



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*



Adolescent Treatment Literacy Guide For Use in Support Group Settings

Elizabeth Glaser Pediatric AIDS Foundation, Kenya
2018



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Description and Guidance

What is the Adolescent Treatment Literacy Guide?

The Adolescent Treatment Literacy Guide was developed to help adolescents understand HIV, antiretroviral (ARV) regimens, and the importance of adherence to HIV care and treatment. The guide also aims to help adolescents understand the importance of taking control of their lives, set life goals, and achieve their full potential alongside management of this chronic condition. The Adolescent Treatment Literacy Guide includes two documents:

- The Facilitator Manual
- A Flipchart

Who will utilize the Adolescent Treatment Literacy Guide?

The facilitator manual and flipchart are intended to be used together by a trained person, ideally either a health care provider (HCP), peer educator (also living with HIV and on ARVs) or adherence counselor, during support group meetings, or during facilitated small groups or community sessions with adolescents living with HIV (ALHIV).

How will the Adolescent Treatment Literacy Guide be used?

- The facilitator manual can be used during one-on-one sessions, in small group sessions, or in larger support group settings with adolescents.
- Ideally, all the modules should be followed in sequence. However, the facilitator is free to choose a specific topic he/she would like to cover with the adolescent/s.
- The facilitator should make the discussions as engaging and interactive as possible by allowing all the adolescents active participation throughout the sessions and by sharing his or her own knowledge and experiences.
- As the facilitator goes through each section of the module, he/she should show the corresponding flipchart that represents the key messages graphically for the participants to follow.
- The practical sessions are intended for building skills and reinforcing key messages.
- Each health facility should develop a schedule of how the different modules and sessions will be covered, and by which facilitator.
- Each health facility should complete all sessions in the Facilitator Manual at least once per year. The topics covered should be revisited as many times as the facilitator considers fit or as need arises.

Module Format



Activity

The icon above designates an activity. Activities are designed to be interactive components of the sessions, and will guide your discussions with the adolescents as you go through each module. Facilitators should review activities in advance to ensure they are well prepared for each session. Further reading where necessary is encouraged.



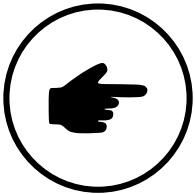
Facilitator's guidance

Some sections contain the flipchart icon. Facilitators should use the icons to help them reference the corresponding flipchart page. The facilitator should turn to the relevant flipchart page each time they see this icon.



Practical Exercise

Some of the modules include practical exercises. This may require prior preparation with specific materials. For example, a session might require writing in a notebook or bringing male and female condoms, contraceptives, or ARVs. The facilitator should review the practical session in advance to ensure he or she is well prepared for the session. Further reading where necessary is encouraged.



Note

The note icon provides additional information or clarifies the activities. The facilitator should use these notes to support or clarify any questions that adolescents might have.

Introduction

The World Health Organization (WHO) defines an adolescent as an individual of 10-19 years old. A youth is a person in the 15-24 years age group, while a young person is aged 10-24 years. The young person therefore encompasses both adolescents and youth. This guide will cover issues related to adolescents and youth who are living with HIV.

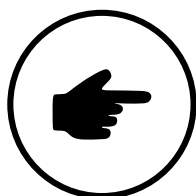
“Discover who you are”



Activity 1: Large group discussion

Begin this session by asking 3-5 adolescents to introduce themselves, stating their name, age, education level, and what they want to be when they grow up.

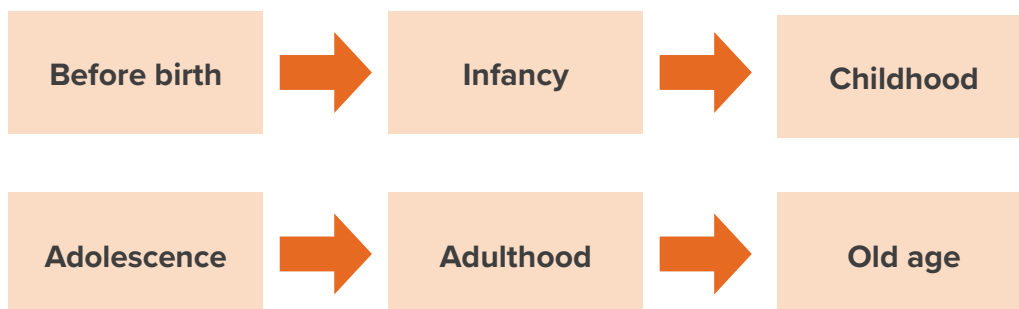
Ask another 2-3 adolescents where they would want to be in the next 5-10 years.



Reflect on the feedback from each of the adolescents and use a life-course approach to look at the different stages of life.

Life Course

The life course refers to the life stages that a person goes through such as infancy, childhood, adolescence, adulthood, and old age.



As an individual goes through the life course, he/she experiences the following:

- Growth and development; especially during infancy, childhood, and adolescence
- Biological changes (puberty)
- Psychological changes (mood changes)
- Social transition (social changes like going to school, getting a job, marriage, and having children)



Facilitator Guidance

Use **flipchart 1** to accompany this section.

Explain to the adolescents the life course approach and the social transitions associated with each stage.

“Dream your future”

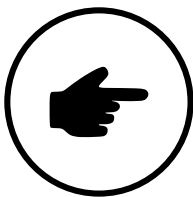


Activity 2: Individual exercise

Encourage the adolescents to visualize themselves as successful and capable of achieving their dreams.

Let each adolescent indicate on a piece of paper where they are in their life course, and outline the various steps it will take to get to where they want to be in the next five or more years. They should keep the illustrations they have developed as motivation.

Ask adolescents what skills and support they need to complete a successful life course.



What it takes to go through a successful life course:

- Identify something you are good at and pursue it with passion
- Stay healthy - take your ARVs and stay virally-suppressed
- Set your life goals and stay focused
- Be committed to anything that you have started or are assigned to do
- Be determined - believe you can do it, do not give up no matter the circumstances
- Identify positive values and establish a health value system
- Choose your friends wisely and have friends who share your values and your vision
- Maintain healthy relationships with family and your community; they can

help and advise you along your path

- Associate yourself with positive peers, avoid negative peer pressure and influence
- Eat a healthy, balanced diet
- Stay in school, focus on your goals, and work hard

As a result you can achieve the following:

- Good health
- Good education/vocational training
- A rewarding career
- Great family, friends, and healthy relationships
- Start a happy family and have children
- Be successful in your chosen field

“Think Barriers”



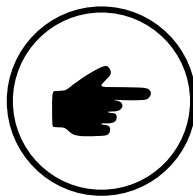
Activity 3: Small group discussions

Put the adolescents in groups of 10. Ask each group to identify a secretary and discuss the possible barriers to achieving one’s life goals. The secretary will note down those barriers.

Ask each group to note down how they can overcome these barriers and challenges in order to achieve their vision and their goals.

Let each group take turns presenting. The facilitator should clarify any issues that may arise during the group presentations.

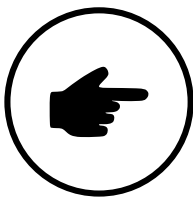
Compare the responses with the proposed answers below.



Possible barriers include:

- Falling sick often
- Dropping out of school
- Getting pregnant too early, while in school
- Lack of a supportive family environment
- Abuse of drugs and alcohol
- Giving up on life
- Negative peer pressure and influence

Overcoming obstacles/barriers



You should know that:

- You are strong, responsible, and valued
- You are not alone; many others are living with HIV in Kenya
- HIV should not limit your ambitions and aspirations
- Many others like you have already succeeded
- You can take responsibility for your health, education, and social life
- You are surrounded by a family, community, and HCPs who care about you and want you to grow up successfully
- Everyone encounters issues in life and

sometimes you need to make choices in regard to your life

- The choices you make affect you and the people around you
- Your choices may also affect your health and your future
- While peer pressure in life is expected, it’s important to distinguish between positive and negative peer pressure
 - Negative peer pressure may make you do things that you can harm you physically and emotionally
 - While positive peer pressure makes you do things that make you a better person and helps you to achieve what you want in life

Peer Pressure

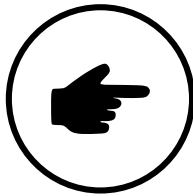


Activity 4: Large group discussion

Ask the adolescents to give you examples of positive and negative peer pressure they have seen or experienced.

Compare the responses with the proposed answers below.

Positive peer pressure	Negative peer pressure
<ul style="list-style-type: none"> • Religious support (by going to church or mosque) • Encouraging each other • Studying together • Adherence support • Engaging in sporting activities (playing football, volleyball, handball or running) • Peer to peer treatment support 	<ul style="list-style-type: none"> • Taking alcohol and drugs • Drug holidays - missing/skipping medications • Engaging in unprotected sex with a partner of unknown HIV status or unknown viral load • Taking injectable drugs • Dropping out of school • Stopping your ARVs



A note on alcohol and drug abuse

- When you are taking any prescribed medicines, you should avoid drinking alcohol (beer, spirits, wine, traditional brews like changaa or busaa, or other alcoholic beverages)
- You should not inject any drug, nor smoke cigarettes or marijuana or chew miraa
- Alcohol and drugs will negatively affect how your medicine works in your body and can also make you forget to take your medicine

Module I: Setting Goals

Module Instructions

In Module I the facilitator will take the adolescents through the process of setting goals. The module can be facilitated in one-on-one or small group sessions.

Suggested Facilitator:

- Adherence Counsellor
- Peer Educator (another young person living with HIV, on ARVs, who has achieved viral suppression)
- Clinician (Clinical Officer or Nurse) supporting adolescents at the Comprehensive Care Clinic (CCC)

Materials Needed: Notebooks, pen/pencil, and paper

Estimated Duration: 120 minutes

Target Group: All adolescents aged 10 – 19 years

Objectives:

By the end of this module, the adolescent should be able:

- To have a clear understanding of a goal
- To understand the process of setting a goal(s)
- To set individual goals

Module Sessions:

The module is comprised of three sessions with four activities. The activities can be delivered through brainstorming, individual activity, or small group discussions.

- Session 1.1 Identifying life goals
- Session 1.2 Process of setting goals
- Session 1.3 Setting a long-term goal

A goal is an idea of the future or desired result that a person or a group of people envisions, plans, and commits to achieve.

Goals are critical. They keep you focused on what's important, and allows you to make the best use of your 24 hours each day. When tackled correctly, they force you out of your comfort zone and help you grow more than you would without them.

Goals give you control of your destiny. Just by setting a goal, you are taking an active role in driving new and better results in your life. Having personal goals helps keep you going. They give meaning to your life and helps you feel good about yourself as you work towards and achieve them. Goals are critical steps you take on the path to your dreams.

Session 1.1 Identifying Life Goals



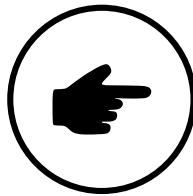
Activity 1: Small group discussions

In this session, we will think about health-related goals, sexual and reproductive health (SRH) goals, and school/career related goals.

Divide the adolescents into three groups and ask them to think about different life goals. Each group should identify a secretary to note down the different goals. Let each group present in turns.

Compare the responses with the proposed answers below.

Some of the adolescents' goals may include:



Health Goals

- Attending all clinic appointments as scheduled
- Taking medications as scheduled without missing doses
- Achieving viral suppression
- Sustaining viral suppression
- Attending psychosocial support groups (PSSGs) and Operation Triple Zero (OTZ) meetings
- Understanding my own health and how to successfully manage HIV
- Identifying treatment supporters through life and when appropriate, disclosing my HIV status

SRH Goals

- Understanding my body and SRH development
- Confident to communicate about SRH and HIV to future sexual partners
- Being prepared to refuse sex or consent to sex at the right time
- Delaying first sexual intercourse until ready to take responsibility

- Abstaining from sex while a minor
- Practicing safe sex by using condoms and contraceptives (for females)
- Planning for a family, a loving husband or wife, and having healthy children
- Protecting sexual partners from HIV transmission

School/Career Goals

- Getting a better grade in school
- Moving to the next class
- Completing primary school education
- Transitioning to high school
- Completing high school and reaching my potential in academics and extra curriculum activities
- Joining college or university or vocational training
- Completing higher education (mid-level college, vocational college, or university)
- Becoming self-sufficient through securing a job or self-employment after school/training
- Supporting yourself and your future family with your education and skills



Facilitator Guidance

Explain to the adolescents how to set a goal and achieve it. Use **flipchart 2** to accompany this section.

Session 1.2 Process Of Setting Goals

Teach the adolescents to dream big but start with small, manageable steps. This means breaking their dream into small, achievable goals. Goals are critical steps we take on the path to our dreams.

Goals are **DREAMS** with **DEADLINES**.

Questions to ask when setting a goal:

- What specifically do I want?
- Why do I want that?
- What specifically will it give me?
- How will I know when I have achieved it?
- How will I feel when that happens?



Activity 2: Individual activity

Ask each adolescent to set 2-3 goals he/she would like to achieve in the next 6-12 months. The goals can be related to health, SRH, and school or his/her career. Remind the adolescents that their short-term goals (6-12 months) should lead up to their long-term goals.

Review each adolescent's goals. Some of the adolescents who are willing can read out their goals to the rest of the team.

Setting Goals

Examples of Goals

- An adolescent with high viral load can set a goal to suppress the virus (<1000 cp/ml) over the next three months
- An adolescent who has been missing appointments can set a goal to attend clinic appointments as scheduled for the next six months.
- An adolescent who has achieved lower detection limit (LDL) status can set a goal to sustain the LDL status for the next year.

Read out some of the goals to the rest of the team.

Session 1.3 Setting A Long Term Goal



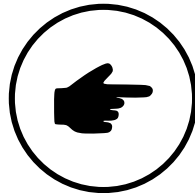
Activity 3: Guidance brainstorming session

Ask the adolescents to share about their dream job (long-term goal). Each adolescent should note this in their notebook.

Randomly ask the adolescents to share what their dream job is.

Now ask the adolescents to share how they plan to achieve the long-term goal.

Remember that short-term goals lead up to the long-term goal.



Examples of long term goals:

A professional footballer, a fashion designer, a pilot, a large-scale farmer, a hair dresser, a doctor, a nurse, a teacher, a journalist, a musician, etc.



Facilitator Guidance

Use **flipchart 3 and 4** to accompany this section: *The Footballer and The School Nurse*.



Activity 4: Brainstorming session

Ask the adolescents to tell you how they think Bahati will become a professional footballer and Maria will become a school nurse.

Help the adolescents relate short-term goals to a long-term goal.

Compare the responses with the proposed answers below:

Achieving a dream career/job:

Remind the adolescent that good health is the major asset to achieving other life goals. One must achieve their health goals before achieving any other life goal. Bahati and Maria achieved their health related goals first.

Health-related goals:

- Attending all clinic appointments as scheduled
- Taking medications as scheduled without missing doses
- Attending PSSGs and OTZ meetings
- Achieving viral suppression
- Sustaining viral suppression

School/career-related goals for Bahati:

- Getting a better grade in school and participating fully in extra-curricular activities
- Moving to the next class
- Completing primary school education
- Joining a secondary school
- Joining college or university
- Completing high education (college or university)
- Practicing/training in football skills
- Getting a football mentor
- Joining a local football club
- Joining an international football club

School/career-related goals for Maria:

- Getting a better grade in school
- Moving to the next class
- Completing primary school education
- Joining and completing secondary school
- Joining and completing college or university
- Securing a job as a school nurse

Module II: Understanding HIV & AIDS

Module Instructions

This module will enable adolescents understand HIV and AIDS, how HIV is and is not transmitted, and demystify myths and misconceptions about HIV and AIDS. The module has five activities which can be delivered through brainstorming in small or large groups.

Suggested Facilitator:

- Adherence Counsellor
- Peer Educator
- Clinician (Clinical Officer or Nurse) supporting adolescents at the CCC

Estimated Duration: 60 minutes.

Target Group: All adolescents aged 10 – 19 years

Objectives:

By the end of this module, the adolescent should be able:

- To understand HIV and AIDS
- To understand how HIV is transmitted/not transmitted

Module Sessions:

- Session 2.1 What is HIV?
- Session 2.2 HIV and CD4 cells
- Session 2.3 HIV transmission
- Session 2.4 How HIV is not transmitted
- Session 2.5 Understanding AIDS

Session 2.1 What Is HIV?

HIV stands for Human Immunodeficiency Virus, which is the virus that causes HIV infection. The abbreviation “HIV” can refer to the virus or to HIV infection.



Activity 1: Brainstorming session

Ask the adolescents what they understand by the term HIV and what each letter stands for.

Compare what the adolescents have told you with the answer below:

HIV: Human Immunodeficiency Virus

H: Human, meaning that only human beings get this virus. You cannot get infected from a pet or a mosquito.

I: Immunodeficiency, meaning the virus destroys your immune system and your ability to fight diseases.

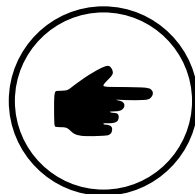
V: Virus. HIV is caused by a virus.

Session 2.2 HIV and CD4 Cells



Activity 2: Brainstorming session

Ask the adolescents what they understand about HIV in the body and CD4 cells.



HIV is a virus that attacks the body’s immune system, which is our body’s natural defense against illness. When untreated, the virus destroys CD4 cells, a type of white blood cell in the immune system. As HIV destroys CD4 cells, it gradually breaks down a person’s immune system and they become sick.

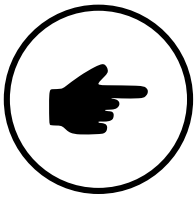
With early treatment, the body prevents multiplication of HIV so that CD4 counts remain high and there is less virus.



Facilitator Guidance

Use **flipchart 5** to demonstrate how the immune system works (CD4 cells).

Now wrap up this session by checking out what adolescents have understood about HIV and relate the answers to the ones provided below:



What have you learned about HIV?

- HIV stands for Human Immunodeficiency Virus
- Untreated HIV destroys immune cells known as CD4 cells
- Someone living with HIV, who is not receiving treatment, will find it increasingly difficult to fight off infections and diseases
- Effective antiretroviral therapy (ART) exists so that people living with HIV can live a normal, healthy life
- The earlier HIV is diagnosed, the sooner treatment can start, leading to improved long-term health
- HIV is a virus that can change, so treatment options are also changing to be more effective and easier to use over time.

Session 2.3 HIV Transmission

As HIV is multiplying in the body, it gets into body fluids such as blood, seminal fluids, vaginal secretions, anal fluids, and breast milk of breastfeeding women. HIV is transmitted through contact with, and exchange of, these body fluids.



Activity 3: Brainstorming session

Ask the adolescents, “How is HIV transmitted from one person to another?”

Compare what the adolescents have told you with the answers below:

<p>Unprotected sex – no condom or pre-exposure prophylaxis (PrEP)</p>	<p>This refers to sexual activity without using a male or a female condom or without PrEP. As a result, the uninfected person comes into contact with vaginal fluids, semen or anal fluids of the infected person. Use of PrEP provides ARV defense against HIV infection.</p>
<p>Rape</p>	<p>This refers to violence against a female or a male where they are coerced, tricked, or forced to have sex against their will. The uninfected person comes into contact with vaginal fluids, semen, or anal fluids of the infected person.</p>
<p>During pregnancy, childbirth, and breastfeeding</p>	<p>If an HIV-positive pregnant woman is not on HIV treatment, the virus can pass from her body to the baby during pregnancy, childbirth or breastfeeding (through breast milk).</p>
<p>Contaminated needles and other sharp objects</p>	<p>A person can get infected with HIV through sharing sharp objects or syringes that are contaminated with HIV-infected blood.</p>
<p>Blood transfusion & organ transplant</p>	<p>If a HIV-negative person receives blood transfusion or a body organ, for example a kidney, from a HIV-positive person, they can get HIV. This risk can be minimized through blood screening that is done before transfusion or organ transplant.</p>



Facilitator Guidance

Use **flipchart 6** to explain how HIV is transmitted.

Session 2.4 How HIV is Not Transmitted

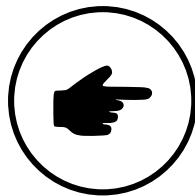
As we have learnt in the previous section, HIV is transmitted only through contact with blood and body fluids of an infected person.



Activity 4: Brainstorming session

Ask the adolescents about ways they think HIV cannot be transmitted from an infected person to another.

Compare what the adolescents have told you with the answer below:



HIV is not transmitted through:

- Insect bites, like mosquitoes bites
- Toilet seats or sharing bathrooms
- Kissing, hugging, or touching a person
- Sharing food or utensils such as spoons, cups, and plates
- Sneezes, coughs, sweat, and spitting
- Sharing beds
- Playing together
- Sharing pens



Facilitator Guidance

Use **flipchart 7** to explain to the adolescents how HIV **IS NOT** transmitted from one person to another.

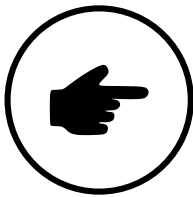
Clarify any myths and misconceptions from their responses.

Session 2.5 Understanding AIDS



Activity 5: Brainstorming session

Ask the adolescents to tell you what they understand by the term AIDS.



- Without treatment, HIV can gradually destroy the immune system and advance to AIDS. AIDS is the most advanced stage of HIV infection.
- **AIDS** stands for Acquired Immune Deficiency Syndrome
- **Acquired** means you get it from another person
- **Immune Deficiency** means a weakness in or lack of the body's ability to fight diseases
- **Syndrome** means it's not a single disease but a group of health problems/diseases that present together

The adolescents should understand that:

- AIDS can occur if HIV is not treated early and consistently. A doctor might call this 'advanced HIV infection' or 'late-stage HIV'.
- Treatment for HIV means that more people are staying healthier for longer, with fewer people developing AIDS.
- Being HIV-positive does not mean you have AIDS. If you take your treatment consistently, you can stay free of AIDS all your life. Thus, AIDS can be easily prevented.

Module III: Understanding Anti-Retroviral Therapy (ART)

Module Instructions

The purpose of this module is to ensure that adolescents understand ART, different types of ARV medications, how ARVs work, treatment side effects, and importance of adherence to ARVs, viral load and the benefits of viral suppression. The adolescents will also understand ARVs interaction with other drugs (legal and illegal) and how to manage the drug side effects. This module has eight sessions, seven activities, and four practical sessions. It can be facilitated through brainstorming, small group sessions and the practical sessions.

Suggested Facilitator: Clinician (Clinical Officer or Nurse) supporting adolescents at the CCC

Materials Needed: Notebooks, pen/pencil, foolscaps, and actual ARV pills of all regimens (1st, 2nd, & 3rd line) for the practical session.

Estimated Duration: This module may require up to a total of four hours (240 minutes). The facilitator should aim to cover two sessions per support group session.

Target Group: All adolescents aged 10 – 19 years

Objectives:

By the end of this module, the adolescent should be able:

- To understand ART, types of ARV medications, how ARVs work, and treatment side effects
- To understand the importance of adherence to ARV medication
- To understand viral load, how it is monitored and the benefits of undetectable viral load

Module Sessions:

- Session 3.1 Antiretroviral therapy (ART)
- Session 3.2 How ARV medications work
- Session 3.3 Understanding viral load
- Session 3.4 Viral load monitoring
- Session 3.5 Benefits of undetectable viral load
- Session 3.6 Types of ARV medications
- Session 3.7 ART side effects
- Session 3.8 ARV drug interactions with other medications

Session 3.1: Antiretroviral Therapy (ART)

ART is treatment of people living with HIV using anti-HIV drugs. The anti-HIV drugs are also called ARVs. The standard treatment consists of a combination of at least three drugs that stop HIV from multiplying or making more copies of virus inside a person's body. This reduces the amount of HIV virus in the blood, referred to as viral load (VL).

Three drugs are used in order to reduce the likelihood of the virus developing resistance. Three or two drugs can be combined to form a fixed-dose combination (FDC) of one pill.

ART has the potential both to prevent death and sickness/illness among people living with HIV, and to improve their quality of life.

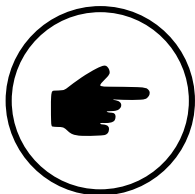
ART options are changing over time and for different circumstances and patients. HCPs will guide you on your options for your age, sex, weight, and treatment history.



Activity 1: Brainstorming session

Ask the adolescents to tell you what they know about ART.

Ask them to name some ART drugs that they know.



Health Goals

ART refers to HIV treatment with a combination of three or more ARVs.

Learning about your medication is important because you will know what they are, how they make you feel, and when to seek for help. You can also use the information to teach others.

Once you are diagnosed with HIV, you will be started on ART for life or until a cure for HIV is discovered.

Your treatment includes taking ARVs as well as other drugs prescribed by a HCP. Treatment options are unique for patients, by age, weight, clinical history, and even sex (male or female).

Some of the ARVs that are commonly provided include:

- Lamivudine (3TC)
- Abacavir (ABC)
- Atazanavir (ATV)
- Atazanavir/ritonavir (ATV/r)
- Zidovudine (AZT)
- Darunavir (DRV)
- Darunavir/ritonavir (DRV/r)
- Dolutegravir (DTG)
- Efavirenz (EFV)
- Etravirine (ETR)
- Emtricitabine (FTC)
- Lopinavir (LPV)
- Lopinavir/ritonavir (LPV/r)
- Nevirapine (NVP)
- Raltegravir (RAL)
- Ritonavir (RTV)
- Tenofovir Disoproxil Fumarate (TDF)

Other drugs include Septrin and Isoniazid (INH).

- Septrin helps in preventing other illnesses associated with HIV infection while Isoniazid helps to prevent TB.

To ensure that your treatment works properly you need to take all your medicines/drugs and keep your hospital appointments where your progress can be monitored, any side effects managed, and your treatment changed if necessary.

ARV drugs are taken for a lifetime or until a better version is available (better could be new tablet formulations, an injectable, a cure, or a vaccine) in order for you to stay healthy and achieve your dreams.

Session 3.2 How ARV Medications Work



Activity 2: Small group discussion

Divide the adolescents into small group of 5-10 adolescents.

Ask each group to discuss:

- How do you think ARVs work?
- What is a high VL?
- What is a low VL?
- What is an undetectable VL or LDL?

Each group should identify a secretary to note down their points.

Let each group present in turns.

Compare the responses with the proposed answers below.

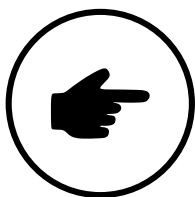
- Without ARVs, HIV multiplies in your body and the amount of HIV (VL) in your body increases, sometimes to millions of copies/particles. ARVs destroy the HIV and also stop it from multiplying in your body, lowers your VL, and helps boost your immune system.
- VL is measured through a blood test that estimates the amount of virus in the blood. It shows how well ART is working in the body. Suppressed VL less than 1000 copies/ml of blood is called viral suppression.
- Suppressed or low viral load (less than 1000 copies/ml) or undetectable (LDL) viral load means one is taking ARVs as instructed and they are working in destroying the virus and also stopping it from multiplying.
- An 'undetectable' or LDL viral load means that the viral load has reached such low levels that it cannot be detected by standard viral load tests, usually <40 copies/ml. Reaching an undetectable viral load is a key goal of ART.
- A high viral load (> than 1000 copies/ml) could mean that one is not taking their ARVs, or the ARVs are not working in your body.



Facilitator Guidance

Use **flipchart 8 and 9** to explain viral suppression.

Session 3.3 Understanding Viral Load



The adolescents should note that:

- Undetectable VL means there are too few copies of the virus in your blood to be counted/detected with a standard laboratory test but this does not mean you have been cured.
- It's desirable to maintain undetectable VL since this indicates that the ARVs are working well and your immune system is working at its optimum.
- Even if your VL is suppressed at the moment, you should continue taking your ARV medications to keep it suppressed at all times.
- If you stop taking your ARVs, the virus will start multiplying again and you will have a high VL. This is because the medications do not cure HIV or eliminate it from your body.
- Maintaining a suppressed VL for many years is possible; some people began taking ARV medication over 20 years ago and continue to do so.



Practical Session 1

Provide an example schedule of viral load collection for adolescents.

Ask the adolescents if they know when their next viral load test is due.

Each adolescent should note down on their notebook their current viral load.



Setting Viral Load Goal

Relate this session with goal setting.

- Ask each adolescent what they want their viral load to be the next time they are tested.

Guidance:

- Adolescents with high VL (>1000 copies/ml) can set a goal of achieving viral suppression (<1000copies/ml or undetectable or LDL)
- Adolescents with detectable <1000 copies/ml can set a goal of reaching undetectable or LDL
- Adolescents who have achieved undetectable or LDL can set a goal of remaining suppressed or sustaining the LDL
- Adolescents can ask their HCP to schedule a VL test if they are due per the national schedule

Session 3.4 Viral Load Monitoring

VL is checked at regular intervals.

When a person first begins treatment, it usually takes three to six months for the VL to become undetectable.

In Kenya, it's recommended that you are put on treatment for at least six months, and then have your VL checked by a health care provider to determine if your VL is undetectable. Afterwards, a VL test is done every six months for children, adolescents and young people.

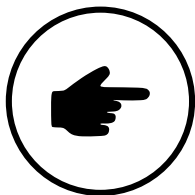
Session 3.5 Benefits Of Undetectable VL



Activity 3: Brainstorming session

Ask the adolescents to tell you what they think are the benefits of undetectable VL.

Compare what the adolescents have told you with the answer below:



Having undetectable VL means:

- That you are in control of the HIV and managing your condition
- Reduced chances of sexual transmission to your partner/s (boyfriend/girlfriend or spouse)
- Reduced chances of transmission to an unborn baby or a breastfeeding child
- It means good immunity and hence good health, no illnesses and deaths from AIDS

Remind the adolescents that having an undetectable VL isn't a constant state and if you stop taking your medication your VL will rise. It is important to remember that even if you have an undetectable VL, HIV is still present in your body. This means that if you stop taking treatment then your VL can increase, affecting your long-term health, and making HIV transmittable again.

Session 3.6 Types of ARV Regimens

There are different types of ARV drug regimens that work in different ways to destroy HIV and stop it from multiplying in your body. Only your HCP can prescribe ARV drugs or change your medication regimen.

ARV drugs are classified in three different regimens currently. These include:

- First line ARV drug regimens
- Second line ARV drug regimens
- Third line ARV drug regimens



Activity 4: Brainstorming session

Ask the adolescents to explain what they understand by 1st line, 2nd line, and 3rd line ARV drug regimens.



Practical Exercise 2

This session should be accompanied by actual demonstrations of the different pills in each regimen/category.

Explain to the adolescents the different ARV drug regimens under the different categories,

Ask the adolescents to identify the ARV drug regimens they are on and whether it is 1st line, 2nd line, or 3rd line ART.

Check the pills and let adolescents confirm.

Now explain to the adolescents the different ARV drug regimens:

1st line treatment regimens

- When you are started on treatment, your goal is to take your medication and stay on 1st line regimen for as long as possible. This is the best option.
 - First line treatment regimen is easy to take because you have fewer pills to swallow, it's readily available, and has fewer side effects.
 - You can be on 1st line treatment regimen for years if you take your medications correctly and without missing doses.
 - If your 1st line treatment regimen stops working, your VL will start rising and your immune system will become weak. This means the treatment has failed. Treatment failure can be a result of poor adherence to treatment or drug resistance (when the ARVs are said to have stopped working).
 - Your health care team will try to identify why your treatment is not working or help you to solve adherence challenge so that you can remain on 1st line regimens.
 - Those with a high VL will be asked to attend enhanced adherence counselling (EAC) sessions, have home visits, and a team will check out other things that are affecting your adherence.
 - Following EAC and a second VL test, the team of experts will assess your case. If the 1st line treatment regimen has failed, the HCP will switch you to 2nd line ARV regimen.

2nd line treatment regimens

- After confirming treatment failure and the patient committing to adherence, your provider can switch you to a 2nd line regimen. This however means you have fewer treatment options in the future.
 - You may have more pills to take and this may cause different side effects.
 - If you are on 2nd line, take it strictly without missing doses.
 - You can stay on 2nd line for years if you take your medications correctly and without missing doses.
 - When your viral load starts going up when you are on 2nd line medication it means you are not taking your medication or that the 2nd line treatment has stopped being effective, what is commonly called treatment failure.
 - Your health care team will try to identify why your treatment is not working through EAC, home visits, and checking other things that influence your adherence.
 - If it's the 2nd line regimen that has failed, the HCP will discuss your treatment with a team of experts. A blood test to check drug resistance will be done to help the team decide on the best ARV drug combination for your 3rd line regimen.

3rd line treatment regimens

- If 2nd line regimen fails you will be put on 3rd line ARV medications. You will be switched to 3rd line ARV medications after consultations with a team of experts for your unique ARV needs. The combination of medications will differ person to person as it depends with the virus resistance that a person has acquired over a period of time.
- 3rd line treatment is not easy to take because you have more pills to swallow, they are not readily available, they are more expensive, and have more side effects.
- However, you can still be on 3rd line treatment for years if you take your medication without missing doses.

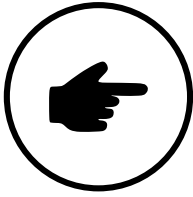


Practical Exercise 3: Goal setting

Ask the adolescents to note down on their notebooks their different medication schedules.

Each adolescent should set a goal to take their ARV medications as per their schedule without missing doses.

This goal should relate to the viral suppression goals that adolescents set earlier.



Remind the adolescents:

- To adhere to the ARV drug regimen that they are taking, to prevent them from being switched to the next regimen due to treatment failure.
- Remember that their goal should be to take medications as per the schedule without missing doses to reduce the chance of treatment resistance
- Whichever line of treatment one is on, to adhere to the medication as advised by the HCP
- This will keep the VL down and help one lead a normal, healthy life
- Adolescents should have their medicines nearby in a safe place
- Understand that taking your medicine will not lead to a cure but will help you live a fulfilling life

Session 3.7 ART Treatment Side Effects

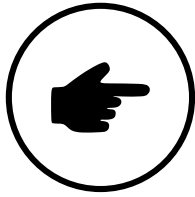
Explain side effects in a common way. Consider an example of walking a long distance or helping in the shamba. When you work hard, a side effect is something that happens as a result of this action or change, like feeling tired, thirsty, or having sore/painful muscles.

Medicine can also have side effects.



Activity 5: Brainstorming session

Ask adolescents to name some of the side effects they experienced when they started treatment.



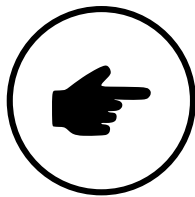
When you are initiated on ART, you may experience side effects that last a few or more days. Ideally, these side effects should stop once you get used to taking the ARVs. Some of the short-term side effects can include:

- Feeling tired
- Nausea (feeling like vomiting)
- Vomiting
- Diarrhea
- Headache
- Fever
- Muscle pain
- Occasional dizziness
- Lack of sleep
- Sleeping too much
- Feeling hungrier than usual



Activity 6: Brainstorming session

Check with the adolescents if the side effects are still present or if they subsided over time. Most ARVs side effects will subside with time.



Note:

- If you are taking HIV medicines and develop any side effects, do NOT reduce the amount of medicine you are taking, skip, or stop taking them
- Report the side effect to your HCP immediately or come back to this clinic
- Always tell your HCP about any side effects that you are having
- Your HCP can determine the cause of the side effect, consider available options, and recommend ways to treat or manage the side effect



Practical Exercise 4

Ask the adolescents to tell you what they did when they experienced side effects.

Discuss whether these methods worked.

Identify adolescents currently experiencing side effects and provide support on how to overcome the side effects.

Session 3.8 ARVs Interactions with Other Medications

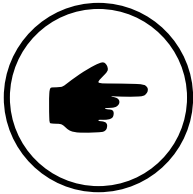
Some medicines may interfere with ARVs and reduce their effectiveness or ARVs can also interfere with the effectiveness of other drugs.



Activity 7: Brainstorming session

Ask the adolescents if they know of any medicines/medications that may interfere with the ARV drugs in your body.

Ask them to name these medicines/ medications



Examples of prescribed drugs that may interfere with ARVs include

- Anti-TB drugs
- Drugs that treat people with epilepsy or convulsive disorders
- Family planning pills or implants

It is therefore important to let your HCP know other medications that you are taking either for a short time or a longer time. They will confirm if they are ok to take with your ARVs, or if you should take a different medication that will work better with your ARVs. It can also help decide if you need to change the dosage of the ARV drugs or the other medicines.

Avoid herbal medicine since they may interfere with ARV drugs and may also damage some of your organs like the liver and the kidney.

Also remind adolescents that illegal drugs and alcohol also interfere with ARVs.

Module IV: Taking Control

Module Instructions

The purpose of this module is to equip the adolescents with knowledge on taking charge of their treatment and their whole life. It focuses on how to plan clinic visits, adherence, treatment monitoring and frequency, avoid treatment failure, nutrition support, creating a support network, and mental health.

This module has seven sessions, 12 activities, and two practical sessions. It can be facilitated through brainstorming, small group discussions, and the practical sessions.

Suggested Facilitator:

- Adherence Counsellor
- Peer Educator
- Clinician (Clinical Officer or Nurse) supporting adolescents at the CCC, and/or
- Nutritionist (where possible)

Materials Needed: Notebooks, pen/pencil, foolscaps

Locally available sources of balanced diet for practical session

Estimated Duration: This module covers a broad range of issues and may require up to a total of four hours (240 minutes). The facilitator should aim to cover two sessions per support group session where possible.

Target Group: All adolescents aged 10 – 19 years

Objectives:

By the end of this module, the adolescent should be able:

- To explore the importance of planning and keeping clinic appointments
- To have a broader understanding on the importance of adherence and treatment monitoring, as well as treatment failure
- To learn more on the importance and sources of balanced diet
- To understand their support network
- To understand their mental health

Module Sessions:

- Session 4.1 Planning your clinical visit
- Session 4.2 Adherence to ARVs
- Session 4.3 Treatment monitoring
- Session 4.4 Treatment failure
- Session 4.5 Food, diet and nutrition
- Session 4.6 My support network
- Session 4.7 Mental health

Taking control means taking charge of your treatment and your life and it is important because you will understand how best to take your medication, how to avoid substance abuse and maintain low viral load in your blood. When you decide to take control of your treatment, it also means you will adhere to your clinical appointments and your ARVs in order to remain virally suppressed.

Session 4.1 Planning Your Clinical Visit

All adolescents should know the date of their next clinical appointment and plan appropriately for the clinical visit.

Put your appointment date in your diary or phone or mark it on a calendar so that you don't forget.



Activity 1: Brainstorming session

Ask the adolescents some of the things they can ask/discuss with the HCP during their clinical visit.

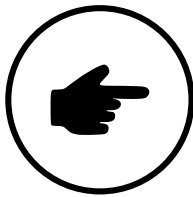
- Ask about any changes you notice (physical or feelings) symptoms you may have
- Discuss any challenges you may have that may make it difficult to use take your ARV drugs
- Inform the HCP of any changes in your routine schedule that may interfere with your medication schedule. For example:
 - Going to school earlier than usual
 - Transition from day school to a boarding school
 - Moving away from home in search of work
 - Going to college
- Make sure you know or find out:
 - Your current CD4 count and/or VL
 - Due dates for the next CD4 count and VL test
 - Names of the medicines you are taking – both ARV drugs and any other medications you are taking for other conditions, including family planning pills or implants

Session 4.2 Adherence to ARVs



Activity 2: Brainstorming session

Ask the adolescents to tell you what they understand about the term “adherence”.



Adherence is the ability to follow a treatment plan, take medications at prescribed times and frequencies, and follow restrictions regarding food and other medications. It could also mean the ability to take ARVs as advised by the HCP:

- At the right time; this usually means taking your pills every day at roughly the same time
- At the right dose; take all the pills as advised, do not take some and leave some

Note:

Once you start HIV treatment, it's important that you take your pills every day at about the same time (a convenient time so you won't miss it).

Your HCP will explain how many pills to take, how often to take them, and whether you should take them with food.

HIV treatment can only work if you always take it properly.

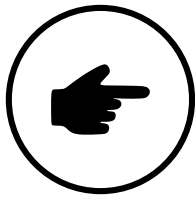
If you have problems taking it, or you have questions or concerns about your treatment or health, it's really important to tell your HCP.

If your medicine is almost finished before your next clinic appointment, you should get a refill from your health facility.



Activity 3: Brainstorming session

Ask the adolescents to tell you some of the things they should **NOT DO** with their ARV drugs.



What you should NOT DO with your medicine:

- Miss a dose or doses of medicine
- Stop medicine for a day or many days (taking a “drug holiday”)
- Take medicines at the wrong times
- Take medicines without following instructions about food or diet
- Miss one or more appointments at the clinic, lab, or pharmacy
- Share medicine with other people
- Throw away unused medicine or use ARVs for other purposes
- Take some medications and leaving out some
- Stop your medications with a claim of miracle healing or a religious blessing
- Use herbal medicines

If you lose drugs, if taking medicine makes you feel ill, or if you plan to be away, you should inform your HCP.

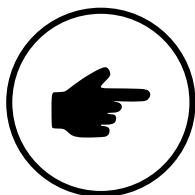
Session 4.3 Treatment Monitoring

Laboratory tests are important to assess how well ART is working in your body.



Activity 4: Brainstorming session

Ask the adolescents to name some of the tests that are done for their treatment monitoring.



The two important monitoring tests are:

- CD4 cell count test
- VL test

The CD4 count test is a blood test which shows the strength of your immune system. When you start taking treatment your CD4 count will go up.

The other test used to monitor HIV is called the VL. This is also a blood test, and it gives an indication of the level of HIV in your body. The aim of HIV treatment is to lower your VL and then to keep it as low as possible.

Frequency of Monitoring

VL testing is done six months after initiation on treatment and every six months thereafter if one has achieved viral suppression.

CD4 cell count test is done at the beginning of treatment and repeated every three to six months thereafter.



Facilitator Guidance

Use **flipchart 10** to accompany this section.

Explain to the adolescents that when they adhere to their ARVs, the VL goes down and the CD4 count goes up, strengthening their immune system.

Session 4.4 Treatment Failure

HIV treatment can fail to control the multiplication of HIV in the blood, this is called treatment failure.



Activity 5: Brainstorming session

Ask adolescents to list the different ways one can develop treatment failure.

Treatment can fail because:

- The medicine you are taking has stopped working
- The virus is not responding to the ARV drugs you are taking
- For some reason, you have not been taking ARV drugs on time or as prescribed
- Something happened and you have stopped taking ARV drugs altogether
- You have a reinfection with a resistant virus from someone with a resistant virus

When treatment fails, your viral load will go up and your HCP will try to find out why your treatment is failing.

You will undergo three months of EAC to discuss your challenges and possible solutions to improve adherence. You may be asked to identify a treatment supporter or if needed, a case manager. In some cases, adolescents can be helped at home or school with direct observed therapy (DOTs).

Your VL will be repeated after three months of EAC.

If your VL is still high after three months of EAC with good adherence, your treatment will be changed to the next available option.



Practical Exercise 1

Encourage the adolescents to share a life experience of how they overcame adherence challenges or successfully changed treatment regimens (due to resistance) and how they took control of their life to achieve viral suppression.

Session 4.5 Food, Diet, and Nutrition

Adolescents living with HIV should aim to eat a balanced diet at all times. They should also learn to cook and prepare healthy food for themselves, their family, or friends so they can take care of this as they grow up.

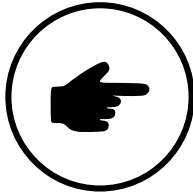
Adolescents who are underweight – perhaps because HIV was already making them ill by the time they were diagnosed – or overweight, or if the adolescent has any particular dietary problems or side-effects that make it hard for them to eat well, might benefit from talking to a HCP for nutritional counselling and support.

Nutritional assessment and counseling should be part of HIV care for all adolescents, irrespective of their nutritional status, treatment, and food insecurity.



Activity 6: Small group discussion

Ask the adolescents to tell you the different food groups that comprise a balanced diet.



A balanced diet contains the proper proportions of carbohydrates, fats, proteins, vitamins, minerals, and water necessary to maintain good health



Facilitator Guidance

Use **flipchart 11** to accompany this section.

Explain to the adolescents the different food groups and their importance. Emphasize the importance of maintaining a balanced diet at all times.



Activity 7: Small group discussion

Ask adolescents to name some of the locally-available foods under each food category below.

Food group	Sources
Carbohydrates	Ugali, rice, sweet potatoes, yams, cassava
Fats	Cooking fat/oil, ground nuts
Proteins	Meat, fish, omena, eggs, beans, green grams, milk.
Vitamins	Local vegetables, sukuma, fruits
Minerals	Milk
Water	Clean water sources or treated water



Practical Exercise 2

In groups of four or five, ask adolescents to plan a meal that would comprise a balanced diet. Encourage them to choose from locally-available foods.

Session 4.6 My Support Network

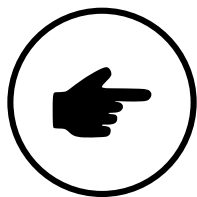
All adolescents need a strong support network to help manage the many changes and development. Living with HIV feel like these changes are especially challenging. The support system will help you adhere to your medication and make the right decisions about your health and your life. Your support network also helps you through some of the tough times during your treatment journey. There are special people who will help and support you in different ways with your treatment for HIV. These may be people in your family, among your friends, community, in our churches or mosques, and at school. These are also the people who you have chosen to tell that you are HIV-positive because you trust them.



Activity 8: Brainstorming session

Ask the adolescents to identify people who they relate to frequently, people who they share with joys and sadness, and people who they can go to for help.

Then once the adolescents mention these people, the facilitator can then explain that these are support networks.



Support networks can include:

- Family members
- Friends
- Neighbors
- Peers
- Schools/community
- Members of your religious community
- Hospital staff
- Community health workers (CHWs) and volunteers

Find out who can be a possible supporter by answering the following:

Add a tick mark (✓) next to each name as it relates to each of the following statements.

- Who do you talk to most days?
- Who can you talk with openly?
- Who can you share your problems with?
- Who do you share your problems with and they help you solve these problems?
- Who makes you feel good about yourself and your decisions in life?
- Who can trust with private information?
- Who can you ask for help with HIV issues?



Facilitator Guidance

Use **flipchart 12** to accompany this section.

(People who can support the adolescent)



Activity 9: Small group discussion

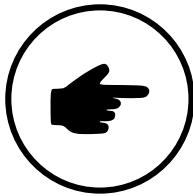
Divide the adolescents into five groups and ask them to think how the different people in their support networks can help them in life and also assist them in adhering to clinic appointments and to ARV drugs.

The different groups will discuss **Family, School, Hospital, Friends/Peers, and the Community.**

Each group should identify a secretary to note down their points.

Let each group present in turns.

Compare the responses with the proposed answers below.



Family	<ul style="list-style-type: none">• Provide you with a loving supportive environment• Remind you to take drugs regularly• Your treatment buddy• Provide basic needs; food, clothes, shelter, education• Provide you with family psychosocial support• Provide (DOT• Transport to clinics• Pay school fees and encourage you to work hard• Provide basic needs
School	<ul style="list-style-type: none">• Provide psychosocial (emotional and social) support• Stores your medicine and reminds you to take medicine• Allows you to access to your medicines during lessons or preps• Allows you to go for clinical appointments• Provide you a strong foundation for positive value system• Address your fears, social issues about treatment and your future• Encourage you to achieve your dreams and aspirations• Protect you against stigma and discrimination

Hospital	<ul style="list-style-type: none"> • Provide you with a friendly and supportive environment to talk about your treatment • Remind you about your appointments • Make you feel safe and that you belong • Provide you with mental and emotional guidance • Answer questions about your treatment • Educate you on your medication • Part of psychosocial support group and OTZ clubs
Peers	<ul style="list-style-type: none"> • Are a social network • Can listen and relate to your experiences growing up with HIV • Can offer fun times and normalize life with HIV • Are accepting and won't stigmatize you • Encourage you to take care of yourself and stay AIDS free • Can act as your role model and share advice, lessons • Some are treatment buddies
Community	<ul style="list-style-type: none"> • Provide a social support system, including psychosocial support • Can help with DOTs • Can provide a safe space for meeting with peers or others taking ARV drugs and for collection of ARV drugs • Can help reduce stigma and discrimination towards people living with HIV

Session 4.7 Mental Health

Mental health includes your emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Stress

Stress is a reaction to a situation where a person feels threatened or anxious. Stress can be positive (e.g., preparing for a wedding) or negative (e.g., dealing with a natural disaster or the death of a loved one). Every person (adults, teens, and even children) gets stressed at one time or another.

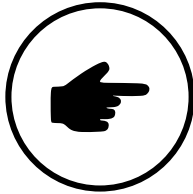
Stress can be beneficial. It can help people develop the skills they need to deal/cope with difficult situations throughout life.

Stress is not helpful when it prevents a person from taking care of themselves or their family.



Activity 10: Brainstorming session

Ask the adolescents to identify some of the signs and symptoms that someone may be having stress.



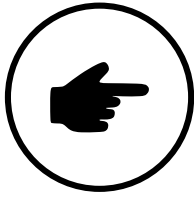
The symptoms of stress may be physical or emotional:

- Disbelief, shock, and numbness
- Feeling sad, frustrated, and helpless
- Fear and anxiety about the future
- Feeling guilty
- Anger, tension, and irritability
- Difficulty concentrating or sitting still
- Difficulty making decisions
- Crying
- Wanting to be alone
- Loss of appetite or overeating
- Sleeping too much or too little
- Nightmares or bad memories
- Recurring thoughts of the event
- Headaches, back pains, and stomach problems
- Increased heart rate, difficulty breathing
- Smoking or use of alcohol or drugs
- Feeling constantly fatigued/tired.
- Trouble falling asleep
- Pulling away from people and usual activities/activities that interested you previously
- Having low/no energy
- Having persistent thoughts and memories you can't get out of your head
- Thinking of harming yourself or others
- Suicidal thoughts



Activity 11: Brainstorming session

Ask the adolescents to mention some of the people they can go to in case they experience any of the above signs and symptoms.



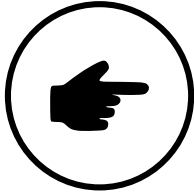
The adolescent can reach out to:

- HCPs
- Family members
- Close friends and peers
- Support group members
- Favorite and trusted teacher
- School matron
- A religious leader



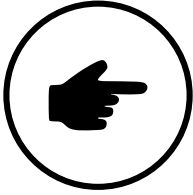
Activity 12: Brainstorming session

Ask adolescents to mention some of the ways they healthy ways they can cope with stress.



Healthy ways to cope with stress:

- Take care of yourself.
 - Eat healthy, well-balanced meals
 - Exercise on a regular basis
 - Get plenty of sleep
 - Give yourself a break if you feel stressed out
- Talk to others. Share your problems and how you are feeling and coping with a parent, friend, counselor, doctor, or religious leader.
- Avoid drugs and alcohol. These may seem to help with the stress. But in the long run, they create additional problems and increase the stress you are already feeling.
- Take a break. If news events are causing your stress, take a break from listening or watching the news.
- Use your What's App network or support group to talk about stress and find solutions.



NOTE:

- Some people who experience mental health problems have trouble taking their HIV treatment properly and may miss doses, skip appointments, or not eat a healthy and balanced diet.
- Do not hesitate to tell your HCP if you experience any of these feelings for more than two weeks.
- Your HCP will conduct a mental health assessment, to determine the severity of your mental health problem.
- Depending on the severity of your symptoms, your HCP may suggest psychological counselling or medication.

Module V: HIV Prevention

Module Instructions

This module will equip adolescents with knowledge on HIV prevention. It focuses on prevention of HIV transmission/re-infection, prevention of mother to child transmission, condom use, PrEP, partner testing, pregnancy prevention/planning, sexually transmitted infections (STIs), and sexual violence.

Facilitation Style:

This module has eight sessions, 10 activities, and four practical sessions. It can be facilitated brainstorming, small group sessions, and the practical sessions.

Suggested Facilitators:

- Adherence Counsellor
- Peer Educator
- Clinician (Clinical Officer or Nurse) supporting adolescents at the CCC

Materials Needed:

- Notebooks, pen/pencil, foolscaps
- Male and female condoms, penile model, vaginal model, Truvada pill, different contraceptive methods (oral pills, IUCD, implants, injectable, etc.)

Estimated Duration: This module may require up to a total of five hours (300 minutes) or more due to the practical sessions. The facilitator can aim to cover at least two sessions per support group day.

Target Group: Adolescents 10-19 years; some sessions may target adolescents 15 – 19 years, though sexually-active adolescents aged 10 – 14 years may be included in some sessions as appropriate.

Objectives:

By the end of this module, the adolescent should be able:

- To learn more about prevention of HIV transmission and re-infection
- To gain more knowledge on prevention of mother to child transmission (PMTCT)
- To learn more on condom use, PrEP, partner testing, STIs, and safer sex
- To gain knowledge on pregnancy prevention/planning
- To equip adolescents with skills on how to handle sexual violence/abuse

Module Sessions:

- Session 5.1 Prevention of HIV transmission/re-infection
- Session 5.2 Prevention of mother to child transmission
- Session 5.3 Condom use
- Session 5.4 PrEP

- Session 5.5 Partner testing
- Session 5.6 Pregnancy prevention /planning
- Session 5.7 STIs
- Session 5.8 Sexual violence

This module focuses on the different ways that we can prevent HIV transmission from one person to another. IF you are HIV positive and on ART, you will feel healthy and may have the same desires as HIV-negative people, including the desire for sex and the desire to have children. It is therefore important to understand how to protect yourself from getting re-infected or infecting your sexual partner. At the point you desire to have children, you should seek advice from your HCP in order to have HIV-negative children.

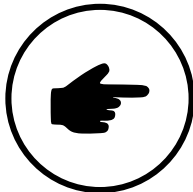
Session 5.1 Preventing HIV Transmission/Re-Infection



Activity 1: Brainstorming session

Revisit the discussion on how HIV is transmitted from one person to another.

Ask the adolescents to tell you quickly how HIV is transmitted.



Remember HIV is spread from an HIV-positive person to a person who is HIV-negative. You can only transmit HIV if the body fluids (semen, blood, vaginal fluids, anal fluids, and breastmilk) get into the body of the HIV-negative person.

HIV is transmitted through:

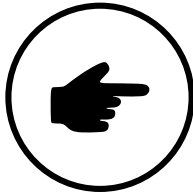
- Unprotected sexual intercourse with an HIV infected person and detectable viral load
- Blood and blood products
- Through mother to child transmission (during pregnancy, delivery and through breast milk)
- Through sharing of contaminated sharp objects (needles, razor blades, etc.)



Activity 2: Brainstorming session

Ask the adolescents to tell you how they can protect themselves from getting re-infected or infecting another person.

You can protect your loved ones (boyfriend or girlfriend) from getting HIV by:



Getting to viral suppression	<p>If your viral load is suppressed, the chances of transmitting the virus to your sexual partner are reduced.</p> <p>When your viral load is so low that it can't be detected by a laboratory test, then there is a very low chance of HIV transmission.</p>
Sexual risk avoidance	<p>For your HIV-negative partner, encourage other HIV prevention means to reduce their risk of HIV acquisition, while you continue to take ARVs and track your VL. This includes voluntary medical male circumcision for males and PrEP for males and females.</p> <p>If you have multiple partners, you can work on reducing the number of partners or being sure to use a condom with partners of unknown HIV status.</p>
Be faithful	<p>If you already have a sexual partner of known HIV status, both of you should agree to be faithful to each other after you have achieved viral suppression.</p>
Condoms	<p>Using a female or a male condom correctly and every time you have sex can protect your sexual partner from getting HIV.</p>
Dual protection	<p>Use condoms and contraceptives to reduce risk of unplanned pregnancy while sexually active.</p>
Sharing needles and other sharp objects	<p>Do not share needles, razor blades, and other sharp objects with your friends or other family members.</p>



Facilitator Guidance

Use **flipchart 13** to accompany this section.

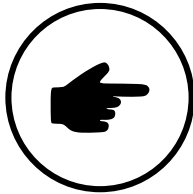
Session 5.2 Prevention of Mother-To-Child Transmission

Begin this session by telling the adolescents that it's possible for a person living with HIV to have a healthy pregnancy and have an HIV-negative child/children.



Activity 3: Brainstorming session

Ask the adolescent to tell you what one can do to have an HIV-negative child/children.



- If you intend to get pregnant, seek advice from your HCP. They will advise you on monitoring your VL to ensure it is low and reducing risk to your partner if HIV-negative (with PrEP) during conception and pregnancy.
- If you find out that you are pregnant, visit a health facility immediately for antenatal care (ANC)
- Continue taking your ARV drugs without missing a dose
- Make sure you give birth in a health facility and not at home
- Once your baby is born, give your baby all the medications as advised by your HCP
- Your HCP will advise you on when to bring the baby for an HIV test (early infant diagnosis)
- Breastfeed **exclusively for six months** without giving other foods, including water
- Continue taking your ARV medications correctly throughout the breastfeeding period
- Take your baby for **ALL** clinic visits as advised by your HCP in order for the baby to receive all the recommended vaccines



Practical Exercise 1

Setting Goals

Remember the SRH goals we set in Module 1.

Ask the adolescents to set a goal/s in regard to PMTCT.

Each adolescent should note down their goal/s on a notebook.

Some of the SRH goals may include:

- Delaying start of sexual intercourse
- Abstaining from sex
- If one cannot abstain then; reduce risk by:
 - Practicing safer sex using condoms consistently and correctly
 - Use of contraceptives for pregnancy prevention/planning
 - Planning pregnancy in order to have HIV-negative children
 - Take ARV drugs as prescribed to achieve viral load suppression to avoid transmitting HIV to sexual partners

ARV drugs lower your VL, which makes it less likely that HIV will be passed on. For this reason, it is important that all women with HIV who are pregnant or breastfeeding stay on ART to prevent HIV being transmitted to their baby. Anyone living with HIV who is in a relationship with someone who does not have HIV (a discordant or mixed-status relationship) should also take ARV drugs treatment to prevent HIV transmission to sexual partners. An HIV-negative person in a discordant relationship can also take ARV drugs to prevent them from being infected (PrEP).

Session 5.3 Condom Use

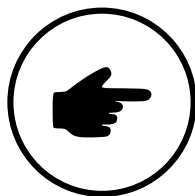
A condom is a thin piece of rubbery material that fits over a man's penis (male condom) or a woman's vagina (female condom) during sex, forming a barrier to protect you from STIs including HIV, and unplanned pregnancy. Use a condom correctly and every time you have sex. Discuss condom use with your sexual partner.



Activity 4: Small group discussions

In groups of four to five adolescents, ask the adolescents to tell you where he/she can get condoms.

Compare to the possible answers below.



- Hospital condom dispensers
- A HCP in consultation rooms
- Kiosks
- Chemist
- Supermarket
- Borrow from a friend
- Bars and restaurants



Facilitator Guidance

Use **flipchart 14 and 15** to accompany this section.

Show the adolescents the male and female condom.

If possible, demonstrate the use of the female and male condoms using vaginal and penile models.

Encourage discussions on how to negotiate condom use among sexual partners



Practical Exercise 2

Male condoms

Female condoms

Vaginal model

Penile model

Steps on how to conduct practical session

Male Condom

You'll find instructions on the condom packet, but here are a few simple steps:

1. Check the date on the condom hasn't passed. An out of date condom is more likely to break.
2. Check the packet is in good condition; not torn and not expired.
3. Open the packet carefully so you don't rip or damage the condom. Avoid using your teeth, scissors, or razor blades and be careful with sharp fingernails.
4. The penis needs to be erect before the condom is put on. Always put the condom on before the penis touches a woman or man's genitals or mouth.
5. Condoms come rolled up. Place one on top of the erect penis and pinch the teat at the end of the condom before you start to roll it down the penis. By doing this you'll squeeze out any air bubbles and ensure there is room for the semen (cum).
6. Roll the condom down to the base of the penis. If it's on correctly it will roll downwards easily. If you've started putting it on the wrong way or you're not sure then take it off and try again. Even if the man hasn't ejaculated (cum) there can still be semen on his penis (pre-cum), so it's important to try again with a new condom.

How to remove a male condom

Only take the condom off when the penis has been withdrawn completely but while the penis is still erect. Most men lose their erection very soon after they cum so don't wait too long to pull out the penis from the vagina, as this risks semen spilling out, or the condom slipping off. Always use a new condom if you have sex again.

Female Condom

How to use a female condom

Though they may seem discouraging at first, female condoms are easy to use with a bit of practice.

You will find instructions in the packet and you can also get advice about how to use a female condom from a sexual health professional. Here are the steps:

1. Check the expiry date and that it appears in good condition.
2. Take the female condom carefully out of the packet so as not to rip it (don't use your teeth or scissors, and be careful with sharp fingernails).
3. Sit, squat, lie, or stand in a position you find comfortable, similar to how you would insert a tampon. Squeeze the smaller ring at the closed end of the condom and insert it into your vagina as far as it will go, making sure that it doesn't twist. The large ring at the open end of the female condom will cover the area around the vaginal opening – it is normal for this part to sit outside your body.
4. When you have sex the penis should enter into the female condom, rather than between the condom and the side of your vagina. You can help guide your partner into you to ensure it goes in the right place.
5. After sex, twist the large ring to prevent semen from leaking out and gently pull the female condom out.
6. Always use a new female condom each time you have sex.

Remember, don't double up! Using a female condom at the same time as a male condom can cause friction and the condoms will be more likely to split.

Session 5.4 Pre-Exposure Prophylaxis (PrEP)

What is PrEP?

PrEP is a course of HIV drugs taken daily by HIV-negative people most at risk of HIV to reduce their risk of HIV infection. It involves taking daily pills until advised by the HCP to stop. Your HIV-negative partner should use PrEP if you are in an ongoing sexual relationship.

Truvada is currently the only drug approved for use as PrEP. Truvada is a single pill that is a combination of two anti-HIV drugs.



Facilitator Guidance

Use **flipchart 16** to accompany this section. (PrEP-Truvada)

Show the adolescents actual bottle of Truvada and the pills.

How does one start PrEP and how long should they take it?

- The person must take an HIV test before starting PrEP to be sure that they don't already have HIV.
- The HIV-negative person should take PrEP for at least seven days before having unprotected sex.
- PrEP should be taken every day for it to work most effectively and provide the highest level of protection.
- While the person is taking PrEP, they should visit a HCP for regular check-ups.
- Unlike HIV treatment, people do not stay on PrEP for life. PrEP is normally taken for periods of months or a few years when a person feels most at risk of HIV.

If you want to know more about PrEP discuss with your HCP.

Session 5.5 Partner Testing

You need to encourage your spouse/partners to go for HIV testing or use an HIV self-test kit. If your partner tests HIV-negative, he or she can learn how to avoid getting infected with HIV. If your partner tests HIV-positive, you can learn how to prevent re-infecting each other. Your partner will be able to support you better if they know your HIV status. A discordant couple is when one person in a sexual relationship is HIV-positive and the other is HIV-negative.



Facilitator Guidance

Use **flipchart 17** to accompany this section.

Ask the adolescents if they would accompany their sexual partner for HIV testing.

Session 5.6 Pregnancy Prevention/Planning

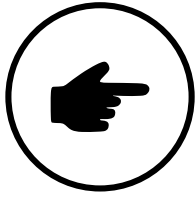
You could be a sexually active adolescent girl and you are still in school or you do not want to have a baby yet. Or you could be a sexually active adolescent boy and do not want your girlfriend to have a baby yet. Birth control is a safe and easy way to prevent pregnancy. Sexually active young people have a right to access modern contraceptives/birth control methods.



Activity 5: Small group discussions

This session should be done in small groups of 5-10 adolescents.

Ask the adolescents to list the available methods of birth control that they know of.



The following are the recommended methods for birth control:

- Oral contraceptive pills
- Injectable
- Implants
- Intrauterine contraceptive devices (IUCD)
- Condoms

Emergency pills can be used to prevent pregnancy in case of an unprotected sex but should not be used as a regular birth control method. For the pills to work, they should be taken within 72 hours after unprotected sex.



Facilitator Guidance

Use **flipchart 18** to accompany this section.



Practical Exercise 3

(For adolescent girls aged 15-19 years)

Bring the actual contraceptives methods for demonstration.

Take the girls through each method and how it works.

Give each adolescent girl a paper to write their name and if they would want a contraceptive method.

Follow up with the girls who want a method and ensure they have been counselled on contraceptive methods and that they get the service.

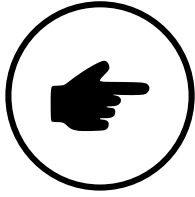
Setting Goals

Remember the SRH goals

Ask the girls to set a goal/s in regard to pregnancy prevention. Each girl should record their goals on a notebook.

SRH Goals

- Abstaining from sex
- If one cannot abstain;
 - Practicing safer sex and use condoms (male or female)
 - Use of contraceptives for pregnancy prevention/planning
 - Having HIV-negative children
 - Not transmitting HIV to sexual partners



Contraceptives allows you to enjoy sex without the fear or the risk of getting pregnant. You will even enjoy more when you use condoms every time you have sex.

Session 5.7 STIs

STIs are infections that can be acquired or passed on when you have unprotected sex, or close sexual contact, with another person who already has an STI. STIs generally affect the sexual organs but may also spread to other parts of the body.

Symptoms of STIs

STIs often have no signs or symptoms (asymptomatic). Even with no symptoms, however, you can pass the infection to your sexual partners. So it's important to use protection, such as a condom, during sex. You should also visit your doctor regularly for STI screening so you can identify and treat an infection before you can pass it on.



Activity 6: Brainstorming session

Ask the adolescents to list the symptoms of STIs in girls and boys.

Signs and symptoms may include:

Girls	Boys
<ul style="list-style-type: none">• Abnormal vaginal discharge• Pain or burning when urinating• Sores in your genital area/private parts• Pain in lower abdomen• Pain during sexual intercourse• Vaginal itching• Bleeding in between your periods	<ul style="list-style-type: none">• Discharge from the penis• Pain or a burning feeling when urinating• Sores in your penis or genital area/private parts• Swelling in your genital area/private parts• Testicular pain• Itching or irritation inside the penis

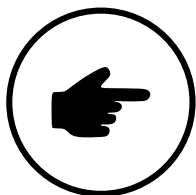
If the adolescent has any of the above symptoms they should discuss with the HCP as soon as possible for proper diagnosis and treatment. Do not fear telling your HCP because an untreated STI can lead to long-term medical complications.



Activity 7: Brainstorming session

Ask adolescents to tell you how they can prevent STIs.

Compare the adolescent's responses with suggested answers below.



Abstinence from sex

Condom use

Vaccines can prevent certain STIs like genital warts and hepatitis B, cervical cancer



Practical Exercise 4

Setting Goals

Remember the SRH goals we set in Module 1.

Ask the adolescents to set a goal/s in regard to prevention and treatment of STIs.

Each adolescent should note down their goals on a notebook.

Setting Goals

Some of the SRH goals include

Ask the girls to set a goal/s in regard to pregnancy prevention. Each girl should record their goals on a notebook.

SRH Goals

- Abstaining from sex
- If one cannot abstain:
 - Practicing safer sex using condoms consistently and correctly
 - Use of contraceptives for pregnancy prevention/planning
 - Visiting a health facility if they notice any signs and symptoms of STIs
 - Seeking treatment for STIs promptly

Session 5.8 Sexual Violence

Sexual violence means that someone forces or manipulates you into unwanted sexual activity when you do not want to.

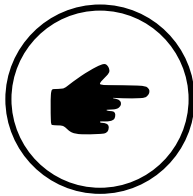
Anyone can experience sexual violence; including children, adolescents, adults, and the elderly. You are more likely to experience sexual violence from a person known to you; a husband, father, brother, cousins, teacher, caretaker, friend, or neighbor.



Activity 8: Brainstorming session

Ask the adolescents to highlight some of the areas where sexual abuse may occur.

Compare the adolescent's responses with suggested answers below.



- Homes
- Schools
- Places of worship
- Streets
- Places of work
- Entertainment places (clubs, bars, disco matangas etc)
- Bushes
- House parties



Activity 9: Brainstorming session

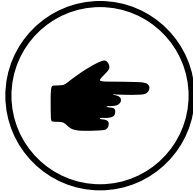
Ask the adolescents what they would do in case they experience sexual abuse.

- Find a safe place away from the abuser for example run to a trusted friend, relative, religious setting
- Keep the evidence e.g. **do not** bathe, **do not** change or clean the clothes, **do not** wash your hands
- Go to the nearest health facility to seek medical assistance – do not be afraid to tell the HCP what has happened



Activity 10: Brainstorming session

Ask the adolescents to name some of the services that are available after rape/sexual abuse.



- History taking
- Medical examination and sample collection from your body
- Emergency pills to prevent pregnancy
- Counseling to help deal with post-rape trauma
- STI screening and treatment
- Completing post-rape care (PRC) forms and supporting reporting to police/authorities if you consent

Sexual abuse can happen to anyone, avoid being alone with a person of the opposite sex in a closed place or walking alone in the dark at night. Do not accept gifts and favors from strangers, especially those of opposite sex because it may lead to them demanding sex from you in return.

Module VI: Transition

Module Instructions

This module focuses on transition and is aimed at equipping the adolescents with knowledge and skills on how to handle different transitions in their lives. The adolescents, together with the facilitator(s), will brainstorm different types of transition and how best to tackle them.

This module has four sessions, five activities, and two practical sessions. It can be facilitated by brainstorming, small group sessions, and the practical sessions.

Suggested Facilitators:

- Adherence Counsellor
- Peer Educator
- Clinician (Clinical Officer or Nurse) supporting adolescents at the CCC

Estimated Duration: 120 minutes. Transition workshops may take longer and should be allocated time as needed.

Target Group: All Adolescents aged 10 – 19 years

Objectives:

By the end of this module, the adolescent should be able:

- To understand transition and how it affects adherence to medication, clinic attendance, health, and life in general
- To understand the different types of transition and how to tackle them

Module Sessions:

- Session 6.1 Transition
- Session 6.2 Preparing for transition
- Session 6.3 Transition seminars/workshops
- Session 6.4 Transition process

Session 6.1 Transition

Transition refers to the process or period of changing from one state or condition to another. Everyone experiences a transition period every now and then. Some transition periods are easy and may go unnoticed, while others may be stressful and require prior preparation and planning as well as flexibility in order to make them bearable and less emotionally draining for the adolescents.



Activity 1: Small group discussions

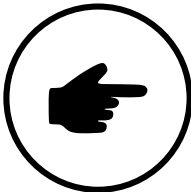
Put adolescents in groups according to their age groups

- 10-14 years
- 15-17 years
- 18-19 years

Ask the adolescents to name some of the periods in life when one is likely to undergo transition.

Each group should identify a secretary to note down their points.

Let each group present in turns.



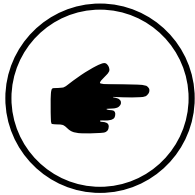
Note:

- Common periods of transition include:
- Childhood to adolescence
- Adolescence to youth and adulthood
- Nursery school, to lower primary school, to upper primary school
- Day school to boarding school
- Primary school to secondary school
- Secondary school to college/university
- Single, to married, to having children
- Parental care to self-care: being supported by parents to working and relying on self



Activity 2: Brainstorming session

Ask the adolescents to name some of the difficult transitions they have gone through in their lives and how they affected adherence to their medication, clinic attendance, health, and life in general.



Transition from:

- Primary to boarding schools
- Adolescence to youth
- Childhood to adolescence (disclosure, coming to terms with your HIV status, taking responsibility of yourself)
- Secondary school to college/university (lifestyle change, new friends, coping with new environment, stigma, disclosure to friends and sexual partners)

Session 6.2 Preparing for Transition



Activity 3: Small group discussion

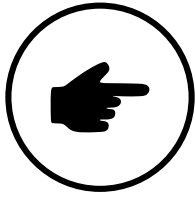
Put the adolescents in four small groups.

Ask the adolescents to highlight some of the ways in which the different transitions can be made easier.

- Day school to boarding school
- Primary school to secondary school
- Secondary school to college/university
- Graduating from the adolescent clinic to adult clinic

Each group should identify a secretary to note down their points.

Let each group present in turns.



Transition	Consider the following:
<p>Day school to boarding school</p>	<ul style="list-style-type: none"> • Think about your medication schedule; how can it be adjusted to fit into your boarding school life? • Who will be your treatment supporter/buddy? • When will you take your medication? • Where will you store your medications? • Who will you disclose your HIV status to? • Who will be your friends? • What will you do to excel academically?
<p>Primary school to secondary school</p>	<ul style="list-style-type: none"> • Think about your medication schedule/timing and how it will fit into your secondary school life • Who will be your treatment supporter? • When will you take your medication? Will you need to adjust your medication schedule/timing? • Where will you store your medications? • Who will you disclose your HIV status to? • Will the school have a supportive teacher or a matron?
<p>Secondary school to college/university/work</p>	<ul style="list-style-type: none"> • Think about your medication schedule and how it will fit into your college/university life. • Who will be your treatment supporter? • When will you take your medication? Will you need to adjust your medication schedule? • Where will you store your medications? • Which clinic will you attend for your reviews and medication? Can you do that with the school schedule? • Who will you disclose your HIV status to? • Will there be a support group at your college/ university/ work? • How will you protect your sexual partner from getting HIV? • When will you disclose your status to your sexual partner?

Transition	Consider the following:
<p>Graduating from the adolescent clinic to adult clinic</p>	<ul style="list-style-type: none"> • Have I planned for transition? • Do I have all my important information ready - treatment regimen, current VL and next viral load, remaining ARVs? • Who will be your treatment buddy from the adolescent clinic? • Which clinic will you attend for your reviews and medication? • Who will you meet at the adults' clinic and how will you adjust to the new environment? • When will you take your medication? Will you need to adjust your medication schedule/timing? • Is there a different or easier schedule (with fewer visits) at the adult clinic? Or to pick up ARVs?

Session 6.3 Transition Seminars/Workshops

The facility should organize for transition workshops for adolescents who are transitioning through different stages. Where applicable, invite the caregivers (parents/guardians) to the transition workshops.

The following are some of the transition workshops that a facility can organize:

- Day school to boarding school transition workshops
- Primary school to secondary school transition workshops
- Secondary school to college/university/work transition workshops
- Adolescent to youth/adult clinics transition workshops

Day school to boarding school transition workshops and primary school to secondary school transition workshops

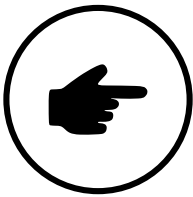
Identify adolescents in the clinic who are transitioning to boarding, primary, or secondary school.

Invite the adolescents and their caregivers for a transition workshops.



Activity 4: Small group discussion

Ask the adolescents and their caregivers to highlight some of the anticipated fears and difficulties when transitioning to a boarding, primary, or secondary school.



Examples:

- Medication schedules/timing
- Drug storage
- Clinic attendance
- Psychosocial support
- Diet and nutrition
- Disclosure; disclosure to the school administration (teacher or school matron)
- Disclosure to fellow students



Practical Exercise 1

Each adolescent and the caregiver should develop a clear plan on how they will cope with the transition.

The adolescent should note their transition plan in their notebook.

Discuss the transition plans with the caregivers and the adolescents.

When will the transition workshops be conducted?

- Transition workshops should not be a one-off workshop
- They should ideally be conducted during ALL the school holidays (April, August, and December)
- Facility staff should identify adolescents who are transitioning or have recently transitioned and invite them for the workshops
- The workshops can be conducted on the same day as the PSSG or OTZ Club

Secondary school to college/university/work transition workshops

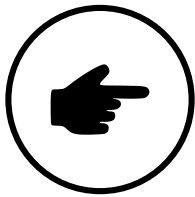
Identify adolescents in the clinic who are transitioning from secondary school to college/university/work.

Invite the adolescents/youth and their caregivers for transition workshops.



Activity 5: Small group discussion

Ask the adolescents/youth and their caregivers to highlight some of the anticipated fears and difficulties when transitioning to college/university/work.



Examples:

- Medication schedules
- Drug storage
- Clinic attendance
- Psychosocial support
- Diet and nutrition
- Disclosure:
 - Disclosure to fellow students
 - Disclosure to sexual partners
- HIV prevention; how to protect potential sexual partners



Practical Exercise 2

Each adolescent/youth and the caregiver should develop a clear plan on how they will cope with the transition.

The adolescent/youth should note their transition plan in their notebook.

Discuss the transition plans with the caregivers and the adolescents/youth.

When will the transition workshops be conducted?

- Transition workshops should not be a one-off workshop
- They should be conducted during ALL the school holidays (April, August, and December)
- Role models/mentors; invite other youth who have already transitioned to talk to the adolescents/youth and their caregivers

Adolescent to youth/adult clinics transition workshops

As the adolescents mature into adulthood, all the facilities should consider starting youth clinics for 20-24 year olds. Transitioning to youth clinics before adult clinics will make the whole transition process easier for the adolescents. Adolescents/youth who chose to transition directly to adult clinics should be allowed to do so.

Session 6.4 Transition Process

Transition is a process, not an outcome. It should not be a one-off event. Adolescents/youth will need support in their transition to adult care as they learn to independently manage their own health and HIV.

The following should be taken into account during the transition process:

- Review the adolescent's medical history, encourage them to discuss their fears and concerns about their care and medicines, as well as identify benefits and opportunities within adult care as they grow up (such as fast-track care, family clinics, men's groups, and other service models available)
- Always assess the adolescent's readiness before transition, only transition adolescents who are ready
- Pregnant adolescents and married adolescents should be prioritized
- Adolescents who have attained the age of 20 years but is still in primary/secondary school should not be transitioned
- Invite adolescents who are already in the youth clinic/adult clinic to serve as mentors or role models for those who are transitioning
- Schedule a visit to the youth/adult clinic, so that adolescents can learn more about the services and familiarize themselves with the HCPs before the transfer
- Transition the adolescents in cohorts (groups of three to five adolescents), if possible, so that the adolescents can support one another
- Develop a transition plan; a multidisciplinary team should develop a facility transition plan with inputs from the adolescents and their caregivers; the plan should be reviewed on a quarterly basis
- Have a follow-up plan for transitioned adolescents

Reference: Adolescent Package of Care: A health care provider guide to adolescent care, 30th July 2014, page 75-77.

Transferring an adolescent to youth/adult clinic

In order to transfer the adolescent to adult clinic the following should be taken into account:

- Willingness to transition (or graduate) to adult care
- Age: should be at least **20 years of age**
- The adolescent should fully understand their medication and the importance of adherence
- They should be fully adherent to their medication and clinic appointments and virally suppressed. **Do not transition adolescents who are not virally suppressed.**
- Adolescents should have attained **full disclosure** of their HIV status
- All transitioned adolescents should be in a support group

Reference: Adolescent Package of Care: A health care provider guide to adolescent care, 30th July 2014, page 75-77.

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