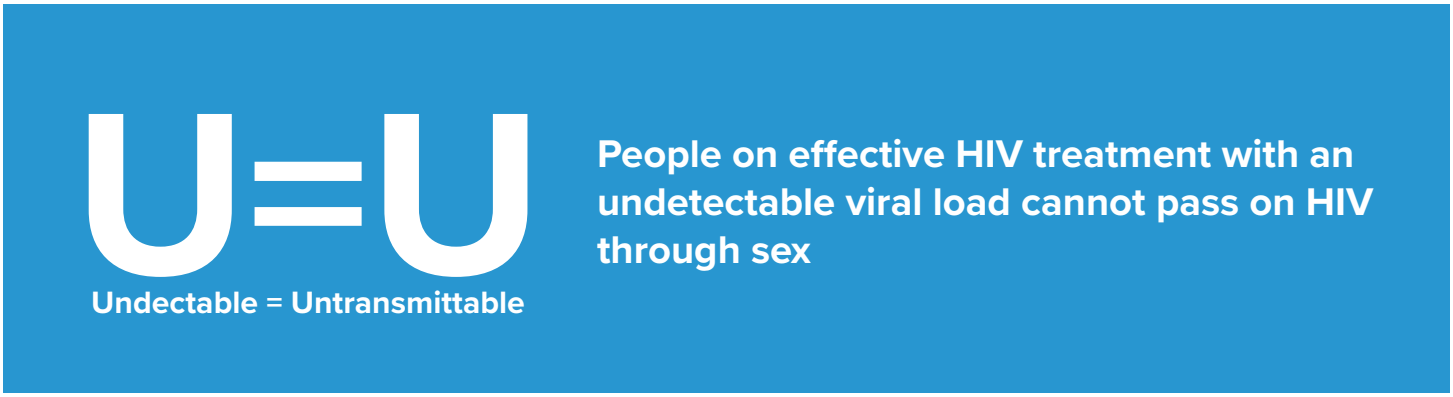
   g. Answer any questions or concerns the client (and caregiver) may have

3. Direct the client (and caregiver) to the laboratory when needed.

   a. Physically escort the client to the lab or another service point when possible.

4. Set up and record follow-up appointments for the client (and caregiver) to return for laboratory results if test results cannot be obtained on the same day.

5. Once the results are available, they should be recorded and placed in the client's file and the decision should be made about the next steps in client care



6. At the follow-up appointment, discuss the results of the viral load test. Explain the results and denote action items to take based on the client's results and provide any needed support.
7. Prepare the client for enhanced adherence counseling if they have an unsuppressed viral load, guided by national guidelines.

Additional treatment literacy notes for AY clients:

- **You have rights...**
  - To confidentiality and privacy
  - To non-discriminatory treatment and service provision
  - To care that is accessible and high-quality
  - To safe care without any forms of violence
  - To access correct, unbiased information about your health and care
  - To seek FP services
  - To have a child and access prevention of mother-to-child transmission (PMTCT) of HIV services
  - Access ART and care

- **You have responsibilities...**
  - To pick up and take your medication regularly
  - To come to the clinic for your appointments regularly
  - To follow health care worker recommendations
  - To go to the laboratory for blood testing
  - To attend PSS when agree to participate

- **Be active in your care...**
  - Come to the clinic as scheduled or reschedule your visit if you cannot make your appointment
  - Come to the clinic prepared–know your medications, be ready to discuss challenges, ask questions, if you do not understand something
  - Be honest with your provider about how you are feeling and any changes/challenges you are experiencing
  - Provide honest feedback on surveys about the quality of care provided at the clinic
  - Take ownership of your health
  - Ask for support disclosing HIV status

SOP 5: RE-ENGAGEMENT IN CARE FOR AYLHIV LOST IN CARE

Purpose

To guide the RCP response team on how to identify, trace, and re-engage AYLHIV clients back to care who have missed appointments.

Scope

This SOP will be used by RCP teams at facilities where AYLHIV are in care and focuses on clients who have missed appointments to ensure appropriate re-engagement in care. Appointment attendance or non-attendance should be tracked, monitored, and documented for every client in care in the facility or RCP register.

Procedures

1. All AYLHIV booked for any HIV clinic appointment should be recorded in the appointment diary/register. Information should include the date of the appointment and the service they are booked for.
2. AY peer navigators should send a reminder – either by phone call, SMS text – to the AY clients with appointments the following day.
3. On the clinic day, AY peer navigators should:
    a. Review the HIV clinic appointment diary/register to identify the AYLHIV who attended the clinic on that day as well as those who missed their appointments.
    b. Make a list (names and clinic numbers) of those who have been lost in care.
    c. Document in a client follow-up register the missed appointments, if applicable
    d. Plan follow-up home/virtual/phone contacts and carry out client follow up.
    e. Key to successful phone follow-ups include:
        i. Listening to client challenges and documenting in the file or follow-up form
        ii. Identifying ways of motivating the client, for example, saying “we’ve really missed you, my friend.”
        iii. Helping set up the next appointment that works with their schedule and time frame
        iv. Rebook the clients with an appointment based on an agreed-upon next visit
        v. Consider a local meet up at a community ART refill or referral for an additional home visit if the missed appointment cannot be rescheduled in a reasonable timeframe (preferable within one-two weeks)

AY peer navigators who follow-up with clients need to:

1. Contact (call, SMS) the AYLHIV who missed the appointments or contact the caregiver and find out why they did not come to the clinic.
2. If after the contact the client comes back to care within one to two weeks, continue with **care.**

3. If contact was not possible, plan for a home visit if they do not come to the clinic within one week to two weeks of the missed appointment (their address should be documented in their file).
4. Based on the client and location, choose the best method to trace (on foot, motorbike, or vehicle).
5. Update the follow-up register and document the findings after the call, clinic, or home visit.
6. Document the outcome in a defaulter tracing register.

Tools

- Patient contact information – client files
- Client follow-up documentation form
- Appointment register/diary

Photo: Eric Bond/EGPAF, 2017

SOP 6: SUPPORT FOR SCHOOL-GOING AYLHIV CLIENTS

Purpose

To guide the RCP response team at the facility providing RCP services on supporting care and treatment for school-going AYLHIV clients and their caregivers.

Scope

This SOP will be used by the RCP teams who support the care and treatment of AYLHIV clients receiving care at the HIV clinics while also attending school. This SOP will be used to support clients attending school to ensure access and engagement in their care to reach and sustain treatment success.

Procedures

1. Review whether the school status of the AYLHIV client is documented in the facility or RCP register at every visit.
    a. If not, ask the client and caregiver to share information on the type and level of school the client attends and document it in their file.
    b. At subsequent appointments for AYLHIV and caregivers, review any update or changes to school information.
2. If the client is getting ready to enter into school or changing schools or levels, review the tables below for additional information for the caregivers and clients in preparation.
3. In PSS meetings – adherence planning in schools and finding what fits for individuals should be a topic discussed with peers.

Photo: Eric Bond/EGPAF, 2017

Steps to supporting HIV care for CAYHLIV in school settings[5]

School Setting	Before Entering	While in School	During School Holidays
Day Schools	• Discuss decisions concerning disclosure in school settings with caregivers and AYLHIV • Review the school timetable, policies, and possible support options • Identify a suitable time to take ARVs as prescribed (once or more/day) • Adjust dose timing to the school schedule • Consider transferring AYLHIV to a local facility if more convenient for client/ family for things like refills (especially if monthly visits are required), this will reduce missed class time.	• If AYLHIV take their ARVs at school, school official needs to become involved/ arrange for storing ARVs and scheduling to take them as prescribed. • Continue discussions concerning disclosure in school settings. • Identify a "treatment buddy" to confidentially support adherence at school when feasible.	• AYLHIV might prefer to be engaged with clinic care and peer support during breaks. • Maintain ARVs schedules during holidays.
Boarding Schools	Compared to day schools, boarding schools have different policies on chronic illnesses, storage of medicine, and pill disbursement on school property. The caregivers/parents need to understand in advance how the school will keep HIV information confidential. Providers need to work with families or ALHIV who have not disclosed their HIV status to families, to support the planning of their medical care while attending school. Confidentiality of student's health information is critical in any school setting. Storage of ARVs and daily confidential access to taking them are of crucial importance as well as managing refills and care appointments. Careful planning is necessary before transitioning AYLHIV to boarding schools and might need to involve contacting school staff to advocate the needs of AYLHIV when feasible. Healthcare workers and support cadres can play an indispensable role in assisting with the transition to boarding schools and throughout the boarding school experience to AYLHIV and their families.		

5 EGPAF 2020. Adolescent and Youth Transition of Care Toolkit. https://www.pedaids.org/wp-content/uploads/2020/06/new-horizons-adolecent-toolkit-v3-interactive.pdf

Different elements of care at different education levels[5]

PRIMARY	SECONDARY	TERTIARY
• Support of parents/ caregivers and family remains critical. • Disclosure status usually evolves from partial to full. • ART adherence is dependent on caregiver schedule and frequently requires support from school staff. • Fear of accidental disclosure and stigma.	• AYLHIV newly diagnosed and enrolled on ART need additional psychosocial support and counseling to cope with their HIV status. • AYLHIV aware of their HIV status consider disclosure to others, including school staff, and receive appropriate support. • AYLHIV seek independence and have more responsibilities. • AYLHIV start experiencing higher levels of peer pressure.	• AYLHIV attending tertiary-level programs often choose to keep their HIV status private. • Tertiary schools are less likely to ask about HIV status in enrollment or provide HIV treatment. • Schools in urban centers may have more active clubs and clinics, with integrated reproductive health services. • Students need to investigate their options, along with the pros and cons of transferring care nearby. • At this level, students may benefit from online psychosocial support and peer interactions on media platforms like WhatsApp. Peer interactions can facilitate discussion about relationships and stress associated with school that may be amplified with HIV.

4. Discuss the client's and caregivers' care and treatment plan in light of their school level and experience, recognizing it will differ by type and level of school the AYLHIV is in. [peer navigator or counselor, ensuring communicate between cadres is maintained]

   Questions to ask clients:

   a. What is your current adherence plan? Do you think it works well?

      i. Are you able to store your medication in a safe, dry place while at school?

      ii. Is there any school-based support available? (Treatment storage, PSS group, ART refill group, etc.)

         1. If so – support utilization.

         2. If not – think of alternatives and work with the school.

   b. Are you able to access a facility or provider during school days?

   c. Have you disclosed your status to anyone at school? A teacher, counselor, friend?

      i. Would you like to?

ii. How can we best support you?

iii. Are there certain trusted people you are thinking about disclosing to at school? (support staff, treatment buddy, friend)

d. Have you identified a facility near your school for appointments, refills, or other needs?

i. If not – support identification of a facility

e. Do you participate in PSS groups at the facility near your school or in the community?

i. If not – support linkage to PSS enrollment

5. Decide when the next appointment will be and at which facility it will take place.

6. It is also important to discuss safe sex and other preventive practices – this can be peer-to-peer.

7. Address any other questions/concerns from the client and/or caregivers.

8. Monitor school performance. On subsequent visits ask the client and caregiver how they are doing in school.

a. Have their grades changed recently?

b. Discuss the reasons for changes in academic performance.

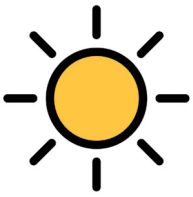
c. Assess substance use.

9. Document information in the client's file.

ANNEX 1

Living Positively: Realizing My Hopes and Dreams

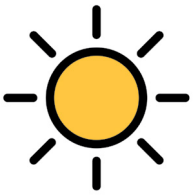
For AYLHIV clients to complete: Fill in the following table and list out and explain your hopes and dreams for your life.

	**My HOPES for my future:**
	**My DREAMS for the future:**
	**What CHALLENGES I might have in achieving my goals:**
	**Some ways I can REACH my goals:**
	**I will continue to GROW and develop in the following ways and areas:**

ANNEX 2

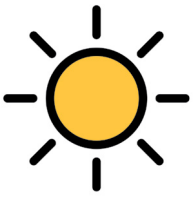
My Treatment Success Plan

For AYLHIV clients to complete: Fill in the following table and outline your treatment goals and a plan to achieve it.

	**My treatment goals are:**
	**These are the steps I will take to achieve my plan:**
	**I will get support for this plan and for myself by:**
	**I will overcome challenges by:**
	**I will know I am successful when:**

Being a Treatment Supporter

For treatment supports/caregivers: complete the table to outline you goals in supporting your child to reach their treatment goals.

	**My treatment supporter goals are:**
	**I will support my child to be successful in their treatment plan by:**
	**I will help my child overcome any challenges they face by:**
	**We will work towards my child's goals/dreams by:**
	**I will empower my child to be grow up AIDS free by:**

Red Carpet VIP cards

Official high-resolution Red Carpet VIP cards are avaiable for downloading and printing. There are two different color options: one with a yellow front and one with a purple front. The backside is the same on both designs.

Both options can be downloaded from the links below:

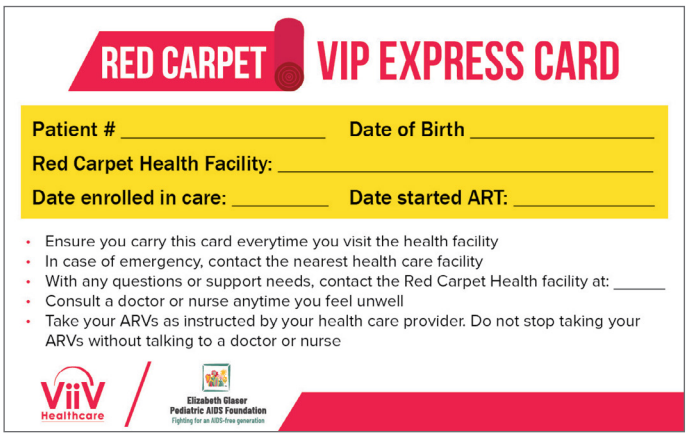
VIP Cards with yellow front: https://pedaidsorg.sharepoint.com/:b:/s/POSQI/EfXIhHKVaN5JpGSzEmqpL7YBNLAddns9YNVRXoQXQ2qNTQ?e=vhLiZv

VIP Cards with purple front: https://pedaidsorg.sharepoint.com/:b:/s/POSQI/EVMTsHIHifVFu0oIA5x3EwUBRCzzkOft4DRNFMea2Q6_qw?e=3Mqgjf

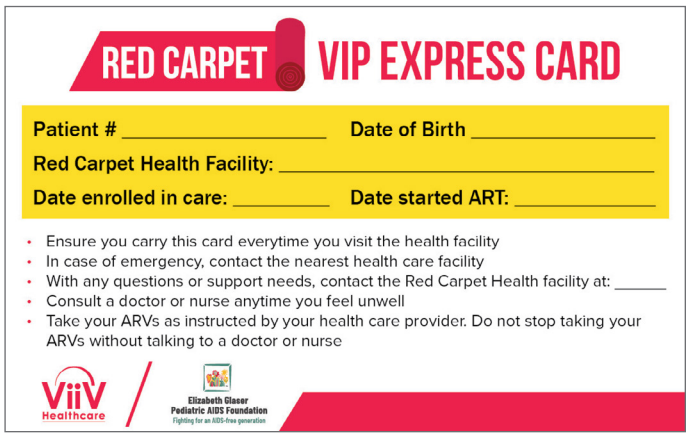
The final size of the cards should be 4 inches wide by 2.5 inches tall

The Red Carpet VIP card in yellow (front)

The Red Carpet VIP card in purple (front)



The Red Carpet VIP card (back)



The Red Carpet VIP card (back)

Red Carpet Certificates for Facilities and Schools

Official high-resolution Red Carpet certificates for RCP facilities and schools are also available to be downloaded and printed at the links below:

Certificate for Facilities: https://pedaidsorg.sharepoint.com/:b:/s/POSQI/EYHahnzdF-JPo4IAgNya9C0Bk_3kinLnVAZTvFBMgxhFtw?e=Vv6zDJ

Certificate for Schools: https://pedaidsorg.sharepoint.com/:b:/s/POSQI/EfMQr6UUiA9Jns_7Par1HzsBIfUsmj-f4ng2UBuIdK7vUg?e=HzIB4a

The final printed size of the certificates should be A4 (8.25 inches tall 11.75 inches wide).

The PDFs contain an editable field to allow the names of schools or facilities to be added.

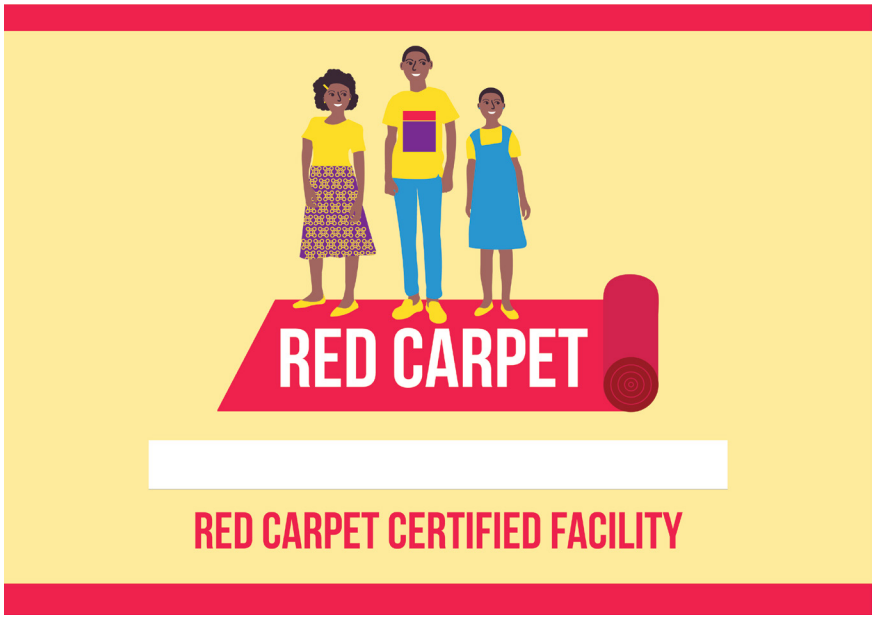


Photo: Eric Bond/EGPAF, 2019

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