Short Course Training Manual

Understanding the Focus on Young People from Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics
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Acknowledgements

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADAP</td>
<td>Adolescent development and participation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>ATS</td>
<td>Amphetamine type substance(s)</td>
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<tr>
<td>ASRH</td>
<td>Adolescent sexual and reproductive health</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organization</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>EVA</td>
<td>Extremely vulnerable adolescent</td>
</tr>
<tr>
<td>EVYP</td>
<td>Extremely vulnerable young person/people</td>
</tr>
<tr>
<td>FSW</td>
<td>Female sex worker</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, education, communication</td>
</tr>
<tr>
<td>INGO</td>
<td>International non-governmental organization</td>
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<tr>
<td>KAP</td>
<td>Key affected population(s)</td>
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<tr>
<td>MARA</td>
<td>Most-at-risk adolescent</td>
</tr>
<tr>
<td>MARYP</td>
<td>Most-at-risk young person/people</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<tr>
<td>MSW</td>
<td>Male sex worker</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle and syringe programme</td>
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<tr>
<td>OST</td>
<td>Opioid substitution therapy</td>
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<tr>
<td>PWID</td>
<td>Person/people who injects drugs</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<tr>
<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
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<tr>
<td>STD</td>
<td>Sexually transmitted disease</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex worker</td>
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<tr>
<td>ToT</td>
<td>Training of trainers</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>VCT</td>
<td>Voluntary counselling and testing</td>
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<tr>
<td>YKAP</td>
<td>Young key affected population(s)</td>
</tr>
<tr>
<td>YP</td>
<td>Young person/people</td>
</tr>
<tr>
<td>YPLHIV</td>
<td>Young person/people living with HIV</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Definitions

This manual uses the following definitions which, wherever possible, are consistent with UN definitions.

**Adolescent:** Aged from 10 to 19 years.

**Bisexual:** A bisexual is defined as a person who is attracted to and/or has sex with both men and women. Some women and men have adopted the term to describe their identity.

**Child:** Under the age of 18 years.

**Concentrated epidemic:** In a concentrated epidemic, HIV has spread rapidly in one or more populations but is not well-established in the general population. Typically, the prevalence is over 5 per cent in sub-populations while remaining under 1 per cent in the general population.

**Especially vulnerable young people:** Young people aged 10-24 who are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.

**Gay:** The term ‘gay’ can refer to same-sex sexual attraction, same-sex sexual behaviour, and same-sex cultural identity in general. However it often refers to men who experience sexual attraction and the capacity for an intimate relationship primarily with other men.

**Gender and sex:** The term ‘sex’ refers to biologically determined differences, whereas ‘gender’ refers to socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

**Generalised epidemic:** In a generalized epidemic, HIV prevalence usually exceeds 1 per cent among pregnant women attending antenatal clinics.

**Harm reduction:** Harm reduction refers to policies, programmes, and approaches that seek to reduce the harmful health, social, and economic consequences associated with the use of psychoactive substances.

**Heterosexual:** Refers to people who have sex with and/or are attracted to people of the opposite sex.

**Key populations:** The term ‘key populations’ or ‘key populations at higher risk of HIV exposure’ refers to those who are most likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and sero-negative partners in sero-discordant couples are at a higher risk of HIV exposure than other people.

**Lesbian:** Lesbian women experience sexual attraction and the capacity for an intimate relationship primarily with other women.
Low-level epidemic: The term ‘low-level epidemic’ is used for epidemics where HIV prevalence has not consistently exceeded 1 per cent in the general population nationally, nor 5 per cent in any sub-population.

Men who have sex with men: This term describes males who have sex with males, regardless of whether or not they have sex with women, or have a personal or social gay or bisexual identity.

Most-at-risk adolescent: This term was used in the past, and is still used in some settings, to refer to people aged 10-19 engaging in behaviours that put them at-risk of HIV transmission. UNAIDS advises avoiding using this term as communities view it as stigmatizing. It is more appropriate and precise to describe the behaviour each population is engaged in that places individuals at risk of HIV exposure.

Most-at-risk young people: This term was used in the past, and is still used in some settings, to refer to people aged 10-24 engaging in behaviours that put them at-risk of HIV transmission. UNAIDS advises avoiding using this term as communities view it as stigmatizing. It is more appropriate and precise to describe the behaviour each population is engaged in that places individuals at risk of HIV exposure.

Person who uses drugs: A broader term than a person who injects drugs, indicating the consumption of substances which alter the body function physically and/or psychologically through other means than injection.

Person who injects drugs: A person who injects (intravenous, subcutaneous and intramuscular routes may be involved) drugs. This term is preferable, according to UNAIDS, to ‘injecting drug user’.

Risk: Risk is defined as the risk of exposure to HIV or the likelihood that a person may become infected with HIV. Certain behaviours create, increase, or perpetuate risk. Behaviours, not membership of a group, place individuals in situations in which they may be exposed to HIV.

Sex worker: Sex workers include consenting female, male, and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally.

Sexual exploitation: Children selling sex under the age of 18 are considered to be victims of commercial sexual exploitation, unless otherwise determined.

Transgender: Transgender describes a person whose gender identity differs from their sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance). Transgender people may be heterosexual, homosexual, or bisexual.

Vulnerability: Vulnerability refers to unequal opportunities, social exclusion, unemployment, or precarious employment and other social, cultural, political, and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Young people: Aged from 10 to 24 years.

Youth: Aged from 15 to 24 years.
Most countries in the Asia-Pacific region are experiencing a concentrated HIV epidemic. HIV prevalence is generally low but infections are concentrated in identified groups of people who engage in particular behaviours that make them more vulnerable to HIV. These groups are referred to as key affected populations (KAP) because they are both key to the epidemic’s dynamics and key to the response.¹

At the same time, a significant and increasing number of new infections within key populations are among young people aged 15-24.² In fact in 2008, data from the Independent Commission on AIDS in Asia indicated that in the region, 95 per cent of all new infections in young people are among young key affected populations (YKAP).³ In the Asia-Pacific region, YKAP include: young people engaging in sex work; young men who have sex with men (MSM); young transgender persons; young people who inject drugs; and young people living with HIV.

While particular behaviours put young people at risk of HIV infection (such as unprotected sex with multiple partners, including unprotected anal sex, and injecting drugs with non-sterile equipment), the underlying determinants of HIV reveal a more complex picture. The illegality of consensual same-sex relations, sex work, and drug use in many countries in the Asia-Pacific region can further increase vulnerability. There has been an increasing call to ‘make the law work for the AIDS response’, with Michel Sidibé, the Executive Director for the United Nations Joint Programme on HIV/AIDS (UNAIDS) recently stating that “where the law does not advance justice, it stalls progress”.⁴

There is an urgent need to respond to the reshaping of social and legal milieu that compound vulnerability, and to work in a sustained, effective way to ensure that young people are aware of the risk factors and have access to protection and health care. In this context, this course has been developed to provide guidance around youth-specific HIV programming and support staff working across the region to meet the specific needs and rights of young people from KAP.

The materials presented in this document are the result of a two year development, piloting and consultation phase in which over 100 staff (government, non-governmental, United Nations and other development partners) and young people participated in, and provided feedback for, the

³ Independent Commission on AIDS in Asia, Redefining AIDS in Asia: Crafting an Effective Response, Oxford University Press, New Delhi, 2008.
content and methodologies. The materials are now being made available online for further use, and can be adapted to be delivered at regional or local levels.

**Course objectives**
- Provide an overview of global, regional and country-level data on YKAP, and consider how to gather and use better strategic information.
- Review and critique different frameworks for programming for YKAP, and introduce and apply different tools and practical guidelines.
- Review the evidence base on programming for YKAP, and promising programmes in the region and beyond.
- Develop strategies for the effective and appropriate engagement of YKAP and their communities in all phases of the programming and policy process.

**Course content, approach and methods**
The course covers a broad range of topics including gender, rights, sexuality, drugs and evidence-based action. It also reviews current policy and programmes and looks critically at a range of interventions. A brief overview of course components is provided in the table below:

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<th>Section 1: Epidemiology and Context</th>
<th>Section 2: Understanding HIV Risk and Vulnerabilities among Young People</th>
<th>Section 3: Effective Responses for YKAP</th>
<th>Section 4: Learning from, and Building the Evidence Base</th>
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<td>Data at a Glance</td>
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<td>Core Principles of Evidence-based and Effective Responses for YKAP</td>
<td>Prevention through Behavioural Interventions</td>
<td>Promising Programmes</td>
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<td>HIV Epidemiology Update</td>
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<td>Country Group Presentations</td>
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<td>Frameworks to Inform Programming</td>
<td>Applying a Human Rights Lens to Young People and HIV</td>
<td></td>
<td>Analysis of National Policies &amp; Plans with a YKAP Lens</td>
<td>Evaluation and Next Steps</td>
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The course adopts a theory-to-practice approach to explore relevant issues, and uses a range of country case studies to illustrate promising practices. The training pedagogy employs a mixture of interactive methods and aims to build on participants’ differing skill bases. Activities include: lectures; case studies; guided group activities; field visits; role play; group-based problem-solving; and critical analysis.
Who is this course for?
The course has been designed for staff from government, United Nations (UN) agencies, non-governmental organizations (NGOs), including international NGOs (INGOs), working to support YKAP or extremely vulnerable adolescents and young people (EVA/EVYP) in the areas of research, policy and programming and/or service provision. The course is also appropriate for young people working in a significant capacity to address these issues at different levels and across sectors.

Elements of the training materials
- Trainer manual (including key facilitator guidelines and detailed instructions for each session)
- PowerPoint presentations. The PowerPoint presentations can be downloaded at the link: http://ykapslides2012.wordpress.com/

Course flexibility for specific training needs
Adaptation to local setting: The materials presented in these course materials were developed to be appropriate to use for Asia-Pacific regional trainings. They provide a framework that can be adapted and used across different contexts. However, significant modification will be required, depending on the local setting. It is essential to use up-to-date data and information, including information on the legal and policy context as well as epidemiological information.

Managing course length and content: This course was developed to be run as a five-day training (a detailed training agenda can be found in the Appendix of this trainer’s manual). Acknowledging time and resource constraints, and different needs across settings, the manual has been designed so that specific modules can be pulled out and run independently, allowing users to focus on the most relevant topic that responds to the most pressing need.

Contact information:
For any enquiry, please send an email to ykapshortcourses@gmail.com
Facilitator Notes

Setting rules and expectations

The facilitator sets the tone for the group. The aim is to create a friendly and respectful atmosphere. Use the activity in the first session to set up group expectations. Revisit this later if needed.

If you find that participants are not observing the rules, make a direct request. This might sound like:

Let’s make sure we find a way to disagree whilst still respecting the other person.

Let’s not make negative race/gender/age-based comments. We should provide respect when referring to others.

Building and maintaining positive group relationships

It is important to set the expectation that the group will work together, mix with each other, and encourage each other to participate.

There are many things that you can do to help build a friendly atmosphere. Some of them are actions you can take yourself. These actions include:

- smile and greet individuals as they arrive
- thank people for their contributions
- use eye contact
- observe the group and notice who participates
- encourage people to join in
- invite different people to speak
- assist people in forming groups as you set up the activities (e.g. through numbering participants)
- show respect for people’s ideas
- invite people to put forward different opinions
- make sure no one is left out
- make sure no one is ridiculed
- avoid making judgmental comments about people’s answers
- acknowledge that it takes courage to participate
- organize the seating so everyone can feel part of the group
- invite different people to give the feedback from small groups
- change the composition of the groups for different tasks

Other methods for building a positive group environment include the use of games, mixing activities and participatory tasks which are designed as part of the curriculum. It is important not to replace these with lecture-style presentations. These participatory activities give the group members a chance to build their relationships with each other and to apply active learning.
Things you can do to make sure the group members build relationships with each other include:

- Use the start-up games to set a friendly mood.
- Use the interactive activities to organize the talk within the groups.
- Play an extra game or sing a song at the end of the session to build group spirit.
- Use paired conversations when you want to increase the interaction. This will help people develop confidence and will get everyone involved.

When left to choose their own groups, people tend to work with the same people and thus do not improve their connections with others. Many people also face a significant fear of social rejection when asked to form their own groups. Playing grouping games to establish groups adds an element of fun. You can number the players or hand out cards and then ask players to group with those with the same number. Alternatively you can guide people into groups.

Managing the venue and the resources

It is important to make sure the furniture is set up for the workshop. If possible, arrange the furniture so there is space available for the more participatory tasks. Participants will need to be able to move their chairs to form small groups for the activities.

Read through the session plan carefully and use the resources checklist as a guide to ensure that you have all the necessary materials ready for the session. Some activities require you to photocopy and cut up cards, or to collect products. This can take some time, so it is advised that you prepare a few days ahead.

Protecting privacy and confidentiality

It is important that we protect privacy when we discuss sensitive issues. One way to do this is to ask people to think about who else is in the story they will share. If the material is a bit sensitive, they should protect the privacy of those other persons by not using their names or by telling the story in the third person.

Ask people to be sensitive to things like people’s private relationships, their sexual orientation and their health status. Draw this to the group’s attention. There may be times when you need to remind people about privacy. If you think that someone is about to speak inappropriately about someone else, you may need to interrupt with a reminder. This is called protective interrupting. See the following example:

_I have a sense you are about to tell us a sensitive personal story. Can you find a way to tell us this without breaking privacy? You could put it in the third person and say something like – I know of someone who.…_
As the facilitator you have the same right to privacy as the participants. With this in mind, carefully choose which details of your personal life are appropriate to share and those that are not. Your job is to get other people thinking and talking about the issues. You can also talk in the third person at times.

You should also establish in the ground rules the importance of maintaining the confidentiality of the information that is shared over the course of the workshop. The workshop should be considered a safe space, where no stories or experiences shared over the course of the event are shared outside of the workshop.

**Reflective listening skills**

Reflective listening is an important skill for the facilitator. When people share a story or idea, try to respond in a way that shows you understood their contribution. This is preferable to making an evaluative comment (such as ‘good point’). Your reflective comment should be a very brief summary (e.g. You have pointed out that we have very little data on this issue). Alternatively, if you are not sure what the point is that they are making, you can summarize what you think they are saying and check back with the speaker (e.g. It sounds like you are suggesting that we don’t have any data at all – is that what you are saying?).

**Dealing with differing views**

It is important to set an atmosphere in which people can share different views. They should not feel they all have to agree with each other. The important thing for the facilitator is to open the questions for discussion, to summarize the different views expressed, and to ask participants to think about possible consequences for a range of actions. It is not the facilitator’s job to recommend a particular opinion. However, providing correct information is different. Where there is an evidence base, then that is not the same as an opinion. The facilitator should be able to speak to the evidence base.

**Personal comfort and embarrassment**

You may feel embarrassment when leading the conversation about some topics. If this is so, you can work on increasing your confidence to talk about these topics before the session. You can do this by preparing with another facilitator and talking about the topics together first, or by telling colleagues, friends and family members what your session will be about, and getting some practice by talking with them.
Dealing with gender and power issues

The facilitator needs to model a respectful approach to gender and power issues. The patterns in gender relationships can be the hardest to change. Some of the participants will be exploring the issue of difference in power or status in their own relationships. The facilitator’s job is to preserve a respectful approach by being sensitive to these issues, while still promoting equity.

Managing the knowledge components

It is important to revise the knowledge that you are teaching before the training. Look over the lesson materials and make sure that you understand them. Read your reference material as it is good to know more than what you are about to teach.

Make sure you use a trusted source of knowledge, such as a professional text or qualified person when seeking additional information. Remember also the need to stay up-to-date in changing fields such as HIV prevention and care.

Using role play

The best way to give everyone the chance to develop their skills and confidence through role play is to have them all working at once. This way, every pair or group can try out the scene without the pressure of an audience. After they have done this you can call for volunteers to role play in front of the group. When showing scenes to the group, keep the scenarios short. A ‘flavour’ of what is going on in the scene is usually enough to promote discussion. You can then ask for the play to stop so you can discuss the scene or use one of the techniques below to develop skills and understanding.

Some useful techniques include:

- **Snapshots:** Ask the group to be ready to re-play their scenes. Take a 10 to 20 second look at each of them.
- **Role-swap:** Show the scene, then ask for a volunteer to swap into a role to show a different possible action that the character could take.
- **Re-play:** This is when you ask the players to try the scene again. This time they may take on the coaching of the observers, or try out a different action. This is a way to develop skills and learn through experimentation.
- **Interview:** After playing the scene, interview the players about what that situation was like for their character. Useful questions include: What was it like to be in that situation? What do you think that character would feel? What would they need? What did they find hard to do?
- **Advice to a character:** After watching a scene or playing a role, ask the player to give some advice to the character to help them deal with their situation. A useful question is: Having acted that role you have some idea of what that situation may be like. What advice would you give to that character?
• **Coaching:** Ask the observers to give some coaching to the characters so as they can deal more effectively with their challenging situation. Ask for volunteers to come and show the idea in action in the scene, or ask the original actors to re-play the scene whilst trying out some of the coaching.

• **Hidden thoughts:** After watching the scene, ask for some volunteers to become the hidden thoughts of the characters. Interview each of the hidden thoughts, asking them: *What was that character thinking or feeling but not saying out aloud in that scene? What are they afraid of? What are they hoping for?* Seek multiple answers to each of the questions. This will help to generate a greater depth of understanding and sympathy for the character.

## Making adjustments to the programme

Use your judgment to make adjustments to the programme based on people’s needs. Make sure that your modifications fit with the purpose of the programme. Refer to the objectives of the session to help with this.

Sometimes it will not be possible to cover all of the activities or sessions. Be aware that it can be tempting to avoid the participatory activities and to just use the PowerPoint presentations. Remember – the PowerPoint slides are only a small part of the programme. The participatory activities are the heart of the programme. If you leave out these activities, participants will not get to develop their own thinking and skills.

Make sure you have a clock or a timer to help you keep track of the time. Let people know how long they will have for the activity. Be sure to provide at least one warning (at 5 minutes, and possibly again at 1 minute) before you call an end to the task.

You may wish to consult the participants about whether they need more time. Ask participants to put their hand up if they need more time. Then tell them how much time you will give them. Use your judgment in this. If an activity is working very well, you may wish to let it run longer. Alternatively, if it is not working, you may consider shortening it and move on to the next one.

## Keeping up-to-date with data

Be sure to find the best available statistics to update or localize the course. Here are some that are useful:

- [www.aidsdatahub.org](http://www.aidsdatahub.org)
- [www.unicef.org/infobycountry/index.html](http://www.unicef.org/infobycountry/index.html)
- [www.unicef.org/sowc](http://www.unicef.org/sowc)
- [www.unfpa.org/youth/dhs_adolescent_guides.html](http://www.unfpa.org/youth/dhs_adolescent_guides.html)
Evaluation and formative feedback

It is important to get some feedback on the training. Process feedback can be collected during the training. There are activities in the manual that suggest ways that you can do this in a participatory manner so the feedback is also heard by the group. If you choose, you can place a large poster, like the example below, at the back of the room and invite participants to give their feedback and questions whenever they feel like it.

<table>
<thead>
<tr>
<th>Going Well</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>Ideas for Improvement</td>
</tr>
</tbody>
</table>

You may also wish to use more formal feedback forms at the end of the day and the end of the training event.

A feedback tool like the one on page 137 is useful. Alternatively you can use similar questions to lead a reflective discussion.

Participant homework

If the course is being run in its entirety, it is useful to get participants to do some preparatory work in advance of the training. Participants can be sent a copy of the Data Activity Sheet from Activity 1B. Ask them to fill in the sheet as much as they can before coming to the training. The sheet will be used in the epidemiology update session.

Where possible, one person from each country group should locate and bring with them a copy of their country’s most recent National HIV and AIDS Strategic Plan and other relevant youth or HIV related policies and plans. Many strategic plans can be found on the USAID AIDSTAR-One website:

- [www.aidstar-one.com/focus_areas/prevention/resources/national_strategic_plans](http://www.aidstar-one.com/focus_areas/prevention/resources/national_strategic_plans)

If appropriate, some participants should also be asked to prepare presentations of promising practices related to their work for sharing to the group.
Field trips

The field trip component of the course is an important opportunity for participants to observe some of the principles they are learning from the course in action. Before the course, do some research on local services working with YKAP. Depending on the number of participants, organize two or three field trips to these services for the afternoon of Day 3 (2-3 hours).

Preparation of materials

Many of the sessions require a range of materials. It is strongly advised that you prepare all handouts, scenario cards and other materials in advance and have them ready each morning so that the sessions can run smoothly.

Rapporteur sessions and debriefing

If you conduct the course as it is originally designed (5 days) we encourage you to have rapporteur sessions and debriefs. For example, on Day 2 you could have a rapporteur reflect on Day 1 of the training, including major themes and messages. Points of clarification can be explored in this session, as well as some discussion on how participants would like to apply learning to their contexts and challenges.
Facilitator feedback form

This simple tool is a means of getting basic feedback from the group to help you improve the course. Ask participants to complete this form at the end of the training.

<table>
<thead>
<tr>
<th>Feedback</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What did you enjoy?</td>
<td>What did you learn?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>How can we improve the programme?</td>
<td>Who would you recommend this programme for?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>If the programme had run longer, what would you like more of, or like to see added?</td>
<td>What sorts of activities did you find most useful?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Give a score out of ten for your understanding of YKAP issues before you did this programme (ten is very confident and one is not confident at all)</td>
<td>Give a score out of ten for your understanding of YKAP issues following this programme (ten is very confident and one is not confident at all)</td>
</tr>
<tr>
<td>___/10</td>
<td>___/10</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other comments?</td>
<td></td>
</tr>
</tbody>
</table>
Facilitator skills checklist

This checklist covers some of the basic skills you use in running the sessions. Use this list to remind you of your job and to reflect back on how the previous session has gone.

<table>
<thead>
<tr>
<th>Basic Facilitator Skills</th>
<th>Actions:</th>
<th>What will help with this?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| getting the message across clearly and making sure people are understood | Give clear instructions  
Make sure you can be heard  
Make sure others can be heard  
Use reflective listening skills  
Ask for clarification if you are not sure what someone else is saying | Use the explanations modelled in the session plans |
| **Participation**        |          |                          |
| making people feel included and helping them to join in | Smile and welcome everyone  
Set expectations of the way the group will work together  
Observe the group and notice what people are doing  
Encourage people to join in  
Assist people to make groups  
Show respect for people’s ideas  
Invite difference of opinion  
Make sure no one is excluded or ridiculed  
Thank people for their contributions | Use games to set a friendly mood and a spirit of enquiry into the topic  
Use the structured activities to organize what to talk about and to organize whose turn it is to talk |
| **Method and Management of Resources** |          |                          |
| making the activity work | Prepare materials well before the session  
Set up the furniture in advance  
Give clear instructions  
Repeat instructions when necessary  
Be clear about the difference between opinions and information  
If you don’t know the answer, just say so | Use the sample questions to help guide the discussion |
| **Timing**               |          |                          |
| keeping up group energy and making sure the whole agenda works | Keep track of time  
Let people know how long they will have for the activity  
Use your judgment to make adjustments to the programme based on people’s needs  
Make sure adjustments fit with the purpose of the programme | If you are working with another facilitator, provide timekeeping assistance for each other |
Section 1
Epidemiology and Context
Opening, Introductions, Objectives and Expectations

Learning objectives

• Welcome participants to the course.
• Outline course objectives and expectations.
• Identify where participants are from and where they are working.

Materials

• PowerPoint: Introduction to the Course
• Flip charts
• Markers

Brief session description

This short session will welcome participants to the course and clearly outline course objectives, content and the expectations of participants.

Trainer instructions

Use PowerPoint Introduction to the Course to guide this session. The PowerPoint covers the points below. Where appropriate, additional notes are provided under the PowerPoint slides. Please thoroughly review and adapt the PowerPoint (for example, noting any changes made to the course content or methodologies) before you deliver the course.

Outline of PowerPoint:

• Acknowledges the individuals and institutions involved in the course development and revision.
• Provides a background on the development of the course.
• Presents the course objectives, and the main themes of the course.
• Reviews the training methodologies employed in the course.
• Considers expectations and established ground rules for the course.

Trainer tip: The facilitator sets the tone for the group. Aim to create a friendly and respectful atmosphere. Use the activity in the first session to set up group expectations. Document any suggestions and keep this in the training room. It can be useful to refer to if participants are not following the agreed ground rules for the course.
Learning objectives

- Consider and examine the implications of different definitions of ‘children’ ‘youth’, ‘young people’ and ‘adolescents’, including those established by the UN and countries in the region.
- Raise awareness of the influence of personal and community beliefs, attitudes and values on our work with young people, including YKAP.
- Critique traditional approaches to thinking about, and defining, youth.
- Reflect on how we often confuse people or professions with risk behaviours and find it difficult to differentiate between the two.
- Outline how this confusion can lead to stigma and discrimination for young people and those groups perceived as ‘high risk’.

Materials

- PowerPoint: 1A A Focus on Adolescents and Young People
- Coloured paper/Post-its (six different colours) for Activity 2
- Prepared set of character cards for Activity 3
- Flip charts
- Markers

Brief session description

This session seeks to challenge the presumptions and preconceptions that participants bring to their work with YKAP. It offers a critique of common definitions, and challenges participants to pay attention to the way these definitions influence expectations and programming. It also encourages participants to recognize and identify their own perceptions of YKAP and how this can impact on the way they approach their work. This session is guided by PowerPoint 1A A Focus on Adolescents and Young People.

Trainer instructions

Use PowerPoint 1A A Focus on Adolescents and Young People to guide the session. The PowerPoint covers the content below, and prompts three interactive activities to engage participants in an exploration of their own presumptions and preconceptions of young people including YKAP. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.
Outline of PowerPoint:

- Compares and critiques common definitions (e.g. ‘child’, ‘adolescent’, ‘youth’) including those established at country-level.
- Briefly reviews the situation of young people and HIV in the region, including HIV risk and vulnerability among YKAP.
- Considers community assumptions of YKAP, including how these labels can contribute to stigma, discrimination and marginalization.
- Critiques common conceptions of young people, and considers how these definitions and labels can affect programming.
- Examines participants’ understanding of risk groups versus risk behaviours, and how vulnerability interacts with risk-taking.

Activity 1: 🧑‍🗂️ Child? Adolescent? Adult? Subjective understandings of adolescence and youth

a. Ask participants to get into pairs and share and exchange their own local understandings of what and who is referred to by the term ‘youth’ or ‘adolescent’ in their home country, and to consider the following questions:
   • How is an ‘adolescent’ or a ‘young person’ distinguished from a ‘child’ and an ‘adult’ in your country/area of work?
   • What age, social or legal markers are used to define adulthood?
   • Are they the same for males and females?

b. Ask for some volunteers to share the outcomes of their discussion.

c. Acknowledge that in defining and understanding the phase of life between child and adult, there are differences from country to country, between rural and urban, between various minority groups as well as between genders. There may also be differences from service to service in defining and understanding the phase of life between child and adult.

Activity 2: 🧑‍🗂️ Considering community assumptions about YKAP

This activity is designed to highlight the way in which community attitudes to YKAP orient programming and community responses.

a. Divide participants into six groups. Assign each group one of the following ‘community views’ as the basis for their brainstorm. Write on the top of each of the six flip charts one of the following:
   • Community views – Young people injecting drugs ARE:
   • Community views – Young sex workers ARE:
   • Community views – Young clients of sex workers ARE:
   • Community views – Young men who have sex with men ARE:
   • Community views – Young transgender people ARE:
   • Community views – Young people living with HIV ARE:
b. Ask the groups to brainstorm their allocated community view, with each response placed on a separate slip of paper/Post-It Note. Give each group a different colour so responses for each category can be identified easily later.

c. When they are nearing the end of the activity, ask them to group the responses in columns for positive and negative characteristics, and a middle column for characteristics that can be positive or negative. For example, ‘criminals’ would be negative, and ‘breadwinner for the family’ would be positive. Ask them to record on the flip chart the number of responses in each of the three columns.

d. Once they have grouped their statements ask them to identify and report back on what they have noticed. They should point to the stereotypes or labels that are commonly given to young people who engage in risky sex or drug-related behaviours, as well as the number of characteristics that they identified that could be classified as positive/negative/both.

e. Emphasize that definitions and labels can be helpful in our work, but it is important to avoid only understanding young people through these categories, as this can lead to stigmatization and dehumanization.

f. (Optional) If there is time you could also ask participants to consider the following questions:
   - How do community attitudes towards this group inform what is (or is not) done to meet the needs of this group?
   - What do they think needs to be known about this group in order to ensure that programming responses are not based on labels or prejudice?

**Trainer tip:** The next session will look with more detail into what each of these categories means, including the difference between sex work and sexual exploitation. It is not necessary at this point to make these clarifications or to establish ‘definitions’ for participants. Rather, let them brainstorm and share based on their understanding and experience of community views of these groups.
Activity 3: Reconsidering risk

a. Ask every participant to randomly take a card. Ask the participants to assume the identity of the category written on the card. Ask them to assess their level of risk to HIV infection given their new identity. Ask them to line up from 'low or no risk' to 'high risk'. For example, if they believe that they are at a moderate degree of risk then they will go to the middle of the line.

b. Encourage participants to discuss respective identities and perceived risks to HIV with each other, and to negotiate a relative position along the line. If more than one person believes they should be in the same place they should bunch together.

c. Ask a few participants to volunteer why they chose their place in the line. Participants are free to interpret their identity any way they want to as long as they are able to give a rationale for their answers in light of this given identity. Note what they say and the feedback from the group.

d. Point out that they have different coloured cards as well as different descriptors. Inform them that:
   - Those with Yellow cards NEVER have unprotected sex – they always use condoms. They also NEVER inject a drug without using a clean syringe.
   - Those with Green cards SOMETIMES have sex without condoms. They are not monogamous and their partners are not monogamous.
   - Those with Red cards OCCASIONALLY make recreational use of injecting drugs. They share equipment with close friends.

e. Ask them to move if they think they should move.

f. Ask some of the participants to identify who they are, why they originally
chose a particular place on the spectrum, and why they moved.

**g.** Use the following points to facilitate a discussion in the large group.
- How did you initially decide on your level of risk?
- Had you made assumptions about the behaviour of certain groups?
- Is it possible for groups traditionally considered at high risk to HIV to actually be at low risk? How?
- Is it possible for groups traditionally considered at low risk to HIV to actually be at high risk? How?
- Have you confused the behaviour with the person or their ‘label’?
- How does this assumption add to the stigma to which these groups are subjected?
- Why are people uncomfortable attributing the true risk in their life to particular behaviours?

**h.** Emphasize that it is not the *groups* that put young people at risk, it is the *risky behaviours* that they engage in.

---

**Trainer tip:** It is anticipated that participants will rate their level of risk of HIV infection in reference to their profession/role rather than their behaviour. It is crucial for participants to understand the importance of recognizing risk behaviour in contrast to identifying ‘risk groups’. This helps participants understand that risk behaviour can be changed and their risk of HIV infection minimized, even if individuals are still considered to be members of so called ‘risk groups’. This is particularly pertinent when thinking about KAP and EVA/YP and how they are perceived by the community. They are often thought of as being ‘high risk groups’ or blamed for the spread of HIV.

If time permits, the discussion around perceptions of young people can be expanded to highlight added stigma created by class, HIV status, sexuality and gender etc. For example, societal attitudes towards young people can be further complicated by existing class structures. Young people from low socio-economic groups may face added discrimination that can lead to disempowerment and impact on their relationships with law enforcement, authorities and society as a whole. Ask participants to speculate how these added factors impact on young people’s lives.
<table>
<thead>
<tr>
<th>Medical student</th>
<th>Trainee nurse, female, 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street sweeper</td>
<td>Mother and wife, 18</td>
</tr>
<tr>
<td>Female sex worker, 18</td>
<td>Homeless &amp; living on the street, male, 17</td>
</tr>
<tr>
<td>Monk, 18</td>
<td>Male sex worker, 19</td>
</tr>
<tr>
<td>Bar worker, female, 17</td>
<td>Farmer, male, 20</td>
</tr>
</tbody>
</table>

Section 1: Epidemiology and Context
<table>
<thead>
<tr>
<th>Domestic labourer, female, 16</th>
<th>Taxi driver, male, 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police trainee, male, 19</td>
<td>University student, male, 21</td>
</tr>
<tr>
<td>Businessman, 24</td>
<td>Waitress, 18</td>
</tr>
<tr>
<td>School student, male, 17</td>
<td>Factory worker, male, 18</td>
</tr>
<tr>
<td>Sales assistant, female, 19</td>
<td>Factory worker, female, 18</td>
</tr>
</tbody>
</table>
Recommended resources


www.unicef.org/sowc2011/


Learning objectives

- Review and examine the current situation of YKAP in participating countries.
- Identify data gaps and quality issues, and sources of additional strategic information.
- Consider the social, cultural and legal context to these figures.

Materials

- PowerPoint: 1B Data at a Glance Activity
- Paper and pens
- Completed questionnaires
- Prepared grid (14 flipcharts/cardboard with indicators - see below)
- Handout 1B with the 14 indicators selected for the activity
- Small coloured cards/Post-Its – yellow, green, pink, blue

Brief session description

This session examines the situation for YKAP by examining data and other information from participating countries in the region. As such, it provides a snapshot of the data available in the region and highlights areas of concern with regard to data gaps. It also provides social, cultural and legal context to these figures.

Trainer instructions

Ask participants to take out their completed questionnaires for this session, as they will be instrumental for the group work and discussion. Note that not all of the data points will be reviewed during this session, but can be used by participants over the course of the workshop and made available for other participants to review.

Prepare the grid in advance on the floor in the front of the room (or where convenient) with 14 large pieces of cardboard/flip charts. Each piece of cardboard/flip chart should have one of the indicators from the below list on it (write one indicator at the top of each of the 14 pieces).

1. HIV prevalence (per cent) among adults aged 15-49
2. HIV prevalence (per cent) among young people aged 15-24
3. HIV prevalence (per cent) among young people aged 15-19
4. Estimated number of young people (15-24) living with HIV
5. Major route of HIV transmission for young people
6. HIV prevalence (per cent) among sex workers in the capital city (<25 years)
7. HIV prevalence (per cent) among people injecting drugs in the capital city (<25 years)
8. HIV prevalence (per cent) among transgender people in the capital city (<25 years)
9. Per cent of men and women, 15-24, with comprehensive knowledge of HIV
10. Per cent of sex workers (aged 15-24) with comprehensive knowledge of HIV
11. Per cent of MSM (aged 15-24) with comprehensive knowledge of HIV
12. Per cent of MSM (aged 15-24) who used a condom in their last sexual experience
13. Per cent of people injecting drugs (<25 years) reporting the use of sterile injecting equipment the last time they injected
14. Per cent of sex workers (<25 years) who used a condom with their most recent client

Use PowerPoint 1B Data at a Glance Activity to guide the session. The PowerPoint provides instructions for the activity, and includes the above indicators. Leave the final slide on the screen as participants are preparing for group work, and have the handout below available.

Activity 1: Data at a glance

a. Ask participants to use the research they have done on their country snapshot to complete the snapshot task. If there is only one person from a particular country, they can work alone. Otherwise, countries can work in groups at a table.

b. Ask participants to put the name of their country on one card for each topic in the grid. They should choose the colour of the card to indicate the status of the data in their country (see handout). For example:
   - No we don’t have this data (Red)
   - We don’t know if we have this data (Orange)
   - We have this data but it’s not disaggregated (Blue)
   - Yes we have this data (Green)

c. Have countries lay out their coloured cards on the pieces of card at the front of the room. Then when the cards are laid out we will see, at a glance, the spread of distribution from don’t know – to yes – to no – to not disaggregated for each of the different topic areas.

d. Ask participants to comment on what they notice as they look at the data snapshot for the countries represented.

e. (Optional – depending on number of countries and time available) Each country group can be asked to give a brief overview of their findings, choosing to highlight where key information is missing or where there are particular implications for them.

f. Ask the group about the data sources they accessed for this information, and what they need to know more at about at country-level in order to effectively address the needs of YKAP.
g. Ask each participant to stick their full questionnaire on the wall so that it can be referred to throughout the training. *(Note: This may require making a photocopy of the questionnaire if the participant would like to use it during the week)*

h. You can post the 14 grids on the wall and refer back to it throughout the course.

For Activity 1, use the below list to create a grid, with one indicator per flipchart. Participants will place the cards on the grid to indicate data availability for each indicator.

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes we have this data but it’s not disaggregated</td>
</tr>
</tbody>
</table>
Country:  
We don’t know if we have this data

Country:  
Yes, we have this data

Country:  
We don’t know if we have this data

Country:  
Yes, we have this data

Country:  
We don’t know if we have this data

Country:  
Yes, we have this data

Country:  
We don’t know if we have this data

Country:  
Yes, we have this data

Country:  
We don’t know if we have this data

Country:  
Yes, we have this data
Country: No, we don’t have this data

Country: No, we don’t have this data

Country: No, we don’t have this data

Country: No, we don’t have this data
Note: Each participant will be sent the following questionnaire prior to the training. They will be asked to find answers to as many of these questions as possible and bring them to the training.

### Country Questionnaire

<table>
<thead>
<tr>
<th>Epidemiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence (per cent) among adults aged 15-49</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among young people aged 15-24</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among young people aged 15-19</td>
</tr>
<tr>
<td>Estimated number of young people (15-24) living with HIV</td>
</tr>
<tr>
<td>Major route of HIV transmission</td>
</tr>
<tr>
<td>Major route of HIV transmission for young people (if different from adult population)</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among sex workers in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among people injecting drugs in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among MSM in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>HIV prevalence (per cent) among transgender people in the capital city (&lt;25 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per cent of population under 30 years of age</td>
</tr>
<tr>
<td>Number of sex workers (&lt;25 years)</td>
</tr>
<tr>
<td>Number of people injecting drugs (&lt;25 years)</td>
</tr>
<tr>
<td>Number of MSM (&lt;25 years)</td>
</tr>
<tr>
<td>Number of transgender people (&lt;25 years)</td>
</tr>
<tr>
<td>Number of out-of-school youth (&lt;25 years)</td>
</tr>
<tr>
<td>Number of out-of-work youth (&lt;25 years)</td>
</tr>
<tr>
<td>Number of incarcerated youth (&lt;25 years)</td>
</tr>
<tr>
<td>Number of homeless youth (&lt;25 years)</td>
</tr>
</tbody>
</table>
### Country Questionnaire

#### Sex and Marriage
- Age of legal marriage
- Adolescent fertility rate (# births per 1,000 women aged 15-19)
- Is consensual sex between men legal? At what age?
- Is sex work legal, illegal or decriminalized?
- Age of legal sex for heterosexuals
- Average age of first sexual experience? For males? For females?

#### Knowledge
- Per cent of young people (aged 15-24) with comprehensive knowledge of HIV
- Per cent of sex workers (aged 15-24) with comprehensive knowledge of HIV
- Per cent of people who inject drugs (aged 15-24) with comprehensive knowledge of HIV
- Per cent of MSM (aged 15-24) with comprehensive knowledge of HIV
- Per cent of transgender people (aged 15-24) with comprehensive knowledge of HIV
### Country Questionnaire

#### Behaviours

- Per cent of young people who had sex before age 15
- Per cent of young people (15-24) with more than one sexual partner in the last 12 months
- Per cent of young people (15-24) who have exchanged sex for money, goods, services or favours
- Per cent of young males (15-24) who have paid for sex in the past 12 months
- Per cent of sex workers (aged 15-24) who used a condom in their last sexual experience
- Per cent of people who inject drugs (aged 15-24) who used a condom in their last sexual experience
- Per cent of sex workers (aged 15-24) who used a condom with their most recent client
- Per cent of MSM (aged 15-24) who used a condom in their last sexual experience
- Per cent of transgender people (aged 15-24) who used a condom in their last sexual experience
- Per cent of people injecting drugs (<25 years) reporting the use of sterile injecting equipment the last time they injected
- Per cent of sex workers (<25 years) who used a condom with their most recent client
- Per cent of young people (15-24) who were tested for HIV and received results

#### Services

- Age of criminal responsibility
- HIV prevention coverage (per cent) among SWs
- HIV prevention coverage (per cent) among PWID
- HIV prevention coverage (per cent) among MSM
- HIV prevention coverage (per cent) among TG
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>HIV prevalence (per cent) among adults aged 15-49</td>
</tr>
<tr>
<td>2.</td>
<td>HIV prevalence (per cent) among young people aged 15-24</td>
</tr>
<tr>
<td>3.</td>
<td>HIV prevalence (per cent) among young people aged 15-19</td>
</tr>
<tr>
<td>4.</td>
<td>Estimated number of young people (15-24) living with HIV</td>
</tr>
<tr>
<td>5.</td>
<td>Major route of HIV transmission for young people</td>
</tr>
<tr>
<td>6.</td>
<td>HIV prevalence (per cent) among sex workers in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>7.</td>
<td>HIV prevalence (per cent) among people injecting drugs in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>8.</td>
<td>HIV prevalence (per cent) among TG in the capital city (&lt;25 years)</td>
</tr>
<tr>
<td>9.</td>
<td>Per cent of men and women, 15-24, with comprehensive knowledge of HIV</td>
</tr>
<tr>
<td>10.</td>
<td>Per cent of MSM (aged 15-24) with comprehensive knowledge of HIV</td>
</tr>
<tr>
<td>11.</td>
<td>Per cent of MSM (aged 15-24) who used a condom in their last sexual experience</td>
</tr>
<tr>
<td>12.</td>
<td>Per cent of people injecting drugs (&lt;25 years) reporting the use of sterile injecting equipment the last time they injected</td>
</tr>
<tr>
<td>13.</td>
<td>Per cent of sex workers (&lt;25 years) who used a condom with their most recent client</td>
</tr>
<tr>
<td>14.</td>
<td>Per cent of ever-married or partnered women aged 15-24 who experienced physical or sexual violence from a male partner in the past 12 months</td>
</tr>
</tbody>
</table>
Learning objectives

- Understand different definitions used for young people from key populations, and how these terms influence HIV programming.
- Outline the HIV risk-behaviours and specific vulnerabilities of YKAP.
- Consider the context within YKAP live, including the legal, social and economic context and how this can affect HIV-related vulnerabilities.
- Define who young MSM, young sex workers, young transgender people, young people injecting drugs and young people living with HIV are.

Materials

- PowerPoint: 1B Who Are YKAP?
- Paper
- Pens

Brief session description

This session encourages participants to explore who YKAP are and why they are identified as having a higher risk to HIV. It elucidates the added vulnerability of being an adolescent or young person, and asks participants to explore these issues in their own context. It includes one interactive activity.

 Trainer instructions

Use PowerPoint 1B Who Are YKAP? to guide this session. The PowerPoint covers the points below and prompts one interactive activity to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.

Outline of the PowerPoint:

- Reviews what is understood by the term YKAP, and other terms that have been used in the past to refer to young people with high HIV-related risk behaviours.
- Discusses the importance of looking at vulnerabilities, and how settings and legal issues can impact on HIV-related vulnerabilities.
- Highlights that risk factors do not automatically lead to HIV risk behaviour, and that protective factors are important to consider.
• Examines the understanding and issues facing different YKAP, and elicits a greater understanding among participants of their HIV prevention, treatment and care needs.

Activity 1: 🌈
Who are YKAP, and why are they vulnerable to HIV?

a. Divide participants into six separate groups. Give each group one of the following roles. Each group will write the role on a piece of paper or on a flipchart:
   • Young MSM
   • Young sex worker
   • Young client of sex worker
   • Young transgender person
   • Young person injecting drugs
   • Young people living with HIV

b. Ask each group to define these roles and to answer the following questions in relation to their setting:
   • Who are these people? Define the term.
   • Do you know who these people are in your setting?
   • Where are they found?
   • Why are they vulnerable to HIV?

c. Ask each group to present their work to the larger group. Ask the group to answer questions that arise.

d. Ask each group to consider how being an adolescent or young person adds to the vulnerability already elucidated. Discuss in the larger group.
Recommended resources


www.unicef.org/sowc


www.hivpolicy.org/Library/HPP001804.pdf


http://whqlibdoc.who.int/publications/2008/9789241597098_eng.pdf


Youth Voices Count, ‘Regional Youth MSM and Transgender Consultation Meeting, Bangkok, Thailand, 1-3 September 2010.’
Learning objectives

- Demonstrate an understanding of why epidemiology is important in programming for YKAP.
- Be able to explain the latest trends of the global HIV epidemiology with specific focus on relevant countries in the region and the situation of adolescents and young people.

Materials

- PowerPoint: 1C Regional HIV Epidemiology Update for Asia and the Pacific
- SWAP-STAT Cards
- ‘Next 1000 infections’ activity sheets
- Epidemiological information for all countries participating (see below for sources of data)

Brief session description

The content of this session is designed to highlight the epidemiology of HIV and why it is important to understand it in designing successful programme responses. During the session, participants will discuss current global and regional statistics, highlighting the difference in HIV epidemiology found between and within countries. Acknowledging these differences in HIV epidemiology, the session will also highlight the commonalities of HIV transmission in the region (unprotected paid sex, sharing contaminated injecting equipment, and unprotected sex between males). The situation of young people and adolescents will be covered where age (and sex) disaggregated information is available. Information will focus briefly on the global scenario and narrow down to a detailed focus on the region of interest to the particular course.

Two interactive activities will enable participants to consider some of the data in the region, as well as where the next 1,000 new HIV infections will occur in their country. Participants will also be introduced to key resources for staying up to date with HIV epidemiology.
Trainer instructions

Use PowerPoint 1C Regional HIV Epidemiology Update for Asia and the Pacific to guide the session. The PowerPoint covers the points below and includes two exercises. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.

**Overview of PowerPoint:**
- Explains what epidemiology is and its relevance for HIV programming.
- Addresses the concept of ‘Know your epidemic, know your response’ and how this is a useful framework for programme and policy design and implementation.
- Reviews the current epidemiological situation of the Asia-Pacific region, includes trends, modes of transmission, gender dimensions, and intra-national differences.
- Focuses on the situation of YKAP, including knowledge, behaviours, access and use of services and other parameters.
- Reviews gaps in the data and areas where strategic information could be further strengthened.

**Activity 1: SWAP-STAT Exercise**

1. Distribute the cards.
2. Players should mingle, find a partner and then ask their partner the question on their card. After the respondent has guessed they are told the right answer. Then they reverse, and the second party becomes the questioner, using their card as a prompt. When the bell rings, swap cards, and move on. Each person then carries away a new card and they re-partner and repeat the process. Play a few rotations of the game.

**Trainer tip:** The SWAP-STAT exercise helps people to mix and to think about the difference between assumptions and knowledge. The guessing in the SWAP-STAT game helps to engage people and have them learn that data is their friend. Point to the tendency we have to assume things are worse than they are for youth, and to deny some other patterns – such as the existence of young sex workers. You can also point out that without data we do not know who to target. We lose focus on the YKAP who most need help and are the least likely to get it. We lose focus on the fact that location, gender, caste, class and wealth all make a difference on health, employment and learning outcomes for young people. Good data helps us think about our strategic focus. Overall, we need more good data on YKAP.
c. When the game is complete, ask players what they noticed in doing the exercise. Ask a couple of people to share any statistics they thought were particularly interesting or surprising.

**Trainer tip:** It is essential to use relevant and up-to-date data for this activity. Where possible, adapt this session to local contexts by using data specific to the country(ies) in which you are training. It is important to have a collection of data for your own country. The data session establishes the ‘evidence’ credentials of your training. Try to access and use data which is disaggregated by age, gender and location within your country.

The following websites and publications are useful for sourcing available data about YKAP:

AIDS Data Hub  
www.aidsdatahub.org

Joint United Nations Programme on HIV/AIDS  
www.unaids.org/en/dataanalysis/

Activity 2
Where are your next 1,000 infections likely to come from?

a. Hand out the form (see handouts) and explain that participants should estimate (as individuals or in groups if there are several participants from the same country) where their country’s next 1,000 infections are coming from, filling in the first column on the activity sheet only.
b. Hand out short country profile handouts with the latest data on each country by situation among YKAP (i.e. from the HIV data hub: www.aidsdatahub.org) and ask them to fill out the ‘second thoughts’ column.
c. Have some paired sharing among groups (i.e. different countries) on the outcomes of the activity. Ask them to consider the challenges they may have had with the activity; whether any changes were made with the additional information; the utility of having this information.
d. Invite some volunteers to share the outcomes of the exercise.
Q. What proportion of young men who have sex with men (MSM) under the age of 25 in Bangladesh report condom use the last time they had anal sex with a male partner in 2006-07?

A. 18 per cent as compared to 35 per cent among MSM 25 years and older.


Q. What is the HIV prevalence rate among young people injecting drugs aged 20-24 in Myanmar?

A. 32 per cent. As compared to 5.3 per cent among those aged 15-19. Among those aged 30-34 the prevalence rate is 44 per cent.


Q. What is the HIV prevalence rate among young people injecting drugs under the age of 25 in Indonesia?

A. 41.5 per cent as compared to 58 per cent among those aged 25 and older.


Q. What proportion of sex workers under the age of 25 in Thailand have comprehensive HIV knowledge?

A. 21 per cent as compared to 29 per cent among sex workers aged 25 and older.


Q. What is the HIV prevalence rate among young men who have sex with men (MSM) under the age of 25 in Mongolia in 2009?

A. 2.9 per cent as compared to 0.9 per cent among MSM aged 25 and older.

Q. What proportion of young men who have sex with men (MSM) under the age of 25 in Lao PDR report having had an HIV test in the last 12 months and know the result in 2009?

A. 12.5 per cent as compared to 23.5 per cent among MSM aged 25 and older.

Source: Based on Center for HIV/AIDS/STI Lao.  
*Lao PDR 2009 Behavioral Surveillance Survey among Men who have Sex with Men in Luang Prabang, 2009.*  
www.aidsdatahub.org

Q. In a recent Integrated Biological and Behavioural Surveillance study in Nepal, what proportion of female sex workers were younger than 20 years of age in 2011?

A. 18 per cent among street-based sex workers, and 35 per cent among establishment-based female sex workers in Kathmandu, and 42 per cent of all female sex workers in Pokhara Valley.

Source: Based on National Centre for AIDS and STD Control Nepal, New ERA & Intrepid Nepal, Integrated Biological and Behavioral Surveillance among Female Sex Workers (Fact Sheet), Kathmandu and Pokhara Valleys, round IV, 2011.  
www.aidsdatahub.org

Q. What is the HIV prevalence rate among young sex workers under the age of 25 in Papua New Guinea in 2009?

A. 7.2 per cent, compared to 4.8 per cent among those aged 25 and older.

www.aidsdatahub.org

Q. What proportion of female sex workers under the age of 25 reported the use of a condom the last time they sex in the Philippines in 2009?

A. 65 per cent, this is the same proportion as those aged 25 and older.

www.aidsdatahub.org
Q. What proportion of young females and young males (15-24) in the Maldives know a place to get tested for HIV?

A. 83 per cent of young men and women.


Q. What proportion of young females and young males (15-24) in Tuvalu, in the Pacific, know a place to get tested for HIV?

A. 90 per cent of young women and 87 per cent of young men.


Q. What is the HIV prevalence among young people (under the age of 25) injecting drugs in Kabul?

A. 7.6 per cent.


Q. What proportion of young sex workers (under the age of 25) have comprehensive and correct knowledge about HIV?

A. 29 per cent.

Q. What proportion of young females and young males (15-24) in Nepal know a place to get tested for HIV?

A. 42 per cent of young women and 73 per cent of young men.


Q. What proportion of young females and young males (15-24) in India report getting tested for HIV and receiving the results?

A. 3 per cent of young women and 1 per cent of young men.


Q. What proportion of young females (15-24) in the Philippines report getting tested for HIV and receiving the results?

A. 1 per cent.


Q. What proportion of young females and young males (15-24) with multiple partners in Nauru, in the Pacific, report using a condom the last time they had sex?

A. 8 per cent of young women and 17 per cent of young men.

Q. What proportion of adults (15-49) living with HIV are young people aged 15-24 in Lao PDR?

A. 28 per cent.


Q. What proportion of young females and young males (15-24) with multiple partners in the Solomon Islands report using a condom the last time they had sex?

A. 18 per cent of young women and 39 per cent of young men.


Q. What proportion of young females and young males (15-24) in Timor-Leste report knowing where to get condoms?

A. 13 per cent of young women and 32 per cent of young men.


Q. What proportion of young sex workers (under the age of 25) in Afghanistan have been tested for HIV and received their results?

A. 4 per cent.

Q. What proportion of young men who have sex with men (MSM) (under the age of 25) in Bangladesh have been tested for HIV and received their results?

A. 2 per cent.


Q. What proportion of young sex workers (under the age of 25) in Iran have correct and comprehensive knowledge on HIV?

A. 10 per cent.


Q. What proportion of young men who have sex with men (MSM) (under the age of 25) have been tested for HIV and received their results?

A. 70 per cent.

### HANDOUT FOR SESSION 1C: Activity 2

**Activity Sheet:**

*You are part of a team developing your next five year National Strategic Plan on HIV. The question before you is: Where are your next 1,000 infections likely to come from?*

<table>
<thead>
<tr>
<th>How many will be:</th>
<th>1st thoughts</th>
<th>2nd thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: 1,000</strong></td>
<td><strong>Total: 1,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many will be:</th>
<th>1st thoughts</th>
<th>2nd thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged under 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People aged 10-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People aged 25 and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: 1,000</strong></td>
<td><strong>Total: 1,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many will be:</th>
<th>1st thoughts</th>
<th>2nd thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A result of male-male sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A result of a commercial sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>transaction – sex worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A result of a commercial sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>transaction – client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A result of intimate partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>transmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A result of the sharing of unsterile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injecting equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A result of parent-to-child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>transmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other route of acquisition</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total: 1,000</strong></td>
<td><strong>Total: 1,000</strong></td>
<td></td>
</tr>
</tbody>
</table>
Recommended resources


www.searo.who.int/LinkFiles/Publications_MSM-combined.pdf

Learning objectives

- Understand different frameworks and models that can inform programming for YKAP, and their strengths and weaknesses.
- Understand the concepts of risk and vulnerability. Examine protective factors and resilience.
- Reflect on how strength-based approaches with young people are critical.

Materials

- PowerPoint: 1D Frameworks to Inform Programming
- Large map of the Strengths Model (see image right)
- Ecological model map (at least 2m x 2m, can be made using layers of fabric)
- Coloured cards/Post-It notes (at least five different colours)
- Pens
- Risk and protective factor cards

Brief session description

This session is designed to expose participants to different frameworks for addressing HIV vulnerability and risk among YKAP. This includes: public health frameworks, bio-medical models, rights-based frameworks, risk and protection frameworks, strengths-based models and the ecological model. It challenges participants to consider the risk and protective factors at multiple levels, and how programming can strengthen the protective factors while minimizing the risk. It encourages participants to consider YKAP as people ‘nested in multiple contexts’ and how positive outcomes will require interventions at a range of levels (macro-, system-, micro-, community- and individual-levels). It includes two interactive activities to encourage applied learning.

Trainer instructions

Use PowerPoint 1D Frameworks to Inform Programming to guide the session. The PowerPoint covers the points below and includes two exercises. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.
Overview of PowerPoint:

- Review and critique different frameworks that can inform programming for YKAP.
- Consider risk and protective factors at macro-, community-, system-, micro- and individual-levels.
- Reflect on activities and/or programmes that could enhance protective factors.
- Identify actions required at macro-, system-, micro-, community- and individual-levels to strengthen protective factors and resilience, and decrease risk.

Activity 1
Enhancing protective factors of YKAP

a. Lay down the key strengths model on the floor (see materials).
b. Assign six groups (by tables) one of the six S’s as a key protective factor.
   1. Safety and survival = I can survive. I am safe.
   2. Self-efficacy = There are things I can and will do to look out for myself.
   3. Social connectedness = I care for others and others care for/about me.
   4. Social competence = I can work well with others, seek and receive support.
   5. Sense of optimism = It is worth my while to strive to overcome this.

c. Give each group a different coloured pad of Post-It notes/coloured cards to record their answers.
d. Ask participants to brainstorm what sort of activities or programmes might enhance these protective factors for YKAP.
e. Invite participants to lay down their responses on the model.
f. Discuss the outcomes, including who has experience in different aspects of the identified programmatic responses.
g. You can post this model on the wall so you can refer back to it throughout the course.
Activity 2
Programming and provisions at different levels

Part 1:
This activity is designed to assist participants to take a ‘big picture’ programming view of the needs of YKAP.

a. Assign participants into groups. Allocate one of the questions below to each group and ask participants to brainstorm their responses to the question they are allocated. Ensure that each response is recorded on a separate slip of paper in large, clear writing. (Assign different coloured slips of paper to each topic group)

Given the presence of young people who inject drugs, young sex workers and young clients, young MSM, young transgender people, and young people living with HIV:
• What does the Health System and those in it need to provide?
• What does the Education System and those in it need to provide?
• What does the Justice System and those in it need to provide?
• What does the Social Welfare System and those in it need to provide?
• What does the Community need to provide?
• What does the Clinic need to provide?
• What does the Family need to provide?
• What does the School need to provide?

Note: Groups can also consider: What does the Individual need? (as in the YKAP) although this will likely be well-covered in Activity 1.

Trainer tip: Depending on the size of your group, it may not be possible to cover all of those areas. Be sure to include some examples of macro-level, system-level, and micro-level to give a good sampling of issues to consider. You can always refer to other examples (i.e. justice or education systems if you can only cover health and social welfare systems) during the plenary discussion if you are unable to include all parts.

b. Place the ecological model (see materials) on the floor in a large, clear space. The different layers of the model represent:
   • Macro-level – economy, culture, religion etc.
   • System-level – Ministries of Health, Education, Social Welfare, Justice etc.
   • Micro-level – community, family, clinic etc.
   • Individual-level

c. After the brainstorm is complete ask groups to assemble around the ‘mapping’ area with each group taking turns presenting their work and placing it on the model.

d. Ask for comments on what can be observed. Ask people to identify at which layer/s of the circle they are currently operating in their job.
Part 2

a. After the above task is complete re-cap the earlier discussion in which we identified risks and protective factors at each level – institutional, systems, family and individual.

b. Hand out the risk and protective factor cards (see handouts below). The risks on one color and individual protective factors are on another colour.

c. Ask participants to think about the following questions:
   - Which risk factors will be addressed by the suggestions that have been identified at a particular level?
   - Which protective factors will be augmented by the items your group identified?

Ask them to place the risk and protective factors on the map in the relevant position.

d. Conclude the activity by asking participants the following questions:
   - How do we attune our programming responses for YKAP in such a way that they augment protective factors?
   - How do we attune our programming responses for YKAP in such a way that they reduce risk factors?

Trainer tip: Mix groups for this task as this will help to build a positive climate and the communicative skills of participants. They need these skills as advocates or programmers. They will also benefit from learning from others in the course and need to mix to do this.

Highlight the way in which young people are affected by the interaction between each of the domains within the ecological model.

You can post the model on a wall so you can refer back to it throughout the course.
<table>
<thead>
<tr>
<th>Risk factors – print out on one colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic depression</td>
</tr>
<tr>
<td>Society in transition</td>
</tr>
<tr>
<td>Uneven access to resources</td>
</tr>
<tr>
<td>Implementation of youth policy</td>
</tr>
<tr>
<td>Inter-agency inter-organizational services</td>
</tr>
<tr>
<td>Displacement</td>
</tr>
<tr>
<td>Corruption</td>
</tr>
<tr>
<td>Exploitation</td>
</tr>
<tr>
<td>Poverty/slums</td>
</tr>
<tr>
<td>Violent media</td>
</tr>
<tr>
<td>Lack of recreational facilities</td>
</tr>
<tr>
<td>Negative attitudes towards youth</td>
</tr>
<tr>
<td>Conflicting social messages</td>
</tr>
<tr>
<td>Harmful rites of passage</td>
</tr>
<tr>
<td>Out of school</td>
</tr>
<tr>
<td>Unemployed</td>
</tr>
<tr>
<td>Excessive discipline</td>
</tr>
<tr>
<td>Physical/sexual abuse</td>
</tr>
<tr>
<td>Low expectation for girls</td>
</tr>
<tr>
<td>Lack of educational alternatives</td>
</tr>
<tr>
<td>Ethnic discrimination</td>
</tr>
<tr>
<td>Overcrowding</td>
</tr>
</tbody>
</table>
## Risk factors
- Domestic violence
- Lack of family planning
- Single parent home
- Mental illness
- Hopelessness
- Negative peer culture
- Peer pressure
- Social isolation
- Gender disparity
- Drug/alcohol abuse
- Depression/suicidality
- Aggressive temperament
- Mental illness
- Hopelessness
- Discrimination against same-sex relations
- Slum dweller
- Lack of parental care
- Discrimination against disabilities
- Violence
- Social exclusion
### Protective factors (Print on another colour)

- Supportive adults
- Positive rites of passage
- Communal philosophy
- Intergenerational dialogue
- Availability and access to services
- Education and health/mental health
- Opportunity for youth participation
- Positive parent skills
- Connectedness
- High expectations
- Family social capital
- Connectedness
- High expectations
- Social capital
- Peer education
- Youth participation
- Youth organizations
- Many pro-social friends
- Self-efficacy/Self-esteem
- Spirituality/religiosity
- Sense of optimism
**Protective factors** (Print on another colour)

- Supportive relationship with a parent
- Social competence
- Sense of self-worth
- Sense of agency and autonomy
Recommended resources


Section 2
Understanding HIV Risks and Vulnerabilities among Young People
2A  
Young People and Sex

Learning objectives

• Understand how and why young people express and experience their sexuality through sexual behaviours.
• Consider how social norms and laws affect young people’s attitudes about, and experience of, sexuality.
• Explore ways in which sexual behaviours put them at risk of HIV, and ways to minimize these risks.
• Recognize that not all sex is consensual, and that sexual exploitation and abuse are forms of gender-based violence.

Materials

• Handouts (questions, body part cards (optional))
• Pens and paper

Brief session description

This session uses a participatory exercise to encourage participants to think about what kind of sexual activities different young people engage in. Many people, even staff working in the area, find this topic difficult to talk about. However, in order to work effectively with young people, including young people from KAP, we need to have a clear understanding of their lives, including their sexual choices and the sexual activities that they engage in, in the context of local culture, norms and laws. It is also important to recognize that children and young people may experience sexual exploitation and sexual violence, which are violations of their human rights and can have grave psychological, social and emotional consequences.

The challenging nature of this topic can be acknowledged when introducing this activity, however it should be clear that this is an important exercise and that all participants should contribute.

Please note that there is no PowerPoint presentation for this session.
Activity Exploring the sexual behaviours of young people

a. Divide participants into six groups of equal number.
b. Give each group one of the five sets of questions (see page 53). If you choose, you can also give them a set of the body part pictures which will help groups discuss how young people have sex. While this is optional, it has been found that the pictures can help facilitate discussion among participants who may be uncomfortable or not used to referring to specific sexual behaviours.
c. Give groups any information that you have on the following issues in the countries relevant to the training:
   • Laws prohibiting same-sex activity between consenting adults (see for example: http://ilga.org/ilga/en/article/1161)
   • Age-related consent (see for example: www.avert.org/age-of-consent.htm)
   • Laws relating to buying and selling sex (See 3A References for useful additional materials)
   • Any documents participants may have brought with them
d. Ask them to discuss these questions as a group, documenting their answers. They may use the pictures to display the different forms of sexual activities that are possible.
e. Ask each group to present in turn before opening the discussion to the wider group. Make sure the discussion is broad and explores:
   • buying sex
   • selling sex
   • sexual exploitation and abuse
   • sexuality and sexual orientation
   • situational homosexual behaviour
   • experimentation

Trainer tip: Programmers and policy-makers tend to problematize sex and relate sex among adolescents and young people exclusively in regards to risk factors. The activity in this section works to sensitize people so that they can imagine the different life experiences that young people encounter and the different influences upon their behaviour. Keep the following points in mind when you are running this session:
   • Be inclusive about differences in sexual preference.
   • Remind people that not all sex is consensual.
   • Point out that influences on sexual behaviour happen at each level of the ecological model, and therefore to accomplish change there may be a need for strategies that operate at each level of the ecology.
   • Talk openly and directly about sex. If you name the different behaviours and situations then the participants will become more comfortable talking directly about sex. If you are comfortable, then they will become more comfortable.
   • Do not presume that everyone is well-informed about sex just because they are adults. Explain terms and words, and avoid acronyms.
• Keep your gender, class, caste and location lenses active – adolescents and young people are not homogenous. Encourage people to specify which adolescents and young people they are talking about, and what differences may be faced based on different parameters.
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<td>How do young males have sex with other males?</td>
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## Section 2: Understanding HIV Risks and Vulnerabilities among Young People

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### Section 2: Understanding HIV Risks and Vulnerabilities among Young People

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Recommended resources


Also see recommended resources under 3A.
Learning objectives

- Demonstrate an understanding of how gender impacts on the vulnerability of young men and women and transgender people to HIV.
- Facilitate discussion on power relationships between gender and violence.
- Provide case studies and group work, and reflect on their implications for practice.

Materials

- PowerPoint: 2B Gender, Young People & HIV
- Whiteboard and whiteboard markers
- Flip chart and pens for small group work

Brief session description

Gender inequity is a fundamental driver of the HIV epidemic and integrating strategies to address gender inequity and change harmful gender norms is an increasingly important component of HIV programmes. Much less prevalent are efforts to integrate gender strategies into programmes targeting YKAP (USAID 2010). The content of this session is designed to garner an understanding of how gender interfaces with HIV vulnerability for young people and adolescents in the contexts relevant to the participants in the course. It explores the following concepts:

Gender; sex; the relationship between men and women; gender identity; and key vulnerabilities for young males, young females and young transgender people. This session is guided by PowerPoint 2B Gender, Young People and HIV.

Trainer instructions

Use PowerPoint 2B to guide this session. The PowerPoint covers the points below and prompts two interactive activities to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.

Outline of PowerPoint:
- Questions what we mean by gender.
- Makes clear the definitions of sex and gender.
- Argues the case for recognizing gender vulnerabilities in HIV policy and programming.
• Explores the complexities of gender and sexuality.
• Examines the effect of social norms on gender identity and behaviour.
• Explores key vulnerabilities for young males, young females and young transgender people.

Activity 1
Remember When

_Paired sharing:_ Ask participants to work in pairs to discuss a memory from their childhood where they remember realizing that gender rules existed: i.e. a girl/woman should or should not... or a boy/man should or should not ...
Collect some of these stories. Ask how these invisible ‘rules’:
• Influence risk behaviours for young people?
• Influence programming responses for young people?
• Impact those whose gendered identity may differ from their biological sex at birth (male or female)?

Activity 2
Chat Show

a. Break participants into small groups, each representing one of the below:
   1. Young men who have sex with men
   2. Young women who inject drugs
   3. Young men who inject drugs
   4. Young women whose partners inject drugs
   5. Young women whose partners have unprotected sex with sex workers
   6. Young women who sell sex
   7. Young men who sell sex
   8. Young transgender people
   9. Young people living with HIV
b. Provide each group with a set of questions (included in the handouts). The questions ask them to consider various dimensions and interactions between gender and HIV for young people and adolescents.
c. Ask each group to prepare their case and organize for a group member (or two) to represent their group on the interview panel.
d. The interview panel will be conducted in the style of the television chat show with celebrity guests. The exercise will allow for the discussion of various points like the impact of double standards, gender-based violence and programming choices that do not adequately address gender issues. The facilitator will interview the respondents to seek their input on the questions below:

_Interviewer’s Questions_
• How is the epidemic affecting you?
• What is it about your body that makes you more or less vulnerable to HIV?
• What sorts of societal expectations or practices operate to make you more or less vulnerable to contracting HIV?
• How should prevention interventions be designed so as to meet your needs?
• Do you have any complaints about the way in which some interventions fail to meet your needs?
• What is your overall message or wish?
• How is the epidemic affecting us?
• What is it about our bodies that make us more or less vulnerable to HIV?
• What sorts of societal expectations or practices makes us more or less vulnerable to contracting HIV?
• How should prevention interventions be designed so as to meet our needs?
• In what ways do some interventions fail to meet our needs?
• What is our overall message or wish?
Recommended resources


The Coalition of Asia-Pacific Regional Networks on HIV/AIDS (7Sisters) et al., *Unzip the lips: articulating the needs of key affected women and girls*, 7Sisters, Bangkok. www.unzipthelips.org


**Good websites**

UN Women’s Comprehensive Web Portal for Gender Equality Dimensions of the HIV/AIDS Epidemic www.genderandaids.org
Learning objectives

- Understand the reasons why young people use drugs, and the prevalence of drug use in the region.
- Understand the link between drug use and HIV transmission.
- Review the evidence on different approaches to addressing drug use among young people who use drugs.
- Examine barriers to access to services among young people who use drugs, and what steps could be taken to overcome these barriers.
- Understand that the UN recommended comprehensive package of services for young people who use drugs.

Materials

- PowerPoint: 2C Young People, Drug Use and HIV
- Whiteboard and whiteboard markers
- Flip charts
- Pens

Brief session description

This session explores questions around why young people take drugs and looks at what some of the common drugs of choice in the region are. It highlights the important point that it is not just the drug but the context in which the drug is used that needs to be considered in policy and programming responses. It encourages participants to reflect on some of the reasons that they themselves take drugs like paracetamol/caffeine/alcohol, etc. It also notes that some people use solvents such as glue, paint thinner and paint, and other items to get intoxicated. Several programming approaches are critically examined.

Trainer instructions

Use PowerPoint 2C to guide this session. The PowerPoint covers the points below and prompts two interactive activities to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.

Outline of PowerPoint:
- Defines what a drug is.
- Questions the reasons why some young people use drugs.
• Highlights some of the drugs that are commonly reported as being used in the Asia-Pacific region and some of the risks associated with their use.
• Highlights the links between drug use and HIV, both with respect to the sharing of injecting equipment and linkages between alcohol and other (non-injecting) drug use, and engagement in risky sexual practices.
• Highlights the evidence base and promising approaches to addressing drug use.
• Provides an overview of the UN recommended comprehensive package for preventing HIV transmission through injecting drug use.
• Examines opportunities and barriers for implementing harm reduction strategies for young people and adolescents.
• Examines the ‘break the cycle’ intervention, a case study of how to reach vulnerable groups and to reduce the initiating of young people into using injecting drugs.
• Showcases Youth RISE as a leading global, youth-driven organization addressing drug use among young people.

Case studies used in this session – additional information for trainers

Note that two promising practice case studies are presented in this presentation. Please make sure you are familiar with these case studies or if there are any more relevant local approaches and programmes that can be presented, replace the case studies as appropriate. It is not necessary to use two case studies. Facilitators can choose what is most appropriate given the context and the time available.

The ‘break the cycle’ campaign

The break the cycle campaign materials, developed in the United Kingdom (UK), are designed to help prevent initiation to injecting drug use. The purpose of the initiative is to reduce the number of drug users who choose injecting as their route of administration, or to delay their decision to inject.

The materials are based on the evidence that (in the UK) initiation to injecting is closely associated with:
• seeing others inject;
• hearing injectors talk about injecting; and
• having someone they can ask to give them their first injection.

Contrary to popular belief, injectors are usually reluctant to encourage others to begin injecting. The break the cycle materials reinforce this natural reluctance to initiate others. The materials do this by moving beyond simply educating potential injectors to educating injectors themselves about how they may inadvertently encourage non-injectors to start injecting and by helping injectors to develop ways of resisting requests to inject others.

www.exchangesupplies.org/drug_information/campaigns/break_the_cycle/break_the_cycle_intro.html
Youth RISE
Youth RISE (Resource. Information. Support. Education) is an international, youth-led network of young people committed to confronting the reality that young people today live in a world where drugs are more accessible on the street than the education and resources needed to reduce their harm. Current drug policies focused on prevention ignore the reality that some young people around the world use drugs for a variety of reasons, and they are getting sick, being incarcerated, and too often being shunned from society.

If you have the appropriate technology available, you could show the group the advocacy video that Youth RISE developed for World AIDS Day in 2011, available through the following YouTube link: www.youtube.com/watch?v=ccLdVeu9G34

For more information see: www.youthrise.org

Activity 1
Risk Assessment

- Give each group one of the activity cards (see handouts). Each card includes information about: a drug; a person; method of drug use; reasons for drug use; and context of drug use.
- Ask one person in each group to facilitate discussion on what the situation is and what is risky about this situation.
- During the feedback emphasize that the risks associated with the drug use do not so much lie in the drug itself but in the combination of the drug, user, context, amount, reasons and method of ingestion.
Activity 2: Group Brainstorm

a. Ask participants to sit in separate country groups. Ask them to think about how programmes for people who use drugs can be more accessible for young people and adolescents. Ask groups to reflect on i) the needs of young people using drugs, but who are not injecting; and ii) the needs of young people who inject drugs. Use the following questions to guide the discussion:

- What barriers do young people who use drugs in your context face in accessing services?
- If services are available, why might young people not be accessing them?
- How might you address these barriers through your work?

b. Remind participants that perhaps it is not best practice to have young people who use drugs mixing regularly in services with older people who have more established drug injecting practices. Youth-friendly services specific to the needs of young people who use drugs should form the basis of the discussion.
<table>
<thead>
<tr>
<th>Person/s</th>
<th>Context</th>
<th>Reasons</th>
<th>Method</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labourer on building site</td>
<td>Sharing with fellow labourers on pay-day</td>
<td>To escape the pain of everyday life</td>
<td>Injecting</td>
<td>Heroin</td>
</tr>
<tr>
<td>18 year old son of wealthy businessman</td>
<td>At a Karaoke bar with young male friends</td>
<td>Celebrating a birthday</td>
<td>Drinking</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Migrant labourer</td>
<td>With fellow factory workers</td>
<td>To escape feelings of depression</td>
<td>Snorting</td>
<td>Heroin</td>
</tr>
<tr>
<td>Person/s</td>
<td>Context</td>
<td>Reasons</td>
<td>Method</td>
<td>Drug</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>---------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>Student who also works at night</td>
<td>After a night shift</td>
<td>To stay awake</td>
<td>Injecting</td>
<td>Amphetamine</td>
</tr>
<tr>
<td>17 year old female with her girlfriends</td>
<td>A mixed group of friends and strangers</td>
<td>To have a good time at the beach</td>
<td>Drinking spirits</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Young man returning to city after a month of work</td>
<td>At a night club</td>
<td>For a night of dancing and sex</td>
<td>Oral</td>
<td>Amphetamine</td>
</tr>
</tbody>
</table>
### Risk Assessment Activity

<table>
<thead>
<tr>
<th>Person/s</th>
<th>Context</th>
<th>Reasons</th>
<th>Method</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young gay man</td>
<td>At a gay night club</td>
<td>To enhance sexual thrills</td>
<td>Snorting</td>
<td>Metamphetamine</td>
</tr>
<tr>
<td>18 year old son of wealthy businessman</td>
<td>To enjoy sexual experience with male partners</td>
<td>Seeking excitement</td>
<td>Oral</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>18 year old street-based sex worker</td>
<td>Using alone</td>
<td>To make a long night sex work more tolerable</td>
<td>Injecting</td>
<td>Heroin</td>
</tr>
</tbody>
</table>
Recommended resources


Ramiro, Laurie S, Bernadette J Madrid and David W Brown, ‘Adverse Childhood Experience (ACE) and Health-Risk Behaviors among Adults in a Developing


www.searo.who.int/LinkFiles/Publications_Harm_Reduction_Strategy_2010-2015.pdf

www.who.int/hiv/pub/ats_brief2.pdf


www.youtube.com/watch?v=ccLdVeu9G34

**Good websites**
International Harm Reduction Association, www.ihra.net
World Health Organization, ‘Injecting drug use’, HIV and AIDS.
Available at: www.who.int/hiv/topics/ida/en/
Youth RISE, www.youthrise.org
Learning objectives

- Demonstrate an understanding of the source of human rights, with a special focus on the Convention on the Rights of the Child.
- Examine CRC principles that can guide HIV programming for children and adolescents, in particular Articles 2, 3, 6 and 12.
- Explore the barriers working against the realization of rights, and the drivers supporting the realization of rights among young people from KAP.
- Highlight tensions between harm reduction versus child protection approaches.
- Consider how these different approaches inform programming for young people selling sex.

Materials

- PowerPoint: 2D Applying a Human-Rights Based Approach to Young People and HIV
- Whiteboard markers
- Copies of Articles 2, 3, 6 and 12 from the CRC

Brief session description

The session will commence by briefly exploring the UN Convention on the Rights of the Child, and attention within the CRC on health, including sexual and reproductive health and rights. It looks closely at the specific articles of the CRC that are the most relevant to the rights of children and adolescents in the context of HIV. It uses an activity to explore the strengths and barriers towards meeting the rights of adolescents and young people from KAP. Secondly, the session looks at the tension between harm reduction and protection approaches. A forced controversy exercise using the example of young sex workers is used to bring forward this debate.

Trainer instructions

Use PowerPoint 2D to guide this session. The PowerPoint covers the points below and prompts two interactive activities to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific, up-to-date data.
Overview of PowerPoint:
- Highlights why it is important to apply a human rights-based approach to HIV programming.
- Reviews how SRH/HIV issues are addressed within the CRC, and reviews General Comment #3 which acknowledges the links between HIV and the rights of the child. It identifies four articles of the CRC that are most crucial to the rights of children in the context of HIV and AIDS, including the practical implications for programming:
  - The right to non-discrimination (Article. 2)
  - Best interests of the child (Article. 3)
  - The right to life, survival and development (Article. 6)
  - The right to express views and have them taken into account (Article. 12)
- Explores how the CRC can be used to guide work with adolescents from KAP.
- Explores the tension between harm reduction and protection approaches in the context of working with YKAP.

Activity 1
Drivers and Barriers of Human Rights for YKAP

a. Divide participants into five groups.
b. Allocate each group one of the following:
   - Young people who sell sex
   - Young people who inject drugs
   - Young men who have sex with men
   - Young transgender young people
   - Young people living with HIV
c. Ask each group to consider: What factors support (DRIVERS) or prevent (BARRIERS) the realization of these rights in relation to HIV prevention? Provide each group with a copy of the matrix (see handout on pg. 78) to record their answers. Point out that some of the barriers and drivers might apply to a number of rights.
d. Following the exercise, ask participants to discuss how they could use this information to inform programming – how could they use the DRIVERS to add strength to programming and how might they remove BARRIERS?
e. Ask for examples of where this has occurred in country programming.

Trainer tip: There are obvious overlaps within these categories i.e. a young transgender person may sell sex, a young man having sex with other men may also be living with HIV. Participants should not be too worried about the ‘categories’, but rather consider the context that that young person may be in, and what barriers and drivers are affecting the realization of their rights.
Activity 2

Forced controversy: Harm reduction versus child protection

a. Divide participants into four groups. Put one group in each corner of the room. Give each group one of the following controversial statements (also provided in the handouts on page 83):

- Adolescents found to be engaged in selling sex should be consulted about whether they want to continue in this trade or not. If they choose to, they should be permitted to continue.
- Adolescents found to be engaged in selling sex should be given access to good medical care and provided with condoms.
- Adolescents found to be engaged in selling sex should be rescued even if this means they are forcibly removed and re-housed in a safe area.
- Adolescents found to be engaged in selling sex should be re-trained so they can gain their livelihoods in a less exploitative way.

b. Allocate some discussion time as a group, and then conduct a forced controversy in which the group members must argue FOR the case they are allocated to, and AGAINST the arguments of the other groups.

c. After a short time of hearing the arguments, anyone who spoke must change locations (rotate them clockwise) so as they can speak from another stance.

d. Continue the debate for a few minutes, then ask the group the following questions:

- What might the longer-term positive outcome/s be for your position?
- What might the longer-term negative outcome/s be for your position?
**Trainer tip:** This exercise is not designed to find the ‘right’ or ‘wrong’ position, but rather to explore the complexities of programming for young people from KAP in how the stance taken on harm reduction versus child protection can influence programming approaches.

The UN Committee on the Rights of the Child, General Comment #3 indicates that “States are obliged to protect children from all forms of economic and sexual exploitation, ensuring they do not fall prey to prostitution networks, and that they are protected from performing any work likely to be prejudicial to or to interfere with their education, health, or physical, mental, spiritual, moral or social development”. Moreover, the UNAIDS Guidance Note on HIV and Sex Work affirms that “all forms of the involvement of children (defined as people under the age of 18) in sex work and other forms of sexual exploitation or abuse contravenes United Nations conventions and international human rights law”.

For those under 18, interventions should aim at providing alternatives to high-risk behaviours and exploitation. At the same time, measures must be put in place to reduce harm, for example, by ensuring the right to information and services regardless of age, group association or actions.
### HANDOUT FOR SESSION 2D: Activity 2

<table>
<thead>
<tr>
<th>For YOUNG TRANSGENDER PEOPLE</th>
<th>BARRIERS working against the realization of rights</th>
<th>DRIVERS supporting the realization of this right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to non-discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best interests of the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to life, survival and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to express views and have them taken into account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For YOUNG MSM</td>
<td>BARRIERS working against the realization of rights</td>
<td>DRIVERS supporting the realization of this right</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Right to non-discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best interests of the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to life, survival and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to express views and have them taken into account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For YOUNG PEOPLE INJECTING DRUGS</td>
<td>BARRIERS working against the realization of rights</td>
<td>DRIVERS supporting the realization of this right</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Right to non-discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best interests of the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to life, survival and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to express views and have them taken into account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For YOUNG PEOPLE LIVING WITH HIV</td>
<td>BARRIERS working against the realization of rights</td>
<td>DRIVERS supporting the realization of this right</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Right to non-discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best interests of the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to life, survival and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to express views and have them taken into account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### For YOUNG PEOPLE WHO SELL SEX

<table>
<thead>
<tr>
<th>Right to non-discrimination</th>
<th>BARRIERS working against the realization of rights</th>
<th>DRIVERS supporting the realization of this right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best interests of the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to life, survival and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right to express views and have them taken into account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FORCED CONTROVERCY STATEMENTS

<table>
<thead>
<tr>
<th>Position 1</th>
<th>Adolescents found to be engaged in selling sex should be rescued even if this means they are forcibly removed and re-housed in a safe area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 2</td>
<td>Adolescents found to be engaged in selling sex should be given access to good medical care and provided with condoms.</td>
</tr>
<tr>
<td>Position 3</td>
<td>Adolescents found to be engaged in selling sex should be consulted about whether they want to continue in this trade or not. If they choose to, they should be permitted to continue.</td>
</tr>
<tr>
<td>Position 4</td>
<td>Adolescents found to be engaged in selling sex should be re-trained so they can gain their livelihoods in a less exploitative way.</td>
</tr>
</tbody>
</table>
RELEVANT ARTICLES FROM THE CONVENTION ON THE RIGHTS OF THE CHILD

Article 2
1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.

Article 3
1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 6
1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 12
1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.
Recommended resources


www.hivpolicy.org/Library/HPP001804.pdf


Forthcoming International Charter and Guidelines for Ethical Research Involving Children by the Centre for Children & Young People at Southern Cross University, Australia and the Centre for Research on Children & Families at the University of Otago, New Zealand, in conjunction with UNICEF Innocenti Research Centre and Childwatch International is expected to be launched by the end of November 2012.

**Good websites**

Child Rights International Network:
www.crin.org

Health and Human Rights – A Resource Guide:
www.equalpartners.info/index.html

Online resource prepared by the Open Society Institute and Equitas, designed to support health and human rights advocacy, training, education, programming, and grant-making worldwide. Chapter 2 on HIV and Human Rights:
www.equalpartners.info/Chapter2/ch2_TOC.html

International Institute for Child Rights and Development:
www.iicrd.org
Section 3
Effective Responses for YKAP
Learning objectives

- Explore the different outcomes within a setting for young people in conflict with the law, and linkages with HIV risk and vulnerability.
- Consider the HIV prevention needs, both met and unmet, for incarcerated young people.
- Discuss strategies that are feasible within these settings to address HIV prevention needs.

Materials

- PowerPoint: 3A Justice, Laws and Incarceration of Young People: The Link with HIV
- PowerPoint: Case Study PNG- Juvenile Justice diversion (or adapt your own from another relevant setting)
- Whiteboard markers

Brief session description

This session aims to encourage participants to consider the linkages between how their country or setting responds to young people who come in conflict with the law, and how this relates to HIV risk and vulnerability.

Many countries in the Asia-Pacific region do not recognize or differentiate between adult and young offenders, resulting in adolescents and young people being tried under adult systems, and incarcerated within adult correctional facilities (e.g. prisons and extra judicial centres, for drug rehabilitation). At an earlier stage in their physical and emotional development, the detention of young people with adults exposes them to the risks of abuse, pressure and violence. Equally, there is variation across the region in the provision of basic health services for detained persons.

The UN Human Rights Committee states that “persons deprived of their liberty are entitled to be treated with dignity and humanity”, and the CRC establishes special rights and protections for children (in particular Articles 37 and 40). The CRC states that arrest, detention and incarceration of a child must be “in conformity with the law and as a measure of last resort”. Moreover, people within closed settings have the right to health services. Therefore, HIV education, evidence-based drug treatment options, harm reduction services, HIV counselling and testing, and access to treatment need to be made available within these settings.
Trainer instructions

Use PowerPoint 3A Justice, Laws, and the Incarceration of Young People: The Link with HIV to guide this session. The PowerPoint covers the content below, and prompts one interactive activity to engage participants in an exploration into the efficacy of detention as a response to illicit drug use and sex work. Finish this session by briefly introducing the PowerPoint presentation: Juvenile Justice System Diversion Programme, an Example from Papua New Guinea. Consider using an alternative case study relevant to your country setting if possible.

Outline of PowerPoint 1, 3A: Justice, laws, and the incarceration of young people: the link with HIV:
- Begins with a snapshot of the legal situation in Asia and the Pacific, and emphasizes the need for laws, policies and practices that protect people from HIV, rather than punish those who may be at greater risk of HIV exposure or living with HIV.
- Considers the legal age of consent in different countries, and invites participants’ insights into the implications with regards to access to HIV services.
- Examines the principles of juvenile justice within the CRC.
- Critiques the use of detention and harsh penalties for young people, and highlights the HIV risks and vulnerabilities in closed settings.
- Encourages participants to think critically about the use of detention in addressing drug use and sex work, and asks for participants to critique this approach using models introduced in session 1D.

Outline of PowerPoint 2, Juvenile Justice System Diversion Programme, an Example from Papua New Guinea:
- This PowerPoint is a practical example of a diversion approach in Papua New Guinea being utilized for young people in conflict with the law.

Activity 1 🤔
‘Is detention a useful response to illicit drug use and sex work by young people?’

a. When prompted by the presentation, break into country/agency groups (depending on the participant mix), to discuss the following: Is detention a useful response to illicit drug use and sex work by young people?

b. Each group must critique detention centers from one of five programming perspectives (discussed in session 1D). Ask them to consider the question: How does this response contribute to or mitigate HIV vulnerability?
   - Human rights perspective
   - Public health perspective
   - Law enforcement perspective
   - Community attitudes perspective
   - Medical model perspective

c. Ask the groups to present their answers to the plenary. Return to table groups to answer: What would be a useful response in terms of HIV prevention from the perspective you have been given?

d. During plenary, highlight where the different perspectives have shared or common concerns or beliefs, and where they have different or opposing beliefs about the positives and negatives of placing young people in detention.
Recommended resources


Section 3: Effective Responses for YKAP


Youth RISE For reducing drug related harm. London, UK. Available at: www.youthrise.org

**Good websites**

- Juvenile Justice Panel: www.ipjj.org/index.php – Interagency Panel on Juvenile Justice (IPJJ), established by United Nations Economic and Social Council (ECOSOC) to act as a coordination panel on technical advice and assistance in juvenile justice.
- World Health Organization Regional Office for Europe – Health in Prisons Project: www.euro.who.int/prisons
- Child Rights Information Network – Children in Conflict with the Law: www.crin.org/themes/ViewTheme.asp?id=16 – includes links to resources on juvenile justice and a guide to the international and regional standards for children in conflict with the law.
- Youth RISE For reducing drug related harm. London, UK: www.youthrise.org
Learning objectives

- To understand the evidence of what works with young people and adolescents on HIV, including evidence on HIV programming for YKAP.
- To think critically about what steps are required to support access to HIV prevention technologies among YKAP, including measures to improve availability, accessibility, affordability, acceptability and quality of prevention tools.
- To identify components of success that can access programming with YKAP.

Materials

- PowerPoint: 3B Core Principles of Evidence-Based and Effective Responses
- A sheet of cards representing the different groups of YKAP

Brief session description

The session will begin with a quick review of the evidence for what works with young people, KAP, and young people from KAP in HIV programming. It highlights the findings from research and programmatic interventions, and tools and guidelines for programming. It considers elements of effective programming, and includes an activity whereby participants reflect on programme components to reach target populations. It is very closely linked to future sessions in the workshop including those in Section 4.

 Trainer instructions

Use PowerPoint 3B Core Principles of Evidence-Based and Effective Responses to guide the session. The PowerPoint covers the content below, and prompts one interactive activity were participants are broken into small groups and given cards representing the different groups of YKAP and asked to think about examples of promising programmes that might be drawn on to work with YKAP.

Outline of PowerPoint:

- Highlights the need for ‘combination prevention’ in responding to the HIV epidemic, involving the right mix of behavioural, biomedical and structural HIV prevention actions.
• Discuss the limited monitoring and evaluation of interventions working with YKAP. Use the example of a condom vending machine outside the Vatican as an example of how efforts can be made in sensitive or religious situations. Introduce participants to the principles of ‘Steady, Ready, Go’ for recommending interventions.
• Emphasize behaviour change principles with specific examples, and recommendations and tools for KAP.
• Discuss methods in which intervention programmes can be enhanced with YKAP, including the strong involvement of the target audience. Emphasize interventions that can be effective.

Activity 1
Programme characteristics that reach YKAP

a. Ask participants to group and allocate a card to each group. Using the given cards in the groups, ask participants to brainstorm the following:
   • What are the evidence-based and essential components of a programme reaching this group? Think about: types of services and resources they need, and delivery mechanisms.
   • What characteristics of services will enhance access and uptake by this group?

b. Ask participants to report back to the plenary. The facilitator should draw out key messages from the feedback session.
<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young sex workers</td>
</tr>
<tr>
<td>Young people injecting drugs</td>
</tr>
<tr>
<td>Young clients of sex workers</td>
</tr>
<tr>
<td>Young men who have sex with men</td>
</tr>
<tr>
<td>Young transgender people</td>
</tr>
<tr>
<td>Young people living with HIV</td>
</tr>
</tbody>
</table>
Recommended resources


Learning objectives

- To give participants an interactive and practical experience of an organization working with young people from KAP.

Materials

Materials required will depend on the type of field visit. Materials may include:
- Transportation (a van, public transport etc.)
- Pens and paper for note taking
- Before departing for the field visit sites in groups, compose a slide with the following information. You may also wish to print this out as slips of paper for participants to take with them.

Field visit
Look, think and ask about:
- **Purpose** – what is the programme for? How is it relevant for YKAP?
- **Participation** – how are young people involved?
- **Programming** – what did it take to set up?
- **Planning** – what data is being collected and how are they using it?
- **Performance** – what impact is it having?

Brief session description

This session is dependent on services available, practical and relevant to the course and participants. It is designed to provide participants with a practical and interactive experience with an organization working with YKAP groups. An example site would be an MSM advocacy group, needle and syringe exchange centre, sex worker outreach site etc. It is vital to ensure that the field visit is appropriately and sensitively set up prior to visiting. Keep the following things in mind when organizing a field visit:
- Make sure that you are aware of the needs of the organization (for example, how long can the visit be, do you need to bring anything with you, is there anything you should need to know). Relay all the relevant information to the participants to prepare them as best as possible for the visit.
- Ensure that the organizations being visited are aware of how many people are coming, at what time, and the sorts of questions that may be asked.
- Where there is more than one possible field site to visit, give participants the option to choose where they would like to go.
- It is essential to have a debriefing session with all participants following the field visit. Enable time for personal reflection.
Section 4
Learning from and Building the Evidence Base
Learning objectives

- Demonstrate an understanding of the importance of evidence generation and review to inform programming.
- Review the application of a logic model that clarifies the health outcomes, and behaviours and determinants (i.e. the risk and protective factors) that can be influenced through intervention activities.
- Identify sources of data on youth needs, and tools that can be used to elicit youth perspectives and inform programming.
- Review an example of data collection on young people from KAP, and other experiences in the region.

Materials

- PowerPoint: 4A Working with YKAP at a Local Level
- Six programme cards
- Four participatory data collection tools
- Video: Getting it Right: Finding out about Cambodia’s At Risk and Vulnerable Young People (optional)

Brief session description

This session highlights the importance of knowing your local epidemic to inform appropriate programming. This includes specific information about adolescent and young people from KAP to inform policy and programmes. It addresses ethical considerations to keep in mind when engaging young people (including attention to confidentiality, privacy and safety), and suggests practical tools on ethical considerations that can be used in local settings. An interactive exercise enables participants to practice using several tools for eliciting information and perspectives from young people from KAP. A country example from Cambodia is showcased.
Trainer instructions

Use PowerPoint 4A Working with YKAP at a Local Level to guide this session. The PowerPoint covers the points below and inputs from participants at different stages of the presentation, and interactive activities to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific and up-to-date data.

Outline of PowerPoint:

- Provides information on how to identify the HIV priority or problem for young people and its determinants.
- Explores mechanisms to involve stakeholder and youth involvement in programming.
- Showcases participatory tools to involve youth in data collection and to inform project design.
- Provides opportunities to practice setting programme goals and objectives.
- Discusses the challenges in recording data for YKAP.
- Showcases some examples of data collection with, and on, young people from KAP, including a video from Cambodia.
- (Optional) You may also choose to nominate participants to present YKAP data collection studies they have been involved within their respective countries. Emphasize the importance of presenting the methods as well as the results.

Activity 1 🤼♀️
Youth Participation – Getting the Right Mix

a. Divide the class into five groups and give each group one of the following programmes (see handouts):
   1. Your organization is planning on providing a drop in centre for young homeless girls in the area.
   2. Your organization wants to design a programme that responds to young men selling sex to men in the area. It is thought that many of these young men live and work around the train station.
   3. Your organization would like to provide services to the local young transgender population. Many, but not all, of the local young transgender people are thought to sell sex.
   4. Your organization plans to provide care and support services for young people living with HIV in the local area.
   5. Your organization plans to provide harm reduction services that cater especially to the needs of young women who inject drugs.

b. Use the matrix below to determine who they will work with to inform their programme, i.e. what youth etc.
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
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<tr>
<td>Location</td>
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</tbody>
</table>

**Activity 2 🍜**

**Achieving programme goals and objectives**

a. Break the room into five groups.

b. Allocate each of the five groups one of the tools (one will be used twice). Ask them to think about the programmes they were allocated to in the previous activity, and use the tool to pretend they are working with young people to work towards a goal, and identify the strengths and barriers to achieving these goals.

c. Ask each group to present and summarize their activity.
### Criterion Parameters Rationale

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Parameters</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
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<td>Educational status</td>
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<td>Ethnicity</td>
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<tr>
<td>Location</td>
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</tbody>
</table>

Your organization is planning on providing a drop in centre for young homeless girls in the area.

Your organization wants to design a programme that responds to young young men selling sex to men in the area. It is thought that many of these young men live and work around the train station.

Your organization would like to provide services to the local young transgender population. Many, but not all, of the local young transgender people are thought to sell sex.

Your organization plans to provide care and support services for young people living with HIV in the local area.

Your organization plans to provide harm reduction services that cater especially to the needs of young women who inject drugs.
Recommended resources


www.unfpa.org/public/publications/pid/1325

www.iyfnet.org/sites/default/files/WW_Youth_Participation.pdf


Learning objectives

- Explore behavioural intervention models and the evidence supporting effective behavioural interventions with young people and adolescents.
- Question the effectiveness of prevention through behavioural interventions for young people.
- Participants should be able to describe two models of understanding behaviour change and analyse the role they play in assisting young people to adopt safer behaviours.

Materials

- PowerPoint: 4B Behavioural Change Interventions
- Handouts: Case studies

Brief session description

The session introduces the participants to behaviour change theories. It highlights the complexity and multiplicity of the factors that influence behaviours, and the elements required to sustain behavior change. It uses case studies of YKAP to draw out key points needed for promoting behaviour change (i.e. risk reduction) among YKAP.

Trainer instructions

Use PowerPoint 4B Behavioural Change Interventions to guide this session. The PowerPoint covers the points below and prompts an interactive activity to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific and up-to-date data.

Outline of PowerPoint:

- Provides an overview on theories behind behaviour change.
- Explores the elements of behaviour change, and the different stages involved.
- Highlights how a focus on individual behaviour change can be limiting and that interventions at multiple levels are necessary for sustained behavior change.
- Provides an outline of the behaviour change cycle.
- Defines enablers and barriers, and what is involved in creating an enabling environment to facilitate behaviour change.
Activity 1  
Understanding behaviour change
This activity highlights that behaviour change and problem solving need to come from young people themselves, and that as ‘public health professionals’ we cannot make people change behaviours and solve their problems unless they want to and the change is self-initiated.

a. Divide participants into groups of four or five and give each a case study (a scenario of a young person) – provided below.
b. Ask groups to consider their character and answer the following questions:
   • What is the old behaviour – unsafe (may be multiple)?
   • What is the new behaviour – safe (may be multiple)?
   • Where are they at in the stages of the behaviour change cycle?
   • What types of interventions/services might be useful for them to move to the next stage?
   • At a national programme level, what can you do to enhance enablers and remove barriers?
c. Ask each group to present to the plenary with the facilitator drawing key conclusions from the discussion.

Trainer tip: The case studies are designed to provide a snapshot of a young person’s life. Encourage participants to consider what might be the underlying contextual and ecological factors that contribute to these behaviours. (i.e. vulnerabilities as well as strengths at the family, community, systems and society levels)
Suresh
You are Suresh, a 21 year old male, and have recently been discharged after 25 months in a drug rehabilitation centre. After two days you run into an old drug-using friend and before you know it you have shared a shot of heroin with him. You only had one syringe and shared that too.

Win Mar Oo
You are Win Mar Oo, a 17 year old female who sells sex on the street. You want to use condoms to protect your health and not get pregnant, but you never have because you do not know where to get them from, and you are too scared to go to a shop/service and ask for them.

You start to ask other sex workers where they get their condoms from so you can find out if there is a non-judgmental place to access them.

Rajkumar
You are a 15 year old boy, Rajkumar. You inject drugs with your friends and always share equipment because it is part of the ritual and belonging to the group. Someone has told you that by sharing equipment you could catch a disease and this worries you. You start to think about whether you should continue sharing or use your own syringe.

Ping
Your name is Ping, you are a 17 year old Kathoey (Transgender) and you have sex with men on a regular basis. You never used condoms, but then you got an STI and went to a clinic that treated your STI and taught you how to use condoms and lubricant, and how to negotiate condom use with your partners. A few nights later you meet a man and have sex with him and use a condom for the first time.

Kik
Your name is Kik, you are 19 year old sex worker who when you first started sex work two years ago, you never used condoms. Recently you have been talking with peer educators about how to negotiate condom use and say no to sex without condoms. You started using condoms three months ago and now you use them every time you have sex with clients.
Recommended resources


Learning objectives

- Recall the importance of evidence to guide HIV prevention activities and policies.
- Explore the latest evidence to support HIV prevention interventions in youth and adolescents.
- Identify interventions that require further research before they can be considered evidence-based.

Materials

- PowerPoint: 4C Evidence of Effective Programmes
- Paper and pens
- List of interventions (handouts)
- Whiteboard

Brief session description

This session draws on previous sessions in particular 3B Core Principles of Evidence-Based and Effective Responses, 3C Field Visit, 4A Working with YKAP at Local Level; and 4B Prevention Through Behavioural Interventions. It reminds participants that the evidence base is growing on effective HIV prevention interventions for young people, as well as for KAP, but that more evidence is still required on what works for YKAP. It looks at common measures of effectiveness, and reviews two programmes which have been able to demonstrate impact upon some of these measures (note that these examples can be changed to locally appropriate examples). An interactive activity encourages participants to share what they know about the effectiveness of different approaches for reaching YKAP, and examples of where these interventions have been effective. It concludes by reinforcing the importance, more than ever, of effective, evidence-based interventions in the current funding climate, and shares the new UNAIDS investment framework for the AIDS response.
Trainer instructions

Use PowerPoint 4C to *Evidence of Effective Programmes* guide this session. The PowerPoint covers the points below. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific and up-to-date data.

**Outline of PowerPoint:**

- Reminds participants that the evidence base is growing on effective interventions for young people, and for KAP, but that more evidence is still required for young people from KAP.
- Considers different indicators of programme success.
- Showcases effective programmes from Thailand, *Youth Friendly Health Services: Lovecare*, and Viet Nam, *Mass media HIV Awareness Strategy* (these can be replaced with other local models).
- Introduces an exercise for participants to share their understanding of the evidence base for prevention interventions, and examples of how they have been used to reach young people from YKAP.
- Introduces the importance of strategic investments given the current financial environment.

1. *Youth-Friendly Health Services: Lovecare, Thailand*

In Thailand, a number of campaigns have been urging the public, especially adolescents, to prevent HIV as well as other types of STIs. The Love Care Station is one programme aiming to reduce STI infections and build knowledge and skills among adolescents and young people on how to love and care for themselves when it comes to their own sexual health.

Love Care Station is an initiative of the *Program for Appropriate Technology in Health (PATH)* and supported by *UNFPA*, to create friendly services for youth. The Love Care Station is friendly to youth when compared to other types of existing services. Services are free of charge and confidential. Adolescents can walk in or use the service stigma-free because the centre gives comprehensive services, not just those related to STIs. It gives counselling regarding family planning, as well as providing pap smear and HIV tests. Some of the services are available online at its official site (www.lovecarestation.com) including online counselling.
2. Mass media HIV Awareness Strategy, Viet Nam

In Viet Nam, the Ministry of Health, with support from the Asian Development Bank, worked in consultation with young people to develop a creative media campaign aimed at encouraging young people to practice safer sex and to be tested for HIV. The ‘TV Spots’ were aired regularly on popular TV stations.

The project’s mass media strategy was built around the coordinated and reinforced use of a television drama series, radio phone-in programmes, radio spots, youth-focused documentaries and television spots. Messages delivered via television spots are designed to stimulate behaviour change among high-risk youth and maintain risk-reductive behaviours among mainstream and vulnerable youth.


Examples of these advertisements can be found at: www.youtube.com/watch?v=DhXmAG4cN2g

Activity 1

Prevention interventions for YKAP

a. Divide participants into groups of four or five. Each group will be given one of the HIV prevention interventions from the list below. They will be asked, based on their experience and the evidence that they are aware of, to determine:
   • Is this an effective and appropriate HIV prevention intervention for YKAP?
   • Does it ever work?
   • When does it work well?
   • When doesn’t it work well?
   • Do you know examples where these interventions have been effective? How?
   • Do you know examples where these interventions have been ineffective? How?

b. The groups will present their interventions one by one adding it to a common whiteboard, and describing whether their intervention is useful, when it is useful, and when it is not useful.
<table>
<thead>
<tr>
<th>Peer education</th>
<th>Abstinence promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEC materials</td>
<td>Needle and syringe programmes</td>
</tr>
<tr>
<td>Compulsory drug detention and rehabilitation centres</td>
<td>HIV counselling and testing</td>
</tr>
<tr>
<td>100 per cent condom campaign</td>
<td>Mass Media HIV awareness strategies</td>
</tr>
<tr>
<td>Condom promotion</td>
<td>Drug supply reduction</td>
</tr>
<tr>
<td>Life skills training</td>
<td>Vocational training</td>
</tr>
<tr>
<td>Youth-friendly health care services</td>
<td>Opiate substitution therapy</td>
</tr>
<tr>
<td>Counselling for young MSM to change their sexual orientation</td>
<td>Sex worker collectivism and empowerment</td>
</tr>
<tr>
<td>Family planning services</td>
<td>Religious instruction</td>
</tr>
<tr>
<td>Treatment for prevention</td>
<td></td>
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</tbody>
</table>
Recommended resources


www.unicef.org/sowc2011


www.unfpa.org/public/iattyp


**Good websites**

UNFPA. Preventing HIV/AIDS. Young People: The Greatest Hope for Turning the Tide
www.unfpa.org/hiv/people.htm

Interagency Youth Working Group: Resources on Youth Reproductive Health and HIV/AIDS
http://info.k4health.org/youthwg/prog_areas/youth-friendly.shtml
Section 4: Learning from and Building the Evidence Base

Learning objectives

- To understand the significance of including young people, as well as young people from KAP, in national policies and plans across sectors.
- To look critically at national plans and examine where there are gaps/needs for prevention, treatment and care with YKAP (including health, legal representation, occupational health and safety, social services, protection from violence, links to networks and relevant support groups, etc).
- To design and critique a comprehensive service package to address the identified gaps.
- To prepare a presentation outlining a plan to address the most pressing needs (to be presented on Day 5).

Materials

- PowerPoint: 4D Analysis of National Policies and Plans with a YKAP Lens
- Whiteboard and markers
- Paper and pens
- Scenarios
- Participants’ homework (national plans and policies)

Brief session description

This session considers the importance of different national policies and plans in prioritizing interventions, creating a supportive environment, and addressing the needs and rights of young people, including young people from KAP. It reviews how YKAP figure in some policies and plans in the regions, including promising examples and identified gaps. It includes an interactive exercise to enable participants to review how YKAP are addressed in their national strategic plan (or other policies or plans, if preferred by participants). It also enables participants to consider how they will apply what they have learned during the course to address any identifiable gaps.

Trainer instructions

Use PowerPoint 4D Analysis of National Policies and Plans with a YKAP Lens to guide this session. The PowerPoint covers the points below and prompts two interactive activities to engage participants and encourage critical thinking. Where appropriate, additional notes are provided under the PowerPoint slides to guide the presentation. Please thoroughly review and adapt the PowerPoint to ensure it includes relevant examples and location-specific and up-to-date data.
Outline of PowerPoint:

- Highlights the importance of different sectoral national policies and plans as guiding frameworks for meeting the needs of young people from KAP.
- Considers how YKAP figure in some policies and plans, and looks in particular at the country case study of Bhutan. *(This can be adapted if other country examples are available)*
- Provides an opportunity for participants to analyse their national strategic plans and identify any gaps.
- Provides an opportunity for participants to identify YKAP issues that need to be addressed and to outline the steps required.

Activity 1

National HIV Strategic Plans for YKAP

a. Ask participants to break up into their country groups and use the country snapshots prepared on Day 1 and their National HIV Strategic Plans (or other policies or plans of interest) to examine the following questions:
   - What are the strategic priorities for YKAP as noted in your National HIV Strategic Plan?
   - Where are the gaps? How will you address these gaps?

b. Ask groups to consider:
   - Data required to make better decisions
   - Partnerships (e.g. within the UN family, vulnerable and affected communities, governments, NGOs, donors etc.)
   - Capacity building requirements
   - Priorities, timeframe (advocacy, funding)
   - Existing programmes that can be adjusted, new programmes that are required

c. In light of the priorities and gaps that they have brainstormed, ask groups to devise a national plan which they will present to the group on Day 5. They need to answer the following questions in their plan:
   - What are three of the most pressing issues you need to address with regard to YKAP in your country?
   - What are three things you are going to do within four months of returning to work?
   - Outline the tangible steps to make this happen.

d. Country group presentations will happen in the afternoon of Day 5. Participants may use the evening to work on their presentations. Groups have a maximum of 10 minutes to present and use no more than four PowerPoint slides. This encourages them to be succinct and clear with their plan.
Recommended resources


www.investinginyouthpolicy.com

http://unesdoc.unesco.org/images/0013/001345/134502e.pdf

Good websites
• AIDS Data Hub, www.aidsdatahub.org
• K4 Health Youth Policy Tool Kit,
  http://archive.k4health.org/toolkits/youthpolicy
• Investing in Youth Policy, www.investinginyouthpolicy.com
Learning objectives

- Discuss strategies for integrating SRH and HIV programmes, and identify the benefits of this approach for key affected adolescents and young people.
- Look at the importance of including the partners of YKAP in programming responses.
- Demonstrate an understanding of the need for linkages to other services for YKAP for a holistic approach to their needs.
- Discuss strategies for providing support to young parents living with HIV.

Materials

- PowerPoint: 5A Integration of HIV Services with Other Services
- Whiteboard and whiteboard markers
- Butcher paper and pens for small group work
- Copies of handout

Brief session description

The content of this session is designed to get participants to think of the broader programme requirements that need to be integrated with HIV services. In particular, a focus on sexual and reproductive health needs of YKAP and their partners.

It will identify alternative approaches including the integration of sexual and reproductive health programmes, including maternal health and PPTCT programmes and HIV programmes. The session will explore the need for linkages to other services for young people including drug treatment, mental health and social protection as well as the particular needs of young people living with HIV.

Trainer instructions

Use PowerPoint 5A Integration of HIV Services with Other Services to guide this session. The PowerPoint covers the points below and prompts one interactive activity designed to highlight the broad needs of YKAP groups and the need to plan and address more than just HIV services.
Outline of the PowerPoint:

- Needs of YKAP in terms of sexual and reproductive health, family planning, emergency contraception and other contraceptives types, maternal health services, services for young people living with HIV and the rationale behind these needs.
- Considering YKAP as parents.
- The UN Interagency Task Team’s four pronged strategy for preventing the transmission of HIV to children.
- Specific considerations for working with young people living with HIV.
- What happens when young people living with HIV want to/do not want to become parents?

Activity 1 Holistic services for YKAP

This activity gets participants to practice and demonstrate their knowledge on broadening responses beyond HIV services to include addressing broader needs.

a. Split participants into groups (up to 10 groups depending on the class size).
b. Each group is allocated one of the handout case studies. Please adapt names to fit a local context, without pinpointing any participants in the course.
c. Each group is asked to develop strategies that would provide this young person with the services they require at this particular point in their life. They are asked to think about:
   - What services could they be offered?
   - Where would this person be likely to seek the information and services they require?
   - How would they know where to go?
   - Are these services available at the facility they are likely to attend? If not, are they likely to be referred?
   - How can we make it more likely that they will be able to access the care they need?
   - What is the role of the young person’s partner in this case (if they have a partner)? How could the strategies incorporate their partners?
d. Reflect on the strategies identified by the groups and use the PowerPoint to sum up key points about the integration of SRH, MCH and HIV programmes.

Trainer tip: This activity gives participants an opportunity to consider the broad spectrum of services that young people from KAP require. Obviously, these short profiles do not provide background on the personal, community, societal and additional factors that influence risk and vulnerability. Remind participants that good service provision and its effectiveness depend on holistic and skilled assessments undertaken in dialogue with the client, his/her family (where relevant), and key individuals in their lives.
Kik is a 19 year old man who has recently started an intimate relationship with a trusted male partner. He was recently tested and found that he was HIV positive.

Saravan is a 20 year old man who injects amphetamines and now has a girlfriend. Her family wants him to have a pre-marriage HIV check-up before they get married.

Tong is a 19 year old man who has had sex with three men in the last six months. He has just started having anal discharge and is scared to go to a doctor.

Eva is an 18 year old migrant woman sex worker who wants to obtain contraception. She lives in the poor area of a large town.

Andi is a 19 year old man who has sex with men and is worried about a penile ulcer that he has had for several weeks. He has not told his wife he has sex with men or has the ulcer.

Pong is a 19 year old sex worker who has just been for a VCT, and has been informed she has HIV. She is married and she wants to have children one day.

Kumar is a 22 year old injecting drug user who has just been told he has HIV. His young wife is two months pregnant. She has not been tested for HIV.

Alisha is a 17 year who sells sex, she has pain in her abdomen and it hurts when she urinates.

Trinh is a 17 year old who sells sex who has just realized she is six weeks pregnant. She did not plan on having a baby. She has never had an HIV test.

Uma is an 18 year old, married, and an injecting drug user. She left home when she was 13 and has had a range of undiagnosed mental health issues. She has recently experienced severe weight loss, cannot sleep and cries a lot.
Recommended resources


http://books.nap.edu/catalog.php?record_id=13128


Women of the Asia Pacific Network of People Living with HIV, *Positive and Pregnant: how dare you*, ‘A study on access to reproductive and maternal health care for women living with HIV in Asia, Findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam, Bangkok, March 2012.


http://whqlibdoc.who.int/publications/2008/9789241597098_eng.pdf


Learning objectives

- Review promising programmes in the region that are working to mitigate vulnerability at various levels.
- Evaluate components of success, as identified and discussed in earlier sessions.

Materials

- PowerPoint: 5B Promising Programmes-SMARTgirl (optional)
  Promising programmes - SMARTgirl.ppt (optional) and video link: www.youtube.com/watch?v=d60UMhBZNQo&noredirect=1
- PowerPoint: 5B Promising Programmes-Strategic Information for Most-At-Risk Young People, Example: The Philippines (optional)
- PowerPoint: 5B Promising Programmes-YouthLEAD (optional)
- Video (2011) A sample of promising programmes with YKAP from the Asia Pacific Region (optional)
- Other presentations on relevant local promising programmes (from participants)
- Paper
- Pens

Brief session description

This session seeks to review the structural, situational and individual factors that contribute to, and mitigate, HIV vulnerability in young people. In this sense, it works as a way to draw together the key messages of the course. It focuses on regional examples of promising projects or programmes that have been operative somewhere across the spectrum from the structural to the personal. Some of the examples will be provided by the course facilitators but where possible these will be drawn from the course participants, with participants identified and invited in advance of the session so they can attune their example to the course.
Trainer instructions

Talk generally about promising programmes and programmes that are working to mitigate vulnerability at various levels, referring back to the ecological model on the wall to highlight at what level this intervention is targeted. Five resources are provided as possibilities to present:

- PowerPoint: 5B Promising Programmes-SMARTgirl
- PowerPoint: 5B Promising Programmes-Strategic Information for Most-At-Risk Young People, Example: The Philippines (optional)
- PowerPoint: 5B Promising Programmes-YouthLEAD (optional) and video link: www.youtube.com/watch?v=d60UMhBZNQo&noredirect=1
- Video (2012) A sample of promising programmes with YKAP from the Asia Pacific Region: http://www.youtube.com/watch?v=SndsKD1kaN0

It is more important for participants themselves to present a promising programme they are working on. This should be prepared in advance, with up to four participants allocated 15 minutes each to present. As participants are presenting, ask the bigger group to reflect back on where this programme fits into the ecological model.

Make a link to the next section (5C) in which country groups will present their country plans that were prepared during session 4D.

**Trainer tip:** Have participants refer back to the ecological model to consider at what level(s) these interventions are operating. Encourage them also to include data and indicators to measure success, and to refer back to other the elements identified as components of success in sections 3B, 4A, 4C and 4D. Try to bring in a range of programmes that address different key populations, and different age ranges within those populations. Encourage participants from all sectors (i.e. government, civil society, development partners, etc.) to present, and if possible young people working with, and for, KAP to share their programme experience.
Learning objectives

- Consider how learnings from this course will feed into future work.
- Outline key priorities at country or local level.
- Encourage participants to think critically about their colleagues’ plans.

Materials

- Country Group PowerPoints (Prepared in Session 4D)

Brief session description

In this session, country groups are allocated 10 minutes each to present their Country Plans which were devised in Session 4D. It provides an opportunity for participants to think seriously about how they will take what they have learned from the course and apply this in their work. It also provides an opportunity for participants to assess and critically appraise the proposals of their peers.

Trainer instructions

Invite groups to present for 10 minutes on their Country Plans prepared in Session 4D. As outlined in Session 4D, presentations should cover:

- What are three of the most pressing issues you need to address with regard to YKAP in your country?
- What are three things you are going to do within four months of returning to work?
- Outline the tangible steps to make this happen.

Encourage the wider group to ask questions of the presenters and provide positive and productive feedback to each group. Where possible, prepare questions in advance to suit the country or area context.
Learning objectives

- To wrap up the course for participants.
- To thank participants and trainers for their participation in the course.
- To gather feedback from participants about their experiences and learning outcomes.

Materials

- Course evaluation template
- Certificates (optional)

Brief session description

This session is to close the course. It should allow time for comments from participants and to address any unfinished conversations from the training period. Getting official feedback from the participants is another important aspect of this session.

Trainer instructions

This session provides an opportunity for participants to ask questions and reflect on the course.

It should be a dynamic and flexible session that provides sufficient time for participants to raise any unfinished business. When possible, create a list in advance of previous topics or questions that might need further elaboration.

Thank all the participants and facilitators for their time and effort throughout the training. If appropriate and requested, provide an opportunity for participants to exchange contact details with each other.

If you have prepared certificates for the course, now is the time to share them.

Finally, ask every participant to fill in an evaluation form before leaving. Emphasize the importance of this for facilitator feedback and future courses. Highlight that the evaluation will be confidential and anonymous, and is used to improve future versions of the course.
End of Workshop Participant Feedback

Understanding the Focus on Young People from Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics

Please assess the course to help to improve future workshop. Please fill in the circle completely (●). If you wish to change an answer, place an X over the unwanted mark and fill in the circle indicating your preferred answer. Please choose only one answer per question. This evaluation is private and confidential.

Date: ______________________

What is your sex:
1 ( ) Female 2 ( ) Male 3 ( ) Transgender

What is your organization:
1 ( ) UN 2 ( ) Government 3 ( ) Non-Government 4 ( ) Other ________

What is your primary function in the organization:
1 ( ) Management 2 ( ) Programme 3 ( ) Technical ________ 4 ( ) Service Provider 5 ( ) Other ________

USING THE SCALE RATE EACH QUESTION/STATEMENT BELOW

1. To what extent did the workshop fulfill your learning needs?

Not at All Average Completely
1 2 3 4 5

2. To what extent did the workshop achieve its stated objectives?

Not at All Average Completely
1 2 3 4 5

3. How would you rate the relevance of workshop content to your work?

Very Poor Average Completely
1 2 3 4 5

4. How would you rate the order in which the content was presented?

Very Poor Average Completely
1 2 3 4 5
5. How would you rate the **methods used** during the workshop?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Completely</th>
<th>5</th>
</tr>
</thead>
</table>

6. How would you rate the **additional reference materials** provided?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Completely</th>
<th>5</th>
</tr>
</thead>
</table>

**USING THE SCALE RATE EACH QUESTION/STATEMENT BELOW**

7. How would you rate the overall **quality** of the workshop?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Completely</th>
<th>5</th>
</tr>
</thead>
</table>

8. How would you rate the overall **usefulness** of the workshop?

<table>
<thead>
<tr>
<th>Very Poor</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Completely</th>
<th>5</th>
</tr>
</thead>
</table>

9. **My knowledge/skills increased** as a result of this workshop.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Strongly Agree</th>
<th>5</th>
</tr>
</thead>
</table>

10. The knowledge/skills gained in this workshop are **applicable to my job**.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Strongly Agree</th>
<th>5</th>
</tr>
</thead>
</table>

To assess facilitators performance, please rate each aspect below with respect to quantity.

11. The facilitators were consistently **well-prepared**?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Strongly Agree</th>
<th>5</th>
</tr>
</thead>
</table>

12. The facilitators made me feel free to **ask questions**?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>Average</th>
<th>3</th>
<th>Strongly Agree</th>
<th>5</th>
</tr>
</thead>
</table>

13. The facilitators **responded to participants’ questions and comments**?

| Strongly Disagree | 1 | Average | 3 | Strongly Agree | 5 |
14. What knowledge/skills acquired from the workshop will you now apply on the job? *(List the three most important)*
14.1.
14.2.
14.3.

15. What type of support would you need to apply in the workplace for the newly acquired knowledge/skills?

16. What would you recommend to improve this workshop in the future?

USING THE SCALE RATE EACH QUESTION/STATEMENT BELOW

17. How would you rate the workshop facility?

18. How would you rate the accommodation?

19. How would you rate workshop logistics and administration?

20. How would you rate the IT support?
### Agenda at a Glance

#### Understanding the Focus on Young Key People from Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics

<table>
<thead>
<tr>
<th>Time</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30-9.00</td>
<td>Opening, Introduction, Objectives, Expectations</td>
<td>Reflections</td>
<td>Reflections</td>
<td>Reflections of Field Visit</td>
<td>Reflections</td>
</tr>
<tr>
<td>9.00-10.30</td>
<td>1A: Adolescents and Young People: Definitions, Risks and Labels</td>
<td>2A: Young People and Sex</td>
<td>3A: Justice, Laws and Incarceration of Young People: The Link with HIV</td>
<td>4A: Working with YKAP at a Local Level: Collecting Information to Guide Programming</td>
<td>5A: Integration of HIV Services with Other Services for YKAP</td>
</tr>
<tr>
<td></td>
<td>10.30-11.00 Morning Tea</td>
<td>11.00-12.30</td>
<td>1B: Data at a Glance Adolescents, Young People and HIV: Who Are YKAP?</td>
<td>2B: Gender, Young People and HIV</td>
<td>3B: Core Principles of Evidence-Based and Effective Responses for YKAP</td>
</tr>
<tr>
<td></td>
<td>12.30-1.30 Lunch</td>
<td>1.30-3.00</td>
<td>1C: HIV Epidemiology Update – Asia Pacific</td>
<td>2C: Young People, Drug Use and HIV</td>
<td>3C: Field Visit</td>
</tr>
<tr>
<td></td>
<td>3.00-3.30 Afternoon Tea</td>
<td>3.30-5.00</td>
<td>1D: Frameworks and Models to Inform Programming</td>
<td>2D: Applying a Human Rights-Based Approach to Young People and HIV</td>
<td>3D: Field Visit</td>
</tr>
</tbody>
</table>

#### 10.30-11.00 Morning Tea

- 1B: Data at a Glance Adolescents, Young People and HIV: Who Are YKAP?
- 2B: Gender, Young People and HIV
- 3B: Core Principles of Evidence-Based and Effective Responses for YKAP
- 4B: Prevention Through Behavioural Interventions
- 5B: Addressing HIV among YKAP

#### 12.30-1.30 Lunch

- 1C: HIV Epidemiology Update – Asia Pacific
- 2C: Young People, Drug Use and HIV
- 3C: Field Visit
- 4C: What’s the Latest Evidence to Support HIV Prevention Interventions?
- 5C: Country Presentations

#### 3.30-5.00

- 1D: Frameworks and Models to Inform Programming
- 2D: Applying a Human Rights-Based Approach to Young People and HIV
- 3C: Field Visit
- 4D: Analysis of National Policies and Plans with a YKAP Lens
- 5D: Evaluations/What Happens Now?
### Detailed Training Schedule Overview

**Understanding the focus on Young People from Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics**

<table>
<thead>
<tr>
<th>Section 1. Theme: Epidemiology and Context</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Opening, Introductions, Objectives and Expectations</td>
</tr>
<tr>
<td><strong>1A: Adolescents and Young People: Definitions Risks and Labels</strong></td>
</tr>
<tr>
<td><strong>1B (a): Data at a Glance</strong></td>
</tr>
<tr>
<td><strong>1B (b): Adolescents, Young People and HIV: Who Are YKAP?</strong></td>
</tr>
<tr>
<td><strong>4</strong> 1C: HIV Epidemiology Update – Asia Pacific</td>
</tr>
<tr>
<td><strong>5</strong> 1D: Frameworks and Models to Inform Programming</td>
</tr>
</tbody>
</table>
### Section 2. Theme: Understanding HIV Risks and Vulnerabilities among Young People

<table>
<thead>
<tr>
<th>DAY 2</th>
<th>7</th>
<th>Rapporteur Session and Debrief of Day 1</th>
<th>Reflects on Day 1 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>2A: Young People and Sex</td>
<td>Examines the reasons and ways in which young people have sex and focuses on those activities associated with risk.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Morning Tea</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>2B: Gender, Young People and HIV</td>
<td>Examines how gender interplays with HIV vulnerability for young people and adolescents. Facilitates discussion on power relationships and risky behaviours. Provides case studies and group work, and reflects on implications for practice.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>2C: Young People Drug Use, and HIV</td>
<td>Examines how drug use is linked with HIV risk and vulnerability, and evidence for interventions and policies that address these risks. Analyses the UN recommended core package of nine components for people who use drugs. Considers approaches to harm minimization for young people who use drugs.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Afternoon Tea</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>2D: Applying a Human Rights-Based Approach to Young People and HIV</td>
<td>Examine CRC principles that can guide HIV programming for children and adolescents. Explore the barriers working against the realization of rights, and the drivers supporting the realization of rights among young people from KAP. Explores the use of rights-based approaches in addressing the needs of YKAP.</td>
<td>1 hour 30 minutes</td>
</tr>
</tbody>
</table>

### Section 3. Theme: Effective Responses for YKAP

<table>
<thead>
<tr>
<th>DAY 3</th>
<th>13</th>
<th>Rapporteur Session and Debrief of Day 2</th>
<th>Reflects on Day 2 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</td>
<td>3A: Justice, Laws and Incarceration of Young People: The Link with HIV</td>
<td>Encourages participants to consider the linkages between how their country or setting responds to young people who come in conflict with the law, and how this relates to HIV risk and vulnerability.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Morning Tea</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>3B: Core Principles of Evidence-Based and Effective Responses for YKAP</td>
<td>Reviews the evidence on what works with young people from KAP. Highlights tools and guidance on programming. Considers programme components that will expand availability, accessibility, affordability, acceptability and quality of prevention tools among YKAP.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>3C: Field Visit</td>
<td>Provides an opportunity to visit a local site hosted by a local agency. Reflects on approaches, objectives and strategies. Addresses key questions such as: What is the programme for? How are YKAP involved? What did it take to set up? What data is being collected and how is it used? What impact is it having?</td>
<td>3 hours</td>
</tr>
</tbody>
</table>
### Detailed Training Schedule Overview (continued)

#### Section 4. Theme: Learning from and Building the Evidence Base

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Rapporteur Session and Debrief of Day 3</td>
<td>Reflects on Day 3 of the training, including sharing the outcomes of the local site visit. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.</td>
<td>30 minutes</td>
</tr>
<tr>
<td>18</td>
<td>4A: Working with YKAP at a Local Level: Collecting Information to Guide Programming</td>
<td>Explores methods of working with young people in local settings to collect evidence about their needs, and to use evidence for programming.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>19</td>
<td>4B: Prevention through Behavioural Interventions</td>
<td>Explores behavioural intervention models and the evidence supporting effective behavioural interventions with young people and adolescents.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>20</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>4D: Analysis of National Policies and Plans with a YKAP Lens</td>
<td>Participants use their ‘homework’ and national strategic plans to highlight gaps in terms of YKAP and to outline a plan of action.</td>
<td>1 hour 30 minutes</td>
</tr>
</tbody>
</table>

#### Section 5. Theme: Applying Approaches in Programming, Policy and Practice

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Rapporteur Sessions and Debrief of Day 4</td>
<td>Reflects on Day 4 of the training. Identifies points for clarification and recalls major themes and messages. Participants outline how they will apply learning to their contexts and challenges.</td>
<td>30 minutes</td>
</tr>
<tr>
<td>23</td>
<td>5A: Integration of HIV Services with Other Services for YKAP</td>
<td>Examines sexual and reproductive health, maternal child health, and HIV needs of YKAP and explores appropriate strategies for this group.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>24</td>
<td>5B: Addressing HIV among YKAP Summary Overview and Promising Examples</td>
<td>Provides examples of approaches that have, and have been, effective in reducing the vulnerability of young people and adolescents to HIV. Provides an opportunity to hear from promising programmes that participants are working on.</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>25</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>5D: What Happens Now? Closing</td>
<td>Reflects on the training content and how participants may incorporate and mainstream what they have learnt into their work. Course evaluation/reflections/wrap up/photos and certificate presentations.</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>

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Understanding the Focus on Young People from Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics
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