

PSYCHOSOCIAL CARE & COUNSELING FOR HIV AFFECTED CHILDREN AND ADOLESCENTS

A Training Curriculum

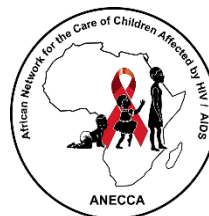
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To Fight AIDS, Tuberculosis and Malaria



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PREFACE: Why is this the curriculum of choice?

As treatment coverage increases, greater numbers of children survive their infant years to become adolescents and young adults. However, compared to adults, children and adolescents do poorly with regards to adherence to treatment and retention in programs¹. Children and adolescents are often left to battle with HIV infection with limited and to some extent without the much-needed psychosocial support to enable them deal with multiple stressors related to living with HIV ranging from stigma and discrimination, disclosure, adherence to medication, death of parents, isolation, neglect, orphan hood and vulnerability to mention but a few. Studies have shown that psychosocial support is directly linked to treatment outcomes that include adherence to long-term medication¹. A recent survey done in 7 countries in Africa found that there was a big gap in knowledge and skills among health care workers in providing counseling and psychosocial support to children and adolescents living with HIV²

To bridge this gap ANECCA has developed first ever Pediatric and adolescent HIV counselling and PSS curriculum in Africa. The first version of the curriculum was produced in 2008, customized to the psychological and social needs of children and adolescents, and has been updated in this version. This curriculum became a unique answer to challenges that were being faced by frontline health care providers as they continued to provide care and support to children as they grow to adolescence ranging from HIV testing, involving the family in care, adherence to ART, grief loss and bereavement while living with HIV. Importantly, health care providers that were trained on this curriculum became more confident and were able to increase identification of HIV infected children through more routine practice of provider initiated testing and counseling (PITC).

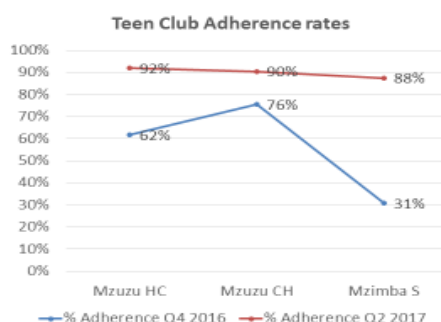
The delivery methods for this curriculum include experiential learning with participatory adult learning methods that ensures knowledge acquisition, retention and skills development. Field practicum translates theoretical knowledge into reality while the accompanying teaching video clips bring the general situation to reality, helps to touch the feeling and emotions of participants, and in turn consolidates learning. The training content not only develops competences of the health care provider to offer counselling and psychosocial support to children, adolescents and their families, but more importantly provides for self-reflection and awareness to bring about inner healing to trainees in preparation for providing therapeutic support to children and adolescents. Attitudinal change is therefore one of the hallmark impacts of the curriculum on the trainees.

Follow-on mentorship at health facilities produces even more sustained improvements in attitude and competencies among health care workers with more sustained impact on retention of adolescents in programs. For example, in Malawi, where ANECCA provided this training followed by on-site mentorship at EGPAF supported facilities, teen club adherence at the facilities have improved as seen in the figure below.

¹ Peter MacPherson et al; Service delivery interventions to improve adolescents' linkage, retention and adherence to antiretroviral therapy and HIV care. Tropical Medicine & International Health Vol 20 August 2015

² ANECCA Regional Report of the rapid assessment of training needs & mentorship frameworks in 7 countries 2016

Teen Adherence rates pre and post PSS mentorship



This ANECA curriculum is unique as it uniquely blends African grown knowledge and provides answers to practical challenges faced by frontline health care providers providing care to children and adolescents affected by HIV in Africa. Another aspect that sets this curriculum apart is the ability of the content to appeal to different cadres of health care providers who interface with children and adolescents during the care process ranging from nurses, social workers, counselors, and clinicians. The content is thus contemporary in nature - not too easy and not too hard for different cadres of health care providers but unique in addressing comprehensive and changing psychosocial care needs of children, adolescents and their families. As Dr Sunny Ochibgo, a senior consultant paediatrician in Nigeria said: *“If anyone has not attended this training yet, they are missing! Clinicians, Counsellors, Academicians and Professors alike attended the training full time. Throughout the period none of the trainees was tired – 8 full days!! We all became “adolescents” in the training and had one-on-one engagements with children and adolescents effectively”*.

Other participants had this to say:

“We clinicians we have been prescribing and prescribing but its high time we all get trained and embrace psychosocial care. Our care outcomes will improve.” Participant from Uganda

“This course has changed me; I am now waiting to go back and correct all mistakes I have been making at my hospital.” Participant from Tanzania

“I have re-discovered myself. This course has answered all my questions in life. In Burundi Psychosocial care is not popular yet very important. Every health worker should get trained” Participant from Burundi

FOREWORD

Significant advances over the past decade have resulted in an estimated 17 million (46%) people living with HIV (PLHIV) of a globally estimated 36 million HIV infected people accessing antiretroviral treatment (ART). The aim of reaching an AIDS free generation seems now plausible. Focussed program efforts to address PLHIV with sub-Saharan Africa (69% of global total), have resulted in a 38% decrease in AIDS related deaths. Significant efforts to prevent mother to child transmission, have led to in 77% (69-86%) of pregnant women accessing ART, thereby significantly decreasing the number of perinatally infected infants. This has yielded the major gains of a 50% decrease in new paediatric infections since 2010. However, where PMTCT program are less effective or HIV prevalence is high, there are still large numbers of children being infected with HIV. Of the 63% of children 0-14 years living with HIV in sub-Saharan Africa 2015, 15% were in Nigeria and 13% were in South Africa.

Despite these encouraging statistics, there remain disparities. The UNAIDS Executive Director in May 2016 stated that “It is not acceptable that in 2016 we have 90% of the world’s children living with HIV in Africa when we have come close to eliminating paediatric AIDS outside Africa.”³ Without treatment, 50% of HIV infected infants and children die before the age of 2 years. In 2015, the World Health Organization released new ART Treatment guidelines which advocate for the immediate treatment of all HIV infected children. There remain significant efforts to increase access to treatment for all HIV infected children and adolescents.

There are 1.6 billion people aged between 12-24 years, the largest generation of adolescents and young people ever. Adolescents 10-19 years of age form 18% of the global population and 18% of these live in lower and middle income counties. HIV infection is the second highest cause of death in adolescents globally. The increased vulnerability of girls and young women account for 71% of new infections and HIV, twice as high as in young men aged 15-14 years and HIV is the second cause of death amongst adolescents globally⁴. Eighty-two per cent of HIV infected adolescents live in sub-Saharan Africa. Whereas death rates from HIV are decreasing in children and people above the age of 20 years, the number of AIDS related deaths among 10-19 year olds is increasing. These adolescent deaths reflect HIV infections in children from at least a decade ago. Many children slipped out of care and treatment programmes, were lost to follow up or were never diagnosed. This has galvanized the global health community to address adolescent health in general, and HIV infection especially in Africa⁵.

³ Towards an AIDS Free world for children – A global push to end paediatric AIDS. UNAIDS 2016

⁴ UNAIDS Facts Sheet 2016

⁵ ALLIN#End Adolescent AIDS UNICEF 2015

The African Network for Caring for Children affected by AIDS (ANECCA) is a regional network working towards increasing access to quality care and treatment for children and adolescents living with HIV. Recent funding through the Global Fund for AIDS, TB and Malaria, is supporting ANECCA to increase institutional and health worker capacities in 7 countries⁶ to expand paediatric and adolescent services. A survey carried out in the 7 countries in 2016 indicated major gaps in health worker capacities and service provision and for children and adolescents. About half of the health workers interviewed did not feel that they needed special skills to work with children and adolescents; and, about 40% felt that, despite recent new guidelines, ARVS were too strong for a child's body". More disturbing were health worker attitudes, in contradiction of fundamental children and adolescent rights, which found that half of health workers would notify parents of an adolescent's HIV status without consent and that there was significant reluctance to provide adolescents with appropriate sexual and reproductive health services. Of the health workers interviewed in 314 health facilities in the 7-country survey, 47% of them had received training in general HIV counselling, but only around 20% had received any training in child or adolescent HIV counselling⁷. Also, none of the seven countries had national policies in place to establish special clinics for children and adolescents, an identified barrier to accessing care and treatment in this group.

This report, and the statistics quoted above, have highlighted the urgent need to improve health worker capacities in the care, treatment and support of children and adolescents living with HIV. In 2008, ANECCA, spearheaded the first African-developed Psychosocial Care and Counselling Training Curriculum for HIV infected Children. This training course, aimed at health care workers working with HIV infected children has been rolled out in 7 countries and has made its own significant contribution towards increasing the skills of health workers caring for children infected with HIV. However, as the recent rapid assessment has indicated, there remain major gaps in health worker capacities in providing adequate care, treatment and support for HIV infected children and adolescents. This is especially evident in the availability of counselling to HIV infected and affected children and their families. The number of HIV counsellors trained in the paediatric aspects of HIV counselling is limited. Most HIV treatment centres in sub-Saharan Africa providing care and treatment for HIV infected children do so without providing the essential counselling support necessary to ensure good treatment outcome.

Therefore, with support from the Global Fund, there has been a major updating of the Training Curriculum to reflect new guidelines and an increased focus on adolescents. It is planned to rapidly roll out this modular training programme initially to the seven countries covered under the Global Fund grant. However, this material, through the auspices of ANECCA is also available to any group who wishes to be trained as trainers to further expand quality care, treatment and support to children and adolescents infected with HIV.

⁶ Ethiopian, South Sudan, Nigeria, Uganda, Malawi, Burundi, Tanzania

⁷ Regional Report of the rapid assessment of training needs & mentorship frameworks in 7 countries ANECCA 2016 (draft)

ACKNOWLEDGMENTS

The Second Edition of Psychosocial Care and Counselling for Children and adolescents builds on experience gained from the original publication in 2008. The first edition involved contributions from a number of experts based in East and Southern Africa with experience in the psychosocial care and counselling of children and adolescents living with HIV. Since 2008, the course has been rolled out in several African countries.

This second edition is timely. The course has been updated with the latest epidemiology of HIV in children and adolescents and the changes in treatment approaches over the past decade. The revised materials also build upon ANECCA's experiences over the past decade in the use of the curriculum in the training of health care workers across Africa. Revisions are also largely informed by current HIV care gaps for children and adolescents identified during the policy and Implementation Guidelines Reviews and Training Needs Assessments conducted by ANECCA in 2016 in Seven Countries viz Tanzania, Uganda, Malawi, Ethiopia, Nigeria, South Sudan and Burundi under Global Fund support

ANECCA extends special appreciation to Global Fund for the financial support to produce these training materials and rolling out of trainings both at Regional and National levels. This piece of work would not have been possible without the technical and financial support from Global Fund.

The support and considerable continuous collaborations of Ministries of Health of Malawi, Uganda, Tanzania, S. Sudan, Burundi, Ethiopia and Nigeria in producing the training materials and rolling out the training at National level is highly appreciated.

Many people have been involved but special thanks go to Rose Nasaba whose untiring efforts in spearheading the training curriculum and in leading trainings of health workers all over Africa will make a real difference in the lives of children and adolescents living with HIV.

The training curriculum uses unique video material which was developed in 2008 through funding from the President's Emergency Funding for AIDS Relief (PEPFAR) to Catholic Relief Services/ AIDSRelief under a grant from the Department of Health and Human Services, Health Resources and Services Administration Grant # U51HAO2521-01-01. Sadly, the issues depicted in interviews of children with HIV made in 2008 are just as relevant today as they were then. This clearly emphasises the enormous need to increase the capacity of health workers in the psychosocial counselling of children and adolescents.

The development of the 2nd edition of the Training Curriculum was made possible under a grant from the Global Fund Grant, QPA-H-ANECCA; grant number: 873.

DESCRIPTION AND SYLLABUS OF THE PSYCHOSOCIAL CARE AND COUNSELLING FOR HIV INFECTED CHILDREN AND ADOLESCENTS TRAINING CURRICULUM

Introduction and purpose of the course

There remain significant gaps in health worker skills in addressing the psychosocial assessment and needs of HIV infected children and adolescents. This curriculum aims to address this gap through this *Psychosocial Care and Counselling for HIV Infected Children and Adolescents Course*. The goal of this competency-based training is to enable health care providers to provide safe high quality counselling and support services to HIV infected children/adolescents and their families. Using knowledge and skills acquired from this training, health care providers, particularly those involved in directly providing counselling services, should be able to provide appropriate assessment and basic interventions.

Target Group

The course is designed for health care providers involved in caring for children and adolescents living with HIV/AIDS who provide counselling services to these children and their families. It is essential that health care workers who will attend this course should have already attended a basic HIV counselling and care course and that they have hands on experience on working with HIV positive children and adolescents.

Additionally, with the increasing involvement of lay providers (expert clients, lay counsellors etc.) in child and adolescent HIV services, selected modules of this course can also be used to increase the knowledge and skills of these cadres. Note that in such cases the modules may need to be given in the local language.

Delivery of the Course

The course materials may be delivered as a complete package or stand-alone modules. Trainers need to tailor the course according to identified participants' knowledge and skills needs.

Course Duration

Bearing in mind the length of the course and the shortage of front line health workers, the module format allows a flexibility in delivery options. The course:

- Can be delivered at an off-site location over a minimum period of 10 days.
- Be offered as a series of modules over a period, depending on the identified competency needs of trainees. For example, training can take place over the weekends over a period of 2 months or so. This also allows for consolidation of knowledge and skills through their ongoing clinic practice.
- In large facilities, the course could be delivered for a few hours each day over a defined period of to a multi-disciplinary team providing child and adolescent HIV services so as not to disrupt service delivery. There are considerable advantages to such an approach but this would most probably only apply to medium/larger hospitals. Such delivery would maximize the win-win scenario of involvement of the multidisciplinary team. Additionally, health workers could consolidate their newly gained knowledge and skills with actual clinic practice.

Should modular options be considered, this allows for trainers to provide mentoring and supervision. It is planned to develop a supervisory module that would provide a guideline for such an activity. Additionally, job aides are in the process of being developed.

Training and Learning Methods

Several methods are employed to facilitate learning during the conduct of the course. The organizers and facilitators should ensure that as many practical sessions as possible are carried out to ensure retention and of newly acquired knowledge and consolidation of skills. The following methods are encouraged, as indicated in the facilitator's manual:

- Classroom presentations and demonstrations
- Group discussions
- Individual and group exercises
- Role plays
- Case studies
- Guided clinical simulation activities
- Brainstorming and experience sharing exercises.
- Video clips and reflection.

The following are the components of the training package:

- Facilitator's Instructions Manual
- Flash drive/CD-ROM that contains Microsoft Power Point Slides that provide a minimum content package for all the modules in the curriculum
- Video clips; contain a series of unscripted interviews with HIV positive children illustrating issues that they face. These video clips are used either to demonstrate counselling techniques or to reinforce knowledge and skills acquired in the various modules. The trainer should review the content of the video and be comfortable with each section so that he/she will be able to respond to questions on issues raised.
- Worksheets to accompany the video clips
- Limited key resource materials
- To be developed: A Psychosocial Resource Handbook (a "companion" to the widely used ANECCA Paediatric AIDS Clinical Handbook); Job aides

Selection Criteria for Facilitators

Facilitators for this course should be mainly counsellors or psychologists. Some modules may be delivered by clinicians. It is essential that facilitators for this course have considerable experience in working with children with HIV and hold advanced facilitation skills.

Selection Criteria for Trainee Participants

It is advisable that trainees should be carefully selected with consideration of their current job description, desire to counsel children and families, as well as any previous experience with children, if possible.

Adaptation of the Course to Training Needs

Participants who have had prior training in the area of HIV counselling (e.g. HIV counselling for adults) as well as providers whose main area of work is not counselling (e.g. clinicians) may be offered the course as it is, focusing on practical sessions for the more technically challenging issues of working with children. Those who have not had prior training in the area of counselling and wish to work as counsellors for children living with HIV/AIDS, may need a longer version of the course that gives them enough time to internalize the various areas covered.

Methods of Evaluation:

Knowledge gain can be evaluated by a written test (sample questions provided) given at the beginning and at the end of the course (pre- and post-tests). The questions should be suitable to the group being trained and the competency needs as identified before the course is started.

Participants should be given an end-of-course evaluation form that can be adapted to suit individual program needs.

During the course, continuous evaluation of trainees should be conducted with the use of appropriate group and individual questions and session summaries. Assignments and group activities should be assessed and feedback given to the group

Course Timetable Template:

The following is a generic course schedule that can be adapted to suit needs. The suggested average length of the course is 10 days. This can, however, be adjusted to less or more days depending on the training needs of the trainees, and other logistic and program issues.

Course Organization

A description of the content of all the modules of the course, is indicated below, followed by a course schedule template. The course organizer should complete a list of key support and referral organizations relevant for their country.

Module 1: OVERVIEW OF HIV INFECTION AND TREATMENT.

Unit 1: Epidemiology and modes of transmission of HIV in children and adolescents.

Unit 2: Natural disease progression, diagnosis and staging of HIV in children and adolescents.

Unit 3: Primary Care and Management of the HIV Positive Child.

Unit 4: Basics of ART in children

Module 2: CHILD AND ADOLESCENT GROWTH AND DEVELOPMENT

Unit 1: Main Components of child and adolescent growth and development

Unit 2: Factors contributing to abnormal development

Unit 3: Assessment of abnormal development

Module 3: Family Structure and Dynamics

Unit 1: Understanding Family

Unit 2: Dysfunctional family systems

Unit 3: Family centered assessment

Unit 4: Family centered interventions and support

Module 4: PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS

Unit 1: Psychosocial care and support for children and adolescents affected by HIV

Unit 2: Psychosocial impact of HIV and AIDS in children and adolescents

Unit 3: Psychosocial assessment

Unit 4: Types of psychosocial interventions

Module 5: COMMUNICATING WITH CHILDREN AND ADOLESCENTS

Unit 1: Introduction to communicating with children and adolescents

Unit 2: Principles and Guidelines of communicating with children and adolescents

Unit 3: Barriers to communicating with children and adolescents

Unit 4: Communicating with children: skills and tools

Unit 5: Demonstration of communication skills with children and adolescents (practicum)

Module 6: LEGAL AND ETHICAL ISSUES

Unit 1: Basic concepts of child protection

Unit 2: International and National Frameworks which protect children

Unit 3: Building a protective environment for children and adolescents living with HIV

Unit 4: Ethical consideration for counselling children and adolescents with HIV

Module 7: COUNSELLING CHILDREN AND ADOLESCENTS

Unit 1: Overview of counselling in children and adolescents

Unit 2: Principles and attributes of an effective child and adolescent counsellor

Unit 3: Child counselling skills and techniques

Unit 4: Use of media and activities in counselling children and adolescents

Unit 5: The child counselling process

Unit 6: Counselling adolescents

Module 8: COUNSELLING CHILDREN AND ADOLESCENTS WITH HIV

Unit 1: Overview of HIV and AIDS counselling in children and adolescents

Unit 2: Counselling children and adolescents for HIV testing

Unit 3: Counselling children and adolescents for ART

Module 9: WORKING WITH AND FOR ADOLESCENTS

- Unit 1: Introduction to adolescence
- Unit 2: Adolescence, sexuality and gender
- Unit 3: Challenges and issues around HIV/AIDS and the adolescent
- Unit 4: Life skills
- Unit 5: Adolescent responsive services
- Unit 6: Strengthening peer support in service delivery for adolescents
- Unit 7: Transitioning from paediatric HIV to adolescent HIV services & finally to adult HIV care

Module 10: DISCLOSURE OF HIV STATUS IN CHILDREN AND ADOLESCENTS

- Unit 1: Introduction to disclosure of HIV status in children and adolescents
- Unit 2: The process of disclosure
- Unit 3: Post disclosure support
- Unit 4: Follow up support – facilitating resilience and coping mechanisms

Module 11: ADHERENCE TO ART IN CHILDREN AND ADOLESCENTS

- Unit 1: Introduction to ART adherence in children and adolescents
- Unit 2: Children and adolescent ART: Issues that affect adherence
- Unit 3: Children and adolescent ART: Adherence counselling and support
- Unit 4: Assessing ART adherence in children and adolescents
- Unit 5: ART adherence: strategies for giving medication to children
- Unit 6: ART adherence and adolescents- Special considerations

Module 12: GRIEF AND BEREAVEMENT

- Unit 1: Introduction to loss, grief and bereavement
- Unit 2: The grieving process
- Unit 3: Grief in children and adolescents
- Unit 4: The Counsellor's role and ways of helping children and adolescents

Module 13: ADDRESSING MENTAL HEALTH ISSUES IN CHILDREN AND ADOLESCENTS WITH HIV

- Unit 1: Understanding mental health and illness in children and adolescents
- Unit 2: Mental illness symptoms and diagnosis
- Unit 3: Principles in providing mental health services for children and adolescents

Module 14: HEALTH SYSTEMS FOR CHILD AND ADOLESCENT HIV CARE, TREATMENT AND SUPPORT

- Unit 1: Health systems
- Unit 2: Referral and Linkages for children and adolescent HIV care, treatment and support
- Unit 3: Retention of children and adolescents in HIV care
- Unit 4: Community Engagement to support Children and Adolescents living with HIV
- Unit 5: Role of supervision and mentorship
- Unit 6: Health care provider support

OPENING OF TRAINING AND INTRODUCTIONS

Guidance on Opening Session

After some brief opening remarks on the purpose and focus of this training curriculum it is important that participants get to know one another. Below is an example of a very effective method by which not only will participants mingle but the facilitator can form 4-5 teams which will continue to function throughout the training program.

The lead facilitator calls for a “congo” line or “follow my lead” and weaves around the room followed by all participants. At one point the facilitator will shout “mingle, mingle” and then after a few moments will ask participants to form groups of 6. The facilitator then calls again for the participants to follow and moves around the room. The next time she asks for participants to form groups of 3; groups of 4 and then finally, depending on the number of participants, and assuming one group should not exceed about 6-8p people, she calls out the relevant number for the participants to join.

For the 4-5 teams that are now formed the following tasks are given:

1. Draw a symbol for your team on psychosocial helpers for children and adolescents
2. Write a team slogan
3. Choose a team leader for your group who will then introduce all members of the group
4. Share 2 expectations; 2 ground rules and 2 fears about the training.

Estimated time for this activity could be about 30-40 minutes.

These teams remain as a cohesive groups which will be called upon throughout the various activities in the overall training.

Participants are then given a pre-test. (sample attached)

<p style="text-align: center;">MODULE 1:</p> <p style="text-align: center;">OVERVIEW OF HIV INFECTION, CARE AND TREATMENT IN CHILDREN & ADOLESCENTS</p>

MODULE OBJECTIVES:

By the end of the module, the healthcare worker will be able to:

1. Describe the epidemiology and modes of transmission of HIV in children and adolescents.
2. Explain the natural disease progression, diagnosis and staging of HIV in children and adolescents.
3. Describe the basic components of Primary Care and Management of the HIV Positive children and adolescents.
4. Explain the basic principles of ART in children and adolescents

NOTES

This module consists of 4 units that are primarily lecture/discussion/demonstration. The module provides the introduction and background to the epidemiology (or pattern) of HIV infection, its natural progression and the diagnosis and treatment as they relate to children and adolescents. It is a good starting point for psychosocial care and counselling for children and adolescents.

SUGGESTED TRAINERS

Facilitating learning of this module can be done by health care providers with practical clinical experience and knowledge in the treatment of children living with HIV/AIDS.

Time 5 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
1 hr	Unit 1 -Epidemiology and modes of transmission of HIV in children and adolescents.	Introduces epidemiology and modes of transmission of HIV in children. It highlights the vulnerability of adolescents, especially girls to HIV.	Overview lecture, and brainstorming.	Computer, LCD, PowerPoint slides, flip chart paper & markers
2 hrs	Unit 2 -Natural disease progression, diagnosis and staging of HIV in Children and adolescents.	Describes the effects of HIV infection on the immune system, the progression of the disease; HIV diagnosis and staging in children	Overview lecture, and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 3 -Primary Care and Management of the HIV Positive Child.	Outlines the principle components of care & management of HIV positive child (10 pillars of comprehensive care); diagnosis of opportunistic infections	Overview lecture, and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 4 -Basics of ART in children	Outlines the fundamentals of ART in children and describes the differences between ART in children and adults	Overview lecture, and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 2:

CHILD AND ADOLESCENT GROWTH AND DEVELOPMENT

MODULE OBJECTIVES:

By the end of this module, participants will be able to:

1. Explain the main components of child and adolescent growth and development
2. Describe the factors associated with abnormal growth and development
3. Identify of abnormal development associated with HIV infection

NOTES

This module consists of 3 units which cover various aspects of child and adolescent development. The methods used in delivery of this module for the 3 units include lecture and brainstorming. Understanding the various stages of child development is important in order to determine the appropriate counselling techniques that can be used.

SUGGESTED TRAINERS

Health care providers or psychologists/social workers with experience in working with children best teach this module.

Time	Objectives	Content	Teaching/learning methods/activities	Resource materials
3 hrs				
2 hrs	Unit 1 -Main Components of normal child and adolescent growth and development	Describes the various stages of normal growth & development in children and adolescents	Overview lecture, group discussion and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
15 mins	Unit 2 – Factors contributing towards abnormal development	Describes factors which lead to abnormal development	Overview lecture, group discussion and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
45 mins	Unit 3 – Assessment of abnormal development	Assess and recognize abnormal development including the effects of HIV infection	Overview lecture, group discussion and brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 3:

FAMILY STRUCTURE & DYNAMICS

OBJECTIVES

By the end of this module, participants will be able to:

1. Explain the meaning of family
2. Discuss the causes, symptoms and consequences of dysfunctional family patterns
3. Demonstrate skills of assessing family support systems for children and adolescents infected and affected by HIV
4. Explain family interventions and support for children and adolescents infected and affected by HIV

NOTES

This is an important module underpinning many aspects of psychosocial support for children and adolescents and their families. The module consists of 4 units which explain the fundamentals of family structure and dynamics, functions and roles of a family, components of dysfunction, how to assess families and develop interventions and support. This is a participatory module which includes lectures, role plays, exercises and group discussions.

SUGGESTED TRAINERS

The units of this module are best taught by health care workers or social workers with skills and experience of working with children and families.

Time 3 ½hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
45 mins	Unit 1 – Understanding Family	Explains the meaning of family and discusses different types of families. It describes key elements of an effective family and explains the role of children/adolescents in the family	Lecture, reflection questions, group work and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 2 – Dysfunctional family systems	Definition of dysfunctional families; factors that lead to dysfunction; characteristics of dysfunctional families and effects of dysfunctional families on the child and adolescent	Lecture, brainstorming, group work and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1¼ hrs	Unit 3 – Family centred assessment	Definition and family assessment: importance; methods and tools for family assessment	Lecture, individual exercises, discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – Family centred interventions & support	Explains family centred interventions and support and the key principles involved; discusses the role of health workers in family centred interventions	Lecture brainstorming & discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 4:

PSYCHOSOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS

MODULE OBJECTIVES:

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

1. Identify the psychosocial care and support for children and adolescents affected by HIV& AIDS
2. Describe the psychosocial impact of HIV & AIDS in children and adolescents
3. Describe psychosocial assessment
4. Explain the psychosocial tools and interventions
5. Demonstrate psychosocial skills when working with children and adolescents.

NOTES

This module consists of 4 units which cover psychosocial needs in children and adolescents; the impact of psychosocial problems on HIV infected and affected children as well as psychosocial assessments and interventions.

Due to the nature of the topics in this module, the best teaching methods must involve active participation by all. Group discussions, presentations and demonstrations are the most appropriate methods for this module.

SUGGESTED TRAINERS

The units of this module are best taught by psychologists or trained counsellors with experience working with children and families affected by HIV.

Time 3 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
1 hr	Unit 1 – Psychosocial care and support for children and adolescents affected by HIV	The meaning of psychosocial wellbeing and support and the causes and effects of psychosocial distress in children and adolescents infected with/affected by HIV. The common psychosocial problems experienced by children and adolescents infected with/affected by HIV	Lecture, reflection questions, group work and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers DVD
1 hr	Unit 2 – Psychosocial impact of HIV on children and adolescents	Describe and demonstrate how children and adolescents living with HIV are affected	Lecture, brainstorming, group work and discussion, video clip	Computer, LCD, PowerPoint slides, flip chart paper & markers DVD
30 mins	Unit 3 – Psychosocial assessment	Understanding the meaning of psychosocial assessment; Why assess, what and how to assess (components), when to assess and who assesses	Lecture, brainstorming, group discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – Types of psychosocial interventions	Describes the psychosocial needs and types of interventions	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers

FACILITATION NOTES FOR VIDEO CLIPS Module 4: BRIAN

Slide 28 : Background information

Brian: 12 years old staying with the mother; father and siblings died of HIV and AIDS. Brian is living with HIV and AIDS and on ART program at Nsambya Home Care program - Uganda. He is aware of his status but still grapples many psychosocial problems that accompany HIV and AIDS.

Session:

What are the different psycho social problems affecting Brian?

- ❖ Rejection
- ❖ Stigma
- ❖ Discrimination
- ❖ Disinheritance of assets - loss of land leading to inability of family to grow food to feed themselves
- ❖ Lack of basic needs
- ❖ Dysfunctional family
- ❖ Dropping out of school Depression
- ❖ Anger
- ❖ Anxiety

What are the likely effects of the psycho social problems faced by Brian?

- ❖ Anti-social behaviour
- ❖ Failing to form relationships
- ❖ Failure to adhere to drugs Running to the streets
- ❖ Exposed to risk behaviours

What support does Brian and his family need to cope with the situation?

- ❖ Therapeutic support
- ❖ Basic needs(source of basic needs) Going back to school
- ❖ Joining a support group
- ❖ Needs to be allowed to be a child?

Identify the different skills and techniques that were used in the session

- ❖ Active listening
- ❖ Clarifying
- ❖ Summarizing and paraphrasing

How will you handle children facing similar challenges?

- ❖ Need to develop family care plan

<p style="text-align: center;">MODULE 5:</p> <p style="text-align: center;">COMMUNICATING WITH CHILDREN AND ADOLESCENTS</p>

MODULE OBJECTIVES

By the end of this module the participants will be able to:

1. Describe communication with children and adolescents
2. Discuss the principles of communicating with children and adolescents
3. Discuss the factors that affect communication with children and adolescents living with HIV
4. Demonstrate the skills to communicate effectively with children and adolescents.

NOTES

This module consists of 5 units which focus on the principles of communication, effective communication in children, the causes and consequences of barriers to effective communication. The units also address tools and media used in communicating with children, facilitating the demonstration of appropriate skills and techniques.

The methods used in this module are lectures, demonstrations, personal reflections, group discussions, role play and viewing of video clips.

In the attached DVD there are video clips demonstrating the techniques outlined in this module. Use these at the appropriate places to show the practical techniques which are explained in this module.

SUGGESTED TRAINERS

The units of this module are best taught by trained counsellors who have experience working children and adolescents and who have used the techniques described in this module.

Time 7 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
2 hrs	Unit 1 – Introduction to communicating with children & adolescents	Basics and principles of communication with children and adolescents; the causes and consequences of barriers to communication. Different Tools & Media used in communication with children and adolescents Demonstration of skills and techniques	Lecture, brainstorming, group work, exercises, role play, games songs video clips	Computer, LCD, PowerPoint slides, flip chart paper & markers, toys, DVD
45 mins	Unit 2 – Principles and guidelines for communicating with children & adolescents	Principles of effective communication	Lecture, and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1¼ hrs	Unit 3 – Barriers to communication	Describe barriers to communicating with children & adolescents and the consequences	Lecture, role plays, discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – Communicating with children skills and tools	Explain different Tools & Media used in communication with children and adolescents	Lecture brainstorming & discussion, video clips	Computer, LCD, PowerPoint slides, flip chart paper & markers, toys, crayons, paper DVD
2½ hrs	Unit 5 – Demonstration of communications skills with children & adolescents	Dances, songs, face to face sessions with children and adolescents	Course organizer to arrange practical session with children at local school, orphanage	Visit

MODULE 6:

LEGAL AND ETHICAL ISSUES

MODULE OBJECTIVES

By the end of the module participants will be able to:

1. Discuss basic concepts in Child Protection
2. Discuss international, regional and national legal frameworks which protect children
3. Describe a protective environment for children
4. Explore the legal and ethical issues facing children and adolescents living with HIV and AIDS
5. Explore the health care provider's responsibilities regarding legal and ethical issues facing HIV positive children and adolescents

NOTES

This module consists of 4 units and covers international and national legal frameworks which protect children, legal and ethical issues facing children living with HIV and AIDS and types of child abuse. It also covers the health care provider's legal and ethical responsibilities for HIV positive children.

SUGGESTED TRAINERS

The units of this module are best taught by legal practitioners/social workers trained and working in the area of HIV/AIDS and/or child protection.

Time 3½ hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
1hr	Unit 1 –Basic concepts of child protection	Describe, discuss key principles and ethical components of Child Protection. Discuss “vulnerability” in relation to Child Protection Describe the possible types of Child Abuses, Violence and Exploitation among Children and Adolescents Living with HIV	Lecture, brainstorming, group work, role plays	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 2 – International and National frameworks that protect children	International and Regional Legal Frameworks in Child Protection Work; National Standards in Child Protection. Discusses applicability of current legal framework in relation to Child Protection work for children and Adolescents living with HIV	Lecture, and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 3 – Building a protective environment for children and adolescents living with HIV	Discuss the eight elements that form a protective environment Describe a protective environment for children and adolescents living with HIV	Lecture, video film discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers, DVD
1hr	Unit 4 – Ethical considerations for counselling children and adolescents living with HIV	The key concepts and importance of ethics in counselling children and adolescents living with HIV. The ethical and legal aspects faced by Children and Adolescents living with HIV The Ethical Considerations for Health Care Providers in Counselling Children and Adolescents Living with HIV	Lecture brainstorming & discussion	Computer, LCD, PowerPoint slides, flip chart

<p style="text-align: center;">MODULE 7:</p> <p style="text-align: center;">COUNSELLING CHILDREN AND ADOLESCENTS</p>
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MODULE OBJECTIVES

By the end of this module, participants will be able to:

1. Explain counselling for children and adolescents
2. Describe the attributes of an effective child & adolescent counsellor
3. Describe the skills and techniques of counselling children and adolescents
4. Demonstrate the effective use of media in child & adolescent counselling
5. Demonstrate the process of child & adolescent counselling

NOTES

This module consists of 6 units which cover an overview of HIV counselling in children and adolescents, principles and attributes of an effective counsellor, child counselling techniques, the use of media s in counselling, and the process and the skills required in counselling children and adolescents.

Due to the varied nature of the topics covered in this module, group discussions, presentations, role plays as well as over view lectures are used.

SUGGESTED TRAINERS

The units of this module are best taught by a combination of psychologists, medical Social workers, counsellors and trained clinicians with extensive experience of working with children and adolescents.

Time 5 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
1hr	Unit 1 –Overview of counselling children & adolescents	Definition and the meaning of child & adolescent counselling and the differences between counselling children and adults	Lecture, brainstorming, group work, role plays	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 2 – Principles and attributes of an effective child and adolescent counsellor	The principles of counselling children and adolescents and positive attitudes required for counselling children and adolescents	Lecture, brainstorming discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1½ hrs	Unit 3 – Child counselling skills and techniques	Child and adolescent counselling techniques and required skills	Lecture, video clip discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – The use of media and activities in counselling children & adolescents	Demonstrate the use of media	Lecture brainstorming & discussion, video clip	Computer, LCD, PowerPoint slides, flip chart DVD
30 mins	Unit 5 – The child counselling process	The key steps in the child counselling process and techniques that can be used	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart
1hr	Unit 6 – Counselling adolescents	Common challenges of communicating with adolescents and some counselling tips.	Lecture, discussion	Computer, LCD, PowerPoint slides, flip chart

FACILITATION NOTES FOR VIDEO CLIPS Module 7: ERIC

Slide 81 : Stigma and Discrimination

Background information

Eric is an 11-year-old total orphan living with HIV. He lives with his aunt, having lost both his parents to HIV related illnesses.

Session:

What challenges is Eric facing?

- ❖ Stigma
- ❖ Discrimination
- ❖ Self-rejection
- ❖ Anger
- ❖ Isolation
- ❖ Hurtful feeling.

What lessons have you learned from the session?

- ❖ Children like any other human beings feel hurt when they are discriminated
- ❖ HIV positive children are very sensitive about the way they are handled
- ❖ There is a lot of stigma and discrimination at family level
- ❖ Play is a powerful tool to facilitate communication with children

Identify strategies in dealing with children in your own settings

- ❖ Counselling support for Eric and Aunt
- ❖ Care takers training workshops
- ❖ Life skills training workshop for adolescents to raise their esteem Support group to facilitate creation a positive self-image.
- ❖ Creating awareness at school and community level on challenges facing HIV positive children

MODULE 8:

COUNSELLING CHILDREN AND ADOLESCENTS WITH HIV

MODULE OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the basics of HIV counselling in children and adolescents
2. Demonstrate skills in counselling children and adolescents for HIV testing
3. Describe important aspects in ART counselling in children and adolescents.
4. Demonstrate skills in explaining ART to children and adolescents in their own language

NOTES

This module consists of units which cover HIV counselling in Children in terms of the key issues in testing, the process and the skills required in counselling children.

Due to the varied nature of the topics covered in this module, group discussions, presentations, role plays as well as over view lectures are used.

SUGGESTED TRAINERS

The units of this module are best taught by a combination of psychologists, counsellors and trained clinicians.

Time 3½ hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
30 mins	Unit 1 – Overview of HIV counselling for children and adolescents	The aims and types of HIV counselling	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
1½ hrs	Unit 2 – Counselling children & adolescents for HIV testing	<p>Entry points for identifying children and adolescents infected with HIV</p> <p>Explain the “5Cs” of HIV testing and the HTS protocol for children and adolescents</p> <p>Demonstrate skills in conducting pre-test and post-test counselling for children and adolescents</p>	Lecture, brainstorming discussion, video clip	Computer, LCD, PowerPoint slides, flip chart paper & markers, DVD
1½ hrs	Unit 3 – Counselling children and adolescents for ART	<p>The rationale for ARV treatment for children and adolescents</p> <p>Explain and demonstrate the benefits of ART to children and adolescents</p>	Lecture, discussion, Role play	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 8 FACILITATOR NOTES FOR VIDEO CLIP (Slide 40) – SHARON

Show video clip to consolidate lessons learned.

BACKGROUND

Sharon is a 10 year old girl in Primary Five. Sharon is the last born of her mother; her father died of from an AIDS-related illness three years ago and her mother is on ART. Sharon was also tested for HIV and the result was positive. She has not been disclosed to.

a) Session with Mother: Discussion with mother to get background information and explore her fears and concerns about disclosure with respect to the following scenarios:

i. Negative aspects:

- She will tell other people
- She is too young to understand – “when is the right age to disclose”
- Stigma and discrimination

ii. Positive aspects:

- Be active in her own treatment
- Can remember to take her medicine and promote better adherence

b) Session with Sharon: To assess her perception and understanding levels about HIV. What techniques did the counsellor use to determine how much information Sharon had about HIV?

c) Third session with both Sharon and her mother: To prepare Sharon for an HIV test

- ❖ What lessons did you learn from the sessions?
- ❖ Identify the challenges you are likely to encounter in similar situations
- ❖ How will you deal with the challenges?

MODULE 9:

WORKING FOR AND WITH ADOLESCENTS

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Explain adolescence and reasons why there is increased focus on adolescents
2. Explain how sexuality and gender issues affect adolescent health outcomes
3. Identify issues, concerns and challenges of adolescents living with HIV and AIDS
4. Explain life skills for adolescents
5. Describe an adolescent and youth responsive program
6. Explain the process of transitioning adolescents to Adult care

NOTES

This module consist of 7 units which cover issues relating to adolescents. The module describes the concepts of adolescents and adolescence and explains the reasons for increased emphasis on reaching adolescents living with HIV, especially additional risks faced by girls. It will address issues of gender based violence and its management. With increasing numbers of adolescents now living with HIV, the module will also address specific challenges around HIV and adolescents, including life skills. Systems issues will be addressed through outlining the components of adolescent friendly services and the importance of peer support. Finally the module will address how to transition adolescents to adult HIV services.

SUGGESTED TRAINERS

The units of this module are best taught by counsellors and clinicians who have experience working with adolescents.

Time 6 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
1hr	Unit 1 – Introduction to adolescence	Concepts of “adolescence” and “adolescent” and explain why there is increased focus on adolescent boys and girls, especially adolescent girls. Risk factors for contracting or transmitting HIV among adolescents	Lecture, brainstorming, self- reflection	Computer, LCD, PowerPoint slides, flip chart paper & markers
1½ hrs	Unit 2 – Adolescents, sexuality and gender	Key concepts of sex and gender and how to differentiate between them. Factors influencing sex and sexuality among adolescents Causes and examples of GBV among children and adolescents and the management of GBV	Lecture, brainstorming discussion, video clip	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 3 – Challenges and issues around HIV/AIDS and the adolescent	Describe challenges faced by Adolescents Living with HIV/AIDS and “Risk Taking” within the context of behavior of the adolescent Identify practical strategies to facilitate positive living among HIV positive adolescents.	Lecture, video clip discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – Life skills	Life skills and their importance to an adolescent	Lecture brainstorming & discussion, video clip	Computer, LCD, PowerPoint slides, flip chart , DVD
45 mins	Unit 5 – Adolescent friendly services	Components and different models of adolescent friendly health services How to establish adolescent responsive HIV care clinics	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart
45 mins	Unit 6 – Strengthening peer support in service delivery for adolescents	Importance of peer support for adolescents as a form of strengthening referral and linkages; types of peer support groups in strengthening linkages and referral in HIV care Role of peer educators in enhancing referrals and linkages Strategies for involving adolescents in integrated HIV service delivery	Lecture, discussion, video clip	Computer, LCD, PowerPoint slides, flip chart, DVD
30 mins	Unit 7 – Transitioning from paediatric HIV care to adolescent HIV services and finally to adult services	Transition and general principles of effective transitioning Explain the key conversational stages in transiting ALHIV to adult care clinic and the basic requirements/guidelines for transition to adult care. Demonstrate how to prepare ALHIV for the transitioning to adult care	Lecture, discussion	Computer, LCD, PowerPoint slides, flip chart,

MODULE 9 FACILITATOR NOTES FOR VIDEO CLIP (Slide 45) – CLAIRE

Background

Claire is 14 years old and stays with her father and grandmother, her biological mother separated from the father. Clare was defiled by her headmaster who was taken to prison after the incident but later released. Clare was tested later and found to be HIV positive. She still goes to school and is registered with Nsambya Home Program where she accesses ART treatment and cotrimoxazole prophylaxis.

In what ways have counseling helped Clare cope with her situation?

- ❖ Assisted in disclosure of status
- ❖ Support within the family
- ❖ Provide her with information
- ❖ Discussed risk behaviors

What are causes of sexual abuse in children and adolescents?

- ❖ Broken families
- ❖ Alcoholism in the family
- ❖ Domestic violence etc.

Who are the likely sexual abusers of children and adolescents?

- ❖ Friends
- ❖ Relatives
- ❖ Teachers

Identify the likely effects of sexual abuse on Clare

- ❖ Suicidal thoughts
- ❖ Low self esteem
- ❖ Dysfunctional relationships with opposite sex
- ❖ Infection with HIV and other sexually transmitted diseases Loss of trust even during adulthood
- ❖ Depression
- ❖ Unexplained anxiety

What did you notice about Clare's behavior during this interview?

What steps are taken in your country to help sexually abused children and adolescents?

Suggest strategies to prevent sexual abuse in children

- ❖ Teaching children about sex and sexuality early enough
- ❖ Sensitizing children on the indicators and behaviors of sexual abusers
- ❖ Creating awareness and sensitizing caretakers and parents on the causes, effects of sexual abuse on children

MODULE 9 FACILITATOR NOTES FOR VIDEO CLIP (Slide 96) – UNIQUE GIRLS

Group discussion with HIV positive girls' support group. Note the different levels of development among the girls all of whom are between 15-16 years old.

What counselling technique are observed?

- ❖ Introductions
- ❖ Seating arrangement
- ❖ Ensuring all are involved and discuss
- ❖ Nonjudgmental attitude
- ❖ Using peer support to reinforce positive behaviors
- ❖ How to teach life skills

MODULE 10:

DISCLOSURE OF HIV STATUS IN CHILDREN AND ADOLESCENTS

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Explain disclosure of HIV status in children and adolescents.
2. Explain the process of disclosure to children
3. Describe the post disclosure support
4. Describe follow-up support, facilitating resilience and coping after disclosure of HIV status
5. Demonstrate knowledge and skills of disclosure of HIV status in children and adolescents

NOTES

This module consists of 3 units which cover disclosure to children and adolescents, its benefits, disadvantages, barriers to disclosure and the process. The module also allows for demonstration of knowledge and skills in disclosure.

The methods used in delivery of this module are brainstorming, overview lectures and discussions, video clips.

SUGGESTED TRAINERS

The units of this module are best taught by a combination of counselors or psychologists.

Time 3½ hrs	Objectives	Content	Teaching/learning methods/activities
1½hrs	Unit 1 – Introduction of disclosure of HIV status in children and adolescents	Meaning of disclosure, the benefits, barriers and fears of disclosure and how to address these in children and adolescents.	Lecture, brainstorming, group work, video clips
30 mins	Unit 2 – The process of disclosure	Factors to consider when developing a Disclosure Plan. The process/steps of disclosure Demonstration of skills in disclosing to children and adolescents	Lecture, brainstorming discussion
1 hr	Unit 3 – Post disclosure support	Describe post disclosure support and demonstrate skills in disclosing to children and adolescents	Lecture, brainstorming discussion, role play
30 mins	Unit 4 – Follow up support – facilitating resilience and coping mechanisms	Describes tangible support that can be given to children and adolescents post disclosure	Lecture, discussion,

MODULE 10 FACILITATOR NOTES FOR VIDEO CLIP (Slide 25) – ALIJA

Background

Alija is a 14 year old HIV positive boy on ART. He is in secondary school. His parents are separated and he lives with his father and step mother. The father is always away at his work place.

At one of the clinic visits Alija entered the social worker's office to specifically inquire why he was taking drugs. "Why am I taking drugs yet I am not sick", asked Alija. Apparently, Alija was tested for HIV and his sero-status disclosed to him but he still doubts. He was consequently requested to come with the care taker for counseling support.

What lessons have you learnt from the session?

- ❖ Children can deny disclosure information if not properly done.
- ❖ Children often have a lot of information about HIV which they have received in school and through other information means. They know much more than one realizes.

Identify the gaps in the disclosure process that caused Alija to doubt his sero status

- ❖ The family (biological parents and the step mother) were not involved in the disclosure process

- ❖ Children should be told the reason why their blood is drawn from them because this makes the disclosure easier.
- ❖ Alija was given different messages by different people, at different times

Who should be involved in the disclosure process for children and why?

- ❖ Parents because they can distort or support information given by health care providers
- ❖ Health care providers to offer emotional support to the child and care taker.

What do you notice about the attitudes of the step mother and Alija?

- ❖ Anger
- ❖ Lack of trust
- ❖ Remorse

What role should health care providers play in the disclosure process?

- ❖ Facilitate the process of disclosure
- ❖ Enlist the support of parents and care takers for disclosure
- ❖ Work hand in hand with care takers not in isolation to disclose to children Give information on disclosure to care takers
- ❖ Offer emotional support during and after disclosure

MODULE 11:

ADHERENCE TO ART IN CHILDREN AND ADOLESCENTS

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Explain adherence to ART
2. Identify and address issues that affect good ART adherence in children and adolescents

3. Describe the process of preparing HIV infected children and adolescents for life-long anti-retroviral therapy
4. Describe the steps of assessing ART adherence in children and adolescents.
5. Describe specific strategies for giving medication to children
6. Explain special considerations needed for ART adherence in adolescents
7. Demonstrate skills in adherence counselling and support

NOTES

This module consists of 5 units which cover adherence for children and its challenges, disclosure and its significance for ARV adherence, issues pertaining to and how to deal with non-adherence, strategies for giving medication to children, as well as specific adherence issues affecting adolescents.

The methods used for delivery of this module are lecture discussion, brainstorming, group activities, video clips and case studies.

SUGGESTED TRAINERS

The units of this module are best taught by counselors and/or clinicians.

Time 4½ hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
45 mins	Unit 1 –Introduction to ART adherence in children and adolescents	Define adherence and its forms and explain the difference between adherence and compliance; Discuss the benefits of good adherence Describe the goals HIV treatment	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
45 mins	Unit 2 – Children and adolescent ART: Issues that affect adherence	Issues that affect ART adherence and why these differ in children and adolescent Strategies for addressing the challenges of ART in children and adolescents	Lecture, brainstorming discussion, role play	Computer, LCD, PowerPoint slides, flip chart paper & markers
1½ hr	Unit 3 – Child and adolescent ART: Adherence counselling and support	Explain how disclosure supports ART adherence Explain ART preparedness for children and adolescents Strategies for adherence counseling and support for children and adolescents	Lecture, discussion, brainstorming, role plays	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 -Assessing ART adherence in children and adolescents	How to assess adherence in children and adolescents. The benefits of good adherence Explain adherence support in children Explain the effects of non-adherence to ART	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
20 mins	Unit 5 – ART Adherence – Strategies for giving medication to children	General rules for giving medication to children Demonstrate ability to give medication to children	Lecture	Computer, LCD, PowerPoint slides, flip chart paper & markers
45 mins	Unit 6 – ART adherence and adolescents – special considerations	Factors that influence adherence in adolescents Challenges associated with adolescent adherence Strategies to give medication to adolescents	Lecture, brainstorming, video clip	Computer, LCD, PowerPoint slides, flip chart paper & markers, DVD

MODULE 11 FACILITATOR NOTES FOR VIDEO CLIP (Slide 75) – MARK DOTI

Background

Mark is a 14-year-old boy who was tested for HIV in the year 2000 and confirmed to be HIV positive. He is on an ART. Prior to his enrolment in the ART program, Mark learned about his sero-status. He lost his mother to HIV and he is currently cared for by his father. He is in boarding school. Mark is currently facing challenges of taking his drugs from school because children usually ask him why he has to take drugs every day. Other students confuse drug tins with snack tins.

Identify the skills and techniques used in the session.

- ❖ Summarizing
- ❖ Clarifying
- ❖ Focusing
- ❖ Paraphrasing
- ❖ Use of minimal encouragers

What does this interview tell you about the difficulties facing children on ART?

- ❖ Questions from peers and the felt need to lie
- ❖ Difficulties in disclosure because of fear of rejection by friends Difficulties in adherence
- ❖ Stigma

Identify practical strategies to strengthen ART adherence for school going children and adolescents

MODULE 12:

GRIEF AND BEREAVEMENT

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Explain grief, loss and bereavement
2. Explain the grieving process.
3. Explain grief and loss in children
4. Describe the concept of death in children
5. Explain the counsellor's role in supporting children through grief and loss.
6. Demonstrate knowledge and skills in counselling children experiencing grief

NOTES

This module focusses on grief and bereavement, the grieving process, the concept of death in children and adolescents as well as the role of the counsellors supporting the child. The module also covers the knowledge and skills required in dealing with children and adolescents experiencing grief.

The methods used in this module are mainly brainstorming, group discussions, presentations and demonstrations.

SUGGESTED TRAINERS

The units of this module are best taught by trained counsellors.

Time 2 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
30 mins	Unit 1 – Introduction to loss, grief and bereavement	Explains grief, loss and bereavement;	Lecture, self-reflection, discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers,
30 mins	Unit 2 – The grieving process	Describes the grieving process	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 ins	Unit 3 - Grief in children and adolescents	Describes how children and adolescents view grief and loss.	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 - The Counsellor's role and ways of helping children and adolescents	Explains the counsellor's role in supporting children through grief and loss and demonstrates the knowledge and skills in counselling children and adolescents experiencing grief	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 13:

ADDRESSING MENTAL HEALTH ISSUES IN CHILDREN AND

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Explain mental health and illness
2. Describe signs and symptoms of mental illness in children and adolescents
3. Articulate the basic principles of handling the common mental health issues among children and adolescents with HIV
4. Articulate the basic principles of promotion of Mental Health and prevention of mental illnesses in children and adolescents living with HIV

NOTES

This module comprises of 3 units which provide the basics of understanding mental illnesses, describe the signs and symptoms of primarily depression and suicide in adolescents and the basic knowledge of how to handle these, including the need for appropriate referral. The inclusion of this module acknowledges that mental illnesses are common among children and adolescents and that they form one of the leading causes of adolescent morbidity and mortality.

SUGGESTED TRAINERS

This module is best taught by a clinician with experience of working with children with HIV who has also encountered some of the mental health illnesses outlined within the material.

Time 2 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
20 mins	Unit 1 – Understanding mental health and illness in children and adolescents	Reviews the epidemiology of mental illness	Lecture, brainstorming,	Computer, LCD, PowerPoint slides, flip chart paper & markers, DVD
40 mins	Unit 2 – Mental illness symptoms and diagnosis	Reviews mainly symptoms and the diagnosis of depression in adolescents; facts about teen suicide	Lecture, brainstorming discussion,	Computer, LCD, PowerPoint slides, flip chart paper & markers
1 hr	Unit 3 – Principles of providing mental health services to children and adolescents	What health workers need to know about the management of depression and suicidal threats; the importance of referral.	Lecture, discussion,	Computer, LCD, PowerPoint slides, flip chart paper & markers

MODULE 14:

HEALTH SYSTEMS FOR CHILDREN AND ADOLESCENT HIV CARE,

MODULE OBJECTIVES

By the end of this module participants will be able to:

1. Describe health system components for enabling HIV services for children and adolescents
2. Describe supervision and mentorship
3. Explain linkages and referral networks for HIV care, treatment and support service delivery for children and adolescent
4. Discuss retention into care for children and adolescents
5. Describe community involvement in the delivery of child/adolescent HIV services
6. Describe support for the health workforce

NOTES:

This module comprises 6 units describing the basic health system building blocks in relation to services for children and adolescents living with HIV, referrals and linkages, retention in care and treatment, community engagement to support children and adolescents with HIV, the role of supervision and mentoring and support for the health care worker.

SUGGESTED TRAINERS

This module is best taught by clinicians or health workers who are familiar with health systems concepts.

Time 6 hrs	Objectives	Content	Teaching/learning methods/activities	Resource materials
30 mins	Unit 1 –Health systems	Describe health systems that specifically address child/adolescent HIV services	Lecture and discussion	Computer, LCD, PowerPoint slides, flip chart paper & markers
1½ hrs	Unit 2 – Referral and linkages for children and adolescents HIV care, treatment and support	Key terms and guiding principles for referral and linkages and the importance of referral and linkage; Roles of different stakeholders Barriers to effective linkages Strategies for establishing an effective linkage system.	Lecture, brainstorming discussion, group work	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 3 – Retention of children and adolescents in HIV care	Explain retention in HIV care and how to improve retention for children and adolescents in HIV care Discuss factors that affect retention in care	Lecture, discussion, group work	Computer, LCD, PowerPoint slides, flip chart paper & markers
30 mins	Unit 4 – Community engagement to support children and adolescents living with HIV	Roles and responsibilities of community stakeholders in the provision of services for Children and Adolescents living with HIV; challenges in community engagement Describe various community-based support services for Children/adolescents with HIV and linkages between health facilities and communities to support HIV services in children/adolescents.	Lecture brainstorming & discussion	Computer, LCD, PowerPoint slides, flip chart , DVD
20 mins	Unit 5 – Role of supervision and mentorship	Provide a high level overview of supervision and mentoring	Lecture, brainstorming	Computer, LCD, PowerPoint slides, flip chart
1 hr	Unit 6 – Health care provider support	Importance of providing care for the healthcare workers working with children and adolescents Problems & challenges encountered by pediatric and adolescent healthcare providers Sources of stress and burnout and strategies to deal with them	Lecture, discussion, group work. self-reflection, exercises	Computer, LCD, PowerPoint slides, flip chart, DVD

ⁱ Peter MacPherson et al; Service delivery interventions to improve adolescents' linkage, retention and adherence to antiretroviral therapy and HIV care. Tropical Medicine & International Health Vol 20 August 2015