## Essential minimum package ALHIV service provision: Community level

<table>
<thead>
<tr>
<th>Partner or Actor</th>
<th>Minimum components</th>
<th>Key Activities</th>
<th>Key Accountable</th>
<th>Key Technical Partner(s)</th>
<th>Existing Tools</th>
<th>Missing Tools/ Gaps</th>
<th>Monitoring Indicator(s)</th>
</tr>
</thead>
</table>
| **COMMUNITY HEALTH WORKERS (CHWs)** | - Provide community-based HCT  
   - Support treatment and care of ALHIV | - HIV testing and counselling with referral of ALHIV to health facilities  
   - Treatment, care and support for ALHIV, including a focus on adherence and disclosure  
   - Support for families and care-givers | - MOH  
   - CBOs  
   - Community-based HCT service providers  
   - CHWs | - WHO, UNICEF  
   - NGOs  
   - FBOs | - Guidance on role of CHWs | | Number of adolescents tested  
   Monitoring activities of CHWs |
| **TRADITIONAL, CULTURAL AND COMMUNITY LEADERS** | - Create an enabling environment (challenging stigma and fostering change)  
   - Ensure implementation of services in line with national laws and policies | - Promote uptake of HCT services  
   - Mobilize support for ALHIV  
   - Create awareness for social change to eliminate stigma  
   - Strengthen local councils to protect ALHIV  
   - Monitor programme implementation | - Local government  
   - Cultural and religious organizations at local level | - Media (including traditional media) | See table | Utilization of services  
   By-laws protecting ALHIV  
   Community involvement |
<table>
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<tr>
<th><strong>SCHOOLS</strong></th>
<th><strong>Recommendations</strong></th>
<th><strong>Role</strong></th>
<th><strong>See table</strong></th>
<th><strong>Schools</strong> integrating PLHIV needs into school health policy</th>
<th><strong>Countries revising curriculum to include comprehensive sexuality education</strong></th>
<th><strong>HCT in schools</strong></th>
</tr>
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<tbody>
<tr>
<td>• Promote HIV status awareness</td>
<td>• Provide Universal access to quality education</td>
<td>• MOE</td>
<td>• UNESCO</td>
<td>• MOE integrating PLHIV needs into school health policy</td>
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<tr>
<td>• HCT in schools</td>
<td>• Dissemination of accurate information about HIV.</td>
<td>• School Heads Teachers</td>
<td>• UNICEF</td>
<td>• Countries revising curriculum to include comprehensive sexuality education</td>
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<tr>
<td>• Establish a supportive environment for ALHIV in schools</td>
<td>• Development of education curriculum that address SRHS.</td>
<td>• MOE</td>
<td>• CBOs</td>
<td>• HCT in schools</td>
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<tr>
<td>• Elimination of stigma</td>
<td>• Teacher sensitization and training.</td>
<td>• MOE</td>
<td>• Civil society Community leaders</td>
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<tr>
<td>• Ensure comprehensive sexuality education and facilitating access to services</td>
<td>• Provide outreach programs</td>
<td>• MOE</td>
<td>• Youth organizations</td>
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<tr>
<td>• Links with health facilities</td>
<td>• Support adherence among ALHIV</td>
<td>• MOE</td>
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<td></td>
<td>• Encouraging HCT in schools</td>
<td>• MOE</td>
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<td></td>
<td>• Support peer groups</td>
<td>• MOE</td>
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<td></td>
<td>• Referral mechanisms</td>
<td>• MOE</td>
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<td></td>
<td>• Mental, legal and social support</td>
<td>• MOE</td>
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<tr>
<td></td>
<td>• Sensitization of students on rights of ALHIV</td>
<td>• MOE</td>
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</tbody>
</table>
### COMMUNITY BASED ORGANIZATIONS

- Implement quality community ALHIV services
- Facilitate community support for all adolescents and ALHIV
- Build capacity of the community to be self-sustaining

### Promote HIV status awareness
- Adherence support
- Support for disclosure
- Sensitize community on needs of ALHIV
- Facilitate integration of ALHIV services at community level
- Collect and share data
- Hold community discussions
- Facilitate referrals to health units
- Support youth IGAs

### CBOs/NGOs
- Community Health Workers
- Health extension workers
- TBA
- Peer educators
- PLHIV/ALHIV support groups

### MOH
- NGOs
- Local politicians and community leaders

### Community-based guidelines (see table)

### Database of different providers working at different levels to facilitate follow-up and links between service providers, schools, CBOs and health facilities

### Stigma index
- Countries implementing evidence-informed protocols for adherence, disclosure, mental health, etc.
- Level of community participation
- ALHIV in leadership positions

### JUDICIAL AND LAW ENFORCEMENT SYSTEM

- Contribute to the development of laws that promote and protect the rights of ALHIV
- Enforce policies and legislation that protect the rights of ALHIV

### Sensitizing community on the rights of ALHIV
- Community level activities that develop legal literacy on: property rights, sexual abuse etc.
- Promotion of adolescents’ rights (health, food, education, identity etc.)

### Legal Aid workers
- Legislators
- Police
- Community courts

### UNICEF, ILO
- Human rights groups (CSOs)
- Law association
- Youth organization
- UN agencies
- PLHIV Networks
- Lobbying and Advocacy Groups

### Country laws and policies
- Advocacy and information materials relating to existing laws and policies

### Availability of laws that promote rights of ALHIV
- Laws and policies repealed or enacted and implemented
- Number of reported cases contravening laws
- Number of cases prosecuted
| YOUTH LEADERS | • Promote meaningful involvement of the ALHIV in leadership positions  
• Ensure respectful involvement of ALHIV in planning and implementing interventions | • Advocate/mobilize for leadership positions for young people  
• Engagement in promoting the rights of ALHIV, including their right to participate | • Youth leaders  
• Youth NGOs and CBOs | • UNICEF, UNESCO, UNFPA  
• Ministry of Youth  
• Youth NGOs | • A range of materials available on young people’s participation | • Human rights country report  
• Active involvement of young people, including ALHIV in planning and implementing interventions |
**Essential minimum package for services for adolescents living with HIV: Facility Level**

<table>
<thead>
<tr>
<th>Intervention and level</th>
<th>Minimum components</th>
<th>Key activities</th>
<th>Key accountable</th>
<th>Key technical partner(s)</th>
<th>Existing tools</th>
<th>Gaps</th>
<th>Monitoring indicators</th>
</tr>
</thead>
</table>
| HIV DIAGNOSIS          | • Active identification of ALHIV  
                          • Linkage to care, treatment and support  
                          • Elimination of stigma surrounding testing | • Provision of PICT in health facilities  
                          • Testing through PMTCT programmes  
                          • HCT available through VCT services | • Health facilities (MOH, FBO, NGO)  
                          • VCT facilities (MOH, FBO, NGO)  
                          • MOH | • MOH  
                          • FBOs, NGOs, CBOs involved with the provision of HCT  
                          • Private health facilities providing HCT | • Protocols and Guidance on PITC and client initiated HCT  
                          • Guidance on HCT for young people | • Legal barriers (informed consent for minors)  
                          • Advocacy, availability, awareness of HCT  
                          • Not always adolescent-sensitive/friendly  
                          • Linkages between testing and treatment/care/support  
                          • Policies and protocols to link HIV negative adolescents with prevention services | • Number of 10-14, 15-19 year olds who have been tested  
                          • Number of 10-14, 15-19 year olds found to be HIV positive and in treatment/care  
                          • Age disaggregation of WHO/UNAIDS indicators |
| TREATMENT, CARE AND SUPPORT (FACILITY LEVEL) | • Disclosure of HIV status to adolescent  
                          • Disclosure of HIV status to parent/care-givers, friends, etc. | • Protocols and guidance on disclosure among children and adolescents  
                          • Training staff on disclosure (to adolescents about their HIV status and to supportive adults/peers) | • Staff of health facilities working with ALHIV (doctors, nurses, counsellors) with adequate training | • Parents and care-givers  
                          • Friends and peers  
                          • Support groups for PLHIV or ALHIV  
                          • Schools | • Guidelines on positive disclosure  
                          • Guidelines on disclosure to children and adolescents  
                          • IMAI | • Lack of protocols or training on disclosing HIV status  
                          • Lack of training on helping ALHIV to disclose to potential sources of support | • Knowledge about HIV status  
                          • Disclosure to others in support network |
<p>| Recommendations of the 2nd Global Consultation on ALHIV, Kampala 2010 - Essential Minimum package for ALHIV: Facility Level |
|---|---|---|---|---|---|---|---|---|
| <strong>Prevention, early diagnosis, treatment and referral for mental ill health and psychosocial problems</strong> | <strong>Prevention and reproductive health</strong> | <strong>Prevention of unsafe sex</strong> |
| - Prevention, early diagnosis, treatment and referral for mental ill health and psychosocial problems | - Provision of a broad range of ASRH/HIV prevention IEC materials | - Prevention of unsafe sex |
| - Mental health IEC materials distribution | - Active STI screening and management | - Facility doctors, nurses and counsellors |
| - Sensitization of staff on mental illness symptoms (e.g. depression) | - Counselling on reproductive choices and contraception, and provision of family planning commodities | - UN organizations (UNFPA, WHO, UNESCO) |
| - Screening for mental health | - Condom promotion and provision of supplies (dual protection): condoms, gels, etc. | - FPA |
| - Treatment for mental health problems and counselling support | - Pregnancy testing and pregnancy care (referral) | - NGOs (FHI, IPPF) |
| - Referral for mental health services | | - Youth organizations involved with ASRH and HIV prevention |
| - Counselling support for care givers | | - MOH |
| - Staff of health facilities working with ALHIV (doctors, nurses, counsellor) with adequate training | | - MOE |
| | | | | | | | |</p>
<table>
<thead>
<tr>
<th>Facility Level</th>
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</thead>
</table>
| **Prevention, screening and treatment of opportunistic infections (OI)** | **OI screening for all ALHIV**  
**Treatment and prophylaxis for OI**  
**Availability of drugs. e.g. Cotrimoxazole, antimalarials**  
**Linkages with TB service** | **Facility doctors and nurses** | **Support groups working with ALHIV**  
**Schools** | **Available protocols and guidance on prevention and management of OIs (e.g. WHO)** |
| **HIV clinical care**  
**Monitoring of ALHIV** | **Clinical HIV staging and monitoring at each visit**  
**Growth monitoring (weight, height)**  
**Tanner’s staging**  
**Nutritional counselling**  
**Psychosocial support** | **Facility doctors and nurses** | **HCT facilities and other HIV testing facilities** | **ART Guidelines**  
**IMAI** |
| **Laboratory tests** | **Rapid HIV testing**  
**CD4, Viral load testing**  
**Dry Blood Sample (EID)**  
**Sputum smear**  
**Biochemistry (LFT, RFT)**  
**Haemoglobin concentration**  
**Other; Syphilis Pregnancy etc.** | **Facility doctors and nurses**  
**Laboratory technicians** | **Guidance on good laboratory practice** | **Availability of laboratory services and supplies**  
**Quality assurance** |
| **ART initiated**  
**Adherence to ART** | **Reliable access to first- and second-line ARVs**  
**Initiation to ART**  
**Monitoring of** | **MOH**  
**Health facility managers**  
**Facility** | **MOH,**  
**UN organisations**  
**NGOs** | **WHO ART guidelines,**  
**National ART guidelines** |
| | | | | **Health workers trained to respond to the needs of ALHIV**  
**Regular supply of ARVs** |
| | | | | **CD4/HIV staging when treatment started**  
**Number of adolescents on** |
<table>
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<tr>
<th>Recommendations of the 2nd Global Consultation on ALHIV, Kampala 2010 - <em>Essential Minimum package for ALHIV: Facility Level</em></th>
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</table>

### Essential Minimum package for ALHIV: Facility Level

**treatment failure and side-effects**
- Adherence monitoring and counselling

**doctors and nurses**

**Donors (PEPFAR)**

<table>
<thead>
<tr>
<th>ARVs</th>
<th>Number of adolescents eligible for ART initiated within a month</th>
</tr>
</thead>
</table>
| **Integration of PMTCT services with ART and other services for ALHIV** | **Provision of PMTCT services**  
- HAART prophylaxis  
- Laboratory monitoring  
- FP and nutrition counselling  
- Follow-up of pregnant ALHIV  
- Follow-up of HIV exposed infants and families (including older children) |
| **Facility doctors and nurses** | **MOH UN organizations NGOs** |
| **Available guidance on PMTCT**  
**Available guidance on linking HIV and ASRH services** | **Lack of awareness**  
**Lack of trained health workers**  
**Poor linkages between services** |
| **Rates of women attending PMTCT**  
**Infant HIV infection rates**  
**ALHIV attending PMTCT services** | **Secondary Care for a range of services (e.g. ART complications, mental health)**  
- Nutrition  
- Legal services  
- Adolescent friendly health services  
- NGOs working with/for adolescents  
- Family and community levels |
| **Facility staff and staff of referral facilities (doctors, nurses, counsellors)**  
**Community health workers** | **MOH UN organizations NGOs/CBOs** |
| **Existing protocols for referral between and within services** | **Availability and awareness of other services** |
| **Follow-up on referrals**  
**Routine reviews** |
## Essential minimum package for ADHIV service provision: Family level

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<tr>
<th>Partner or Actor</th>
<th>Minimum components</th>
<th>Key Activities</th>
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<th>Missing Tools (Gaps)</th>
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| PRIMARY CARE GIVER (PCG) | • Home-based management of ALHIV  
• Provide of supportive environment for ALHIV to reach full potential | • Build the capacity of families to understand HIV through training and discussion about HIV  
• Formation and promotion of peer support groups for ALHIV  
• Support families to improve communication with ALHIV  
• Strengthen life skills of ALHIV in decision-making, dealing with conflict, etc.  
• PCG peer support group to share experiences | • PCGs and other family members  
• Religious and community leaders  
• Local politicians  
• Clan/tribal leaders | • Health Care Workers  
• CHWs  
• NGOs/CSOs  
• Spiritual leaders  
• Social Services | • ‘Families Matters’ training course for parents (CDC)  
• One child at a time (FHI)  
• Pill boxes  
• Soldier game  
• Snakes & Ladders game (MSF) | • Guidance and training package on the minimum components for primary care givers | • PCGs and family members have improved knowledge of how to support adherence and disclosure  
• ALHIV received information of SRH from PCG  
• PCG’s awareness of services  
• Number of training courses run for PCGs  
• Number of PCGs trained |
| ALHIV HEADED HOUSEHOLD | • Support the ALHIV heading the household to provide care and support for his/her siblings | • Recruit and train community volunteers to mentor ALHIV  
• Regular weekly home visits for support  
• Identification of CBOs to support the ALHIV  
• ALHIV support groups  
• Trace family/relatives | • Mentors  
• Trainers and supervisors of the mentors  
• Mentors  
• ALHIV | • As above  
• As above  
• Pop Council materials from work in Rwanda on mentorship for child headed households. | | • Specific tool to meet the special needs of ALHIV headed households (for ALHIV, for mentors, for CBOs) | • Number of ALHIV heads of households receiving support |