

Training Guide

for
HIV Counseling and Testing for
Youth: A Manual for Providers



Interagency
Youth
Working
Group



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Training Guide for HIV Counseling and Testing for Youth: A Manual for Providers
by Family Health International, International Planned Parenthood Federation/
Western Hemisphere Region, and Population Services International

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ISBN: 1-933702-32-X

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of Family Health International and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement No. GPO-A-00-05-00022-00, the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) Program.

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Acknowledgments

This training guide is based upon the book *HIV Counseling and Testing for Youth: A Manual for Providers*, developed by the YouthNet Program, led by Family Health International (FHI), with funding from USAID. Published in 2005 in English, the manual was published later in Spanish in conjunction with the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) and in French in conjunction with Population Services International (PSI).

Family Health International, IPPF/WHR, and PSI supported the development of the training guide. Those involved in drafting the training guide were Susannah Canfield, River Finlay, and Jessica Halverson of IPPF/WHR; William Finger, Suzanne Fischer, Eric Ramirez, and Heidi Reynolds of FHI; and Dvora Joseph of PSI. The manual was field tested in Saint Lucia, with the support and participation of the Saint Lucia Planned Parenthood Association, a Member Association of IPPF/WHR, as well as participation from the Saint Lucia Ministry of Health. A field test was also conducted in Zambia, with the support and participation of PSI, Zambia's Society for Family Health, and staff from FHI's Nairobi and Lusaka offices. Jane-Harriet Namwebya (FHI/Kenya), Neater Sialwiindi (FHI/Zambia), and Alison Surdo (USAID) offered substantive suggestions that helped improve the training guide.

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In 2005, Family Health International produced *HIV Counseling and Testing for Youth: A Manual for Providers*, a unique resource for providers working with young people. The manual's goals are to improve provider knowledge, sensitivity, and confidence in offering HIV counseling and testing to youth. It contains:

- ◆ Guidance on methods to use when counseling young people who come for HIV testing
- ◆ Models of several approaches to HIV counseling and testing
- ◆ Resources for an integrated approach to this counseling, including a chart of information on contraceptive methods and on sexually transmitted infections
- ◆ An approach to counseling that links concerns about HIV to the overall sexual and reproductive health (SRH) needs of youth
- ◆ An emphasis on developing a referral network of organizations or clinics that provide related services to young people

After English, Spanish, and French versions of the manual were distributed to and used in many country programs, program managers suggested that a new publication be developed to train providers on how to use the manual. Based on that need expressed by users in the field, this training guide was developed.

By the end of the workshop, participants will be able to:

- ◆ Use *HIV Counseling and Testing for Youth: A Manual for Providers* as both a guide to services and programs and as a reference tool
- ◆ Describe and understand the concept of integrated services for HIV counseling and testing and other SRH needs and plan how to implement integrated counseling and services within their organizations
- ◆ Identify and implement the key elements of HIV counseling and testing for youth:
 - pretest counseling and risk assessment
 - posttest counseling for both negative and positive results and risk reduction
- ◆ Explain the importance of quality referrals in providing HIV counseling and testing to youth and identify the referral systems in place and the gaps in existing referral systems in their communities
- ◆ Demonstrate improved youth-focused counseling skills, drawing on resources in the manual
- ◆ Understand how to gain community support for integrated youth services and how to develop promotional and social marketing campaigns for those services

This guide is intended to be used to train experienced HIV counselors how to offer counseling and testing to *youth* and how to integrate HIV counseling and testing and other SRH services. **This training is not intended as basic counselor training and does not provide information on how to administer an HIV test.**

The training emphasizes the manual's underlying concept of integrated services, where a provider offering HIV counseling and testing includes broader SRH counseling and services as needed. The manual also emphasizes approaches to counseling youth in a way that is sensitive to their specific needs, although an in-depth discussion of creating youth-friendly services is beyond the scope of this training.

The training manual can benefit many who have a stake in counseling and testing and SRH service provision to youth, not just providers. Program managers and planners, clinic supervisors, and youth themselves will find the manual and this training guide helpful.

Each participant in the workshop should have a copy of *HIV Counseling and Testing for Youth: A Manual for Providers*. Ask participants to bring the manual to each day of the workshop, because they will need to have it at hand for many of the activities. During the workshop, participants will learn about the content in the manual and practice using it.

In preparation for the training, facilitators should make a photocopy of the handouts and Appendix 1 for each participant. (Make two copies of Handout 7 for each participant, because this handout is used at the end of Day 1 and Day 2.)

Finally, facilitators should feel free to modify the training as needed, possibly in any of the following ways.

- ◆ Names and situations in the case studies might be changed to make them more representative of the local context.
- ◆ *HIV Counseling and Testing for Youth: A Manual for Providers* places more emphasis on counseling and testing youth in a VCT setting than in clinical settings (see box entitled "A note on terminology"). However, all of the information and exercises in the guide are applicable to providers who work in clinical settings, and trainers should adjust their emphasis to suit the professional backgrounds of the workshop participants.
- ◆ The agenda presented here is only a recommended model; time allotted to various sessions can vary depending on the number of participants attending the workshop.

A note on terminology

"Voluntary counseling and testing" (VCT) refers to a stand-alone service in which youth, or others, specifically seek HIV counseling and testing.

In some settings (such as in hospitals or clinics), everyone may be tested routinely for HIV as part of other health services unless a client expressly chooses not to be tested, which is referred to as "opting out." In other settings, the test may be routinely offered, but the client receives the test only if he or she requests it, which is referred to as "opting in."

In this training guide, the term "HIV counseling and testing" encompasses all of these approaches.

A PowerPoint presentation is printed in this training guide. Both the presentation and the training guide are available online at: www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm. More information is available at: youthwg@fhi.org.

Day 1—Session and Activities	Time	Materials
Session 1. Opening	1 hr	
1.1 Workshop introduction	15 min	Flip chart with day's objectives and agenda
1.2 Getting to know each other	30 min	Handout 1
1.3 Pre-course self-assessment	15 min	Handout 2
Session 2. Integrated services for youth	1 hr, 45 min	
2.1 Introducing integrated services	30 min	PowerPoint slides 1–6, flip chart and markers
2.2 Youth-friendly services	30 min	Handout 3, flip chart and markers
Break	15 min	
2.3 Vulnerability and risk in youth populations	45 min	PowerPoint slides 7–10
Session 3. HIV counseling and testing for youth	3 hr, 15 min	
3.1 Skills needed by people who counsel youth	30 min	PowerPoint slides 11–16, flip chart with questions listed in Step 1, flip chart and markers
3.2 Models and major steps of HIV counseling and testing	45 min	PowerPoint slides 17–20, flip chart with questions listed in Step 3, flip chart and markers
Lunch	1 hr	
3.3 Pretest counseling and risk assessment	1 hr	Handout 4, Handout 5 (Parts 1 and 2)
Break	15 min	
3.4 Posttest counseling and risk reduction	1 hr	Handout 6, flip charts with statements listed in Step 6, Appendix 1, flip chart and markers
Session 4. Closing	30 min	
4.1 Review and close of the day	30 min	Handout 7

Day 2—Session and Activities	Time	Materials
Session 5. Review and provider practice session	1 hr, 45 min	
5.1 Ball toss energizer	15 min	Ball, Appendix 2, flip chart with day's objectives and agenda
5.2 Review of pre- and posttest counseling	30 min	Flip chart and markers
5.3 Practice HIV counseling and testing for youth	1 hr	Handout 8, PowerPoint slide 20, flip chart and markers
Break	15 min	
Session 6. Prevention of sexually transmitted Infections	1 hr, 30 min	
6.1 Overview of sexually transmitted infections	30 min	Local statistics, flip chart and markers
6.2 Why discuss sexually transmitted infections?	30 min	Flip chart and markers
6.3 STI review with case studies	30 min	Handout 9
Lunch	1 hr	
Session 7. Pregnancy prevention	1 hr	
7.1 Pregnancy prevention and HIV counseling and testing for youth	45 min	PowerPoint slides 21–27, flip chart and markers
7.2 Treasure hunt	15 min	Small prizes (optional)
Session 8. Sexuality and youth sexual and reproductive health	30 min	
8.1 Introduction to sexuality	30 min	PowerPoint slides 28–30, flip chart and markers
Break	15 min	
Session 9. Provider practice session	1 hr, 15 min	
9.1 Role-play comprehensive counseling and testing services	1 hr, 15 min	Handout 10
Session 10. Closing	30 min	
10.1 Review and closing for the day	30 min	Handout 7

Day 3—Session and Activities	Time	Materials
Session 11. Referrals	1 hr, 15 min	
11.1 Opening and review	30 min	Flip chart with day's objectives and agenda
11.2 Establishing a successful referral network	15 min	Flip chart and markers
11.3 Mapping referral systems	30 min	Handout 11
Session 12. Integrated services	1 hr, 15 min	
12.1 How do we implement integration of youth SRH and HIV services?	1 hr, 15 min	PowerPoint slides 31–33, flip chart and markers
Break	15 min	
Session 13. Building community support	1 hr, 15 min	
13.1 Building community support for integrated services	15 min	Flip chart with points from Step 2, flip chart and markers
13.2 Working groups for building community support	1 hr	Handout 12
Lunch	1 hr	
Session 14. Promoting integrated services to youth	2 hr	
14.1 Social marketing	30 min	PowerPoint slides 34–40, flip chart and markers
14.2 Designing a campaign to promote integrated services for youth	1 hr, 30 min	PowerPoint slides 41–43, flip chart with 4 Ps, flip chart and markers
Break	15 min	
Session 15. Evaluation and conclusion	45 min	
15.1 Post-course self-assessment	15 min	Handout 13
15.2 Closing and evaluation	30 min	Handout 14
Optional site visit		Appendix 3

Training Guide

for

**HIV Counseling and Testing for Youth:
A Manual for Providers**

By the end of Day 1, participants will be able to meet these objectives:

- ◆ Describe the concept of integrating HIV counseling and testing with other sexual and reproductive health (SRH) services
- ◆ Name the key skills people need to successfully counsel youth
- ◆ Identify ways to work with special youth populations
- ◆ Identify the steps of HIV counseling and testing, including
 - pretest counseling and risk assessment
 - posttest counseling for negative and positive results and risk reduction
- ◆ Use the tools in *HIV Counseling and Testing for Youth: A Manual for Providers*

Session 1. Opening

session time:
1 hr

1.1 Workshop introduction (15 min)

Purpose: To introduce the workshop, including objectives and logistics, and develop ground rules for the duration of the workshop.

Materials: Prepared flip chart with Day 1 objectives (see list above) and agenda
HIV Counseling and Testing for Youth: A Manual for Providers

1. Facilitators should introduce themselves and talk about their expectations for the workshop. Explain that you will establish ground rules and discuss the workshop's objectives. Tell participants that you will then lead an exercise in which they will introduce themselves.
2. Establish a safe and comfortable environment to help foster a positive training climate and encourage participants to exchange knowledge and experiences with one another. Ask participants what ground rules they think are appropriate. Prompt them, if needed, by asking things like: "Is it important that we respect one another? Participate fully? Give everyone a chance to talk?" Record these agreed-upon ground rules and post them on one of the walls—keep this list visible to participants throughout the entire workshop.
3. Be sure everyone has a copy of *HIV Counseling and Testing for Youth: A Manual for Providers*, referred to as "the manual" in this training guide. You should distribute these when participants register and ask participants to bring their manuals to each workshop session.

4. Review the workshop objectives on the prepared flip chart. Inform the group that this training will strengthen their knowledge and skills in HIV counseling and testing for youth clients. It will allow participants to put the manual into practice. It will also increase their familiarity with the tool, so it becomes a reliable reference for information and guidance after the workshop.
5. Review the agenda.
6. Review the logistical and administrative aspects of the workshop such as start time, breaks, per diems, and expense reports.

1.2 Getting to know each other (30 min)

Purpose: To help participants and facilitators get acquainted with one another and their backgrounds.

Materials: *Handout 1. Participant interview*
Flip chart and markers

1. Distribute *Handout 1. Participant interview* to the participants and ask them to find a partner to work with. Explain that each person should interview his or her partner using the questions on the handout and write down the person's responses.
2. Give them about five minutes to finish their interviews, then ask for volunteers to introduce their partners to the rest of the group.
3. Once everyone has been introduced, conclude the activity by summarizing what backgrounds are represented in the group (e.g., service providers, program managers, community leaders, or youth representatives) as well as the range of expertise in the relevant areas. Make a brief comment on the diversity or vantage points of this particular group.

1.3 Pre-course self-assessment (15 min)

Purpose: To have participants assess their knowledge, attitudes, and skills at the start of the workshop. (This will allow them to measure their progress after the workshop.)

Materials: *Handout 2. Pre-course self-assessment*

1. Distribute the pre-course self-assessment (Handout 2) for participants to complete and return. In order to keep the outcomes anonymous, ask participants to write down a six-digit number representing their birthday. For example, a participant who was born on the May 8, 1967, should put 080567 (day, month, year). A post-course assessment with the same questions will be distributed at the end of the workshop and a comparison will be made against the pre-course assessment to judge the effectiveness of the training.
2. After 10 minutes, collect the questionnaires.
3. At the end of Day 1, facilitators should review the results of the pre-course questionnaire to learn more about the participants' knowledge of the topics. During Days 2 and 3, facilitators can try to address any major gaps made evident in the self-assessments.



Session 2. Integrated services for youth

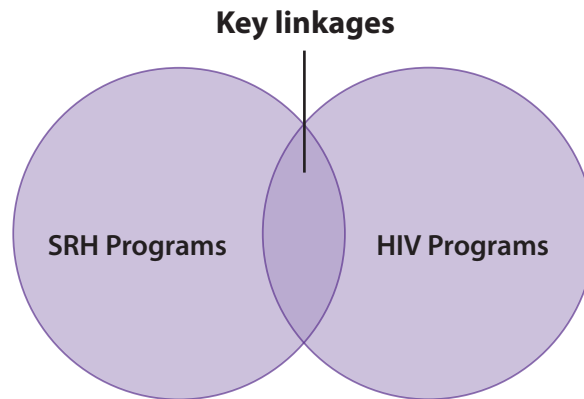
session time:
1 hr, 45 min

2.1 Introducing integrated services (30 min)

Purpose: To establish common understanding about the concept of “integration.”

Materials: PowerPoint slides 1–6
Flip chart and markers

1. Introduce the topic of integrated services. Then brainstorm with the group about what they think integration means in relation to HIV and SRH.
2. Divide participants into groups of three. Distribute flip chart paper (1–2 sheets) and markers to each group. Explain that this activity will help to illustrate the meaning of “integration” as it pertains to HIV and SRH services.
3. Ask the groups to draw their own interpretation of integration using a diagram similar to the one shown on the next page.



Ask them to give each circle a heading (facilitator can demonstrate) as shown above.

4. Ask the groups to list important components of SRH and HIV programs near the corresponding labels. Explain that they could list various programs, services, and even commodities that fall under these two categories. (If needed, provide one or two examples, like “family planning” and “VCT.”) Then the groups should determine the key areas where SRH and HIV intersect (“key linkages”). Remind them to include programs for youth in their diagram.
5. After the groups are finished brainstorming, each group should bring its drawing to the front of the room, tape it up, and explain it to the other participants.
6. Make note of similar themes and ideas mentioned by the different groups and point out these common threads after all groups have presented. Explain to the group that we begin with the concept of integration to illustrate how HIV and SRH programs can be strengthened through an integrated approach. Explain that on the third day we will be discussing integration in more detail, including discussing steps to improve integration in their organizations.
7. PowerPoint slides 1–6 can be used to reinforce the concept of integration, if necessary. You might also want to give the group some concrete examples of integrated programs, including:
 - ◆ Some South African organizations that serve youth are renting or sharing spaces in government facilities such as cultural centers or welfare centers and providing HIV counseling and testing, family planning information and contraception, and life skills education, all in one place.
 - ◆ In Uganda, family planning services are being integrated with adolescent-friendly services provided at four centers that have traditionally offered only sexually transmitted infection (STI) management and HIV counseling and testing.
 - ◆ In Ethiopia, HIV counseling and testing is now being offered to youth at libraries, recreational facilities, and other places where young people have traditionally gone for peer education on life skills and family planning.

Explain that many models of integration are currently being evaluated, and we are still unsure which will prove to be the most successful. Some models will likely be more successful in some contexts than others.

8. Now, explain that while integrated services have many benefits for young people, these services must be youth friendly, or youth might not make use of them. Tell the group that next you will talk about what makes SRH and HIV services youth friendly.

2.2 Youth-friendly services (30 min)

Purpose: To get participants thinking about what makes SRH services youth friendly.

Materials: *Handout 3. Resources on youth-friendly services*
Flip chart and markers

1. Conduct a brainstorming exercise, asking participants to write down the answer to the following question: **What makes services youth friendly?** When they have worked a few minutes, ask for volunteers to name some of the characteristics they listed, and record their responses on flip chart paper.
2. Use the following probing questions if participants need encouragement or are not on the right track.
 - ◆ When is the clinic open and where is it? (*convenient hours for youth, such as after school and weekends; near public transportation, school*)
 - ◆ How will youth pay for services? (*affordable fees, sliding scale, or no charge for youth*)
 - ◆ Are the clinic providers and staff able and willing to serve this group? (*trained to work with young people, nonjudgmental, respectful toward youth*)
 - ◆ Would young people have concerns about their parents or friends finding out that they attended a clinic? (*confidentiality, anonymity [use code names], privacy, youth-specific entrance or hours*)
 - ◆ Who makes policies for the clinic? (*youth participation in policy-making and implementation, through advisory board, or as peer educators*)
 - ◆ How does your organization provide information about SRH services and issues? (*materials tailored to youth and community education on youth issues*)
3. Encourage participants to read the section called “Making Services Friendly to Youth” in the manual (pages 30–31) to see if they are missing any important considerations. Then ask participants to point out the Web address where more information is available on youth-friendly services. Distribute *Handout 3. Resources on youth-friendly services*.

4. Now, tell the group that certain youth populations can be even harder to reach, even if your services are generally friendly and welcoming to young people. In the next section, you will be talking about especially vulnerable youth populations and how stigma and discrimination discourage them from seeking SRH and HIV services.



Break (15 min)

2.3 Vulnerability and risk in youth populations (45 min)

Purpose: To encourage participants to think about the concepts of vulnerability, stigma, discrimination, and risk as they relate to HIV/AIDS. To give participants the opportunity to think through the challenges faced by young people in vulnerable situations and how providers can offer sensitive counseling and testing services to those youth.

Materials: PowerPoint slides 7–10

1. Begin by explaining the objective of the session. Ask participants if they think of “youth” as one population or many smaller populations. If necessary, prompt them by naming a few subpopulations such as orphans or street kids. Ask participants why it might be important to consider the subpopulations to which youth belong when developing programs for young people. (If they need help, remind them that different groups of youth have very different needs.)
2. Next, discuss the following questions with the group:
 - ◆ How would you define vulnerability? (In this context, vulnerability means susceptibility to HIV, other STIs, or unintended pregnancy; vulnerability is influenced by underlying social factors such as cultural practices, laws, and socioeconomic status. It is not to be confused with individual behaviors, which put people directly at risk for HIV, STIs, or unwanted pregnancy.)
 - ◆ What makes some groups more or less vulnerable? (Factors such as poverty, gender, age, lack of education, lack of access to health care, and belonging to a specific ethnic group can make people more or less vulnerable.)
 - ◆ Ask them to name a few vulnerable populations of young people.
 - ◆ Now take a few minutes to define “risk” (risk is influenced by specific behaviors), and then show PowerPoint slides 7–10 about factors that put youth at risk for HIV, other STIs, and

unintended pregnancy. Tell participants that more information about the factors that put youth at risk can be found in the manual on pages 15–17.

- ◆ What are stigma and discrimination? How do stigma and discrimination affect a person’s vulnerability to HIV? (Stigma refers to unfavorable attitudes or beliefs directed toward someone; discrimination means treating an individual or group with prejudice. Stigma and discrimination can discourage people from seeking counseling and testing services, disclosing their test results to their family or partner, and seeking care and treatment. Stigma also prevents some people from asking a partner to use condoms, which have been stigmatized as something only promiscuous people would need to use.)
 - ◆ What groups in your country are considered vulnerable?
3. Divide participants into small groups and ask each group to select one of the vulnerable populations they named in Step 2. Each group should discuss what particular challenges this population faces in seeking medical care and counseling and what they as providers can do to minimize stigma and discrimination through voluntary HIV counseling and testing. Have participants turn to pages 18–19 in the manual and encourage them to refer to these pages during the discussion, as needed.
 4. After the small groups have discussed a vulnerable population, allow some time for them to share highlights of the discussion with the entire group.
 5. Briefly summarize the discussion. Explain that next you will be talking about some important skills that providers need to counsel youth.



Session 3. HIV counseling and testing for youth

session time:
3 hr, 15 min

3.1 Skills needed by people who counsel youth (30 min)

Purpose: To emphasize the four most important skills for counseling youth.

Materials: PowerPoint slides 11–16
Prepared flip chart with questions listed in Step 1
Flip chart and markers

1. Post the prepared flip chart with these questions and discuss them with the group. Prompts are provided in italics.
 - ◆ Why should we focus on youth rather than the general public? Why focus on youth instead of other vulnerable groups? (Prompt: *Youth account for up to half of all new HIV infections in many countries. Youth are the future. Many services that young people need are not designed for youth; hence, we must focus on making these services more welcoming to young people if we want youth to use them.*)
 - ◆ Why are integrated services important for youth? (Prompt: *Youth lack access to services. Getting all of their SRH and HIV needs met in one place would be especially helpful to them. Integration could help reach youth who do not go to SRH service providers.*)
2. Ask the group to brainstorm aloud about the kinds of skills needed to successfully counsel young people. Write their responses on flip chart paper.
3. Using PowerPoint slides 11–16, review the four most important skills for counseling young people, answering questions as you go. Notice that in the notes section of each slide, there are additional points that you should make in the presentation.
4. Conclude the discussion by asking participants to turn to pages 23–29 in the manual to see where information is available about skills needed for working with youth. Remind participants that they can refer to these pages for reminders and tips after the workshop is over. Now, explain that you will talk about the two major models of HIV counseling and testing, and how youth-friendly counseling fits in these models.

3.2 Models and major steps of HIV counseling and testing (45 min)

Purpose: To review different models of HIV testing (provider-initiated versus client-initiated); to discuss the pros and cons of these models for youth; to challenge participants to see how the client flow at their organizations can be optimized for youth; and to discuss the four major steps in HIV counseling and testing.

Materials: PowerPoint slides 17–20
 Prepared flip charts with questions listed in Step 3
 Flip chart and markers

1. Tell the group that there are two major models of providing HIV counseling and testing, each of which has some benefits and potential drawbacks for young people. Show PowerPoint slides 17–20, pausing at each slide for discussion. Use the notes section of the each slide as the basis for discussion and refer the participants to the relevant section of the manual.

2. For slides 18–19, ask participants to turn to these two different testing models, shown as flow charts in the manual on pages 37 and 39. Explain that the flow chart on page 37 describes a model in which a provider routinely offers an HIV test as part of other services (e.g., a range of tests offered to a pregnant woman). This model is referred to as “provider initiated,” and the client has the right to “opt out” of taking the test (decide not to take the test) or “opt in” (decide to take it).

Explain that the flow chart on page 39 describes a model in which clients specifically seek HIV counseling and testing. This model is referred to as “client initiated,” which is often called voluntary counseling and testing (VCT).

3. Ask participants if the services they provide follow one of these models or, if not, how their services differ. Divide participants into small groups and ask each group to diagram the client flow where they work, from beginning to end of the HIV counseling and testing process. (Ideally, everyone in each group will be from the same organization. If not, ask the group to choose one process to diagram.) Emphasize that you want them to think about their client flow as it relates to young people. While they are working on their diagrams, they should consider the following questions and be prepared to discuss these issues as they present their diagrams to the entire group. Give them about 15 minutes to work on their diagrams.

Post the prepared flip charts with these questions:

- ◆ How do youth know that you are providing the service? What brings them in for testing?
- ◆ Are all youth offered HIV counseling and testing when they come in for services, or are clients offered testing on a case-by-case basis? Are there policies about parental consent?
- ◆ Where in the facility are results of the HIV test given? In a private room? How is confidentiality ensured?
- ◆ Are materials and resources available to young people who test HIV positive? HIV negative?
- ◆ Does your organization have a policy or follow a protocol about partner or parental notification?
- ◆ What services does your clinic/organization provide for young people who test positive or negative?

Now ask each small group to explain its diagram to the entire group. Use the prompts (below, in italics) if participants had difficulty answering the questions:

- ◆ How do youth know that you are providing the service? What brings them in for testing?
(Perhaps their organizations market and promote services to young people via interpersonal

communications or mass media, work with peer educators and promoters, or tell existing clients when they come for other services.)

- ◆ Are all youth offered HIV counseling and testing when they come in for services, or are clients offered testing on a case-by-case basis? Are there policies about parental consent? *(Ask the groups if they can explain their organizations' parental consent guidelines.)*
 - ◆ Where in the facility are results of the HIV test given? In a private room? How is confidentiality ensured? *(Maybe their organizations ensure that clients coming in for HIV testing are not separated from other clients and instead are integrated into the existing clinic flow.)*
 - ◆ Are materials and resources available to young people who test HIV positive? HIV negative? *(Do their organizations prepare packets of informational and educational materials that are tailored to youth, for both those who test positive and those who test negative? Do they make referrals for both HIV-positive and HIV-negative youth for posttest care and support?)*
 - ◆ Does your organization have a policy or follow a protocol about partner or parental notification? *(Perhaps they only encourage clients to notify parents and partners? Or must parents be present?)*
 - ◆ What services does your clinic/organization provide for young people who test positive or negative? *(Perhaps they offer follow-up care, counseling, and support for sero-positive clients. Are posttest clubs and counseling available for those who test negative? Young people who test HIV negative could still benefit from ongoing support in making healthy decisions.)*
4. Conclude the discussion by pointing out some commonalities in the presented client diagrams. Make note of steps in the process that encourage youth to use the services and steps that might discourage youth.
 5. Next, show slide 20, briefly review the major four HIV counseling and testing steps, and explain that in the next sessions you will discuss each of these steps in more detail.



Lunch (1 hr)

3.3 Pretest counseling and risk assessment (1 hr)

Purpose: To discuss Steps 1 and 2 in the HIV voluntary counseling and testing model in the manual (pages 38–43). To practice performing a risk assessment and pretest counseling with youth clients, in an effective, nonjudgmental, and unbiased manner.

Materials: *Handout 4. Nonjudgmental risk assessment*
Handout 5. Parts 1 and 2: Conducting an integrated risk assessment

1. Remind participants that previously they discussed provider- and client-initiated testing, and that while these models differ in many ways, an important component of both models is the voluntary nature of HIV testing for young people (and adults, of course). No matter which model a counselor follows, a young person should not be coerced into taking the test. Ask the group to define “coercion.” (Prompt: *in the context of this topic, coercion means forcing or pressuring someone to get tested against their will.*) Discuss the importance of ruling out any coercion. Ask for volunteers to briefly explain what they do—or plan to do—to ensure that young people have been informed about the test, understand its implications, and can decide for themselves to take the test. Briefly refer to pages 38–43 in the manual, which serve as good background on this step in the counseling process.
2. Next, explain that counselors should tell clients how an HIV test is done, how accurate the test is, and what negative and positive test results mean. This counseling step could be provided in a group setting.
3. Tell participants that risk assessment is an important component of HIV counseling and testing for young people. In the VCT model of counseling and testing, risk assessment is often part of pretest counseling. In a clinical setting where HIV tests are routinely offered to everyone, a client’s risk of HIV, other STIs, or unintended pregnancy might be assessed after the test has been given. While the timing of risk assessment varies, the counseling messages and the manner in which they should be delivered (described below) are the same.

When you ask young people sensitive questions about their potentially risky behaviors, it is important to establish trust and create a safe, nonthreatening environment. Maintaining a nonjudgmental attitude is crucial to gaining accurate and honest information from your clients. Providers should try to use open-ended questions, where practical, to encourage clients to provide complete information, rather simply than giving “yes” or “no” answers. Refer to page 29 in the manual and read the bullet on open-ended questions. Ask for a participant to explain, in their own words, the difference between open- and close-ended questions. Ask two participants to provide an example of an open-ended question.

4. Explain that the following activity is designed to help participants understand the key information to gather. The exercise also reviews how providers can address some of these topics during sessions without intimidating their clients. Distribute Handout 4 and Handout 5, Part 1, and ask participants to work with a partner or in small groups.

They should read through Handout 4 for examples of judgmental versus nonjudgmental risk assessment questions. Then, assign each pair or group several of the risk assessment topics listed on Handout 5, Part 1. Participants should write down at least one question that they would ask a young client about each of the topics. They should spend about 20 minutes on this activity. Facilitators are encouraged to observe the pairs/groups to make sure that they understand the concept and to offer assistance if needed. Remind participants to think of questions that are not judgmental and that, in most cases, elicit more than yes or no answers from their clients.

5. Spend about 10 minutes asking volunteers to give examples of their questions. Distribute the Handout 5, Part 2, "Answer key," which provides sample questions that counselors could ask their young clients. Remind participants that some close-ended questions are fine and that they should use their judgment about how to best gather the necessary information during risk assessments.
6. Explain that counselors need to cover a few additional topics during the counseling session. Ask participants how they would incorporate the following important issues:
 - ◆ Couples counseling—youth often seek counseling and testing with their partners before they enter into a relationship or before they get married; for those already in a relationship, there are obvious benefits to testing both partners
 - ◆ Discordancy among couples (even if a client is negative, his or her partner might not be), especially with young engaged or dating couples (how is confidentiality handled?)
 - ◆ Availability of treatment and care (specific to the client) in the case of an HIV-positive test result
7. Remind them that counselors should explore the ability of youth to deal with the results of a test and their understanding of the possible implications. They should ask their clients whom they will tell about their test result and whether they have a trusted adult they can go to for support.
8. Tell participants that in the next exercise, they will be reviewing posttest counseling and risk-reduction strategies.



Break (15 min)

3.4 Posttest counseling and risk reduction (1 hr)

Purpose: To review and practice effective strategies for providing posttest counseling to young people. To discuss risk reduction for youth clients and demonstrate how to create a risk-reduction action plan.

Materials: *Handout 6. Making referrals to health care providers*
Prepared flip charts with statements listed in Step 6 about abstinence, being faithful, and condom use
Appendix 1. Risk-reduction action plan
Flip chart and markers

1. Explain that at this point in the HIV counseling process, counselors will have ensured that their clients are getting tested voluntarily and will have explained what the HIV test results mean. Now, assuming the client has agreed, the HIV test will be administered.

Clients will then either wait for results (rapid testing), or will be reminded when to return to the clinic to get their results. Note that rapid testing is preferable, as it is a better way to ensure that youth receive their test results. International research has shown that approximately one-third of clients do not return for their test results when it is not a rapid result. This is especially important for youth. See the local ministry of health or national AIDS commission or laboratories for more information about rapid testing.

2. Tape two pieces of blank flip chart paper on the front wall. Remind participants that, as many of them have experienced, counseling for positive results is very different from counseling for negative results. Ask if anyone would like to share a posttest counseling experience (with an adult or a young person)—it could be one that was particularly challenging, one that they think they handled well, or just an interesting client or situation.
3. Explain that you would like their help documenting some of the key elements of counseling for each test-result scenario. Tell them to keep in mind what they have learned so far about counseling youth and see if they can adapt what they already know about posttest counseling to be more youth friendly.

Key elements that participants should mention include the bulleted items listed below.

(Prompt: *If these points are not mentioned, prompt by saying: “what about _____?”*) Write their responses on blank flip chart paper so you can ensure that all important points were mentioned.

What to cover with youth who have a negative test result

- ◆ Ensure that clients understand their results.
- ◆ Acknowledge clients' feelings of relief.
- ◆ Remind clients that if they practiced risky behaviors (such as sex without a condom or sharing a needle) in the last three months, they should return in six weeks to three months from the last risky behavior to test again. Regardless of their self-reported behaviors, if clients in a clinical setting have been diagnosed with an STI, they should also be encouraged to return for another test (since an STI can be indicative of certain risky sexual behaviors).
- ◆ Reinforce any healthy behaviors that your clients reported in their pre-counseling session (such as using condoms or not using drugs).
- ◆ Reinforce risk-reduction strategies discussed in pre-counseling session. If it has been a week or more since the test, ask your clients what they have been doing to reduce their risk since you last spoke. Congratulate them on their efforts.
- ◆ Encourage clients to see a negative result as an opportunity to stay negative by practicing safe behaviors from now on, if they have not done so in the past.
- ◆ If your clients will be sexually active, review correct condom use and condom negotiation skills; provide condom demonstrations and have the clients practice putting a condom on a penis model to encourage their comfort with condom use.
- ◆ Distribute condoms, as needed.
- ◆ Provide information on STIs and preventing pregnancy (this workshop will cover these topics in more depth later).
- ◆ Provide referrals if clients need additional counseling or health services.
- ◆ Encourage clients to bring their sexual partners for couple or individual testing (highlight the fact that HIV discordancy can exist in couples).

What to cover with youth who have a positive test result

- ◆ Review what an HIV-positive result means and the difference between HIV infection and AIDS.
- ◆ Allow clients to express feelings. They may feel anger, depression, fear, sadness, or betrayal.
- ◆ Listen, offer empathy, give as much time as they need.
- ◆ Ask clients whom they will tell. Will clients be safe sharing their HIV status? Do they fear abuse as a result of testing positive?
- ◆ If clients do not fear abuse, encourage them to tell their sexual partners or people with whom they have shared needles. Acknowledge that this can be scary and offer to help. You can do a role-play with your clients to help them practice telling others their status.
- ◆ Ask clients to encourage partner(s) to get counseling and testing.
- ◆ Where will your clients turn for support? Friends? Relatives? Support group? Counselor?
- ◆ Make a short-term plan: What will your clients do when they leave? Whom will they talk to immediately? What will they do in the next few days to cope with the results?

- ◆ Make a long-term plan: Encourage safe behaviors with both HIV-negative and HIV-positive partners. Explain that they could be exposed to different strains of HIV if they have unprotected sex with someone who is HIV positive.
- ◆ Review correct condom use and negotiation skills; provide condom demonstrations and have clients practice to encourage their comfort with condom use.
- ◆ Distribute condoms.
- ◆ Provide information on STIs and preventing pregnancy (this workshop will cover these topics on Day 2). Explain the risk of transmitting HIV from mother to baby and note that there are ways to reduce this risk.
- ◆ Discuss treatment, care, and support needs and offer referrals.
- ◆ Refer clients to an HIV treatment facility or doctor for medical evaluation (including a CD4 cell count), even if they do not feel sick. (See Handout 6 for information about making referrals to medical care providers.)
- ◆ Discuss the importance of maintaining their health. Drugs, alcohol, smoking, and poor nutrition weaken overall health.
- ◆ If the client is pregnant, explain treatment options; make appropriate referrals.
- ◆ Give referrals for youth clubs, support groups, additional counseling, and faith-based support, as appropriate.
- ◆ Provide clients with informational and educational materials to take home after the session.

Encourage participants to review the section on posttest counseling in Chapter 2 of the manual (pages 48–53) to see if they may have missed any items.

4. Write the words “Risk Reduction” on the top of a blank piece of flip chart paper. Ask participants to explain what this phrase means. Record their responses on the flip chart.
5. Explain to participants that because they all have experience in counseling for risk reduction, you will not be reviewing the topic in detail here. However, tell them that you would like to review some strategies for helping young people, specifically, practice risk-reduction skills.

Often, young people feel that they lack the skills to explain to partners that they have chosen to practice abstinence. Likewise, those who are sexually active might have difficulty negotiating condom use or advocating for a monogamous relationship. The following exercise will help participants counsel young people about **A** (abstinence), **B** (being faithful), and **C** (condom use).

6. Post the prepared flip chart paper with the following bullets. Ask participants what they think these statements refer to. Who might say them?

Abstinence:

- ◆ Everyone else is having sex, why can't we?
- ◆ There's no good reason to wait to have sex. You should do it now.
- ◆ You've had sex before, why do you want to be abstinent now?
- ◆ If you don't have sex, people will think you're homosexual.

Being faithful:

- ◆ It's my right to have sex with anyone I want!
- ◆ I can't help it that he (she) tempted me.
- ◆ It was just sex; he (she) doesn't mean anything to me. It's you that I love.

Condom use:

- ◆ I don't want to use condoms because they don't feel good.
- ◆ Don't you trust me?
- ◆ I guess you don't really love me.
- ◆ Just this once without.

Ask for volunteers to perform a role-play in front of the group. Ask one volunteer to pretend that he or she is a young person pressuring a partner into having sex, having sex without a condom, or trying to justify having sex with multiple, concurrent partners. Ask the other volunteer to respond to the pressure. After several pairs of participants have had a turn to role-play different scenarios, lead a short discussion about compelling responses to this sort of peer pressure. (For examples, see pages 44–47 in the manual.) Remind participants that they can recommend these responses while counseling young people about risk reduction. Also, encourage participants to actually do these role-plays with clients who feel they need to practice.

7. Next, engage participants in a discussion that addresses the following issues:
 - ◆ How does gender factor into negotiation? Would males and females require different types of negotiation skills? (See the discussion of gender on pages 16–17 in the manual.)
 - ◆ What about situations that involve fidelity? How would participants address these same issues for clients who are in a committed relationship? (Prompt: *Young married women are one of the more vulnerable groups. How do we confront this situation?*)
 - ◆ How can you encourage young couples to come together for counseling? What are some arguments in favor of both members of a couple getting tested and knowing each other's status?

Allow participants to mention other difficult situations their young clients face and how they might encourage them to reduce their personal risk.

8. Note that risk-reduction counseling entails helping youth to develop certain “life skills.” Refer to Chapter 5 in the manual (pages 75–77) and briefly list the skills mentioned there. Tell participants that they will have the opportunity to practice this material on Day 2.
9. Explain that one way to maximize the effectiveness of posttest counseling is to create a risk-reduction action plan with their young clients. Ask participants if they have ever created such a plan. Provide an example of a risk-reduction plan, which can be integrated into their current services (Appendix 1).

Session 4. Closing

session time:
30 min

4.1 Review and close of the day (30 min)

Purpose: To review the highlights of the day and allow participants to reflect on Day 1 of the workshop.

Materials: *Handout 7. Reflections on Day 1/Day 2*

1. Thank participants for their energy and participation and note that they made it through a long and information-packed day. Then summarize what they learned today. You can say something like this:

Thank you so much for your participation and enthusiasm today. We couldn't have been as successful without your energy and feedback. I think this has been an extremely productive day and a great start to the workshop. We covered a lot:

- ◆ Reviewing some key counseling skills
- ◆ Considering how to make services more youth friendly
- ◆ Discussing important issues to think about when providing HIV counseling and testing to youth
- ◆ Successfully adapting our current knowledge about providing HIV counseling and testing to better suit the needs of young people

2. Distribute *Handout 7. Reflections on Day 1/Day 2* and ask participants to take a few minutes to fill it out. Remind them not to include their names if they wish their comments to be anonymous. Ask participants to be as honest as possible. Collect the forms and mark this set as Day 1. Review the comments before the next day of training to improve your presentation of the material.
3. As you are distributing Handout 7, let participants know what time you will begin on Day 2, give a brief overview of the material they will cover, and provide any other important logistical information.

Training Guide

for

**HIV Counseling and Testing for Youth:
A Manual for Providers**

By the end of Day 2, participants will be able to meet these objectives:

- ◆ Practice the four steps in providing HIV counseling and testing to young people, as described on Day 1
- ◆ Describe key issues related to counseling youth on prevention and treatment of STIs in the context of HIV counseling
- ◆ Describe key issues related to counseling youth on prevention of pregnancy in the context of HIV counseling
- ◆ Explain the meaning of sexuality and how peers, media, and parents affect young people's perceptions of sexuality
- ◆ Conduct an integrated HIV counseling and testing session with a young client; use the tools on counseling youth, the steps in HIV counseling and testing, information related to prevention of pregnancy and STIs, and issues regarding referrals as described in *HIV Counseling and Testing for Youth: A Manual for Providers*

Session 5. Review and provider practice session

session time:
1 hr, 45 min

5.1 Ball toss energizer (15 min)

Purpose: To energize participants for Day 2 of the workshop. To review key concepts learned on Day 1 and answer any questions participants have from Day 1.

Materials: Ball

Appendix 2. Energizers

Prepared flip charts with Day 2 objectives (see list above) and agenda

1. Welcome participants to Day 2 of the workshop. Ask them to stand and form a circle (they may need to push furniture out of the way).
2. Tell them that when they receive the ball, they should say something that they learned yesterday, then say another person's name and toss the ball to him or her. Continue until everyone has had a turn.
3. When everyone has had a turn, ask the participants if there was anything that they learned yesterday that was not mentioned. When all the key concepts from Day 1 have been mentioned, you can end the game. Ask whether participants have any questions from Day 1.

Note: Additional energizer and icebreaker activities are provided in Appendix 2. Use these as needed throughout the day if participants' energy begins to fade.

4. Review the day's objectives and agenda.

5.2 Review of pretest and posttest counseling (30 min)

Purpose: To review the material counselors should cover in pretest and posttest counseling sessions with young people.

Materials: Flip chart and markers

1. As a quick review, ask participants to name topics that should be covered during pretest counseling. Write their responses on flip chart paper. Make sure the following topics are mentioned:
 - ◆ Previous testing for HIV (when and results of test)
 - ◆ Number of sex partners (male, female) in past six months
 - ◆ Partners' sexual history
 - ◆ History of exchanging sex for money, drugs, or shelter
 - ◆ History of nonconsensual sexual activity
 - ◆ Concerns that a sex partner might put the client at risk of HIV
 - ◆ Types of sexual activity (oral, vaginal, anal)
 - ◆ HIV prevention activities taken
 - ◆ Use of condoms (for what activities and, if not used, why?)
 - ◆ History of injection-drug use or needle sharing
 - ◆ History of sharing tattoo or body-piercing equipment
 - ◆ History of blood transfusion
 - ◆ Effect of drug or alcohol use on sexual behavior
 - ◆ History of STIs
 - ◆ Plans to become pregnant
2. Briefly review the use of nonjudgmental and open-ended questions. Ask for some good examples of questions counselors should ask young clients.
3. Ask participants to name topics that should be covered with clients who test negative for HIV and for those who test positive. Ensure that all responses on pages 26–27 in this guide are covered.

4. Tell participants that next they will have a chance to practice an HIV counseling and testing session and that they should take special care to apply what they have learned about counseling young clients.

5.3 Practice HIV counseling and testing for youth (1 hr)

Purpose: To practice the four steps in providing voluntary HIV counseling and testing to young people.

Materials: *Handout 8. Role-play scenarios—HIV counseling*
PowerPoint slide 20
Flip chart and markers

1. Ask participants to divide into pairs and distribute *Handout 8. Role-play scenarios—HIV counseling*. Assign two role-play scenarios to each group. If possible, engage youth from the community to participate in this session to make the counseling role-plays more realistic. Youth can play the client and allow both participants in the pair to practice being providers.
2. If young people are not available for this exercise, tell participants that they should each practice being the provider and the youth client, going through the four steps of HIV counseling and testing. Show PowerPoint slide 20, which has the four main counseling steps listed on it, for reference. Explain that for the purpose of this role-play exercise, the “provider” can skip talking about STIs and pregnancy prevention in detail, since you will be covering that more extensively later. Tell participants that the person who is playing the part of the client should use the information in the scenario, but that he or she can make up whatever information is missing as the provider asks questions.
3. Remind participants that Chapter 2 in the manual (pages 33–54) covers all four steps of HIV counseling and testing and that they can refer to these pages as needed. Again, facilitators are encouraged to observe the role-plays and offer constructive feedback.
4. When the participants are finished with the role-plays, ask for volunteers to discuss what went well and where improvements could be made. Use the following questions to help guide this discussion:
 - ◆ As the provider, what do you think you did well and what do you think you need to improve upon?
 - ◆ As the client, what do you think the provider did well and what could he or she improve upon?

- ◆ As the client, did you feel that the provider was nonthreatening and nonjudgmental? Did he or she listen to your concerns and respect you as a young person?
- ◆ Did the provider give the client all of the necessary information about HIV transmission, the HIV test, clinic or country policies, and results?
- ◆ Did the provider adequately assess the client’s risk and provide successful risk-reduction strategies?

Refer to pages 20–21 in the manual (section entitled “Opportunity for Other Services and Education”) and see which, if any, of these topics were covered by the provider in the role-play. Conclude the discussion by summarizing what the group learned from this role-play. Were there any parts of the counseling process that seemed unclear? Were there sections during which providers did particularly well?

Explain that the exercise was meant to give them practice working with young clients and doing pretest and posttest counseling in ways that are nonjudgmental and youth friendly. Tell them that in the next few sessions, they will be learning more about preventing pregnancy and STIs and why this kind of information should be included in integrated counseling and testing sessions with youth. They will have a chance to practice a comprehensive counseling and testing session at the end of the day.



Break (15 min)

Session 6. Prevention of sexually transmitted infections

session time:
1 hr, 30 min

6.1 Overview of sexually transmitted infections (30 min)

Purpose: To review the most common types of STIs and familiarize participants with this section of the manual.

Materials: STI prevalence statistics in the country or area in which the workshop is occurring
Flip chart and markers (optional)

1. Explain that talking about STIs with young clients is an important component of an integrated counseling and testing session. You will discuss the reasons why this is true in the next session. For now, explain that during this session, you will briefly review the most common types of STIs.

Next, review information on the prevalence of STIs (including HIV) in the country in which the workshop is being held, if that information is available. Also include any data that reveal epidemiological trends, such as gender, age, or location, as applicable. Or, you might ask participants if they can share what they know about STIs in their country or area.

2. Refer to the STI chart in the manual (pages 60–61). Lead participants through a quick review of the material, prompting participants with the following questions and recording answers on the flip chart:
 - ◆ What are the two major categories of STIs? (bacterial and viral)
 - ◆ What are common symptoms of STIs?
 - ◆ Do all STIs manifest symptoms?
 - ◆ Ask a volunteer to briefly list the different STIs.
 - ◆ How are STIs diagnosed?
 - ◆ Which STIs are curable and which ones need to be managed?
 - ◆ What kinds of treatment might be required for certain STIs? What about care and support services?

Note: If participants have forgotten to include HIV in this discussion, remind them that it is also an STI and should be part of the discussion.

3. Inform participants they do not have to memorize all of the facts about all STIs—the chart in the manual summarizes the basic information. Emphasize that the participants have the manual as a reference, which they will take with them and can refer to at any time.

6.2 Why discuss sexually transmitted infections? (30 min)

Purpose: To discuss why it is important to incorporate discussion of STIs into comprehensive HIV and SRH services for youth.

Materials: Flip chart and markers

1. Conduct a brainstorming exercise by asking participants to answer the following questions: “Why is it important to talk to youth about STIs? Why might a counseling and testing session be a good time to discuss STIs?” Record their responses on the flip chart.

If needed, use the following questions and prompts:

- ◆ Are HIV and STIs transmitted the same way? (*HIV is a sexually transmitted infection.*)
- ◆ Are young people always given accurate information about STIs when they need it and want it? (*Youth lack information about how to prevent STIs and are less likely to ask for information because of fear and shyness.*)
- ◆ What about diagnosis and treatment? (*Young people might not know the signs and symptoms of STIs. They might not seek treatment even if they think they have an STI.*)
- ◆ What do we know about STIs and vulnerability to HIV? (*Studies indicate that individuals showing STI symptoms, especially ulcerative symptoms, are more likely to contract HIV, if exposed.**)
- ◆ What about young women? Why are they particularly at risk of STIs?
 - What about their anatomy and physiology? (*Young women are more susceptible to STIs due to immature cervixes and cervical ectopy, a condition in which inner cells of the cervix extend to the outer surface of the cervix. Women are more susceptible to STIs because the surface area of the vagina is larger and more vulnerable than the penis.*)
 - What about consequences of STIs for young women? (*Once they have an STI, women are at greater risk of developing infertility and reproductive cancers than are men.*)
 - What about signs and symptoms of STIs in young women? (*Young women are less likely to exhibit signs and symptoms of STIs than young men; therefore, they are more likely to go undiagnosed and untreated.*)
 - What are some consequences of STIs?

* Research is unclear about whether someone is more vulnerable to HIV transmission in the presence of an STI. Most linkages are between ulcerative STIs, such as herpes or syphilis, and viral STIs such as human papillomavirus.

If participants have trouble answering the questions, refer them to pages 55 and 58–59 of the manual.

2. Assure participants that unless they are clinically trained to do so, they are not responsible for diagnosing STIs. Instead, they should know how to assess whether young people are at risk for STIs, explain the health consequences of STIs and the relationship between HIV and other STIs, discuss general signs and symptoms of STIs, and refer clients for care if STIs are suspected.

6.3 STI review with case studies (30 min)

Purpose: To use case studies to review why it is important to include a discussion about STIs as part of a comprehensive counseling and testing package for youth.

Materials: *Handout 9. STI case studies and discussion questions*

1. Divide participants into groups of three to five people and distribute *Handout 9. STI case studies and discussion questions*. Assign Case Study 1 to a third of the groups, Case Study 2 to a third, and Case Study 3 to a third.
2. Ask participants to spend about 15 minutes reviewing their case studies and discussing the questions in their groups. Tell participants that someone from the group should take notes to report back to the entire group.
3. After participants have finished reviewing their case studies, ask a participant to read Case Study 1 aloud, and to summarize the main points raised in their small group discussion. Depending on time, you might ask other groups who reviewed Case Study 1 to share the main points raised in their discussion.
4. Repeat for Case Study 2 and Case Study 3. Allow time for questions and comments as they arise. Conclude the discussion by summarizing what the groups learned from this exercise and emphasizing that discussion of STIs is a key component of the HIV counseling and testing process, particularly with young people.



Lunch (1 hr)

Session 7. Pregnancy prevention

session time:
1 hr

7.1 Pregnancy prevention and HIV counseling and testing for youth (45 min)

Purpose: To review the key issues about pregnancy prevention for youth, as well as contraceptive methods that are appropriate for young people, and the links between pregnancy prevention and prevention of HIV.

Materials: PowerPoint slides 21–27
Flip chart and markers

1. Ask participants why prevention of unintended pregnancy is an important component of the HIV counseling process. Points that should be made during the discussion include:
 - ◆ Unprotected sex can lead to unintended pregnancy as well as infection with HIV and other STIs.
 - ◆ If a woman has HIV, the prevention of unintended pregnancies is the best way to prevent transmission of HIV from mother to child.
 - ◆ If HIV-positive clients wish to have children or are pregnant already, they need to be counseled about services for the prevention of mother-to-child transmission, antiretroviral therapy, and related considerations, such as breastfeeding and the risk of HIV transmission.
 - ◆ Childbearing is more dangerous for women under 18 than for fully grown adults—and for their children, too, who are more likely to become sick or die in infancy. Access to obstetric care can help, but physically immature bodies, poverty, lack of education, and lack of access to general medical care increase the danger.
 - ◆ Young clients may not know about pregnancy prevention methods, and a comprehensive counseling session is an opportunity to address these needs.
2. Show PowerPoint slides 21–25. Notice that in the notes section of each slide, there are additional points that you should make in the presentation. Take special care to discuss which methods are especially safe and appropriate for youth, and correct any myths. Refer participants to Chapter Four of the manual for more information about pregnancy prevention.
3. Have participants turn to page 74 in the manual. Ask a volunteer to give a definition of dual protection, using his or her own words. Ask someone to explain how dual method use differs from dual protection. (Prompt: *Dual protection is the simultaneous prevention of*

STIs, including HIV, and pregnancy. One dual protection strategy is to use one method [such as abstinence, or the correct and consistent use of condoms] to protect against STIs and pregnancy. Another is the dual method strategy, where couples use one method to protect against STIs [condoms] and another method to protect against pregnancy [usually one of the hormonal methods]).

Show slide 26 on dual protection to summarize and ensure that all important points are covered.

4. Show slide 27 to summarize how discussion of STIs and pregnancy prevention are a natural part of the HIV counseling and testing process, since all are linked to sexual behavior.

7.2 Treasure hunt (15 min)

Purpose: To review key concepts about pregnancy and pregnancy prevention and to show participants where information on these concepts can be found in the manual for their future reference.

Materials: Small prizes, such as candy or condoms (optional)

1. Divide participants into two or more teams, depending on the size of the group.
2. Ask aloud as many of the questions listed below as time allows, and tell teams to raise their hands as soon as they are prepared to answer a question. If you do not have time to ask all of the questions, use your judgment to select those about which your participants need more information or practice. Make sure participants answer the question exactly as it is written in the manual rather than by using their existing knowledge of the topic. The game is meant to encourage participants to familiarize themselves with the contents of the manual.
3. If the team that first attempts to answer the question provides an incorrect answer, the other team gets a chance to answer. Prizes can be awarded to teams that answer questions correctly.

Treasure hunt questions

In addition to answering the questions, the teams should also site the page number on which the answer appears in the manual. Page numbers are provided here for the facilitator.

- 1) What are two reasons a young person might want to delay childbearing? (page 65)
- 2) What is the pregnancy rate for withdrawal when used as a contraceptive method? What are two counseling issues about withdrawal to discuss with young people? (page 70)
- 3) In addition to a lack of accurate information, what are two factors that put youth at risk of HIV that can also put them at risk of unintended pregnancy? (pages 15–16)
- 4) The manual provides role-plays to help the client practice what to say if someone is pressuring him or her to have sex. Where in the manual would you find the role-play on abstinence? (page 45)
- 5) What is the difference between combined oral contraceptives (COCs) and progestin-only pills (POPs)? What are two *different* counseling issues about each method to discuss with young people? (pages 67–68)
- 6) What are two questions one could ask a client about gender norms? (pages 16–17)
- 7) What is the definition of dual protection? (page 74)
- 8) What should a woman do if she misses three birth control pills in a row during the second week of her cycle? (pages 72–73)
- 9) What are three counseling issues about emergency contraception to discuss with young people? (page 71)
- 10) What are three things you, as a service provider or program manager, can do to help young people prevent unintended pregnancy? (page 63)
- 11) What is the pregnancy rate for male condoms as a contraceptive method? What are two counseling issues about male condoms to discuss with young people? (page 66)
- 12) What is one concern about progestin-only injectable contraceptives when they are given during adolescence? What is one noncontraceptive benefit of injectable contraceptives? (page 68)
- 13) What methods are examples of dual protection? Why can dual protection sometimes be problematic for adolescents? (page 74)
- 14) Is an IUD a good contraceptive choice for a 17-year-old female with multiple sex partners? Why or why not? (page 69)
- 15) The manual provides role-plays to help the client practice what to say if a partner does not want to use a condom. Where in the manual would you find the role-play on condoms? (pages 46–47)
- 16) What is cervical ectopy? Why is it a concern with respect to HIV and STIs? (page 59)

Session 8. Sexuality and youth sexual and reproductive health

session time:
30 min

8.1 Introduction to sexuality* (30 min)

Purpose: To introduce the concept of sexuality and provide an opportunity to identify messages about sexuality.

Materials: PowerPoint slides 28–30
Flip chart and markers

1. Explain that in this session you will be discussing sexuality and how young people form their ideas about their own sexuality. Write the word “sexuality” on the flip chart. Ask for definitions from participants, and write their comments on the flip chart.
2. Show PowerPoint slides 28–30 as a way to confirm participants’ definitions and to add anything they missed. See if participants understand and agree on the definition.
3. Divide participants into three groups. Distribute flip chart paper and markers to each group. Explain that each group will spend about 10 minutes brainstorming about different sexuality messages.
4. Tell participants that they should imagine that they are a young person. Ask them to try to remember what it was like to be young and to think about what it is like to be a young person today. Assign groups the following questions to discuss among themselves:
 - Group 1:** What have you heard your parents or other authority figures say about sexuality? (What do you think parents say or might say about sexuality?)
 - Group 2:** What have you heard your friends or peers say about sexuality? (What do you think friends say or might say about sexuality?)
 - Group 3:** What have you seen or heard about sexuality in the media—movies, music, radio, magazines, and television? (Remember that you are pretending that you are a young person, so think about the entertainment media to which young people are exposed.)

* Adapted from: *Life Planning Education: A Youth Development Program*. Washington, DC: Advocates for Youth, 1995.

Circulate among the groups and make suggestions to help the participants get started. For example, parents might say, “sex should wait for marriage,” friends might say, “everyone is having sex,” and media messages might include, “you will be sexier if you use our product.”

After 10 minutes, reconvene the entire group and ask each small group to post its flip chart paper.

Conclude the activity by asking participants the following discussion questions:

- ◆ How are the messages from parents, other adults, peers, and the media different? How are they similar? Why is that so?
- ◆ Which messages do you agree with? Disagree with?
- ◆ What other messages might youth be getting about sexuality, such as from religious sources, health educators, or romantic partners?
- ◆ What other messages do you think young people *should* be getting about sexuality?



Break (15 min)



Session 9. Provider practice session

session time:
1 hr, 15 min

9.1 Role-play comprehensive counseling and testing services (1 hr, 15 min)

Purpose: To practice providing comprehensive HIV counseling and testing to young people, including addressing STIs and pregnancy prevention, when appropriate.

Materials: *Handout 10. Role-play scenarios—comprehensive counseling*

1. Tell participants that now that they have reviewed information on preventing pregnancy and STIs, they will practice integrating this information into counseling sessions with young people. Ask participants to divide into groups of three and distribute *Handout 10*.

Role-play scenarios—comprehensive scenarios. Assign Scenarios 1–3 to half of the groups and Scenarios 4–6 to the other groups.

2. Tell participants that they should each practice being the provider and the youth client, with the third person acting as an observer. The person who is playing the part of the client should use the information in the scenario, but he or she can make up whatever information is missing as the provider asks questions. Providers need only take the role-play to the point where they offer an HIV test to the client. Observers should take notes about what the providers did well and what skills they could improve. Facilitators should circulate around the room, watch the role-plays, and give feedback.
3. Each role-play should take about 15 minutes. When the participants are finished, they should discuss what the provider did well and where he or she could make improvements, as needed. Tell participants to use the questions on the handout to guide their discussion. Groups can choose to spend 5 minutes talking over the discussion questions after each role-play or 15 minutes at the end of all three role-plays.
4. Next, ask whether any of the small groups would like to share any insights, questions, or concerns that arose during the role-plays. Conclude by pointing out what seemed to go well and on what skills the participants might need more practice.

Session 10. Closing

session time:
30 min

10.1 Review and close of the day (30 min)

Purpose: To review the highlights of the day and allow participants to reflect on Day 2 of the workshop.

Materials: *Handout 7. Reflections on Day 1/Day2*

1. Thank participants for their energy and participation. Summarize what they learned today, including:

- ◆ How to implement the four steps in HIV counseling and testing for young people
 - ◆ Key issues related to counseling youth on prevention and treatment of STIs in the context of HIV counseling
 - ◆ Key issues related to counseling youth on prevention of pregnancy in the context of HIV counseling
 - ◆ How peers, media, and parents affect young people's perceptions of sexuality
 - ◆ How to conduct an integrated HIV counseling and testing session with a young client
2. Ask whether anyone has questions about anything covered today. Distribute *Handout 7. Reflections on Day 1/Day 2* and ask participants to complete them. Collect the forms and mark this set as Day 2. Review the comments before the next day of the workshop to improve your presentation of the material.
 3. Let participants know what time you will begin on Day 3, give a brief overview of the material they will cover, and provide any other important logistical information.

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By the end of Day 3, participants will be able to meet these objectives:

- ◆ Explain the importance of quality referrals in providing HIV counseling and testing to youth
- ◆ Identify the referral systems in place and gaps in existing referral systems in their community
- ◆ Describe how their organization can address issues of integrated services
- ◆ Learn how to build community support for integrated services
- ◆ Learn about social marketing and how to promote integrated services to youth and others in the community

Session 11. Referrals

session time:
1 hr, 15 min

11.1 Opening and review (30 min)

Purpose: To energize participants for Day 3 of the workshop. To review key concepts learned on Day 2 and answer any questions participants have from Day 2.

Materials: Prepared flip charts with Day 3 objectives (see list above) and agenda

1. Welcome participants to the final day of workshop. Ask participants to name some of the key things they learned in Day 2.
2. Ask whether anyone has questions about anything from Day 2.
3. Review the day's agenda and objectives (show prepared flip charts).

11.2 Establishing a successful referral network (15 min)

Purpose: To discuss the important components of a good referral network and what to do in the absence of a good referral network.

Materials: Flip chart and markers

1. Explain to the participants that as they have now seen, numerous issues about sexual and reproductive health are covered in integrated counseling and testing sessions. As they are probably well aware, many places where young people go for counseling and testing are

not equipped to deal comprehensively with all youth SRH needs. Explain that in this session you will be talking about how to establish and maintain a good referral network.

Conduct a brainstorming exercise, asking participants to answer the questions below. Record their responses on the flip chart. If participants need prompting, make suggestions using the information below.

- ◆ What are the most important components of a successful referral network for young people?
 - Referral organizations have been contacted to let them know you will be referring clients there.
 - Referral organizations have been visited to ensure that their standard of care is equivalent to your own.
 - Referral organizations are youth friendly.
 - Referral organizations have a contact person to whom you can directly send a youth client, if necessary.
 - Mechanisms are in place for regular (e.g., annual) checks of referral organizations. (Do they have the same phone number and address? Still offer the same services? Offer any new services?)
 - Follow-up protocols are in place for getting feedback on referral organizations.
- ◆ What are the challenges to developing a successful referral network?
 - There is a lack of providers for the services young people need.
 - Organizations that provide needed services exist but are not youth friendly.
 - It is difficult to maintain a good referral network because of staff turnover at referral organizations.
 - It can be difficult to track whether clients visit organizations to which you have referred them.
- ◆ What should providers do in the absence of a good referral network?
 - When feasible, accompany the client to the next service delivery point.
 - Proactively advocate for a good network.
 - Make contacts at other organizations through professional networks.

11.3 Mapping referral systems (30 min)

Purpose: To allow participants to map the referral systems, identify gaps, and establish next steps for improving their organization's referral networks for youth clients.

Materials: *Handout 11. Referral mapping*

1. Distribute *Handout 11. Referral mapping*.

2. Divide participants into small groups of about three to five people. Ideally, participants should be grouped with other providers from their organization or clinic. If they are from different organizations, explain that they will each fill out their mapping sheet for their own organization. The group members should help each other to complete the mapping exercise.
3. After they have had about 15 minutes to work on the handout, ask participants what they notice about their current referral system. Are there services for which they need to find referral sources? How can they improve the current referral process for their young clients? Even if their referrals are internal (as they might be in a large hospital), do they think that their referral system could be improved?
4. Explain to participants that this exercise is just a beginning and that you encourage them to return to their organizations and actually work to improve their referral systems, particularly with young people in mind. Remind participants that the manual includes referral charts (see pages 80–82) that they can use and share with their colleagues.

Session 12. Integrated services

session time:
1 hr, 15 min

12.1 How do we implement integration of youth SRH and HIV services? (1 hr, 15 min)

Purpose: To brainstorm what participants can do to improve HIV/SRH integration in their organizations.

Materials: PowerPoint slides 31–33
Prepared flip chart with bullets from step 2
Flip chart and markers

1. Explain that the goal of this session is to think about actions participants can take to improve integration within their own organizations. Show PowerPoint slides 31–33 to give examples.
2. Divide the group into small groups of four to five people and give each group flip chart paper and markers. Have the small groups discuss what actions can be done in their organizations under each of the four priority areas listed below. Encourage them to think of actions in the areas of programs, services, and advocacy under each priority area. Give them 45 minutes for their discussions.

- Post the prepared flip chart. Prompts are provided in italics.
- ◆ Improve access to services (emphasizing the fact that integration of HIV and SRH services should improve access to SRH services for groups who may not typically seek them out—for instance, boys or high-risk groups who access HIV testing).
 - *Advocate for better hours (after school, weekends), less expensive services, mobile and outreach services.*
 - ◆ Promote safer sex.
 - *Promote dual protection, non-penetrative sex, other kinds of intimacy; have more discussions with young people about sexuality, gender roles, prevention of STIs and unplanned pregnancy, faithfulness, and abstinence.*
 - ◆ Optimize the connections between HIV, STI, and SRH services.
 - *Train and cross-train providers in each of these areas; organize or rearrange the clinic in ways that promote the integration of services; improve referral networks; do integrated counseling and testing services; promote integrated services in the community, especially among youth and their parents or guardians.*
 - ◆ Integrate HIV services with maternal-child and adolescent health programs (including family planning programs) to help prevent more HIV infections.
3. Allow each group to present the results of their discussion. Allow other participants to ask questions after each presentation. Ask probing questions to ensure that participants have a clear understanding of the meaning of integration, a realistic plan for improving it in their organizations, and an understanding that many steps that promote integration are low in cost. Spend about 30 minutes on this discussion.



Break (15 min)

Session 13. Building community support

session time:
1 hr, 15 min

13.1 Building community support for integrated services (15 min)

Purpose: To review the main guidelines for building community support for integrated SRH and HIV counseling and testing for youth.

Materials: Prepared flip chart with guidelines from Step 2
Flip chart and markers

1. Remind participants that they have just worked on an action plan for integrating SRH services for youth in their organizations. Tell them that in the next portion of the workshop, they will learn how to build community support for these integrated services.
2. Post the prepared flip chart with the four guidelines (listed below) for building community support. For each one, talk through the points outlined.
 - ◆ Know the community
 - Community and parent groups need to be informed, involved, and supportive of the program.
 - Identify key groups and stakeholders; inform them and involve them in implementing SRH and HIV counseling and testing services for youth at your clinic or organization.
 - ◆ Involve youth from the beginning
 - Because these integrated services are for youth, young people should be able to voice their opinions. This will ultimately help to strengthen the program.
 - Young people can speak powerfully and effectively about their need and desire for these services and help you gain support from their parents, guardians, friends, peers, and other community members.
 - ◆ Know the laws and policies for providing counseling and testing and other SRH services to youth
 - Many countries have consent laws about HIV counseling and testing and SRH services that must be observed in your clinic or organization. Also, investigate whether the country has any laws about partner notification or tracing.

- ◆ Inform and involve other staff
 - Even if other staff at your clinic or organization will not be providing counseling and testing to young people, it is important that they understand the benefits of the service and that you have their support.
 - All staff who might come into contact with young people at your clinic or organization should be informed about and trained on the basics of youth-friendly services.

13.2 Working groups for building community support (1 hr)

Purpose: To develop and document the key steps for building support in participants' communities.

Materials: *Handout 12. Community support worksheet*

1. Distribute *Handout 12. Community support worksheet*.
2. Divide participants into groups of three to five people. Ideally, participants should be grouped with other providers from their organization or clinic. If they are from different organizations, explain that they will each fill out their worksheet for their own organization. Tell them they will have about 30 minutes to complete their worksheets.
3. Reconvene the entire group. Ask participants to share what they learned from completing the worksheet and to discuss any obstacles or challenges that they might encounter in gaining community support. Prompt discussion with the following questions:
 - ◆ What will be the easiest part of the process of building community support?
 - ◆ Who are your key stakeholders? Who among them is an advocate? Who opposes your services?
 - ◆ What will be the most difficult part of the process? How might you overcome it?



Lunch (1 hr)

Session 14. Promoting integrated services to youth

session time:
2 hr

14.1 Social marketing (30 min)

Purpose: To define social marketing. To learn and identify key elements of effective health service promotion campaigns.

Materials: PowerPoint slides 34–40
Flip chart and markers

1. Explain to participants that marketing their organization's services plays a key role in the process of building community support.

Show PowerPoint slides 34–40, which introduce the topic of health services promotion. Notice that the notes section of each slide provides additional points that should be made in the presentation.

2. Explain that you want the group to brainstorm about what to consider when developing an effective promotional plan for their organization's youth services. The purpose of this step is to think about who the audience is and what behavior the promotional campaign is attempting to change or encourage.

Ask the group the following questions. Prompts are provided in italics.

- ◆ Audience: Who is the target youth audience for your services?
 - *Be specific. Do you want to reach young people in schools? Out of school? Street youth? Sex workers? Other vulnerable youth? Do you need to focus on a very targeted audience of high-risk youth or on young people in general?*
- ◆ Behavior change: What behavior do you want them to change or adopt?
 - *Are you trying to encourage youth to seek health-related services? Better understand their perception of risk? Use family planning methods? Access couples counseling and premarital HIV counseling and testing? Use condoms correctly and consistently? Practice abstinence or fidelity?*

- ◆ Triggers: Why do young people seek integrated counseling and testing?
 - *Are they worried about their HIV status and their risk-taking behavior? Is a partner, friend, or family member HIV positive? Are they sick? Do they want to become pregnant or marry? Do they not want to become pregnant? Are they just curious about their status? Are they looking for referrals?*
- ◆ Barriers: What are the biggest barriers for youth seeking HIV counseling and testing?
 - *Fear of testing positive; fear of death; no cure for HIV; fear of stigma or discrimination from providers, family, and peers; perceived lack of confidentiality; legal concerns; cost; need to return for results (when rapid test not available); belief that testing is only for promiscuous or sick people; sense of immortality?*

Emphasize that although the participants are not marketers or advertisers, they are members of their community and might have many opportunities, formal or informal, to talk about the kinds of services their organization provides to young people. The lessons they learn in this exercise will help them make the most effective case for why integrated services are important to youth and their families.

14.2 Designing a campaign to promote integrated services for youth (1 hr, 30 min)

Purpose: To practice using social marketing knowledge to create promotions and a campaign for integrated SRH and HIV counseling and testing services for youth.

Materials: PowerPoint slides 41–43
Prepared flip chart with definition of “4 Ps” (see PowerPoint slide 38)
Flip chart and markers

1. Show PowerPoint slides 41 and 42. Discuss the key aspects of effective and targeted messaging as illustrated in the New Start campaign. Next, show slide 43 and discuss the marketing for the Saadhan clinic. Ask the group to analyze the factors that make the campaign effective.
2. Divide the group into smaller groups of four to five people (or fewer, depending on the size of the entire group). Distribute flip chart paper and markers to each group. Explain that they will be developing a promotional campaign for integrated SRH and counseling and testing services among youth at their clinic or organization. Remind them to think about their audience and about what behaviors their campaign is attempting to change or encourage. (Mention that when people develop an actual promotional campaign, they conduct extensive research first and that an intervention should accompany and support any promotional campaign.)

Before they begin designing their campaigns, discuss the following questions for about ten minutes. Prompts are provided in italics.

- ◆ Effective messaging: Based on what we know about the audience, what kinds of messages do you think could be effective with your target populations?
 - *Messages should be empowering, hopeful, and positive. They should challenge the notion that knowing your HIV status leads to hopelessness, illness, and death; they should emphasize how knowing one's HIV status can give peace of mind and how important it is to know one's status before entering a new partnership or having a baby.*
- ◆ Targeted messaging: To whom are the messages targeted? How do you reach youth from special populations?
 - *Messages should be culturally appropriate, targeted toward sexually active or high-risk, vulnerable youth. Messages can also be targeted toward very specific populations of young people. Messages should target motivators and counter barriers to testing as identified through formative research.*
- ◆ Product: What are your services and how do the services appeal to young people? What aspects of your counseling and testing and SRH services do you want to make sure young people know about?
 - *Friendliness of staff to young people, affordability, confidentiality or anonymity, high quality of services, convenient location and hours*
- ◆ Placement: Where and when will the messages be placed?
 - *Where do the young people that you are trying to reach convene? How do they spend their time?*
- ◆ Price: Are the services affordable? How will your target audience know they can afford your services?
- ◆ Promotions: What types of promotion will best reach this group of young people?
 - *Do they read posters? Do they wear T-shirts? Watch TV? Listen to radio? What stations?*

Now, tell participants that they will have about 20 minutes to design a promotional campaign, which they will present to the entire group. They should use the flip chart paper to outline the details of their discussion. Tell them their campaign should highlight their answers to the 4 Ps just discussed: product, placement, price, and promotions. Show PowerPoint slide 42 on the New Start campaign as a model. Direct their attention to the flip chart on which you have defined the 4 Ps.

3. After about 20 minutes, reconvene the participants, and give each group about 5 minutes to present its campaign (depending on how many groups you have).



Break (15 min)



Session 15. Evaluation and conclusion

session time:
45 min

15.1 Post-course self-assessment (15 min)

Purpose: To assess participants' knowledge, attitudes, and skills at the end of the workshop and determine their progress since the beginning of the workshop.

Materials: *Handout 13. Post-course self-assessment*

1. Distribute the post-course self-assessment (Handout 13) for participants to complete and return. Ask participants again to write down the six-digit number representing their birthday. Tell participants that their questionnaires will remain anonymous but that you will read them to help determine the effectiveness of the training and learn where improvements can be made.
2. After participants are finished, distribute their pre-course questionnaires, if they would like to compare the two. When participants are done reviewing their pre- and post-course self-assessments, collect both.

15.2 Closing and evaluation (30 min)

Purpose: To close the workshop and reflect on the course. To gain feedback from participants about the course.

Materials: *Handout 14. Final course evaluation*

1. Thank the participants for their contributions and hard work. Congratulate them on participating in this workshop and for making the effort to learn more about comprehensive HIV and SRH counseling for young people. Emphasize that effective communication with youth will be an ongoing learning process and that they will get better at it with practice. Remind

participants that young people 15 to 24 years of age account for 45 percent of all new, non-pediatric HIV infections and that about 2.7 million youth become infected each year. By receiving this training and making an effort to reach out to young people, participants are contributing to reducing that number. Finally, remind them that *HIV Counseling and Testing for Youth: A Manual for Providers* is a great resource that they can refer to at any time.

2. Distribute Handout 14 and ask participants to take a few minutes to complete it. Tell them that their comments will remain anonymous and that you appreciate their honesty, as it will help to improve the course.
3. Collect the evaluations as participants finish them.

Optional Site Visit

If time allows and you have convenient access to a site that provides HIV counseling and testing, try to schedule a site visit to allow participants to see providers practicing in a real setting. Make sure issues of privacy and confidentiality are considered. See *Appendix 3. Activities to conduct during a site visit.*

