Welcome!

- Welcome

- Introductions

- Expectations

Session Objectives

✓ Become familiar with the Red Carpet Program (RCP) model

✓ Understanding bi-directional linkages between health care facilities and schools

✓ Understanding elements for RCP responsive schools

✓ Becoming familiar with RCP tools for schools

✓ Developing action plans for RCP implementation

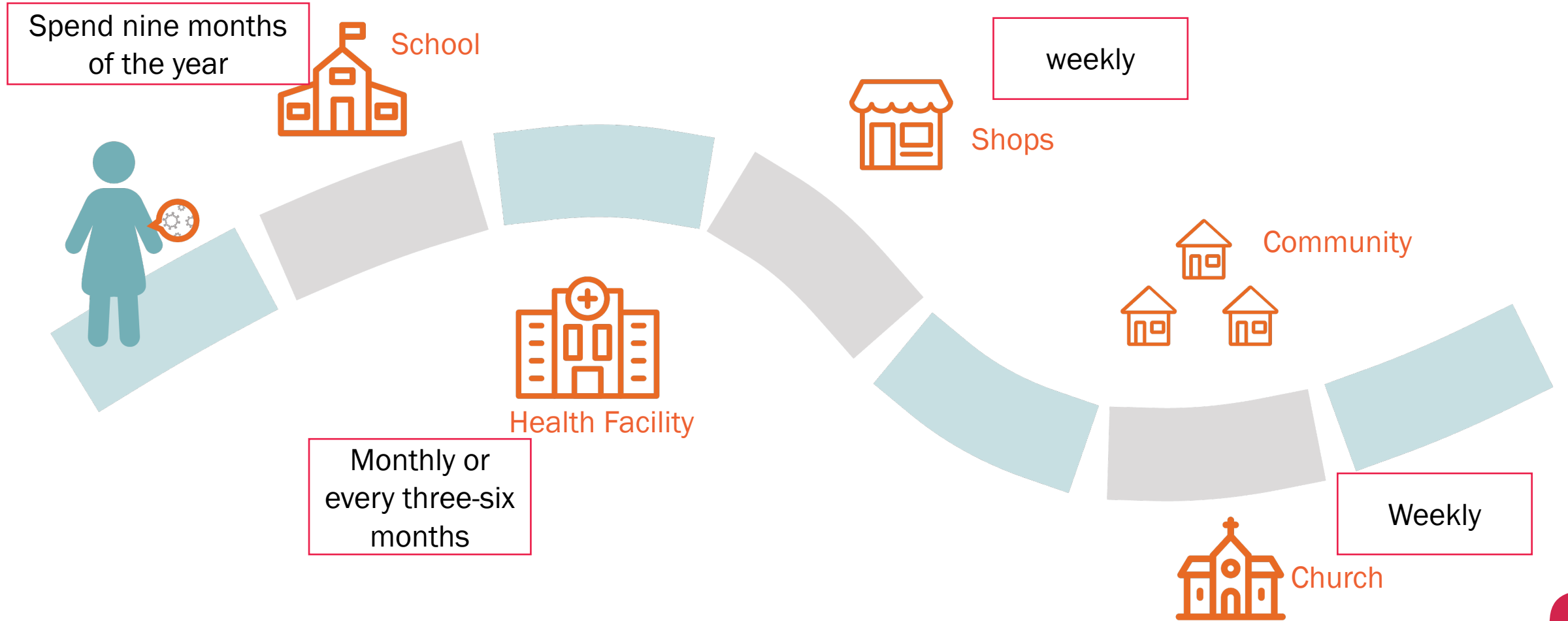**RED CARPET**

Session Agenda

- Objectives of RCP in responsive schools

- Setting up an RCP responsive school

- Adapting the model to local context

- Case studies

Communities Relevant for Adolescents Living with HIV: Broader Than Just Health

AYLHIV Need Tailored Support in School Communities to Assist Uninterrupted Care and Treatment

School

Shops

Community

Health Facility

Church

Schools become communities for many students – especially in boarding schools

RED CARPET

Communities in RCP

- ## Schools
  - Adolescents and young people spent a significant amount of time in school settings – whether boarding or day schools
  - Teachers, peers become their community

- ## Youth advisory body
  - Adolescent and young people participate in committees at the facility, sub-county, and county level

RED CARPET

Introduction to the Red Carpet Program

RCP is a package of services at the facility and in the community to **increase the linkage and retention on HIV treatment for adolescents and youth (10-24 years) living with HIV (AYLHIV)** including:

➢ Fast-tracked approach to reduce barriers to accessing HIV services at the facility

➢ VIP experience and youth-friendly staff at both facilities and schools

➢ Peer navigators to increase engagement

➢ Strong bi-directional school-facility links to support access to friendly and responsive services

RCP Responsive Schools

Activity: Exploring Benefits/Challenges of School Engagement

- In small groups (2-5 people) make a list of challenges and benefits of implementing school-based support for AYLHIV

Challenges	Benefits
1. 2. 3.	1. 2. 3.

- Take 10 minutes, then return and make a master list

RED CARPET

RCP Responsive School Services

School = Community

- Day or boarding schools
- Schools provide critical environment to ensure AYLHIV have support for care, adherence, and positive living

Supportive Enviorments for Learners Living with HIV

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

School-based AYLHIV Support

- Disclosure support

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

- Psychosocial support
- Retention support for clinic appointments

- School-wide stigma reduction

Bi-directional Linkages to Health Care Facilities

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

RCP Responsive Schools at Different School Levels

- Children, adolescents, and youth attending school transition to various school levels while also developing as individuals

- Their needs change as should the support provided in their environments

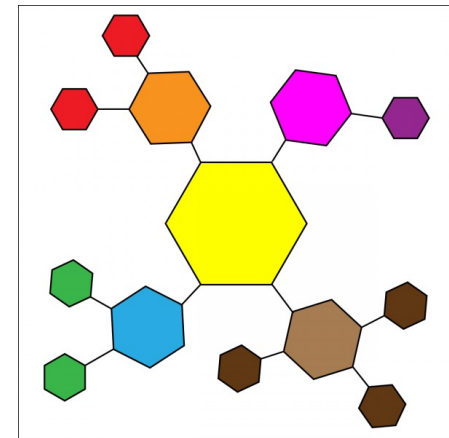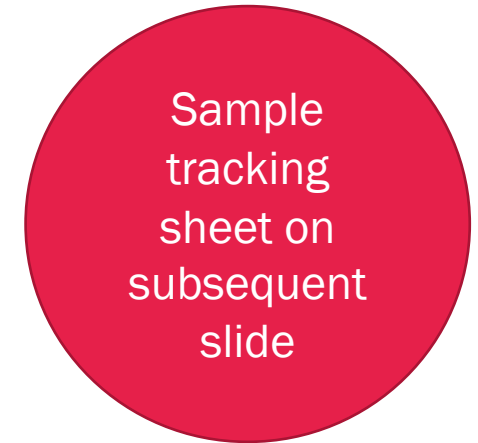| PRIMARY	SECONDARY	TERTIARY
• Support of parents/caregivers and family remains critical.	• AYLHIV newly diagnosed and enrolled on ART need additional psychosocial support and counseling to cope with their HIV status.	• AYLHIV attending tertiary-level programs often choose to keep their HIV status private.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

Objectives of RCP in Responsive Schools

- Strengthen community, school, and health facility collaboration to ensure all AYLHIV keep clinic appointments, are retained in care, and achieve and maintain viral load suppression

- Engage and build capacity of teachers and all caregivers on treatment literacy and adherence support for adolescents and youth

- Mainstream HIV and AIDS literacy and support activities in schools to reduce stigma and increase HIV knowledge

- Establish school-led systems and support existing structures of psychosocial support (PSS) including disclosure, peer support, and treatment buddies

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

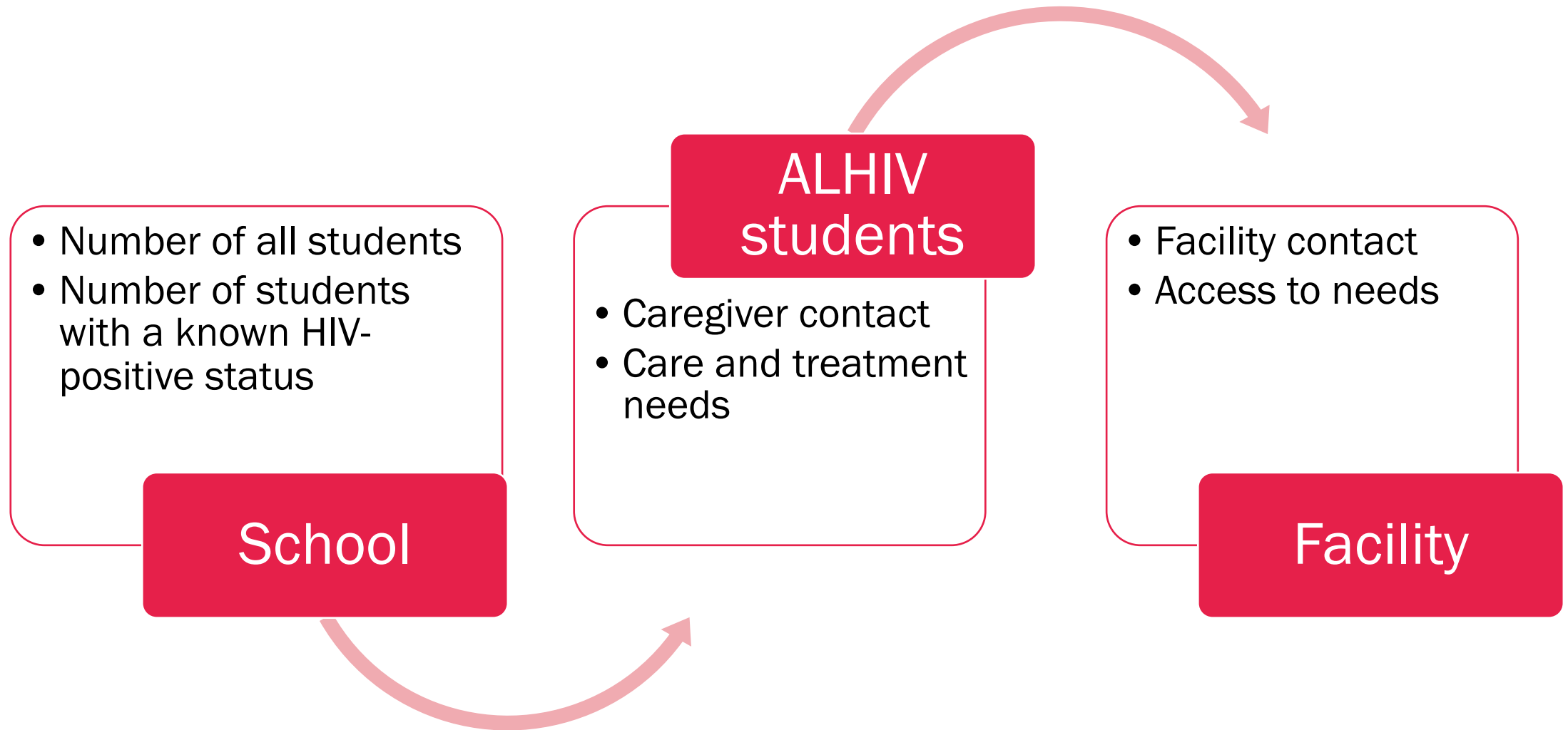# Setting Up an RCP Responsive School

Step 1. Map School Attendance by AYLHIV at Facility Level—Plan and Prioritize School Engagement

- Mapping students living with HIV to identify which facilities they attend—and vice versa—provides information to facilities as to which schools they attend (note whether local or distant facilities).

- The benefit is to be able to delineate the type and amount of support AYLHIV need.

- This can be broadened to capture care/support information beyond AYLHIV and to those who have chronic conditions—will result in reduced stigma around HIV

Sample tracking sheet on subsequent slide
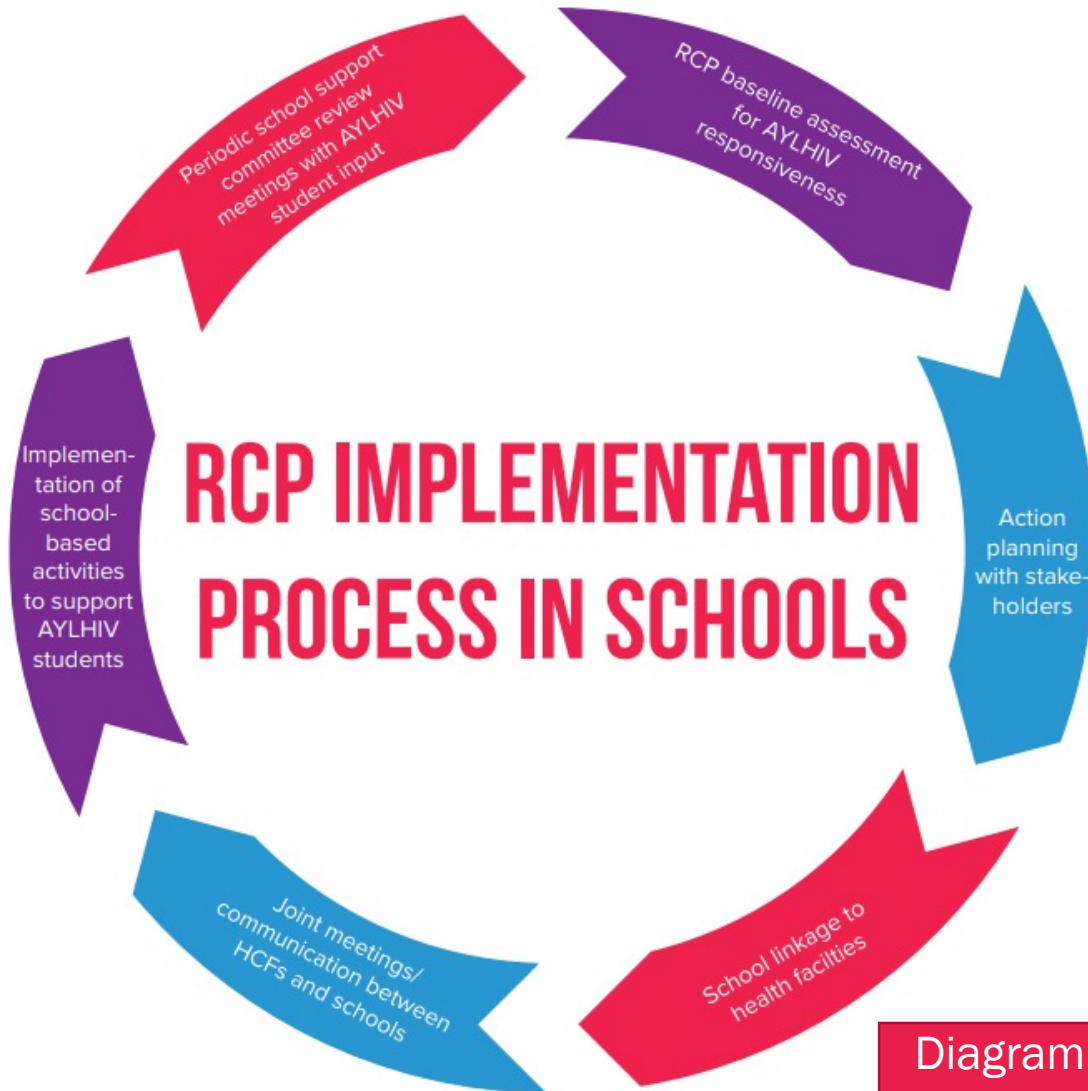
School Mapping

School
- Number of all students
- Number of students with a known HIV-positive status

ALHIV students
- Caregiver contact
- Care and treatment needs

Facility
- Facility contact
- Access to needs

School Student Health Tracking Sheet

Student ID	Age	Parental consent (<15yrs)	Caregiver contact	School grade	Facility name	Family contact	Medicine	Last appoint ment	Last refill date	Access to counsellor	Support group access	Notes	Updated date

Is this feasible, practical? - reflections

RCP Implementation to be Context Responsive

RCP IMPLEMENTATION PROCESS IN SCHOOLS

- RCP baseline assessment for AYLHIV responsiveness
- Action planning with stake-holders
- School linkage to health facilities
- Joint meetings/ communication between HCFs and schools
- Implementation of school-based activities to support AYLHIV students
- Periodic school support committee review meetings with AYLHIV student input

Diagram on page 29 of the RCP package

- School activities should be selected by school staff and other stakeholders

- RCP interventions should be selected to contribute significantly to the needs identified for AYLHIV in the context of their community and school

- The decision can be informed by the results of the mapping exercise in identifying areas to prioritize

Step 2. Engage Relevant Stakeholders

- Groups of stakeholders
  - ✓ Schools and health authorities (local, regional/district, national)

  - ✓ Staff and providers at the schools and health facilities (parents, teachers, matrons, healthcare workers, lay personnel at facilities)

  - ✓ AYLHIV students

  - ✓ Parents/caregivers

RED CARPET

Step 2. Engage Relevant Stakeholders

Why do you engage these diverse stakeholders?

- Ensure buy-in and collaborations
- Coordination between sectors (education and health) can increase access to HIV services for AYLHIV students

Initial sensitization meetings recommended for building awareness on RCP and buy-in and support from the beginning

Sample Agenda

✓ Introductions of stakeholders

✓ RCP refresher – aims, objectives

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

✓ Next steps

RED CARPET

Break

Step 3. Identify RCP School Team

- Educators play a crucial role in how HIV is perceived, managed, and supported in schools—how educators speak about HIV has a profound impact on students and staff

- Negative perceptions and attitudes can breed stigma and discrimination, therefore directly impacting the clinical (adherence and retention), emotional (self-stigma), and mental health (depression and anxiety) outcomes for AYLHIV

- **These are critical elements to address during the identification and training of educators and schools to create and sustain a stigma-free, supportive environment for AYLHIV to facilitate growth**

Activity: Stigma Free School Environment

In small groups, fill in the following table delineating what a stigma-free school would mean in response to a challenge cited in column 1

Challenges AYHLIV may face in school	Ideal stigma free school
In class teachers speak about how HIV is automatically a death sentence	
When school staff does room checks on students in boarding school, they call out those with ARVS publically	
The inability to get permission from school staff to go to the facility for PSS or refills	
No intervention when peers stigmatize their fellow peers intentionally not including them and saying falsehoods	

Step 3. Identify RCP School Team

RCP team

- School principal/head teacher
- RCP teachers
  - Championing the initiative and main resource for RCP activities and AYLHIV students
- RCP Focal Point
  - A school-based position (assigned teacher, school nurse, counselor)
- School-based healthcare staff
  - Nurse, counselor

The roles and composition of groups will vary based on the local context and be informed by local stakeholders. Existing systems and guidelines can shape the roles and inform how they can be layered into existing activities

Step 3. Identify RCP School Team (continued)

- Adolescent and youth peer navigators
  - Community-based cadre that can be attached to a facility but also supports activities in community and schools

- RCP school support committee
  - RCP school support committees can consist of various staff at the school, community, or facility. It is connected to the school (teachers, matron/principal, school nurse, school counselor, parents/caregivers, healthcare workers, community workers, and AY and AYLHIV representatives)
  - The size and scope of the school support committee can be determined based on context. Adaptation of the model is possible. For example, one school support committee can be formed to support more than one school

Step 4. Train and Sensitize RCP Teams

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

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

RCP Roles and Responsibilities

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

*HCF = health care facilities

*RCP = red carpet program

*AYLHIV = adolescents and youth living with HIV

RCP Roles and Responsibilities

VIP RESPONSE TEAM AT RCP LINKED HCF	• Facilitate school linkages. • Support AYLHIV to ensure VIP services at the RCP HCF. • Support school-based adherence interventions (DOT, pillboxes, antiretroviral (ARV) storage) • Support the formation and function of PSS groups and other peer support groups. • Ensure AYLHIV follow up at HCF and communicate with school nurses on their care and treatment needs.
SCHOOL-BASED PEERS **AY PEER NAVIGATORS**	• Support health education and health promotion within schools that address stigma reduction and prevention of HIV. • Provide consistent confidential adherence support for LLHIV • Ensure follow up with and support for AYLHIV at all learning institutions. • Participate in school-based PSS activities. • Provide beneficiary feedback when possible

*HCF = health care facilities

*RCP = red carpet program

*DOT = directly observed treatment

*PSS = psychosocial support

RCP Roles and Responsibilities

RCP SCHOOL-SUPPORT COMMITTEE SUB-COMMITTEE TASK FORCE WITHIN EXISTING SCHOOL COMMITTEES	• Assure the wellbeing of LLHIV. • Support treatment literacy activities for ALHIV and their parents/caregivers through existing engagement mechanisms (Parent Teacher Association for example). • Support development and implementation of school health education, HIV prevention, and stigma reduction activities. • Assure access to social protection services for LLHIV. • Establish and maintain accessible PSS for LLHIV. • Strengthen bi-directional linkages with RCP HCFs.

*HCF = health care facilities
*RCP = red carpet program
*LLHIV = learners living with HIV
*PSS = psychosocial support

Step 5. Assess School Environment

In preparing to implement RCP activities at schools, it is important to first assess the school environment in being responsive to the needs of AYLHIV students

➤ What are example of responsive school environment elements for AYLHIV students?

or

➤ How can a school environment be responsive to their needs?

Activity: Assess School Environment

Small group activity

- In small groups, review this checklist for your school and fill in the table on the next slide

Basic RCP Responsive Schools Checklist – Assessment

☐ Safe school environments – promote the safety and physical, emotional, and mental wellbeing of all AY including AYLHIV

☐ Stigma-free environments – support stigma reduction and education activities focused on providing accurate HIV and AIDS knowledge, prevention, and understanding to all AY and school staff

☐ Adherence support – provide support to AYLHIV for medication storage, adherence and treatment buddies, DOT, assured access to focal point support (e.g., teachers/matrons)

☐ Retention support – ensure AYLHIV accessibility to HCFs for HIV care, including ARV refills, clinic and laboratory appointments, and other follow-up clinical needs

☐ PSS support – ensure access of AYHLIV to peer-led PSS, whether school-based or facility-based

☐ Respect and uphold the values of AY privacy and confidentiality

☐ Ensure meaningful engagement and participation or AYLHIV in design, implementation, and evaluation of RCP activities

Activity: Assess School Environment

Checklist area	What is being done now?	What are currently challenges in this area?
Safe school environment		
Stigma – free environment		
Adherence support		
Retention support		
PSS support		
Uphold AY Privacy and confidentiality		
Meaningful engagement		

Part 2 of Training

- Continue exploring supportive environments for AYLHIV students
- Discuss disclosure support, PSS, stigma reduction, and health care facility linkage
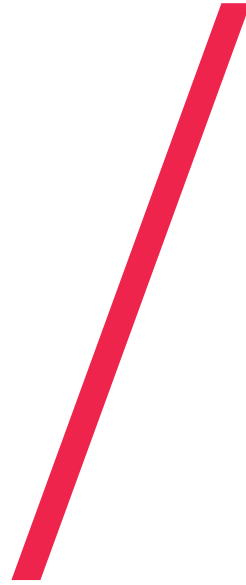- Action planning

RED CARPET