

Developing and Scaling Up a Counseling Tool to Promote Integrated Services for Youth

Summary

The Problem:

Research had shown that youth make up a large proportion of the people seeking HIV testing, yet no tools were available to help providers of this service counsel their young clients about HIV and other sexual risks, including pregnancy.

The Intervention:

Family Health International's (FHI's) YouthNet program and FHI/Kenya collaborated with a group of youth counselors in Kenya to create a new evidence-based counseling tool for providers of HIV counseling and testing for youth.

The Impact:

The new manual attracted wide attention, resulting in its translation into at least four languages. Demand also prompted FHI and additional partners to develop a training guide to help providers effectively use the new counseling tool. The partners—including International Planned Parenthood/Western Hemisphere Region (IPPF/WHR) and Population Services International (PSI)—also helped field-test the training guide and are committed to scaling up its use.

In many countries, up to half of all new HIV infections occur among 10- to 24-year-olds. It is not surprising, then, that youth are more interested than ever before in finding out their HIV status. In one study from Kenya, about one in three people seeking an HIV test was younger than 25. Many of the youth who visit sites offering HIV counseling and testing also have general questions about sexual risks, including pregnancy.

Under its YouthNet program (2001–2006), which was supported by the U.S. Agency for International Development (USAID), FHI was responsible for conducting research and improving reproductive health and HIV-prevention services for youth.

Through research projects in Haiti and Tanzania, YouthNet had set out to identify the degree to which youth needed integrated services. This occurred within a global context of increasing attention to HIV counseling and testing to identify people who could benefit from treatment with more widely available antiretroviral drugs. Also, USAID missions were asking for help in assessing the needs of youth attending programs that offered HIV counseling and testing.

Given this context, FHI recognized the need for a tool to help health care providers counsel youth regarding HIV tests and related issues, such as preventing unwanted pregnancy.

Facilitating change

Involving young stakeholders

YouthNet approached FHI/Kenya to help with developing this new and innovative tool. FHI/Kenya, through the global HIV project IMPACT, was already working in many sites providing HIV services. Through its contacts, FHI/Kenya assembled a group of young counselors who were providing HIV counseling and testing

to youth. This group of important stakeholders was critical in helping shape the new tool.

Building on existing materials

Although evidence existed on what information youth need to know about HIV prevention and reproductive health issues, no tool had been developed or validated that combined these messages into an effective job aid for counselors providing HIV testing.

To help develop the new job aid, an earlier FHI publication, *Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents*, provided a useful model for combining information on “youth-friendly” counseling, contraceptives, and sexually transmitted infections. YouthNet also consulted reproductive health and HIV experts, as well as materials such as the comprehensive *VCT Toolkit*. A helpful resource in the toolkit was a report on counseling and testing for youth, developed with input from the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization.

The youth counselors that FHI/Kenya had assembled provided input on what should be included in the new tool and highlighted which components of existing materials (such as *Meeting the Needs of Young Clients*) should be adapted. Many of the same counselors also reviewed the first draft of the new tool, entitled *HIV Counseling and Testing for Youth: A Manual for Providers*.

Documenting change

Dissemination of the manual was initiated in 2005 using YouthNet's communication systems. Multiple groups have also collaborated with YouthNet to translate the publication and disseminate it more broadly: IPPF/WHR in

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Spanish, Population Services International (PSI) in French, FHI/Jordan in Arabic (though some content modifications were made for cultural sensitivity), and FHI/Tanzania in Swahili.

Since 2005, more than 2,000 copies have been mailed worldwide, and a global announcement through the electronic publication *Youth InfoNet* reached up to 100,000 people through wide-scale listservs. The manual has also been viewed more than 52,000 times on the Web.

Although it has not yet been evaluated for its effectiveness in improving integrated services, these data show that the new manual has attracted wide attention.

Promoting further use

After the manual was disseminated, demand from the field prompted efforts to scale up its use. Providers in the IPPF/WHR network expressed interest in developing a training guide that would help providers use the manual to deliver youth-friendly counseling with information on integrated services.

FHI, IPPF/WHR, and PSI collaborated to draft a new training guide, which was field-tested with IPPF/WHR providers in St. Lucia in 2007 and with FHI and PSI providers in Zambia in 2008. During the Zambian field test, 17 providers of HIV counseling and testing were also trained to use the manual. These providers served

HIV Counseling and Testing for Youth: A Manual for Providers

<http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm>

youth in a variety of settings, from mobile HIV-testing units to stand-alone clinics, but had not received prior training or job aids to help them work with this often vulnerable population.

A staff member from FHI/Uganda also attended the training in Zambia. As a result, FHI/Uganda is now working with multiple nongovernmental organizations to train more Ugandan service providers to use the manual. The AIDS, Population, and Health Integrated Assistance (APHIA) II program (which is working to strengthen service delivery in Kenya) is also preparing to introduce the counseling tool and training guide in two regions of Kenya.

FHI and PSI are both committed to scaling up the use of the counseling tool and training guide. FHI is also exploring ways to roll them out in conjunction with a research project to assess different models for delivering integrated services for youth. Determining the impact of the job aid will be difficult but is the next challenge of this work.



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The Evidence Base

HIV counseling and testing offers people an opportunity to learn their HIV status and to access other HIV and reproductive health services, such as family planning. Yet, when FHI's USAID-supported YouthNet program began in 2001, little was known about the need for integrating HIV and family planning services for youth.

YouthNet began addressing this question through research in youth-friendly service delivery sites in Haiti and Tanzania. Results from nine facilities showed that youth do need integrated services, particularly to help vulnerable women become more aware of HIV counseling and testing, as well as family planning, services.

Among the sexually active clients in Haiti, young women were less likely than young men to use contraception. Among the young clients in Tanzania, 40 percent of the men and 26 percent of the women reported no contraceptive use. In both countries, most of the youth who were using contraception had chosen less effective methods such as condoms and withdrawal. Both clients and their providers also lacked extensive knowledge about the different methods of family planning.

These results have led to funding for a follow-on study, which is just beginning, to analyze the best possible models for delivering integrated services for youth.

To learn more about integrating services for youth, see http://www.inforhealth.org/youthwg/prog_areas/integration.shtml.