



Implementing the Red
Carpet Program Tools for the
Linkage to and Retention in
Care of Adolescents and
Youth Living with HIV

Community and School Linkages: School Staff Training

Part Two



### **Review from Part One**

- Objectives of RCP responsive schools/communities
- First steps of setting up an RCP responsive school
  - Mapping school attendance by AYHLIV
  - Engaging relevant stakeholders
  - Identifying the RCP school team
  - Role and responsibilities of the RCP team
  - Assessing the school environment

Can someone provide a refresher on the objective of RCP responsive schools and community?

What steps were discussed in part 1?

## Review Steps 1-5

- Step 1 Mapping school attendance
- Step 2 Engaging relevant stakeholders
- Step 3 Identifying RCP school team
- Step 4 Training and sensitizing RCP teams
- Step 5 Assessing the school environment





## Step 6. Implement RCP Responsive Services at Schools

- ☐ Create a supportive environment for AYLHIV students
- ☐ Disclosure support of AYHLIV at school
- ☐ ART Storage at School
- ☐ Provision of PSS
- Stigma Reduction
- ☐ Linkage to health care facilities



# **Activity: Create a Supportive Environment for AYLHIV Students**

- How would you define a supportive environment for AYLHIV students at school?
- What are ways to facilitate creation of supportive environments?
- Who should be engaged in conversations around developing enabling, supportive environments?

Small group
discussions ->
after five minutes,
put together a
master list of ways
to create
supportive
enviornments





# **Create a Supportive Environment for AYLHIV Students**



- Collaborative process involving all the stakeholders including AY!
- Work planning involves bi-directional consultations between school staff (principal, management, and teachers)
- Supportive environments →
  - Positive, productive communication and education on HIV and AIDS by all school staff, parents, and peers
    - Health days, health clubs, student champions promote stigma-free communication among peers
  - Environment promoting stigma-free atmosphere
    - Ensuring accurate information is provided, accessible school-wide; antidiscrimination/anti-stigma policies and implementation; promoting positive living
  - Ensuring accessibility to services, treatment, and care for AYLHIV

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## Disclosure Support of AYLHIV at School



- Disclosure of HIV status is a personal decision for AYLHIV and their caregivers, but it can be supported by HCWs, school staff, peers
- Disclosing HIV status at school can be beneficial in gaining additional support for adherence and retention in care



## Disclosure Support of AYLHIV at School

- School staff (trained/sensitized teachers, school-based health care workers) can be trusted resources for students living with HIV throughout the disclosure process
- Once disclosed, school staff can support:
  - Adherence—directly observed therapy (DOT) or direct witness ingestion (DWI)
  - Confidential medication storage
  - Facilitating and attending medical appointments at HCFS and for PSS
- School staff collaborate with facility based HCW (linked facilities) to arrange DOT

Indication for DOT (directly observed therapy or DWI direct witness ingestion) for AYLHIV include:

- Additional treatment of an opportunistic infection
- 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)
- 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**

An identified focal person is selected to oversee the ARV storage at school; their responsibilities include:

- Allocate 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)
- Ensure confidentiality during storage and access to medications is maintained
- Make sure the storage space is accessible to learners living with HIV (LLHIV) as needed
- Keep track of remaining medications to avoid stock-outs
- Facilitate refills at the linked health facility if the ARVs run low before school holidays
- Keep 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
- Facilitate routine adherence monitoring by ensuring the AYLHIV is taking the medicines as prescribed
- Link with the health care facility (HCF) in case of any treatment or clinical concerns



## **Provision of Psychosocial support (PSS)**

- PSS is a critical part of AYLHIV care
- PSS groups could be at HCFs or schools
- School staff should play a supportive role in facilitating the attendance of LLHIV to PSS activities including outside PSS groups outside

#### For school-based PPS: ☐ A min of two to three AYLHIV in the school 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/caregiver, when possible, to ensure consistent messaging and support at home ☐ 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 schools

## Goals of PSS

- PSS provides support to clinical, emotional, social, and spiritual needs of AYLHIV and their caregivers
- Focused on providing accurate information, comprehensive support, and peer linkages, to compliment clinical care



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## Sample PSS Activity

- Read the cartoon
- Discuss: what are the key takeaways and lessons that could apply to real life?
- Identify myths/ misconceptions

Developed by AYLHV!







No Mavuto.

condoms prevent

us from getting

sexually transmitted

infections - like HIV.

They also prevent

unwanted

pregnancies.

I understand the taboo, we all meet

about these things

My friend, don't

vou use condoms?

You are in love

with Babra!

## **Break**







RCP aims to empower HIV stigma reduction and mitigation in schools—this can happen in various ways:

- 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 facilitating an RCP school support committee
- Assuring disclosure support in schools
- Addressing self-stigma by empowering students living with HIV in selfmanagement capacities
- Implementing creative stigma-reduction activities using innovative, engaging approaches (dramas, music, etc).

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## Linkage to Health Care Facilities



- A core element of RCP responsive schools is the importance of the bi-directional linkage with HCFs for comprehensive support and care for AYLHIV
- Ensuring firm relationships with HCFs can help facilitate attendance to routine clinic visits for refills, follow-ups, tests, and referrals

Mapping of HCFs around schools provides a better picture of types of facilities and organization and they services they provide to establish bi-directional relationships



## **Facility Mapping**

## Different types of health care facilities exist

- Patient volume
- Urban/rural
- Primary, secondary, tertiary level
- Services and cadres available



## **Activity: Facility Mapping**

School

Facility #4 – name, type, type of services, distance

\*Take note of differences in facility characteristics (as discussed on the last slide)

Facility #3 – name, type, type of services, distance

Facility #1 – name, type, type of services, distance

Facility #2 – name, type, type of services, distance

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## **Case Studies**

Small groups



## Case study 1: School-based Support

Lydia (12 years) is living with HIV and was recently disclosed to by her mother and health care provider. She attends boarding school, and with her mother and provider, decided to disclose to the matron to support her in being able to get refills at the facility, attend support groups, and address other needs that arise. The provider explains that the school is a certified Red Carpet school. Lydia and her mother are in the matron's office.

#### **Discuss**

- What forms of support and information need to be included in the discussion?
- What are the challenges and solutions associated with this discussion and follow-up activities?



## Case study 2: School Bidirectional Linkages/ Referrals

Health care workers at the facility track the clients who are attending schools. Allan, the focal person at one facility, is designated to reach out to schools in the area to build relationships and ensure referrals and linkages to students living with HIV.

#### **Discuss**

- What steps would you take as the focal person to start to building those relationships?
- What important elements should you include in your work plan?



## **Break**



## **Action Planning**



## **SWOT** Analysis: school-based HIV support

<ol> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	Strengths	Weaknesses 1. 2. 3.	
<ol> <li>2.</li> <li>3.</li> </ol>	Opportunities	Threats 1. 2. 3.	

## **Strategic Planning**

Using your SWOT findings, identify RCP responsive school elements that will:

- 1. Build on existing strengths
- 2. Address weaknesses
- 3. Capitalize on opportunities
- 4. Mitigate threats

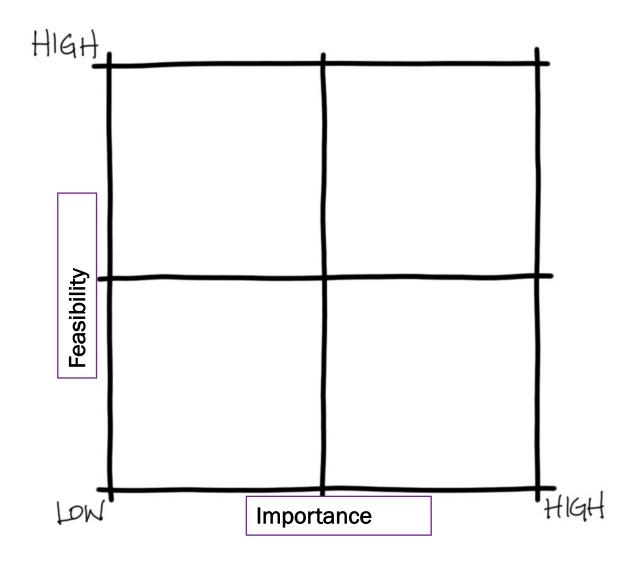
Write RCP elements/activities on sticky notes

## **Prioritization Matrix**

Using the sticky notes you will map the stakeholders on the sheet of paper

Place sticky notes on the paper, positioning them based on their level of **feasibility and importance** to the project

10 minutes



## **Action Planning**

Taking the actions that are the most feasible and important  $\rightarrow$  determining next concrete steps

Action	What is needed to make this happen	Next steps to make this happen	Responsible individual	Timeline

## Accrediting an RCP Responsive School



- RCP sites, including HCFs, schools, and communities, benefit from having a unique, standardized and easily recognizable icon.
- This icon on display is intended for AYLHIV and stakeholders to recognize the site offers RCP activities.
- 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.

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## Accrediting an RCP Responsive School

# 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



Questions?







## Elizabeth Glaser Pediatric AIDS Foundation

Fighting for an AIDS-free generation

