



**Elizabeth Glaser
Pediatric AIDS
Foundation**

*Until no
child has
AIDS.*

PEER SUPPORT GROUP GUIDE

A tool to enhance treatment for adolescents and young people living with HIV in Lesotho

2017



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- Thabiso Lekhotsa, EGPAF-Lesotho
- Dr. David Holtzman, EGPAF-Lesotho
- Florence Mohai, EGPAF-Lesotho
- Youth Ambassadors; listed in each of the stories they provided in the guide.

This tool was first piloted in November 2016, when 16 Youth Ambassadors, younger EGPAF staff, some living with HIV, were trained from three districts in Lesotho. Following this pilot, the tool was finalized in 2017 and additional training was conducted.

As of 2017, over 50 peer support groups (PSGs) have been established to enhance treatment using this guide and approach. And where established psychosocial support groups exist, Youth Ambassadors are often invited to facilitate the PSG sessions between open play and health talks.

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Background

EGPAF Lesotho is supporting the Ministry of Health under two large-scale HIV projects, PUSH/USAID and Star-L/CDC. In 2016, these projects supported over 100 facilities in five districts. In order to provide a quality care package for adolescents and young people living with HIV, EGPAF Lesotho initiated the set up and provision of peer support. Peer support is recommended by the World Health Organization (WHO), PEPFAR and evidence.¹

Since 2008, EGPAF has implemented psychosocial support for children and adolescents affected by and infected with HIV. Under Test and Treat there are now larger cohorts of adolescents and young people living with HIV (AYPLHIV) aged 10-24 years, over 12,000 currently in care in EGPAF-supported sites. With this volume of patients, more structured guidance on how to implement peer support groups consistently to complement clinical care was needed. This Peer Support Group Guide is designed to do this with the goal of improving treatment outcomes for younger patients transitioning from childhood to adulthood.

Who Should Use This Guide

EGPAF staff and trained peers at EGPAF-supported sites providing emotional, social and peer support to AYPLHIV. A peer shares characteristics with AYPLHIV, age, life experiences such as HIV, pregnancy, work, school, and marriage.

How to Use This Guide

This guide offers tools and steps to set up, implement and track investments in AYPLHIV receiving additional peer support alongside clinical treatment.

Planning and Setting Up a Peer Support Group

Prepare to set-up peer support groups (PSG) around facility catchment areas. The facility staff will know the number of 10-24 year olds accessing ART and if/how/when supportive services are provided.

¹ The U.S. Global AIDS Coordinator (OGAC). Technical Considerations Provided by PEPFAR Technical Working Groups for FY 2014 COPS and ROPS. Washington, DC: OGAC; 2013.
<http://www.pepfar.gov/documents/organization/217761.pdf>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709521/>

Take time to get to know the groups working in the facility area and supporting adolescents and young people more broadly. Conduct a mapping exercise and be inquisitive with facility staff, patients and the community. If no PSG exists for AYPLHIV, plan to set one up. This involves identifying a safe, private and comfortable meeting place. Promoting the opportunity to join and growing attendance.

Identify appropriate segmentation for PSGs. Previously, psychosocial support often groups males and females together across age groups, however in larger volume clinics these groups are too large and too diverse to have meaningful and patient-specific discussions. This guide recommends segmenting groups to enable more similar experiences and needs to be discussed openly.

A key group segment is age, younger adolescents ages 10-14, middle adolescence 15-19 years and young people 20-24 years. Early adolescents may not have disclosed HIV status beyond the clinic and had partial disclosure to family. Older adolescents aged 15-19 are more likely to have disclosed their HIV status, are sexually active and transitioning to adulthood and adult care. Young people 20-24 years old are likely not in school anymore, working, having children or in relationships.

This guide also recommends gender-specific groups. When possible for larger volume sites, splitting males and females offers a chance to respond to the gender-reality that is distinctive for boys and girls during this maturation period.

Promote PSG attendance and let potential attendees know why, when and where they can attend regular sessions. Promotion channels are at outreach and community youth events, at clinic visits – via providers, while waiting, word of mouth, and through *Youth Ambassadors* (via phone) and via brochures, flyers, and cards.

Steps to Implement a Peer Support Group Session

Each session follows a participatory learning cycle. Participatory learning follows four steps; 1) experience something together; 2) reflection on the experience; 3) learning from the experience; and 4) plan to apply these lessons in life.

Through the discussion four life skills are reinforced:

- Self-awareness – to understand who you are, your values, needs and wants
- Critical thinking - to make decisions and solve problems
- Communication – to be able to express yourself confidently, get information and meet your needs
- Planning – to prepare for the future and transitions in life

Facilitators use active listening skills. Active listening enables facilitators to focus on what is being said, rather than who is saying it. The PSG facilitator does not need to provide

an answer, solution, or response, but rather encourages the group to give their thoughts and views to inform choices in the future. Sharing these creates a closeness and bond of the group who understands each other's perspectives. Listening carefully shows that each group member deserves attention. Adolescents and young people will feel valued and important when heard.

Open-ended questions offers the chance for AYPLHIV to discuss and problem-solve based on real situations, while building confidence and self-reliance over time. Open-ended questions ask for information needed to help clarify an issue or inquire about feelings to share. They do not put people in the defensive, lead them to an answer, stop the conversation or have a yes, no response.

Typical Flow of Peer Support Group

Welcome

Each session begins with a welcome from the facilitator to the group. With some friendly introductions and checking in on members.

PSG Rules

In the first session, the Youth Ambassador (or PSG facilitator) helps to identify PSG rules, then for each subsequent session the PSG rules are repeated in the opening of each group discussion.

Among peers the PSG must be a safe place, where attendees can trust one another and open up to receive support to achieve and maintain viral suppression or an undetectable viral load. The group should agree with rules and know these each time they come together. Confidentiality is a promise that stops the sharing of personal and private information outside of the PSG – especially HIV status.

Example rules are:

- What is said here, stays here (within limits of medical necessity and laws)
- Stigma- and judgment-free area
- Be respectful of people's feelings
- One person speaks at a time (no side talks)
- Keep time
- When we don't know, we seek help from a professional (referral)

AYPLHIV will likely come from the community around the facility. Some may be uneasy to attend a PSG if their status, identity, feelings or problems could be shared beyond the clinic and support group. EGPAF Youth Ambassadors must tell attendees that they will NOT discuss their concerns, health or problems with people in the community.

Planning for referrals and advice from professionals is important. A PSG should complement clinical care, but not replace it. Any time personal questions from

attendees arise that are medical in nature and specific, this is a chance to connect AYPLHIV to providers.

Story

Let the group know that our PSG are guided by prompt cards that help us to share stories and think about what it means together. Explain that when we are young, the things that separates us from adults are life experiences (see page 14 of this guide for more details on stories). PSGs share realistic (but not actual) AYPLHIV experiences so we can think, learn from them and prepare for our future with HIV.

Each story has a character, situation, turning point and result. The stories are based on real life but not actual stories from the local community or a Youth Ambassador (PSG facilitator) life. If a story sounds similar to another expressed in the group, it is only because, AYPLHIV experience common things across Lesotho. Following each story, the Youth Ambassador (PSG facilitator) uses active listening and open-ended questioning skills through a participatory learning process.

Reflection

Following the story, the Youth Ambassador (PSG facilitator) helps the group to think about what they heard and analyze the situation. Reflection can also open the group attendees to share similar or different experiences related to the topic. The facilitator works to build this into the conversation.

Reflection questions include:

1. How does it make you feel?
2. What are you thinking about now?
3. Could this happen in real life? Why or why not?
4. What else could be done in the situation?
5. How would this change the results of the situation?

Discussion

After taking time to discuss the situation, the Youth Ambassador (PSG facilitator) helps the group identify what can be learned from the successes and failures of stories and experiences. This is another layer of analysis that enables the attendees to draw out lessons from life.

Discussion questions include:

- What did we hear from the story? And the discussion?
- What do we understand from listening to these experiences?
- What do we learn from the story for ourselves?

Overall, the PSG facilitator will try to keep the conversation going and move toward a constructive place of understanding a topic in order to help attendees live healthier lives with HIV.

Take Home

Lastly, the group should consider all of the things that have been discussed and identify which items apply to themselves personally so that they can be used after leaving the PSG. This step reinforces that attendees don't have to have to repeat mistakes of others, or have had an experience, to be better prepared for a positive outcome.

Application questions include:

- How can we use these lessons in our lives?
- How can we keep supporting each other as we grow up with HIV?
- How can we be successful in our lives? On ART? And be filled with hope for the future?

Closing

To complete each session, the Youth Ambassador (PSG facilitator) gives thanks for the group's contributions. The end is a time to keep AYPLHIV motivated and appreciate their commitment to achieving viral suppression through adherence to ART. The end is also the time to decide on the next topic. Groups should decide what topic is next by looking at prompt cards. Place all the cue prompts to be visible and see where the group would like to talk more the next time. Confirm the next date, time and place for the PSG, letting them know that others are welcome to attend.

Check the attendance form; and let them know how many are close to completing the 10 core sessions or have achieved them. Record the attendees prior to departure.

Group Energizers

Peer Support Groups often have some waiting time prior to session discussions or after when waiting for clinic appointments, using energizers, games and ice breakers can help to add fun, especially for younger members. In the pilot phase, Youth Ambassadors created their own energizers, at first to learn everyone's names or just to create comfort with a song or prayer. Session facilitators are invited to add in energizers as needed for groups. Group members should also be encouraged to lead and support these over time.

An online reference of 100 ways to energizer groups can be found here:

https://resourcecentre.savethechildren.net/node/8546/pdf/alliance_100_ways_to_energise_groups.pdf

Key PSG Topics

There are 10 core PSG topics for discussion. These are described below. Of note: this information may look less technical or medical than other sources; this is because of the desire to help make information easy to understand and simple to apply in life. These topics were discussed with young people from Lesotho in order to improve terms and language used in sessions.

Table 1. PSC Topics

Prompt	Session Topic	Content
Shine	Self-care	Highlight successful problem-solving that responds to self-identified needs (emotional, physical and social)
	Positive living	Appreciate commitments and accomplishments to live life with hope, dignity and purpose
Support	Disclosure	Share disclosure experience and openly discuss questions and concerns
	Adherence	Raise the reality of lifetime adherence and role of treatment supporters to lift you up through tough times
Respond	Accepting HIV diagnosis	Explain the normal stages of hearing HIV positive to accepting HIV diagnosis for adolescents
	Viral load monitoring	Clarify the process and schedule of viral load tests and their meaning through ups and downs
Grow	Rights and stigma	Identify a time when stigma took away the rights of ALHIV
	AIDS-free living	Describe a time when an AYPLHIV decided to take charge of his/her life with HIV and was determined to live AIDS-free
Share	Secondary prevention – safer sexual activity	Highlight preparing for sexual activity and using condoms to prevent HIV and pregnancy in sexual relationships
	Transition to adult (care and life)	Share a transition from pediatric to adult care, acknowledging differences and patient responsibilities
Open topics	PSG directed sessions	As determined by group attendees and core member's needs.

Additional information² on topics:

Self-care is what you can do on your own, outside of the clinic and between appointments. It means:

- Self-love
- Taking care of your own health, and not waiting for the nurse/counsellor to tell you to do it
- Making yourself your #1 priority to stay AIDS-free
- Taking medication, going to clinic, checking viral load and positive living

Self-care results in:

- Good choices in everyday life
- Taking responsibility for HIV care throughout each day, every day
- Being accountable for your HIV treatment and adherence
- My own wellness

Positive Living is when a person actively decides to have an optimistic and hopeful attitude towards living with HIV. It means:

- Living a life that is positive, being aware of your health and taking care of yourself
- Making sure you protect yourself, your family and your friends
- Knowing the difference between things that can be changed and those things that cannot
- Living a healthy lifestyle – eating right, exercise and adherence
- Being initiated on ART

Results in:

- Accepting yourself with HIV
- Disclosure; sharing your HIV status with others you can trust and can support you
- Mentoring other young people living with HIV

² Duffy, Malia H., Heather Bergmann, and Melissa Sharer. 2014. Toolkit for Transition of Care and Other Services for Adolescents Living with HIV. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1 http://pdf.usaid.gov/pdf_docs/pnaec759.pdf

- Commitment to live a long life
- Happily ever after

HIV Disclosure³ is the action of making new or secret information known to another person. It is a sign of trust and means:

- Revealing your HIV status to someone you feel comfortable to disclose to
- Sharing something personal
- The process of telling another about your HIV status with people closest to you
- Acceptance of what cannot be changed

Results in:

- Having people that will support you in your journey with HIV
- Accepting yourself no matter what people say about you
- Free living
- Good adherence and healthy relationships
- High self esteem
- Likely to live longer
- Having some people negatively or positively judge you
- Feel happy about your status and share to each other what you have

Adherence is when a person sticks to or is faithful to a plan. It means:

- Taking 95% to 105% of ART; by pill count
- The five R's of ART (right way, right dose, right patient, right time, right drug)
- Attending clinic appointments and listening to doctor's orders
- Conducting regular lab work and getting results; such as viral load monitoring
- Attending support groups
- Identifying and reaching out to a treatment supporter
- Being devoted to managing HIV for life

³ <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/helping-someone-recently-diagnosed/partner-family-member-loved-one/>

Results in:

- Increased CD4 counts
- Viral suppression
- Living longer and healthier life
- Achieving goals beyond health

Accepting HIV Diagnosis means that a patient has gone through the process of:

- HIV-positive diagnosis sinking in and being okay with this; you can go on and live happy
- Disclosing your HIV status to someone else
- Feeling comfortable in activities that involve HIV issues

Results in being:

- Able to start ART
- Join support groups
- Adherent to ART
- Virally suppressed
- Living freely
- Able to talk about HIV issues freely
- Feeling free to protect you and your partner
- Able to continue to live life, plan next goals and grow into an adult

Secondary Prevention is when someone known to be living with HIV prevents another person from being infected. It means:

- Prevention with positives
- Achieving viral suppression to reduce HIV transmission
- Condom use during sex; no matter the sexual partners' status
- PMTCT when pregnant or trying to get pregnant
- Condoms for 'dual protection' against HIV and pregnancy

Results in:

- Prevention of HIV re-infection

- Reduces the spread of HIV; 'less virus in you'
- Less HIV transmission

Rights of PLHIV: These are the laws and guidelines that protect PLHIV to have fair access to treatment, protection, and services. Having rights results in:

- Ability to freely seek testing, care and treatment
- Making HIV a normal, chronic illness
- Enabling people living with HIV to have the same opportunities as those without HIV

Stigma is when someone is marked in a negative way. It means:

- Labeling someone with HIV
- Having a negative attitude towards people living with HIV

Results in:

- People being afraid to go for ART
- Not taking treatment because do not want to be seen
- Depression, anger, thoughts of suicide and feeling isolated
- Feeling like they don't belong
- Feeling like they have less value than others without HIV

Viral Load Monitoring⁴ is a regular lab test for adolescents, recommended to ensure that treatment is working and reducing the amount of HIV in the body. **It means:**

- Going to the lab to do viral load test every 6 months
- Done 6 months after initiation if new, then repeated
- Checking that adherence and medication is working for you and the HIV inside you
- < 1000 copies is suppression

Results in:

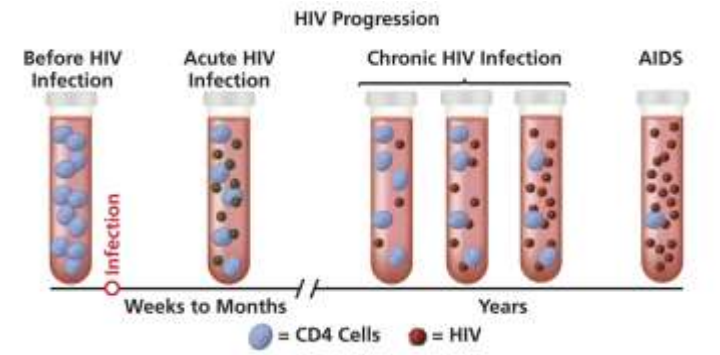
- Knowing your viral count/load in your body

⁴ Lesotho National HIV Test & Treat Guidelines, 2015

- Helping you to reach your treatment goals and live without AIDS
- Guiding the nurse/provider on a patient's HIV care and treatment options

AIDS Free Living.⁵ It means:

- Living with HIV but you are not sick
- Even when AYPHIV feel healthy, they continue to take ART
- Patients with HIV continue treatment for HIV, they do not transition to the AIDS illness
- That you have achieved viral suppression
- That your body has a healthy immune system and a high CD4 count



Results in:

- A healthy life
- Living like anyone without HIV, because you are not sick
- Reaching your dreams and goals

Transition to Adult Care is the time when adolescents complete their time in pediatric clinics and progress to adult facilities. This can happen from age 15, but will depend on the patient and their life experiences. It means:

- Being prepared to shift from a child and become independent
- Coming of age and taking responsibility for your own care
- Transitioning from pediatric to adult clinic
- Moving from childhood to adulthood with HIV treatment

⁵ <https://aidsinfo.nih.gov/education-materials/fact-sheets/print/19/46/0/0>

Results in:

- Personal responsibility for health
- Preparing for life long treatment as an adult
- Ability to transfer care anywhere and through any stage of life (tertiary education, marriage, new jobs)

Stories

These stories are to be used to facilitate a conversation within PSGs. Lesotho PSG stories were compiled by EGPAF Youth Ambassadors during the PSG Workshop (held November 29 – December 1, 2016). They are not real stories, but represent possible scenarios of young people aged 10-24 years old living with HIV in Lesotho.

Each group of stories follows a prompt, inspired by the EGPAF logo and a positive action. The stories are split by age and sex. Groups of similar aged members helps to keep conversation at a developmentally-appropriate place. While some topics can easily apply to either males or females, many will have a deeper discussion among same sex participants so that gender differences can be explored.

During the initial 10 sessions, it is recommend that Youth Ambassadors use existing stories with PSGs. When staff need additional stories, these can be developed locally but should be revised by a supervisor or manager. Some topics may benefit from the attendance of a professional health care worker or external speaker. Possible topics for older adolescents include:

- Relationships – boyfriends/girlfriends and decisions about marriage partners
- Education – setting goals, identifying fields of study and mentors
- Employment – skills for jobs, networking, and finding work
- Finances – managing money, saving techniques, and investment
- Pregnancy and family planning – rights, prevention of mother-to-child HIV transmission and having a HIV-free baby
- Testimony – supporting others to STAY free of HIV in your family and community

Stories by Topic



Females/Girls & Young Women

Age 10-14 years

Thebisa is a 12 year-old girl from outside Maseru. She learned her HIV status almost a year ago, when her mother encouraged her to go for HIV testing at a Know Your Child's Status campaign event. Thebisa was shocked at first. She could hardly listen to the counsellor tell her about ART. She remembers the woman's face but nothing she said. Just blah, blah, blah is all she could hear in her head when she got home. For a few weeks her mind raced, she kept thinking about who did to her? At a third counselling visit she attended with her mom, she finally heard, "it doesn't matter how it got here – it is here – and this medicine can help you live a long and AIDS-free life."

Age 15-19 years

Kabi was a 17 year-old girl who tested HIV-positive 5 years ago and she was put on first-line regimen. During a recent appointment, a health care worker noticed that Kabi's viral load increased and yet Kabi swore that she was taking her medication. Her mother was the one helping her with medication and unfortunately, her mother believed in traditional remedies. So, Kabi's mother was taking a special remedy instead of her antiretrovirals (ARVs) and did the same for Kabi! Unfortunately, her mother passed away due to infections that came when she stopped taking her ARVs. Kabi was afraid that she was also going to die, so she went to the clinic and confessed that she never took her ARVs. She went for counseling and now her viral load is undetectable and she is willing to share her story with others to save adolescent lives.

- Story drafted by Tankiso, female, 22 years old

Married

Peka is a 19 year-old married woman from Thaba-Tseka. She discovered her HIV status a year ago together with her husband. They were not initiated on ART because the husband believed medication would make the community aware of their status.

Moreover, the husband blamed Peka for giving him HIV with the suspicion of infidelity in their marriage, so he would beat her whenever she brought up the issue of treatment. Until one day, when she couldn't stomach it anymore and went to a local clinic to get ART. The husband was infuriated because of this, but Peka managed to calm him down and he finally agreed to go see a counsellor about the importance of ART for them as a family.

- Story drafted by anonymous

Pregnant

Mfwaby is a pregnant 19 year-old girl living with her boyfriend Thabo in the village. They just discovered that they were both HIV-positive when they came for couple's testing and counseling at the clinic. After the results were shown to them, Mfwaby was silent for a minute and could not believe the results as she was angry and shocked.

She did not know who she was angry at, the boyfriend or herself. She knew that all the anger was not going to help anyone at this point in time. Eventually she realized that it wasn't about her or her boyfriend or even worse, how she got the virus, but it was about protecting this beautiful soul growing inside her.

Mfwaby looked at her boyfriend with tears, but not tears of pain, rather of joy after realizing she can deliver a HIV-negative baby. "I love you, I love this child more than anything, let us do the right thing," she whispered to Thabo, who then did not say anything but smiled and nodded and kissed her on the forehead. Minutes later they walked out of the clinic with their medication holding hands. The nurse on duty looked and smiled as they walked away.

- Story drafted by Mailia, female, 25 years old

Sesi is a 16 year old girl from outside Leribe. She learned her HIV status when she became pregnant unexpectedly. At the clinic, they called each women aside for an HIV test. No one seemed nervous, but she was the youngest one in the waiting area with her bump. She couldn't believe the positive result. The baby's father swore that he loved her so much that he would marry her one day. She assumed that meant that she was the only girl he loved – as she was faithful to him. But at that moment, Sesi was still too happy to be a mom and have a baby of her own. She took the medicine from the nurse and promised to come back for her next appointment. The nursed called her brave and bright for making a choice for herself and her baby's HIV-free future.

Males/Boys & Young Men

Age 10-14 years

Tefo is an 11 year-old boy attending school in Maseru. He learned his HIV status two years ago when his mom passed away. He always felt like he was not like other human beings because the doctor told him that he had germs that hurt the healthy parts of his blood. His father recognized Tefo's loneliness and took him to the clinic to understand

basic HIV knowledge as well as the importance of excellent adherence to ART. After that, Tefo was able to walk firm because he was collecting medication for himself and promised to come back for his next appointment.

- *Story drafted by Nts'Ehiseng, female, 22 years old*

John is a 14 year old boy attending school in Berea. He has been living with HIV for three years but has only told his parents about his HIV status. He has done quite well in school and has been dreaming about attending university. People in his community believe he can make it, too – if he keeps working hard. When he thinks about his future, where his parents might not be around, he realizes that he will need to share his HIV status with a friend, but who can he tell that he can trust with this secret? Over the next week, he paid close attention to his friends as he brought up a HIV testing happening on the weekend – to see their reaction. From there, he decided to tell one friend – Rapula. To his surprise, Rapula was very calm and easy about John's disclosure. Rapula also has family members living with HIV and promised to keep it private but was happy to help support his friend when needed. John knew that he had been lucky and was thankful for such a friend.

Age 15-19 years

Bo, the taxi driver, is 18 years-old and lives in a rural area of Botha Bothe. He has been living with HIV for three years now. Throughout this time, he never told his family his HIV status and he was too shy to take his ARV medication in front of his family. He would often sleep, having missed his night-time dose. On a very good day he met a lady who was so confident she had no problem telling him that she was HIV-positive and how her family supported her. Having met her, Bo decided to tell his family about his HIV status too. He is now taking his medication without fear. Bo's nurse was impressed with the results. Bo's body had responded to his ARV treatment and the virus was suppressed. Bo's family congratulated him on being so loyal to his medication and is very happy that he will live a long life with HIV.

- *Story drafted by Reitumetse, female, 24 years old*

Tumelo is 18 year-old and has been living with HIV for four years already. He has learned a lot over these years – especially how to live AIDS-free. This year, he transitioned to the adult clinic. He wasn't sure he would like it because people are so serious there. His nurse recommended he take his first viral load test – his results showed suppression. He was overcome with joy because his body had responded to the ART and kept AIDS away! He worked hard to take his ART everyday and now he had the results to prove it. The nurse was happy too and congratulated him on being so responsible at his age.

SUPPORT



Females/Girls & Young Women

Age 10-14 years

Palesa is a 14 year-old girl residing in one of the remote areas in Lesotho called Sebetia. She is an orphan living only with her younger twin brothers. In order for them to put food on the table, she has to ask her male neighbor, who will have sex with her before he can give her a maize meal.

Three months ago, she knew that she was HIV-positive after being encouraged by a Youth Ambassador to go for a test. At first, she never revealed her HIV status to her boyfriend until one day, she decided to tell her boyfriend about this. To her surprise, her boyfriend was there for her, feeling sympathetic. Through her boyfriend's advice, she decided to disclose her status to her teachers at school, who supported her and helped her family to get food from development partners.

- Story drafted by Khotso, male, 25 years old

Age 15-19 years

Thato is a 19 year-old girl from Mafeteng living with HIV. As an orphan she stayed with her uncle who gave her full support. She then found a job to work as a domestic worker in Maseru and never revealed her HIV status fearing to be fired at work. One day, when she went home for the weekend, her boss discovered her ART and then confronted her. To Thato's surprise, her boss was calm and she promised to support her and let her know about the dates to collect her treatment.

- Story drafted by anonymous

Married

Mpho is an 18 year-old married girl from Mokhotlong. She is a house wife and takes care of her two children. Her husband works hard labor and he would cheat on her while he was away even though Mpho was faithful to him. Last month she tested HIV-positive and she did not believe the results. She couldn't confront her husband because she knew that he wouldn't believe her and he would make her life miserable. So, she decided to keep it a secret. However, she did tell her mum who advised her to keep on taking treatment so she could live longer for her children. It was not easy, but Mpho is committed to getting HIV under control and her viral load to undetectable.

- Story drafted by Nomaeza, female, 22 years old

Pregnant

Lineo is a 16 year-old girl living in a remote area, where she became pregnant and discovered that she was HIV-positive. She completed her C.O.S.C.. Her teachers believed she could do it because she had been working hard. She was worried about her HIV status and how to protect her baby to be HIV-negative. She decided to confront her trusted and close friend to share with her about her HIV status. She told her as if it was somebody else's story to see her reaction, but finally her friend knew that the person was Lineo. Amazingly, her friend was easy about Lineo's disclosure. Her friend promised to keep it private and was happy to assist her. Lineo was so grateful to have such a friend.

- Story drafted by Nts'Ehiseng, female, 22 years old

Males/Boys & Young Men

Age 10-14 years

Bokang is 14 years-old and he stays with his mom and brother. He is HIV-positive and his mom knows about his status. Unfortunately, his mother passed away six months ago and now Bokang only stays with his brother who is not aware of his status. Bokang was doing very well with school work and is well known for his behavior in the community. As life went on, Bokang thought about disclosing his status to his brother because he trusted him with his previous secrets, so he thought it wouldn't be bad for his brother to know. Surprisingly, his brother was calm and supportive. His brother even shared more about family members who lived with HIV for more than 10 years.

- Story drafted by Makhefse, male 22 years old

Age 15-19 years

Thato is a 17 year-old boy who was diagnosed with HIV/AIDS at 15. His parents were the only people who knew of his condition. Over the years, Thato realized that he needed someone outside of his immediate family to whom he could disclose his status to for social support. Despite the sensitivity of his condition, he knew he had to find someone he could trust and as such, he threw hints of the disease amongst his friends to test the waters. After this trial, he decided to tell Pitso, who was surprisingly attentive and supportive as he had been affected by the disease a couple of years ago.

- Story drafted by Mohale, male, 26 years old



RESPOND

Females/Girls & Young Women

Age 10-14 years

Palesa is a 14 year-old girl living in one of the remote areas of Mphahlele's Hoek district. She was raped last year by one of the village men who is HIV-positive. She was immediately taken to the hospital after the incident for HIV testing and other STIs but she was negative. After 3 months she went to the hospital accompanied by her mother for another HIV test and unfortunately she was positive this time. After the results, all she could do was cry endlessly with her mouth uttering these words, "God, why me of all the people?"

- Story drafted by Tebelo, male, 24 years old

Age 15-19 years

Palesa is an 18 year-old girl from Hlotse. She discovered her HIV status when she was going for police training. Everyone was confident about the test, but Palesa was afraid because her parents are HIV-positive. She was so scared after getting her positive results, but she knew her parents loved her with all their hearts. When she told her parents, they were calm and encouraged her to go for treatment, as directed by the nurse.

- Story drafted by Neheng, female, 26 years old

Pregnant

Unthatitle is an 18 year-old pregnant young woman from Mefikeng. She learned she had HIV when she went for her pregnancy clinic. She was shocked at first, so shocked she could hardly listen to the counsellor tell her about ARVs (Option B+) and lifetime treatment. Later, her mind raced - so many thoughts about this life and her baby. She thought hard on what the counsellor advised her to do to protect her baby. She wanted the baby to live without HIV, so she went for her next appointment and was initiated on PMTCT. She is now adjusting to taking medicine every day for herself and her baby's sake.

- Story drafted by Reitumetse, 24 years old

Married

Lineo is a 19 year-old woman, happily married to Neo. She discovered she was HIV positive seven months ago. The first two months were difficult for her, especially because Neo was HIV-negative, but with time and counselling she understood.

At the clinic on the day, she was tested for viral load monitoring. She sat silent and horrified of the test. She had heard people say it is very painful to do a viral load test. She was terrified and couldn't stand needles. She kept thinking to herself if she should do this, she knew very well the importance of drawing blood for viral load. Knowing that she was taking her medication well—at the night time, the right way, right dose, which made her confident to finally test.

A month later, she came for the results. The nurse said, “Your viral load is suppressed,” but she didn't understand what it meant so the doctor explained the results and she walked out of the clinic in smiles.

- Story drafted by Maposa, female, 23 years old

Males/Boys & Young Men

Age 10-14 years

Sello is a 15 year-old boy from Semonkong and he is living with HIV. He was infected through breastfeeding and he started the treatment at the age of 5. Since then, he had been adhering quite well to his treatment until the age of 10.

He normally took his medication twice a day, at 7h00 and 19h00. Therefore, he could always leave his peers playing at 19h00 to have his medication. Unfortunately, they discovered that he was on HIV treatment and they started talking behind his back and laughing at him. This affected him negatively to the extent that he couldn't play with them again. But his parents realized what was happening and they started to let him know how he was infected and the importance of taking his medication for a better understanding.

- Story drafted by Tebelo, male, 24 years old

Age 15-19 years

Thabo is a 16 year-old boy living in Maseru and he is quite active in participating in sports. It was 6 months ago when he decided to donate blood that he discovered he is HIV-positive. He was very shocked because he considered himself healthy and kept wondering how and when he contracted the disease. It was during this frustration that his counsellor advised him on ways to deal with the disease, “That is really not the end of the world.”

SHARE



Females/Girls & Young Women

Age 10-14 years

Thabile is a 14 year-old girl who lives with her uncle after her parents were killed in a car accident. They live at Koro-Koro. Sometimes her uncle would call her to his room and force himself on her. He made her promise not to tell people or he would throw her out of the house. At school, Thabile and her friends decided to donate blood and test for HIV where Thabile tested positive. She felt helpless, but she also knew that giving up was not the answer and decided to take her medicine.

- Story drafted by Nomaeza, female, 22 years old

Age 15-19 years

Erica, an 18 year-old had a new job at a local newspaper as a junior photographer. Her job excitement quickly faded when she was on her lunch break with her supervisor and accidentally cut herself with a knife. Her supervisor rushed to stop the bleeding but Erica pushed him away yelling, "Don't touch me!" The poor man, startled, watched Erica rush out of the room and into the bathroom to patch herself up. A worried supervisor quickly followed her into the ladies room where Erica yelled, "I have HIV!"

This news quickly spread like fire around the office and 3 days later Erica was terminated. Knowing her rights, Erica took the matter very seriously and sought out legal aid on discrimination in the workplace because of one's HIV status. Sure enough, the law was on her side when she contacted a friend's lawyer who helped her out by giving the newspaper company an ultimatum that they either give Erica her job back or meet in court where they will face charges of discrimination.

- Story drafted by Katiso, male, 25 years old

Married

Katu is 16 years old and happily married in a remote area of Mantsonyane. When she found out she was pregnant, she walked to a very distant facility and found out that pregnant mothers must do an HIV screening. She tested HIV-positive and was initiated on ART and started PMTCT after counselling sessions where she became knowledgeable about HIV/AIDS. Her husband supported her on ARVs though he still didn't believe that his wife could give birth to a healthy, HIV negative baby. Katu encouraged her husband to go for HIV testing and he also tested positive and was initiated on ART. Katu gave birth and the baby was HIV-negative and the husband was pleasantly surprised as they realized the importance of adhering to treatment.

- Story drafted by Tankiso, female, 22 years old

Pregnant

Noma is 16 years old, living in the rural area of Ha Kholoko. Noma is an orphan taking care of younger siblings by sleeping with older men in exchange for their money to

provide food for the family. She became pregnant and tested HIV-positive. She had unfortunate thoughts of killing herself but considered her siblings livelihood without her. Therefore, she decided to search for ARV services for further support.

- Story drafted by anonymous

Age 20-24 years

Kananelo is 24 years old and has been living with HIV for 5 years. She has learned a lot over these years and is involved as a wise youth member in the community of Mokhothong. Her grandmother and family visited her and she was scared to share her status or even take her ART in front of them. Her doctor realized that her viral load results had changed and so Kananelo went to go see a counselor to continue her ART regimen. When she disclosed to her family, they were supportive. Kananelo worked hard to take her ART every day and she achieved her goal to go to university.

- Story drafted by Pokane, male, 25 years old

Males/Boys & Young Men

Age 10-14 years

Pule is a 14 year old boy and lives with his mother in Maseru. He has lived with HIV for about three years and is taking his medications successfully. He was fully empowered and educated about HIV and self-care through peer support groups. One day, he visited his uncle at Qacha's and met his friends where he realized fear and discrimination when discussing HIV/AIDS issues. He clarified the difference between HIV and AIDS and they were happy to learn from Pule as he encouraged them to know their status.

- Story drafted by Pusetso, male, 23 years old

Age 15-19 years

Lereko is an 18 year-old boy from Thetsane who recently knew of his HIV-positive status when he and his girlfriend went for testing. At first, he couldn't believe it, but eventually he came to terms after joining a peer support group where teens disclose about their status in a group. His girlfriend has been his pillar of strength. Lereko's viral load is suppressed and he is living to disclose to the youth in his village so they can know their status and live longer lives.

- Story drafted by Retselisitsoe, male, 22 years old

GROW



Females/Girls & Young Women

Age 10-14 years

Pasela is a 12 year-old who was born with HIV and is taking her ARVs, faithfully. On her last birthday, her older sister, Thato started talking to her about boys. Her sister had heard Pasela say that her perfect husband would be handsome, rich, loving and HIV-positive too. Thato worried about Pasela and early sex and warned Pasela about boys who could pressure her to have sex. She also wanted Pasela to know that even if she fell in love with a boy or man with HIV too, all unprotected sex was risky – it could lead to pregnancy or re-infection with HIV. Now Pasela was shocked, wondering if her sister was telling her sex was okay! Thato laughed, 'of course not, but when the time is right, you should know your choices.'

Age 15-19 years

Married

Pulane is a village girl at Likhakelo in Leribe district. She is 17 years old and has been living with HIV for two years. In this recent year, she decided to go to the clinic for adult care where she found that she was the youngest among the group and she was very worried. However, she continued to practice safer sex and took her ARV treatment as she was told and her viral load was suppressed. She even promised the nurse that she would be loyal to her medication.

- Story drafted by Mats'eliso, 26 years old

Pregnant

Lineo is a 17 year-old girl, Mosotho girl living in Maseru Central. She was infected by HIV from birth and she had a good support from her mother who is also a counselor. Lineo was taking her medicine every day and her viral load was suppressed from the age of 15. She unexpectedly became pregnant and despite an unplanned pregnancy, she accepted the baby and took ARV for prevention of mother-to-child HIV transmission. She finally gave birth to a healthy, HIV-negative baby. Her baby's father was from a rich family, so once they disclosed their status, they got married and lived happily in their new house with their little blessing from God.

- Story drafted by Retselisitsoe, male, 26 years old

Males/Boys & Young Men

Age 10-14 years

Thapelo, a 13 year-old boy from Roma and discovered that he was HIV-positive a year ago. He is in class 7 and wants to go to high school next year. His parents are supportive of him because they are also HIV-positive. One day, he visited his friend Lillo, and while they were playing, Lillo's mother saw Thapelo's ART and she asked him about it. He refused to tell her for a while but then disclosed his status at last. Lillo's parents then told

him that they are also HIV-positive, including their son Lillo who was infected at birth. She told him that they will all start going for their check-ups together.

- Story drafted by Neheng, female, 26 years old

Age 15-19 years

Kabelo is 19 years old and just found out about his HIV status through an outreach at his school. He knew how his high school sweetheart felt about HIV, so he decided to keep the news to himself for the time being. This strategy proved futile when his girlfriend wanted to get intimate with him and he kept pulling away. She ultimately made up her mind that he did not love her anymore.

Because of this, one hot summer day, he sat her down and calmly disclosed his status. The so called 'high school sweetheart' ran out of the room screaming, "Positive...Noooooo!!" further down the stairs she could be heard saying, "He's HIV-positive!" Like wild fire the news of Kabelo's status was the talk of the school. The news hit him heavy but he went back to his counselor who calmed him down and managed to talk him through the process of living with HIV. Kabelo was successfully counselled and he is now a public speaker motivating others through his experiences.

- Story drafted by Katiso, male 25, years old

Complementary Activities

In the current HIV treatment era, adolescents and young people will be in care through adulthood. PSGs offer an opportunity for additional activities over time that will keep discussions interesting and captivating so they can grow up informed and supported. Examples of these additional complementary activities include:

- Treatment support events for parents/caregivers, family and friends to learn about how to support AYPLHIV, to congratulate members on achieving and maintaining viral suppression, and ensuring that PSGs prevent isolation for members
- Testimony speakers, other AYPLHIV share their real life story, including EGPAF Youth Ambassadors
- Video discussions, sharing new information on HIV such as www.stopthevirus.com
- Journals, using guided writing exercises to explore personal plans and networks for growing up AIDS-free

Regular Treatment Supporter Sessions (TSS) are recommended. These sessions should be planned with PSG members and friends, family and partners who are instrumental in treatment support and key to successful adherence of PSG members. TSS can use the same facilitation techniques but focus content on stories that can guide, teach, and enhance treatment support. There are different kinds of TSS; so grouping them appropriately is also suggested. For example, parents or caregivers will likely appreciate if they can also share their challenges specific to the home environment.

General tips for treatment supporters:

- Learn about HIV and AIDS for yourself, too
- Understand that you are a trusted person
- Take care to maintain confidentiality
- Don't assume or judge the person you are supporting
- Help support when possible
- Listen and give time to the person
- Be sympathetic
- Help guide healthy decisions
- Be there for good times and bad times
- If giving suggestions, expect they may not be taken up

Over time, TSS should consider including larger mixed audience events that offer a chance to celebrate success, provide public testimony, appreciate supporters and reduce stigma that limits service uptake in the community. Many celebration days can accommodate events – birthdays, core completion/graduation sessions, club membership achievements – viral suppression, Women's Day (March 8), International Youth Day (August 12) and World AIDS Day (December 1) all come to mind. EGPAF-Lesotho has been developing and integrating these sorts of activities and has resources for Youth Ambassadors and staff who are interested.

Monitoring Peer Support Groups

To ensure that PSGs achieve desired outcomes for patients, a set of monitoring tools are used.

Tracking attendance and topics

To monitor group member's attendance and exposure to different topics, a tracking tool is available in the Annex. This tool does not use names, for patient confidentiality, but leaves a space for a patient identification that can be connected to their clinical file. It also shows the frequency of support groups and topics of interest.

EGPAF-supported sites have learned it is most convenient to adjust clinical appointment schedules to facilitate peer support group attendance on the same day as clinical exams and ART refills. This task is the responsibility of Youth Ambassadors to facilitate, not the nurses.

While not all young patients will be interested or need to attend PSGs, maybe because they are in a family-group already, patients should be made welcome to attend even if infrequently.

Tracking viral load results and viral suppression

In addition to attendance, EGPAF-supported sites have learned it is necessary for Youth Ambassadors to also connect PSGs to viral load monitoring. In case of poor group

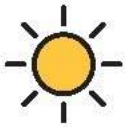
results, special attention, referrals and clinical support staff such as psychologists can be engaged to ensure that information and motivation for adherence are addressed. Facilities will provide clinical data with shared confidentiality.

Session Feedback Checklist

To assist with skills development and quality assurance, PSG facilitators should utilize the Session Feedback Checklist in the Annex Tools. The feedback checklist enables an observer to watch a PSG and score the session setting, implementation and reporting against expectations set and practiced during training.

Feedback is information about a performance designed to improve results. Feedback should be constructive, helping to make the PSG as meaningful and productive as possible for group attendees.

ANNEX 1. PSG Session Cards



SHINE Peer Support Group Session:

1. **Welcome**
2. **PSG Rules:** Ensure confidentiality and a safe space for care and support.
3. **SHINE STORY:** Share a story relevant for this peer support group, such as *self-care* and *positive living*. Shine stories highlight ALHIV experiences that demonstrate confidence, accomplishments, and success. All shine discussions should offer positive examples as models and for inspiration.
4. **REFLECT:** Help the group think about what the story means and how it connects to their own experiences with HIV. Ask questions to open the discussion.
 - How does it make you feel to hear this story?
 - What are you thinking about after hearing the story?
 - Could this happen in our lives? Why or why not?
 - What else could have been done in this situation?
 - How would this have changed the results of the situation?
5. **LEARN TOGETHER:** Help the group think about how the story and discussion helps them learn about life together. Ask questions to guide learning.
 - What did we hear from the story? And the discussion?
 - What do we understand from listening to these experiences?
 - What do we learn from the story for ourselves?
6. **APPLY IN LIFE:** Help the group think about how the story and discussion helps them know what to do in their own lives. Ask questions to summarize.
 - How can we use these lessons in our lives?
 - How can we keep shining as people living with HIV?
 - How can we be successful in our lives? On ART? And be filled with hope?
7. **APPRECIATE:** Give thanks for the successes we've had in our lives so far and for those to come in the future. Let the group know when the next meeting will happen and let them choose the next prompt & topic.
 - Follow-up with any attendees for one-on-one support or referrals.
 - Record PSG attendance and group details. Congratulate those who have attended 10 sessions.



SUPPORT Peer Support Group Session:

1. **Welcome**
2. **PSG Rules:** Ensure confidentiality and a safe space for care and support.
3. **SUPPORT STORY:** Share a story relevant for this peer support group, such as *disclosure* or *adherence*. Support stories reveal common challenges ALHIV

- face at home, in school and in the community where help is needed. Support stories expose the power of love and caring people that can assist ALHIV to overcome difficult times.
4. **REFLECT:** Help the group think about what the story means and how it connects to their own experiences with HIV. Ask questions to open the discussion.
 - How does it make you feel to hear this story?
 - What are you thinking about after hearing the story?
 - Could this happen in our lives? Why or why not?
 - What else could have been done in this situation?
 - How would this have changed the results of the situation?
 5. **LEARN TOGETHER:** Help the group think about how the story and discussion helps them learn about life together. Ask questions to guide learning.
 - What did we hear from the story? And the discussion?
 - What do we understand from listening to these experiences?
 - What do we learn from the story for ourselves?
 6. **APPLY IN LIFE:** Help the group think about how the story and discussion helps them know what to do in their own lives. Ask questions to summarize.
 - How can we use these lessons in our lives?
 - How can we keep supporting each other as people living with HIV?
 - How can we make it through these challenges in our lives? With HIV? And be filled with hope?
 7. **APPRECIATE:** Give thanks for the challenges already overcome in our lives and for those we will be better prepared for in the future. Let the group know when the next meeting will happen and let them to choose the next prompt & topic.
 - Follow-up with any attendees for one-on-one support or referrals.
 - Record PSG attendance and group details. Congratulate those who have attended 10 sessions.



RESPOND Peer Support Group Session:

1. **Welcome**
2. **PSG Rules:** Ensure confidentiality and a safe space for care and support.
3. **RESPOND STORY:** Share a story relevant for this peer support group, such as *accepting HIV diagnosis or monitoring viral load*. Respond stories help ALHIV to understand the ups and downs that are normal in life, and the need to keep pushing through tough times to reach the top.
4. **REFLECT:** Help the group think about what the story means and how it connects to their own experiences with HIV. Ask questions to open the discussion.

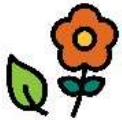
- How does it make you feel to hear this story?
 - What are you thinking about after hearing the story?
 - Could this happen in our lives? Why or why not?
 - What else could have been done in this situation?
 - How would this have changed the results of the situation?
5. **LEARN TOGETHER:** Help the group think about how the story and discussion helps them learn about life together. Ask questions to guide learning.
 - What did we hear from the story? And the discussion?
 - What do we understand from listening to these experiences?
 - What do we learn from the story for ourselves?
 6. **APPLY IN LIFE:** Help the group think about how the story and discussion helps them know what to do in their own lives. Ask questions to summarize.
 - How can we use these lessons in our lives?
 - How can we keep supporting each other as people living with HIV who have down times?
 - How can we be successful in our own lives? HIV positive? On ART? And AIDS Free?
 7. **APPRECIATE:** Give thanks for the challenges overcome in our lives and for those to come in the future. Let the group know when the next meeting will happen and encourage them to choose the next prompt & topic.
 - Follow-up with any attendees for one-on-one support or referrals.
 - Record PSG attendance and group details. Congratulate those who have completed 10 sessions.



GROW Peer Support Group Session:

1. **Welcome**
2. **PSG Rules:** Ensure confidentiality and a safe space for care and support.
3. **GROW STORY** Share a story relevant for this peer support group, such as *stigma & HIV rights, or AIDS free living*. Grow stories about ALHIV experiences help us to know who we are, our rights, and where we belong, as we develop from teenagers with HIV into AIDS Free adults.
4. **REFLECT:** Help the group think about what the story means and how it connects to their own experiences with HIV. Ask questions to open the discussion.
 - How does it make you feel to hear this story?
 - What are you thinking about after hearing the story?
 - Could this happen in our lives? Why or why not?
 - What else could have been done in this situation?
 - How would this have changed the results of the situation?
5. **LEARN TOGETHER:** Help the group think about how the story and discussion helps them learn about life together. Ask questions to guide learning.

- What did we hear from the story? And the discussion?
 - What do we understand from listening to these experiences?
 - What do we learn from the story for ourselves?
6. **APPLY IN LIFE:** Help the group think about how the story and discussion helps them know what to do in their own lives. Ask questions to summarize.
- How can we use these lessons in our lives?
 - How can we keep supporting each other as people living with HIV?
 - How can we be successful in our own lives? HIV positive? On ART? And AIDS Free?
7. **APPRECIATE:** Give thanks for the growth we have made in our lives and will in the future. Let the group know when the next meeting will happen and let them to choose the next prompt & topic.
- Follow-up with any attendees for one-on-one support or referrals.
 - Record PSG attendance and group details. Congratulate those who have completed 10 sessions.



SHARE Peer Support Group Session:

1. **Welcome**
2. **PSG Rules:** Ensure confidentiality and a safe space for care and support.
3. **SHARE STORY:** Share a story relevant for this peer support group, such as *secondary prevention* or *preparing to transition to adult care*. Share stories demonstrate what ALHIV have learned already and can help others – planting another seed to grow into a flower. Share topics include how to protect ourselves from re-infection, how to prevent transmission to others, and preparing for successful HIV care using adult services.
4. **REFLECT:** Help the group think about what the story means and how it connects to their own experiences with HIV. Ask questions to open the discussion.
 - How does it make you feel to hear this story?
 - What are you thinking about after hearing the story?
 - Could this happen in our lives? Why or why not?
 - What else could have been done in this situation?
 - How would this have changed the results of the situation?
5. **LEARN TOGETHER:** Help the group think about how the story and discussion helps them learn about life together. Ask questions to guide learning.
 - What did we hear from the story? And the discussion?
 - What do we understand from listening to these experiences?
 - What do we learn from the story for ourselves?
6. **APPLY IN LIFE:** Help the group think about how the story and discussion helps them know what to do in their own lives. Ask questions to summarize.
 - How can we use these lessons in our lives?

- How can we prevent HIV re-infection? How can we protect our sexual partners from HIV?
 - How can we be successful in our HIV treatment from pediatric (0-14 years) to adult care (15+)?
7. **APPRECIATE:** Give thanks for the challenges overcome in our lives and for those to come in the future. Let the group know when the next meeting will happen and let them to choose the next prompt & topic.
- Follow-up with any attendees for one-on-one support or referrals.
 - Record PSG attendance and group details. Congratulate those who have completed 10 sessions.

ANNEX 2. EGPAF Adolescent & Youth Peer Support Group: Attendance Form

- District: _____ Location: _____
- Type of group: _____
- Meeting space: _____

Sex	Name & Contacts DOB -Year/Month/Day Phone Number	Fill in Date on PSG Sessions Held															PSG #	Prompt / TOPIC
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
																	1	
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- Notes about this group:

ANNEX 3. Viral Load Monitoring

Adolescents are recommended to do viral load testing every 6 months. This tool can track peer support group attendees for One year of care.

Patient ID	Date	VL Result	Follow-up plan	Comments	Date	VL Result	Follow-up plan	Comments

ANNEX 4. EGPAF Adolescent & Youth Peer Support Group Feedback Checklist

Date: _____

District: _____

Location: _____

Time started: ____:____ Time ended: ____:____

Attendees: Males _____ Females _____ Type of group: _____ (in school, pregnant, married, etc.)

Meeting Space	Setting	Very	Somewhat	Almost not	Notes
	Safe				
	Private				
	Comfortable				
Session	<i>Steps</i>	Complete	Partial	Missed	
	Welcome				
	Club Rules				
	Confidentiality				
	Story				
	Reflection questions				
	Learning questions				
	Application questions				
	Appreciation				
	Next meeting & time provided				

	Attendees select next prompt				
	Steps	Complete	Partial	Missed	
	Invited to participate				
	Able to speak & be heard				
Tracking	Reporting completed				
	One-on-one follow-up & referrals provided				

Challenges noted during the session:

Overall feedback on the PSG session observed

Observer Name: _____ Signature: _____