YOUTH CARE CLUBS
A guide to implementation
ACKNOWLEDGEMENTS
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CONTRIBUTORS
Shenaaz Pahad (Wits RHI)
Ruth Henwood (Wits RHI)
Jennifer Oupe (Wits RHI)
Gayle Allen (Wits RHI)
Catherine Martin (Wits RHI)
Bafentse Moalusi (Wits RHI)
Kerry Gordon (Wits RHI)
Refilewe Mafojane (Wits RHI)

REVIEWERS
Anthony Diesel (SA Partners)
John Imrie (Wits RHI)
Moira Beery (Wits RHI)
Julia Michalow (Wits RHI)
Shamagonam James (Wits RHI)
Dora Ramogobeng (Wits RHI)
Eric Dondolo (Wits RHI)
Prosper Ndlovu (Wits RHI)
Marvellous Ngobeni (Wits RHI)
Pauline Onneile (Wits RHI)
Thabo Ziyane (Wits RHI)
Patience Moremongwe (Wits RHI)
Thandi Ndlovu (Wits RHI)
Catherine Skosana (Wits RHI)
City of Johannesburg, Region F, Department of Health
Matlosana, Dr. Kenneth Kaunda, Department of Health
Melody Joubert (Wits RHI)
Kirsten Thomson (Wits RHI)
Luyanda Zwane (Wits RHI)
# IMPLEMENTATION GUIDE PURPOSE

## INTERPRETING THE ICONS

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## YCC SCREENING QUESTIONS

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Thandi Ndlovu (Wits RHI)
Catherine Skosana (Wits RHI)
PLACE HOLDER FOR (CoJ, Region F DoH)
PLACE HOLDER FOR (Matlosana, DKK DoH)
Melody Joubert (Wits RHI)
Luyanda Zwane (Wits RHI)
The Youth Care Club (YCC) model is an adapted version of a youth club model that was developed and piloted by Medecins Sans Frontieres (MSF) and the City of Cape Town Health Department in Khayelitsha, Cape Town in 2012. The YCC model aims to improve antiretroviral therapy (ART) initiation, retention in care and adherence in HIV positive adolescents and youth. It is a group-management approach that offers a differentiated model of care for HIV positive adolescents and youth aged 12 to 24 years. YCCs offer integrated clinical and psychosocial care to closed groups of 15-20 adolescents or youth, split according to age (12-15 years, 16-19 years, 20-24 years). The YCC model includes adolescents newly initiated on ART, on ART with viral loads (VL) suppressed and on ART with VL not suppressed in one club in order to foster peer learning. Being part of a group of peers provides adolescent and youth members access to a social support network at a time of life when social peer groups are highly valued (Camara, Bacigalupe, & Padilla, 2017; Aisenson, et al., 2007). The model is aligned to and supports the objectives of the South African Department of Health National Adolescent and Youth Health Policy 2017, and the National Adherence Guidelines for Chronic Diseases (HIV, TB and NCDs) 2015.

**IMPLEMENTATION GUIDE PURPOSE**

This implementation guide is not a stand-alone product. A four-hour long YCC training must be attended before referring to this guide to implement the YCC model. The four-hour training can be split into two, two-hour long sessions. This guide can then be used in the field to facilitate implementation of the YCC model.

The information contained in this guide and through the YCC training aims to enable health care providers to:

- Understand how to work with adolescents and youth in the HIV context
- Recognise and relay the YCC model, staff roles and responsibilities and the benefits of YCCs
- Implement the YCC model in practice
- Prepare, facilitate and manage the YCC sessions
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- Understand how to work with adolescents and youth in the HIV context
- Implement the YCC model in practice
- Prepare, facilitate and manage the YCC sessions
- Recognise and relay the YCC model, staff roles and responsibilities and the benefits of YCCs

**INTERPRETING THE ICONS**
The following icons will be used throughout the module.

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Lightbulb" /></td>
<td>IMPORTANT INFORMATION</td>
</tr>
<tr>
<td><img src="image" alt="Puzzle" /></td>
<td>INDIVIDUAL ACTIVITY</td>
</tr>
<tr>
<td><img src="image" alt="Puzzle" /></td>
<td>GROUP ACTIVITY</td>
</tr>
<tr>
<td><img src="image" alt="Magnifying Glass" /></td>
<td>CASE STUDY</td>
</tr>
<tr>
<td><img src="image" alt="Pen" /></td>
<td>SUMMARY OF THE KEY LEARNING POINTS</td>
</tr>
<tr>
<td><img src="image" alt="Person" /></td>
<td>SELF-REFLECTION</td>
</tr>
<tr>
<td><img src="image" alt="Book" /></td>
<td>ADDITIONAL SOURCES OF INFORMATION</td>
</tr>
<tr>
<td>TERM</td>
<td>EXPLANATION</td>
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<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>AYFS</td>
<td>Adolescent and Youth Friendly Services are health services that are equitable, accessible, acceptable, appropriate and efficient services for adolescents and youth.</td>
</tr>
<tr>
<td>ADHERENCE</td>
<td>The degree to which a patient follows a treatment regimen which has been determined by the healthcare worker and patient.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome is caused by the HIV virus which infects the body making the immune system so weak that it is unable to protect the body from other infections.</td>
</tr>
<tr>
<td>ANTIRETROVIRAL THERAPY</td>
<td>Medicines that slow the growth of HIV in the body if taken correctly. Also known as ART.</td>
</tr>
<tr>
<td>ASYMPOTOMATIC</td>
<td>The phase during which there are no physical signs or symptoms of HIV infection as the virus is reproducing itself very slowly.</td>
</tr>
<tr>
<td>CD4 CELLS</td>
<td>A type of white blood cell that plays an important role in keeping the immune system healthy.</td>
</tr>
<tr>
<td>CD4 COUNT</td>
<td>A blood test which shows the number of CD4 cells in the body and also the body’s ability to fight diseases. The lower the CD4 count, the less capable the body is of maintaining health.</td>
</tr>
<tr>
<td>HIV</td>
<td>The Human Immunodeficiency Virus which causes AIDS.</td>
</tr>
<tr>
<td><strong>HORIZONTAL INFECTION</strong></td>
<td>The transfer of HIV that mainly occurs during sex or needle sharing as the result of contact with the semen, vaginal fluid or blood of an HIV infected person.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>OPPORTUNISTIC INFECTIONS</strong></td>
<td>Infections that would not normally cause disease in a healthy body, but which use the opportunity created by an HIV infected person’s weakened immune system to attack the body.</td>
</tr>
<tr>
<td><strong>PERINATAL INFECTION</strong></td>
<td>The transfer of HIV infection from mother to child during pregnancy, labour and delivery or breastfeeding.</td>
</tr>
<tr>
<td><strong>STI</strong></td>
<td>Sexually Transmitted Infection, e.g. HIV and gonorrhoea.</td>
</tr>
<tr>
<td><strong>STIGMA</strong></td>
<td>A negative label, picture, or feeling that degrades or devalues the character of an individual.</td>
</tr>
<tr>
<td><strong>VIRUS</strong></td>
<td>A very small, harmful organism that causes infection and disease.</td>
</tr>
<tr>
<td><strong>VIRAL LOAD</strong></td>
<td>A measurement of the amount of HIV virus in the body that uses results from a drop of blood and can range from minimal or undetectable to millions. The higher the viral load the more HIV there is in the body.</td>
</tr>
<tr>
<td><strong>VIRAL SUPPRESSION</strong></td>
<td>This means that the HIV positive person has been on ARVs for more than a year and they have a little HIV in their body and are doing well on their treatment. A viral load &lt;1000cps/ml.</td>
</tr>
<tr>
<td><strong>VIRAL LOAD UNSUPPRESSED</strong></td>
<td>This means that they have a high amount of HIV in their body, as they are still getting used to taking ARVs or they are not taking ARVs.</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

After working through this chapter you will be able to:

1. Understand the adolescent and youth context and HIV burden among this population in South Africa
2. Experience the importance and value of group work with adolescents and youth
3. Have insight into how to work with adolescents and youth
4. Have a broader perspective of the benefits and challenges adolescents, youth and the health care clinic may encounter

NOTES

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________________________________________________________________________
Adolescents and youth are not all the same. During the adolescent stage of development, adolescents and young people are undergoing physiological, cognitive, social and economic changes. This chapter provides the essentials on how to work with this diverse population by addressing the barriers to accessing health care faced by adolescents and youth. These include healthcare providers attitudes, beliefs and values towards adolescent sexuality, sensuality and health.

1.1 ADOLESCENTS AND YOUTH IN SOUTH AFRICA

**WHO ARE ADOLESCENTS AND YOUTH?**

<table>
<thead>
<tr>
<th>ADOLESCENT</th>
<th>YOUTH</th>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any person between the ages of 10-19 years, according to the World Health Organisation (WHO, 2011). It refers to the period of growth and development during these ages/years.</td>
<td>Any person between the ages of 20-24, according to the WHO (2011) and United Nations (UN, 1995).</td>
<td>Any person under the age of 18 years, according to the South African Children’s Act no. 38 of 2005.</td>
</tr>
</tbody>
</table>

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**BONGI**

**THABO**
1 IN 6 people in the world is an adolescent and 19% of them live in Africa. (WHO, 2017)

ADOLESCENTS make up 30% of the population in South Africa. (UNICEF, 2012)

91% of the world’s HIV positive children and adolescents live in Sub-Saharan Africa. (AMFAR, 2014)

HIV/AIDS is still one of the leading causes of death in adolescents in Africa. (WHO AA-HA, 2017)

Globally, HIV related deaths among adolescents have tripled since 2000, while adult deaths from HIV have decreased by 50%. (UNAIDS, 2014)

Nearly one in three new HIV infections in South Africa occur in 15-24 year olds. Adolescent girls are about eight times more likely to be infected with HIV than their male peers. (Right to Care, 2016)

1.2 WORKING WITH ADOLESCENTS AND YOUTH

South Africa is diverse with many different cultures and value systems. Even when we have the same culture, we all have our own values and beliefs. Values and beliefs are never wrong. When working with adolescents and youth, it is important to be aware that their values and beliefs might differ from your own, and this is okay!
A belief is information about an object or action that a person accepts as being true.

A value is something that is of great importance and can be formed by religious, educational and cultural factors as well as by personal experiences.

An attitude is a personally held feeling.

Each person evaluates and seeks sound reasons or evidence for beliefs in their own way.

Values are emotionally charged beliefs which make up what a person thinks are important.

Each person’s values may influence a whole range of feelings about family, friendships, career, judgements about what is right or wrong and what is good and bad behaviour.

Attitudes may be shaped by values and beliefs.

Attitudes can change a person’s behaviour.

Nelly is a healthcare worker. Read about her personal beliefs, values and attitudes and then write down your own in the space provided.

“I believe that offering condoms or other contraceptives encourages them to have sex.”

“Youth are irresponsible patients, I avoid seeing them.”

“Young people shouldn’t have sex!”

Write down a belief, value and attitude that you have here:
ACTIVITY:

What are some of the factors that influence your own beliefs, attitudes and values? Write them down in the space provided.

Read the following statements one by one and tick the happy face if you agree, the unhappy face if you disagree and the confused face if you are not sure. Think about your selections and let’s discuss.

EDUCATION

LIFE EXPERIENCE

COMMUNITY

SCHOOL

FAMILY

INDIVIDUAL & PEERS

GENDER

AGE

EDUCATION

RELIGION

CULTURE

NOTES

If a boy gives a girl a gift she has to have sex with him

You shouldn’t have sex before you get married

Adolescents are irresponsible and unreliable

Condoms are only for people who have many sexual partners

All gay people have HIV

Contraceptives encourage adolescents to have sex

Anal and oral sex are not sex
Read the following statements one by one and tick the happy face if you agree, the unhappy face if you disagree and the confused face if you are not sure. Think about your selections and let’s discuss.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>AGREE</th>
<th>UNSURE</th>
<th>DISAGREE</th>
</tr>
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<tbody>
<tr>
<td>If a boy gives a girl a gift she has to have sex with him</td>
<td>![Agree]</td>
<td>![Unsure]</td>
<td>![Disagree]</td>
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<td>![Disagree]</td>
</tr>
</tbody>
</table>
Use appropriate eye contact, gestures and verbal responses to show that you are listening. Nod your head or say “go on” to help discussion. Assure young people that they are being heard.

Do not label or judge. It blocks communication.

Do not use slang or street language if your adolescent client does not understand it.

Don't talk without listening.

Be clear in your explanations and make sure your client understands. For instance, when talking about “sex”, clarify that sex includes oral, vaginal and anal sex. Some youth engage in oral or anal sex because they do not consider it “real” sex.

Use simple language and short sentences.

Be aware of the language and slang adolescents use to discuss sexual issues. Do not generalise or assume they understand.

Make sure young clients understand what you are saying to them. They may say they know when they don’t… make sure every time.

Learn to read body language. Be conscious of what your own body language is communicating by the way you stand, sit or make eye contact.

Rather than giving orders, help adolescents and youth develop steps they can take to protect themselves.

Adolescents have rights and we need to uphold them.

Avoid using medical terms or language.

Don’t type on your workstation or do other things while listening.

Don’t frown or sit with your arms crossed in front of you, this could seem that you are angry or upset by what your client is telling you.

Do not simply ask, “Do you understand what I have said?” Client’s may be too embarrassed to admit they do not. Instead, consider asking questions that will help you determine if the young person understands.

Do not provide all the answers. Let the adolescent go through the steps themselves.

Use non-judgemental language.

Be encouraging and affirming. Use praise.

Use “active listening” by paraphrasing your clients’ statements and repeating them. This shows that you understand what your client is saying.

Think about the beliefs, attitudes and values some adolescents and youth hold. What are some of the challenges that they might encounter based on their beliefs, values and attitudes when accessing services at a health care clinic? Write down the challenges in the space provided.

In relation to beliefs, values and attitudes, what are some of the challenges that the healthcare workers might encounter in providing services to adolescents and youth? Write down the challenges in the space provided.
Good communication is the key to positive interactions with your adolescent and youth clients. This means effectively sharing information, as well as listening to the young people who come to you for support. Sometimes we need to listen more than we talk.

**WHAT WORKS**

- Use simple language and short sentences.
- Use non-judgemental language.
- Be aware of the language and slang adolescents use to discuss sexual issues.
- Be clear in your explanations and make sure your client understands. For instance, when talking about “sex”, clarify that sex includes oral, vaginal and anal sex. Some youth engage in oral or anal sex because they do not consider it “real” sex.
- Be encouraging and affirming. Use praise.
- Use “active listening” by paraphrasing your clients’ statements and repeating them. This shows that you understand what your client is saying.
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- Learn to read body language. Be conscious of what your own body language is communicating by the way you stand, sit or make eye contact.
- Make sure young clients understand what you are saying to them. They may say they know when they don’t... make sure every time.
- Rather than giving orders, help adolescents and youth develop steps they can take to protect themselves. Adolescents have rights and we need to uphold them.

**WHAT DOESN’T WORK**

- Avoid using medical terms or language.
- Do not label or judge. It blocks communication.
- Do not use slang or street language if your adolescent client does not understand it.
- Do not generalise or assume they understand.
- Don’t judge as the adolescents may not come back for follow up services.
- Don’t talk without listening.
- Don’t type on your workstation or do other things while listening.
- Don’t frown or sit with your arms crossed in front of you, this could seem that you are angry or upset by what your client is telling you.
- Do not simply ask, “Do you understand what I have said?” Clients may be too embarrassed to admit they do not. Instead, consider asking questions that will help you determine if the young person understands.
- Do not provide all the answers. Let the adolescent go through the steps themselves.

(Adapted from the South African National Department of Health, 2012)
Here are some of the factors that are important to consider when working with adolescents.

**AGE**

Parental/caregiver consent will be needed for adolescents younger than 12 years old to access certain health care services such as HIV testing and counselling (HTC). Do not make assumptions based on age about a young person’s knowledge or sexual experience.

**HIV TRANSMISSION PATTERN**

How the individual acquired HIV can affect how he or she is counselled and what information is needed. For example, those perinatally infected might be transitioning from paediatric care to adolescent care. They might have a different set of concerns and understanding about their care and treatment than someone who recently acquired HIV. Also, the issues to be addressed by someone who was horizontally infected through injecting drug use are likely to differ in some respects from those of someone infected through sexual contact or someone infected at birth.

**STAGE OF DEVELOPMENT AND MATURITY**

While development happens in stages, each young person experiences those stages in a unique way. For example, physical development and maturity might happen earlier than mental or emotional maturity. Adolescents who were born with HIV might experience both physical and cognitive delays. Young people learn to think differently as they mature; younger adolescents need concepts to be explained in a simple, concrete way, whereas older adolescents can often handle more complex information and instructions. As young people mature they take on more responsibility and have a better understanding of the results or consequences of their actions.

**GENDER**

Gender norms can affect how boys and girls view themselves and relate to others. They also affect how adolescents view their sexual roles, contraception use and decision-making, and condom use. Gender norms also affect societal acceptance of being sexually active; boys’ sexual activity is often viewed positively, whereas girls who are sexually active are often stigmatised. Gender norms can place girls at risk of sexual violence, coercion, or transactional sex (sex in return for gifts or goods such as food, money, clothes, airtime etc.) and can influence boys to engage in risky behaviours like drug and alcohol use, transactional sex, and sex without a condom.
MARITAL STATUS
Married adolescents and youth living with HIV (AYLHIV) might benefit from additional questions or discussion topics that take their married status into consideration. For example, some topics to discuss with married youth include pregnancy prevention as a couple or safer pregnancy options if they want a family; the benefits of couples counselling; and safer sex practices for married couples. Also, many married women have little power to negotiate safer sex, and their husbands might control their access to medical care. If married girls attend your group, they might need extra support.

RELIGION OR SPIRITUALITY
For some people, religion is a guiding force in their lives. AYLHIV might benefit from a religious outlook. On the other hand, they might worry that they “have let God down”, feel extreme guilt and shame, be troubled about their afterlife, or be stigmatised by the faith community. It is important to recognize the role of faith and religion for some participants and help explore how the participant can seek help from supportive faith groups and religious leaders.

HOME SITUATION
The following are possible living situations for AYLHIV: living alone, living as the head of household, living with parents or guardians, living with extended family, living with a partner, living on the street, living in an orphanage, or living in some other sort of public or private institution. Their home situation affects their access to support and care, the quality and availability of support from adults and peers, and their access to information and services.

EDUCATION LEVEL
AYLHIV might be attending school, or it is possible that their positive status has affected their ability to attend school. Neurodevelopment is delayed in many, but not all, perinatally infected adolescents and youth, and their educational outcomes may be poor. Their literacy level affects how they understand information about their health and their care and treatment plan. Their level of education also affects their future prospects.

LEVEL OF INFORMATION AND UNDERSTANDING OF RISK FACTORS
Independent of their level of formal education, AYLHIV may or may not have a good understanding about how HIV is transmitted and how the virus can be spread to others through unprotected sex, injection drug use, and becoming pregnant while not on ART.
DISPOSABLE INCOME
Their individual and family financial situation and the level of control of their finances can affect whether an AYLHIV has money for health care, basic needs, and transport costs for accessing health services.

WHO ELSE KNOWS THEY ARE HIV POSITIVE
This can affect adherence, how they approach disclosure, the level of control they have or feel they have about confidentiality issues, how they can cope with stigma, and the level of support they may or may not already have in place.

HEALTH AND STAGE OF HIV PROGRESSION
Considerations about their current state of health include whether they are asymptomatic or symptomatic, if they have experienced or are susceptible to opportunistic infections, and what level of treatment and care they need. Mode of transmission is also likely to have an effect: young people who acquire HIV during adolescence are less likely to be symptomatic. They might need support more than they need medical treatment for AIDS or opportunistic infections.

PERSONAL AND FAMILY EXPERIENCE OF STIGMA AND DISCRIMINATION
In addition to the usual stigma attached to living with HIV, adolescents who were infected perinatally might experience stigma for having a chronic illness, for possible stunted growth and cognitive delays, or for poor school performance. Experience with stigma and discrimination might affect how a young person will approach sharing his or her status and seeking support from others. If young people have experienced stigma and discrimination, they might require help in developing trust in relationships and determining when and how to disclose their status to others. Additionally, the family as a whole might experience stigma and discrimination. (Fischer, 2012)
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This can affect adherence, how they approach disclosure, the level of control they have or feel they have about confidentiality issues, how they can cope with stigma, and the level of support they may or may not already have in place.

Considerations about their current state of health include whether they are asymptomatic or symptomatic, if they have experienced or are susceptible to opportunistic infections, and what level of treatment and care they need. Mode of transmission is also likely to have an effect: young people who acquire HIV during adolescence are less likely to be symptomatic. They might need support more than they need medical treatment for AIDS or opportunistic infections.

In addition to the usual stigma attached to living with HIV, adolescents who were infected perinatally might experience stigma for having a chronic illness, for possible stunted growth and cognitive delays, or for poor school performance. Experience with stigma and discrimination might affect how a young person will approach sharing his or her status and seeking support from others. If young people have experienced stigma and discrimination, they might require help in developing trust in relationships and determining when and how to disclose their status to others. Additionally, the family as a whole might experience stigma and discrimination.

### Challenges

<table>
<thead>
<tr>
<th>Adolescent &amp; Youth Perspective</th>
<th>Healthcare Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic operating hours conflict with work or school.</td>
<td>Adolescents and youth patients are mixed in with the adult patients so it is difficult to change your mind-set from one patient to the other.</td>
</tr>
<tr>
<td>No transport money.</td>
<td>No adolescent/ youth specific care.</td>
</tr>
<tr>
<td>Struggle to identify with the clinic space.</td>
<td>No confidentiality or privacy for young people.</td>
</tr>
<tr>
<td>Different appointment dates for different services.</td>
<td>Communication and language barriers.</td>
</tr>
<tr>
<td>Stigma: Nosy community members see them access the clinic.</td>
<td>Staff attitude towards young people judgemental questioning.</td>
</tr>
<tr>
<td>Lack of support.</td>
<td>No waiting area and long waiting times.</td>
</tr>
<tr>
<td>Clinics are far to travel to.</td>
<td>Lack of referral systems.</td>
</tr>
<tr>
<td>Lack of policies and knowledge to support young patients.</td>
<td>Adolescents and youth may not always tell the truth about their behaviours and needs because they get embarrassed.</td>
</tr>
</tbody>
</table>
Communication is key with young people and includes information sharing and careful listening.

Belief, attitudes and values differ from person to person and should be respected. However, personally held beliefs shouldn’t affect your ability to do your work.

Adolescents and youth in sub-Saharan Africa have a large part of the world’s HIV burden.

Young people face numerous barriers to accessing health care, just as health facilities face barriers to providing care to young people.
Communication is key with young people and includes information sharing and careful listening. Adolescents and youth in sub-Saharan Africa have a large part of the world’s HIV burden. Belief, attitudes and values differ from person to person and should be respected. However, personally held beliefs shouldn’t affect your ability to do your work.

Young people face numerous barriers to accessing health care, just as health facilities face barriers to providing care to young people.

2. YOUTH CARE CLUB OVERVIEW

LEARNING OUTCOMES

After working through this chapter you will be able to:

- Explain the YCC model and its benefits
- Schedule YCC visits over a two-year period
- Identify roles and responsibilities of the YCC team
- Explain the YCC model and its benefits

NOTES
The Youth Care Club model aims to improve ART initiation, retention in care and adherence of HIV positive adolescents and youth. The YCC model delivers a differentiated Adolescent and Youth Friendly Service (AYFS) care package to all HIV positive adolescents and youth. YCCs offer convenient, private and effective access to:

- Comprehensive Sexual and Reproductive Health (SRH) services;
- Engaging, age-appropriate health information and peer learning;
- Integrated clinical care and psychosocial support; and
- Knowledgeable adolescent-friendly healthcare providers.

YCCs are closed groups of 15-20 HIV positive adolescents or youth, aged 12-24 years. Each YCC includes a mix of HIV positive adolescents and youth newly initiated on ART (NI), on ART with VLs suppressed (VS) and with VLs not suppressed (NVS) to foster peer learning.

To ensure age appropriate learning there are two separate groups for adolescents (12-15 years; 16-19 years) and one for youth (20-24 years).

The YCC meets monthly for the first 12 months, thereafter club members can choose to continue meeting monthly or every 2 months.

The YCC model is based on the Adult Adherence Club model, but there are fundamental differences which make the YCC an effective differentiated model of care for AYLHIV.
MAIN DIFFERENCES BETWEEN ADULT ADHERENCE CLUBS AND YOUTH CARE CLUBS

<table>
<thead>
<tr>
<th>ADULT ADHERENCE CLUBS</th>
<th>VS</th>
<th>YOUTH CARE CLUBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For 30 stable adult patients only, with VLs suppressed for at least 6 months</td>
<td>For 15-20 newly initiated, with VLs suppressed and with VLs not suppressed AYLHIV (12-24 years)</td>
<td></td>
</tr>
<tr>
<td>Held every 2-3 months</td>
<td>Held monthly for the first 12 months, thereafter YCC members choose to continue meeting monthly or every 2 months</td>
<td></td>
</tr>
<tr>
<td>Repeat ART supply provided by club counsellor in the club room to all members</td>
<td>Repeat ART supply provided by: YCC counsellor to members with VLs suppressed on ART for &gt;6 months in the club room YCC clinician to members newly initiated and with VLs not suppressed during their clinical consultation after the club</td>
<td></td>
</tr>
<tr>
<td>Facilitated by a counsellor, no planned discussion</td>
<td>Interactive, youth-focused discussion (integrating the I ACT for Adolescents curriculum) facilitated by YCC counsellor</td>
<td></td>
</tr>
</tbody>
</table>

TRANSITION

Transition from paediatric or adolescent care to adult care can disrupt adherence and be a challenging process for AYLHIV, healthcare providers and parents/caregivers. The YCC model offers smooth transition into adult care. Through the YCC, younger adolescents grow as a peer group in their understanding of HIV and their treatment, and in taking responsibility for their own healthcare. As YCC members age together in one group, they can naturally transition as a group into an adult ART adherence club. This group-transition minimises the disruption and emotional difficulty that many AYLHIV face when having to exit paediatric and youth care to join adult care.
ACTIVITY: 2.2 BENEFITS OF YOUTH CARE CLUBS

ADOLESCENT AND YOUTH PERSPECTIVE

What are some of the benefits that adolescents and youth might realise from being in a YCC? Write down the benefits in the space provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

HEALTHCARE PROVIDER PERSPECTIVE

What are some of the benefits that the clinic might realise by having a YCC? Write down the benefits in the space provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
BENEFITS: ADOLESCENT & YOUTH PERSPECTIVE

- Access to relevant information.
- Quick access to ART.
- Integrated clinical care & psychosocial support.
- Dedicated adolescent and youth specific care.
- Peer support.
- Meet other HIV+ adolescents and youth, potential to forge friendships, relationships.
- Fun and engaging.
- Smoother transition from adolescent and youth to adult care.
- Reduce waiting time.
- Sense of belonging.

THE BENEFITS OF HAVING A YCC

What are some of the benefits that adolescents and youth might realise from being in a YCC? Write down the benefits in the space provided.

What are some of the benefits that the clinic might realise by having a YCC? Write down the benefits in the space provided.

HEALTHCARE PROVIDER PERSPECTIVE

Integrated clinical care & psychosocial support.

Dedicated adolescent and youth specific care.

Peer support.

Meet other HIV+ adolescents and youth, potential to forge friendships, relationships.

Fun and engaging.

Smoother transition from adolescent and youth to adult care.

Reduce waiting time.

Sense of belonging.

Quick access to ART.
BENEFITS: HEALTH CARE PROVIDER / CLINIC PERSPECTIVE

- More time to see un-well/unstable patients.
- Adolescent and youth patients separated from adults therefore able to offer them quality, relevant care and support.
- Helps clinic meet AYFS targets by offering adolescent & youth HIV services in an adolescent and youth friendly way.
- Easy to relate to adolescents and youth patients.
- Improved monitoring of viral loads.
- Streamline the referral process.
- De-congest busy clinic waiting areas.
- Improved retention in care.

Integrate SRH and screening services in one visit.

2.3 YOUTH CARE CLUBS ROLES AND RESPONSIBILITIES

It is very important that the YCC counsellor and clinician are dedicated and capable of creating a youth-friendly environment. One, or both of them, should ideally be the AYFS champion in their clinic.

2.3.1 FACILITY MANAGER

The Facility Manager takes ownership and encourages buy-in from the staff to implement YCCs as part of the clinic’s AYFS. In addition, the Facility Manager ensures the following:

- The clinic YCC team is in place by assigning relevant staff to specific YCC roles;
- The YCC Standard Operating Procedure is being carried out;
- YCCs are being implemented and members are being recruited.

The data capturer is responsible for capturing YCC members’ attendance and clinical information from their patient files into the clinic electronic register or TIER.net. If not captured, YCC members are reflected as lost to follow-up (LTFU). Capturing should be completed by the 6th working day following a YCC visit.
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2.3.2 DATA CAPTURER

The data capturer is responsible for capturing YCC members’ attendance and clinical information from their patient files into the clinic electronic register or TIER.net. If not captured, YCC members are reflected as lost to follow-up (LTFU). Capturing should be completed by the 6th working day following a YCC visit.
2.3.3 YOUTH CARE CLUB CLINICIAN

YCCs should be assigned a specific YCC Clinician to ensure continuity of care and fast-tracking of YCC members who need to see a clinician on the day of their YCC. The YCC Clinician must be NIMART trained and competent to initiate and manage adolescents and youth on ART. The YCC Clinician is not expected to attend YCC discussion sessions, and should be free to see patients during the time the YCC is running and available to see YCC members immediately after the session. The YCC Clinician is responsible for pre-packing members’ ART refills in accordance with their script and provides the following clinical oversight:

- Consulting symptomatic YCC members or those who screen positive for TB, STIs, contraception or poor nutrition;
- Conducting blood monitoring and clinical consultation visits aligned for all members with VLs suppressed (VS);
- Conducting blood and subsequent clinical visits according to the individual clinical needs of members newly initiated (NI) and with VLs not suppressed (NVS);
- Perform monthly clinical consultations with members NI and with NVS members;
- Record YCC attendance in each member’s patient file;
- ART refill scripting for all YCC members.

2.3.4 YOUTH CARE CLUB COUNSELLOR

The YCC Counsellor is responsible for starting new YCCs and facilitating existing YCCs. This includes setting up a YCC calendar that plots the dates and club-type of all YCCs. This person is also responsible for updating the YCC paper register and for making sure that the data capturer receives the YCC members’ patient files for capturing in the electronic monitoring system after the club has met. The YCC Counsellor should also keep the clinic up-to-date on YCC progress. Specific responsibilities include:

- Plan the YCC visit;
- Facilitate the YCC session;
- Keep records and monitor the VL of members; and provide adherence counselling to those with an unsuppressed VL;
- Referring members to YCC Clinician as necessary and distribute pre-packed ART to VS members;
- Following-up members who miss their YCC visit;
- Taking files to the Data Capturer for capturing.
YOUTH CARE CLUBS

ACTIVITY:

Create a plan for your Youth Care Clubs. Use the space provided below to identify who will be involved in your clinic and what their roles and tasks would be.

ORGANOGRAM:

[Organogram diagram with roles and tasks]

Facility Manager

Data Capturer

YCC Clinician

YCC Counsellor
2.4 HOW YOUTH CARE CLUBS WORK

YCCs are facilitated by a dedicated counsellor and clinician who provide clinical assessment and care, psychosocial support and distribution of pre-packed ART.

• The YCC meets once a month for the first 12 months. Thereafter YCC members can decide to meet every 2 months or continue meeting monthly.

• Each YCC is allocated a counsellor, and a trained clinician (typically this is a nurse, but it could be a doctor). One counsellor and clinician can be responsible for numerous YCCs, provided the YCCs meet on different days.

THE STAGES OF A YCC VISIT

YCC visits are made up of 3 stages. Stage 1 and 2 should last a total of 60-80 minutes. The duration of the third stage will depend on the clinical needs of YCC members, for example, those members who require a VL test or contraceptives will take longer than those who don’t need to see the YCC clinician at all.

STAGE 1
takes 15-20min

YCC COUNSELLOR

STAGE 2
takes 45-60mins

YCC COUNSELLOR

STAGE 3
takes anywhere from 5min upwards

YCC COUNSELLOR
YCC COUNSELLOR
YCC CLINICIAN

THE YCC COUNSELLOR:

• Records members’ weight and symptom check in the YCC paper register;

• Completes TB, STI, nutrition, psychosocial and contraception screening and records in the YCC paper register;

• Confirms members’ phone numbers;

• Completes the YCC paper register;

• Groups files according to those who need to see the clinician and those who can leave directly after the session;

• Writes the next YCC date on members’ hand-held clinic record or appointment card.
THE YCC COUNSELLOR:
- Distributes pre-packed ART to VS members in the club room;
- Counsels members who screen positive for psychosocial problems;
- Conducts adherence counselling with members as needed;
- Records adherence counselling in the YCC members’ files.

THE YCC COUNSELLOR:
- Conducts a quick ice breaker;
- Introduces the session topic;
- Facilitates interactive discussion around the topic according to the session plan;
- Encourages YCC members to participate in discussion.

THE YCC CLINICIAN:
- Fast-tracks all YCC members who need to see the YCC clinician;
- Distributes pre-packed ART to NI and NVS members during their clinical consultation;
- Provides contraception, blood and clinical services as and when indicated;
- Follows up on members who screen positive for TB, STIs, contraceptive needs and poor nutrition.

STAGE 2
takes 45-60mins

STAGE 3
5min+

A guide to implementation YOUTH CARE CLUBS 29
There are 2 types of blood visits, one for members with VLs suppressed and one for members newly initiated or with VLs not yet suppressed:

1. **Members with VLs suppressed** (on ART >6 months with most recent VL suppressed/LDL) will have their VL aligned at month six of the YCC. Thereafter they will have their VL done as a group every 12 months. These visits are called ‘blood visits’.

2. **Newly initiated** (on ART <6 months) and **VL not yet suppressed** YCC members’ blood dates WILL NOT be aligned with the other YCC members’. These YCC members will need to see a clinician at every YCC visit and keep their individual blood visit dates in accordance with clinical guidelines.

**NOTE:**
- VL must be done at the first club visit if a YCC member’s VL monitoring is:
  - overdue at the time of enrolling in an YCC
  - due within 3 months of starting the YCC

**NOTE:**
- Once a YCC member’s VL becomes suppressed, their bloods will be aligned with the rest of the YCC members’ annual blood visit.

**Basic TB, STI, nutritional, psychosocial and contraceptive screening** is conducted by the YCC counsellor (See Appendix 1). Any YCC member who screens positive is referred to the YCC clinician for a clinical consultation.

The YCC clinician conducts blood and clinical visits for all YCC members.
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- The YCC clinician conducts blood and clinical visits for all YCC members.

CLINICAL CARE IN THE YCC

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  - overdue at the time of enrolling in an YCC
  - due within 3 months of starting the YCC

PSYCHOSOCIAL CARE IN THE YCC

Psychosocial support is provided by the YCC counsellor who screens members at every YCC visit to identify those who need additional support, offers one-on-one counselling to members after the YCC session as required and provides appropriate referrals for YCC members requiring additional psychosocial support. In addition, they encourage YCC members to participate in debates and discussions around youth-focused issues.

ART DISTRIBUTION

- VS members receive their pre-packed ART supply from the YCC counsellor in the club room after the YCC session.
- NI and NVS members are given pre-packed ART by the YCC clinician during their clinical consultation after the YCC session.

NOTE:
ART for YCC members weighing <40kg or not on an adult dose will NOT be pre-packed and will be packed on the day of the YCC according to YCC member’s weight. Scripting and packing should occur during the YCC discussion so that members don’t have to wait after the discussion.

CLINICAL VISITS

- Clinical visits are conducted for:
  - any member who screens positive to any of the YCC screening questions
  - any member who requests to see a clinician after the YCC session
  - any member who is symptomatic
  - any member who weighs less than 40kg who may need their ART doses adjusted
  - In addition, the clinician provides a clinical consultation to all members at the YCC visit following the blood visit to review their VL and their treatment plan

- Clinical consultations for YCC members follow normal clinical guidelines, with attention to the specific needs of adolescents and youth, ensuring that YCC members receive an appropriate clinical examination, diagnosis and management plan.
- Clinical notes should be documented in the YCC member’s patient file.
- Contraceptives are provided, as needed, by the YCC clinician after the YCC session.
- Symptomatic YCC members are seen and treated by the YCC clinician after the YCC session.
A complete set of 18 YCC session topics is provided in the YCC Workbook. The nationally-mandated I ACT for Adolescents curriculum has been incorporated into the recommended YCC sessions to ensure that YCC members benefit from the I ACT for Adolescents programme (as recommended in the 2016 National Adherence Guidelines). By integrating I ACT for Adolescents into the YCC curriculum, YCC members will not have to attend I ACT separately to their YCC sessions, thus minimising frequency of clinic visits.

Examples of YCC topics include:

- Me, myself and I
- Stress and coping skills
- HIV and TB
- Sex, sexuality and gender: What’s what?!
- Adherence, fitting ART into your everyday life
- Puberty: My changing body (12-15 years) OR Negotiating safe sex and other sexual play (16-24 years)
- My future: Dreams & Ambitions

YCC counsellors, together with their YCC members are encouraged to come up with more topics that respond to the needs of the adolescents and youth in their setting.
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YOUTH CARE CLUBS
A guide to implementation

Me, myself and I
Stress and coping skills
HIV and TB
Sex, sexuality and gender: What's what?!
Adherence, fitting ART into your everyday life
Puberty: My changing body (12-15 years) OR Negotiating safe sex and other sexual play (16-24 years)
My future: Dreams & Ambitions
First club blood monitoring to align YCC members’ viral load monitoring, followed by a clinical monitoring visit at month 7.

12 months after the 6 month viral load alignment:
Yearly blood monitoring visit for YCC members, followed by a clinical monitoring visit on the next YCC visit date.

All club members decide whether to start meeting every two months or continue meeting every month:
- All YCC members should have suppressed VLs by this stage.
- Remember, that even if the YCC decides to meet once every 2 months, those who do not have suppressed VLs will still need to visit the YCC clinician every month for clinical check ups and ART collection until they have suppressed VLs.

NOTE:
YCC members newly initiated or with VLs not yet suppressed will continue with their individual blood monitoring dates in accordance with clinical guidelines. Once these members’ VLs become suppressed their blood visits will be aligned with the other YCC members.

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Whilst you will set YCC rules together with the YCC members, the following are ground rules that all YCCs should establish and implement:

The ‘buddy’ (a person that the member trusts and to whom the member has disclosed to) system rules:

VS YCC members may send a ‘buddy’ to collect their ART refill on the day of, or within the 5-day grace period following, a YCC.

VS YCC members may NOT send a buddy on two consecutive YCC visits.

NI and NVS YCC members may NOT send a buddy as these members need to see the YCC clinician at each YCC visit until their VLs are suppressed.

VS YCC members may NOT send a buddy when it is a blood or clinical visit.

YCC members will be asked to return to routine clinic care if they:

1. Miss 2 consecutive club dates without communicating with the YCC team.
2. Consistently arrive late with no valid explanation, or
3. Miss a club visit and fail to collect ART within the 5-day grace period after their YCC date

The YCC counsellor can use her/ his own discretion in cases where it may be known that the YCC member in question is experiencing particular issues that affect attendance.

NOTE: YCC members are NOT removed from the club if their VLs become raised. These members will need to see the YCC clinician monthly after each club session to receive their ART, clinical check-ups and 2-monthly VL monitoring until suppressed.

YCC members diagnosed with TB will temporarily exit the club until they are no longer contagious (this is usually after two weeks on TB treatment), or MDR/ XDR TB has been ruled out.
Whilst you will set YCC rules together with the YCC members, the following are ground rules that all YCCs should establish and implement:

- YCC members diagnosed with TB will temporarily exit the club until they are no longer contagious (this is usually after two weeks on TB treatment), or MDR/XDR TB has been ruled out.

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  1. Miss 2 consecutive club dates without communicating with the YCC team,
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- VS YCC members may NOT send a buddy when it is a blood or clinical visit.
- NI and NVS YCC members may NOT send a buddy as these members need to see the YCC clinician at each YCC visit until their VLs are suppressed.

Clinical visit takes place on the YCC visit following the blood visit.

**YCC TIMELINE EXAMPLE**

**YEAR 1**
- Routine YCC visit.
- In year 2, YCCs may start to meet every second month (on an 8-weekly cycle). VS members get 2 month’s ART supply.
- NI and NVS members continue to receive 1 month ART supply at each YCC visit and will see the YCC clinician in the month between YCC visits to receive their monthly ART refills.
- Annual Blood visit.

**YEAR 2**
- January 2018
- February 2018
- March 2018
- April 2018
- May 2018
- June 2018
- July 2018
- August 2018
- September 2018
- October 2018
- November 2018
- December 2018

**MONTH 13**
- January 2019
- February 2019
- March 2019
- April 2019

**MONTH 14**
- May 2019
- June 2019
- July 2019
- August 2019

**MONTH 15**
- September 2019
- October 2019
- November 2019
- December 2019

**MONTH 16**
- January 2020
- February 2020
- March 2020
- April 2020

**MONTH 17**
- May 2020
- June 2020
- July 2020
- August 2020

**MONTH 18**
- September 2020
- October 2020
- November 2020
- December 2020

**MONTH 19**
- January 2021
- February 2021
- March 2021
- April 2021

**MONTH 20**
- May 2021
- June 2021
- July 2021
- August 2021

**MONTH 21**
- September 2021
- October 2021
- November 2021
- December 2021

**MONTH 22**
- January 2022
- February 2022
- March 2022
- April 2022

**MONTH 23**
- May 2022
- June 2022
- July 2022
- August 2022

**MONTH 24**
- September 2022
- October 2022
- November 2022
- December 2022
Psychosocial support is provided through interactive group sessions as well as individual counselling if required.

Clinical care is provided to those who require it after each club visit, and to every member at least annually to review their progress and treatment plan.

YCC members with VLs suppressed have their viral load monitoring aligned at month 6 of the YCC and thereafter have their viral load monitored every 12 months as a group.

YCCs meet once a month for the first 12 months, and thereafter can choose to continue to meet every month or change to meet every second month.

YCC benefits both the YCC members and healthcare workers.

Determining roles and responsibilities of the YCC team will ensure an effective YCC.

NOTES
3. FORMING A YOUTH CARE CLUB

LEARNING OUTCOMES

After working through this chapter you will be able to:

- Recruit for a YCC
- Prepare for a YCC meeting
- Complete the YCC register accurately

NOTES
Once you have established your clinic’s YCC team, the next step is to start recruiting eligible YCC members. All clinic staff should be aware of your recruitment drive. All eligible adolescents and youth on ART should be automatically booked into a YCC for their next appointment, with the option to opt-out and return to regular clinic care if they so choose.

Before commencing with recruitment the following needs to be determined:

<table>
<thead>
<tr>
<th>YCC 1</th>
<th>YCC 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Perinatally infected, 12-14 years)</strong></td>
<td><strong>(Horizontally infected, 20-24 years)</strong></td>
</tr>
<tr>
<td>Session 1: Wednesday 07/09/16</td>
<td>Session 1: Tuesday 06/09/16</td>
</tr>
<tr>
<td>Session 2: Wednesday 05/10/16</td>
<td>Session 2: Tuesday 04/10/16</td>
</tr>
<tr>
<td>Session 3: Wednesday 02/11/16</td>
<td>Session 3: Tuesday 01/11/16</td>
</tr>
<tr>
<td>etc.</td>
<td>etc.</td>
</tr>
</tbody>
</table>
The YCC audit tool can assist in establishing the population of adolescents and youth on ART. It involves conducting a file audit on all HIV positive patients aged 12-24 years.

To complete the YCC audit tool:

Enter the clinic name, date of audit and person conducting the audit on the top of the document followed by the following information for each patient file audited.

- File number
- Age
- Gender
- Disclosed to, i.e. Is patient aware of own HIV positive status
- Date of ART initiation
- Viral load at last monitoring
- Mode of transmission (if known)
- Other chronic disease(s) if any
- Mental health concern(s) if any

**YCC AUDIT**

AYLHIV meeting the following criteria should be enrolled in a YCC:

- Aged 12 – 24 years
- HIV status disclosed to and understood
- Mature enough to be taking their own treatment

**NOTE:** AYLHIV with VLs >1000cps/ml can be included in YCCs, provided otherwise clinically and psychologically stable

**EXCLUDE AYLHIV FROM YCC SELECTION WITH:**

- Severe mental and cognitive disabilities
- Other chronic illnesses or clinical complexities
It is advisable to have separate clubs for those who are perinatally infected and those who are horizontally infected due to developmental differences between these two groups.

Ideally, where facilities have enough adolescents and youth, YCC members should be assigned to one of five different YCC categories according to members' age and mode of HIV infection:

1. Perinatal 12-15 years
2. Perinatal 16-19 years
3. Horizontal 12-15 years
4. Horizontal 16-19 years
5. Horizontal 20-24 years

For those facilities that do not have enough adolescents and youth to form five different types of YCCs the following options may be explored:

• Separate YCCs according to mode of HIV infection only (perinatal or horizontal)
• Separate YCCs for adolescents (12-19 years) and youth (20-24 years)
It is advisable to have separate clubs for those who are perinatally infected and those who are horizontally infected due to developmental differences between these two groups.

Ideally, where facilities have enough adolescents and youth, YCC members should be assigned to one of five different YCC categories according to members' age and mode of HIV infection:

1. Perinatal 12-15 years
2. Perinatal 16-19 years
3. Horizontal 12-15 years
4. Horizontal 16-19 years
5. Horizontal 20-24 years

For those facilities that do not have enough adolescents and youth to form five different types of YCCs the following options may be explored:

• Separate YCCs according to mode of HIV infection only (perinatal or horizontal)
• Separate YCCs for adolescents (12-19 years) and youth (20-24 years)

ACTIVITY:

What are some of the reasons to have separate YCCs according to ages? Write down the reasons in the space provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some of the reasons to have separate YCCs for perinatally and horizontally infected adolescents and youth? Write down the reasons in the space provided.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
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________________________________________________________________________
3.2 Youth Care Club Visit Preparation

There are three types of YCC visits and scripting. Each visit and scripting needs to be adequately prepared for in order to ensure smooth running and to avoid time-wasting:

- **Routine**
- **Clinical**
- **Blood**
- **Scripting**

Preparation for all types of YCC visits is the YCC counsellor’s responsibility and includes ensuring:

- The YCC register is up to date
- An ice breaker has been chosen
- Review and familiarisation of the YCC session plan
- Screening tools for TB, STIs, psychosocial, nutrition and contraception are available
- ART refill pre-packs are ready
- A scale is available
- Members clinic files are drawn
- A venue is available and set up
- The next YCC date is known
In addition to the above, the following preparation steps are required on the following 2 types of visits:

### BLOOD VISIT
- Blood forms completed and in each patient file
- YCC clinician aware that they need to take blood: time agreed
- Members aware of the blood visit (need to be reminded in previous YCC visit)
- Members aware that the next visit is a clinical visit and therefore will take longer

### CLINICAL VISIT
- YCC clinician available: time agreed
- Latest blood results have been received and are in YCC member’s file
- Blood results checked and entered into club register

### SCRIPTING
- YCC clinician knows when re-scripting is necessary
- Three ART scripting and pre-pack options exist depending on context:
  - Centralised Chronic Medicines Dispensing and Distribution (CCMDD) – 6-monthly scripts: 2 months’ supply delivered every 2 months, upon delivery of 3rd 2-month supply the YCC clinician must issue new script for all YCC members
  - Clinic pharmacy – 6-monthly scripts: pharmacy pre-packs monthly supply according to script, YCC counsellor collects from pharmacy the day before the club, upon receipt of 6th supply the YCC clinician issues a new script for all YCC members
  - Pre-ordered YCC clinician stock – YCC clinician ensures sufficient and appropriate ART supply is ordered in accordance with clinic’s procurement schedule to cover YCC members, YCC clinician pre-packs
### When / By Who

<table>
<thead>
<tr>
<th>When / By Who</th>
<th>Newly Initiated</th>
<th>VL Suppressed</th>
<th>VL Not Suppressed</th>
</tr>
</thead>
</table>
| 1 Day Before or Morning of the Club | • Ensure ART is pre-packed by the YCC clinician  
• Set up YCC venue  
• Revise session topic  
• Draw patient files  
• Register is up-to-date and available | • Ensure ART is pre-packed by the YCC clinician  
• Set up YCC venue  
• Revise session topic  
• Draw folders  
• Register is up-to-date and available | • Ensure ART is pre-packed by the YCC clinician  
• Set up YCC venue  
• Revise session topic  
• Draw folders  
• Register is up-to-date and available |

#### During Club

- Screen for: weight, TB, STI, psychosocial, nutrition, contraception
- Phone no. check
- Facilitate interactive discussion on youth-relevant topic

- Screen for: weight, TB, STI, psychosocial, nutrition, contraception
- Phone no. check
- Facilitate interactive discussion on youth-relevant topic

- Screen for: weight, TB, STI, psychosocial, nutrition, contraception
- Phone no. check
- Facilitate interactive discussion on youth-relevant topic

#### After Club

- Monthly clinical check-up until VS
- 6 & 12 month VL
- Clinical review after VL
- Contraception
- Pre-packed ART issued
- Record YCC visit in patient file

- Annual VL & clinical review
- Contraception
- Record YCC visit in patient file

- Monthly clinical check-ups until VS
- 2-monthly VL until VS
- Contraception
- Pre-packed ART refill
- Record YCC visit in patient file
### 3.3 YCC REGISTER COMPLETION

A paper register is used to monitor and track screening outcomes and attendance of YCC members. General instructions on how to complete the register are provided at the beginning of the register. It is the responsibility of the YCC counsellor to keep the register updated. However, it is strongly advised that the YCC clinician assist in filling out YCC members’ clinical information such as last CD4 or VL outcomes, ART start date, ART regimen etc.

After the YCC visit, a summary of the YCC visit should be recorded in the YCC member’s patient file for capturing into the clinic’s electronic monitoring system.

### HOW TO COMPLETE THE YCC REGISTER:

The register is divided into 3 main sections as set out here. We will discuss all three sections in detail.

<table>
<thead>
<tr>
<th>SECTION 1</th>
<th>SECTION 2</th>
<th>SECTION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone Number</td>
<td>Date</td>
</tr>
<tr>
<td>Patient Name</td>
<td>YCC Participant</td>
<td>Last CD4</td>
</tr>
<tr>
<td>New Patient Name</td>
<td>YCC Participant</td>
<td>Last CD4</td>
</tr>
</tbody>
</table>

**A guide to implementation**

**YOUTH CARE CLUBS**

**45**
## HOW TO COMPLETE SECTION 1

<table>
<thead>
<tr>
<th>Sticker</th>
<th>Phone Number (PVT) or Shared (S)</th>
<th>Contraception Method</th>
<th>Last CD4 Date</th>
<th>Last Viral Load Date</th>
<th>Drug Regimen &amp; Date of ART start</th>
</tr>
</thead>
</table>

### YOUTH CARE CLUB DATE

**Put the member’s sticker here.** If his/her sticker is not available, fill in the patient’s folder number, date of birth, and gender.

**In this column, write the cellphone number and whether it is their own private phone (PVT) or a shared phone (S).**

**Write the date and result of the member’s last CD4 count here.**

**Write the date and result of the member’s last VL here.**

**Write the member’s current ART regimen and their ART start date here.**

---

### PLEASE TAKE NOTE:

- **If a club member is diagnosed with TB,** they will be temporarily excluded from the club for 2 weeks, while on treatment or until they are no longer contagious.

- **If a club member exits a club and then returns after a period,** record this person as a new member entering the club. Do not continue to record their information in his/her original row.

- **If the a club member comes to collect their ARVs within the 5-day grace period record their screening outcomes as per usual in the register, and then send the member to the YCC clinician to collect their pre-packed ART.**
### HOW TO COMPLETE SECTION 1

- **Put the member’s sticker here.** If his/her sticker is not available, fill in the patient’s folder number, date of birth, and gender.
- **In this column,** write the cellphone number and whether it is their own private phone (PVT) or a shared phone (S).
- **Write the date and result of the member’s last CD4 count here.**
- **Write the date and result of the member’s last VL here.**
- **Write the member’s current ART regimen and their ART start date here.**
- **Write the member’s contraceptive method in this column as appropriate:**
  - NA (not applicable for men)
  - None
  - IUD
  - IJ (injection)
  - OC (oral contraceptive)
  - If a club member is diagnosed with TB, they will be temporarily excluded from the club for 2 weeks, while on treatment or until they are no longer contagious.
  - If a club member exits a club and then returns after a period, record this person as a new member entering the club. Do not continue to record their information in their original row.
  - If the club member comes to collect their ARVs within the 5-day grace period, record their screening outcomes as per usual in the register, and then send the member to the YCC clinician to collect their pre-packed ART.

### HOW TO COMPLETE SECTION 2

- **If the member has been on ART for less than 6 months,** write NI (newly initiated). If the member has been on ART for more than 6 months and their most recent VL is undetectable, then write VS (VL suppressed). If the member’s last VL was detectable then write NVS (VL not yet suppressed).
- In the **Height (H)** row, record the member’s height at their first YCC visit and every 3 months thereafter.
- In the **Weight (W)** row, record the patient’s weight for each session.
- In the **symptoms (S)** row, for each session, write one of the following: “N” for symptoms checked and normal, “RTC” for abnormal symptoms and patient referred to clinician.
- In the **TB screen** row, for each session, write one of the following: “+” for positive TB screening, “-” for negative TB screening.
- If the patient is not currently on contraception, ask if they are having or planning to have sex, if yes, write “+” and refer to club clinician. If the member is on a form of contraceptive, write “-” indicating that they do not require contraceptive support.
- In the **STI screen** row, for each session, write one of the following: “+” for positive STI screening or “-” for negative STI screening.
- In the **Nutrition screen** row, write one of the following: “N” for healthy or “RTC” for unhealthy, refer member to YCC clinician.
- In the **PSS screen** row, for each session, record the member’s PSS rating from 1-10. If the PSS rating is between 1 and 5, refer them for counselling.

### NOTE:
If the member doesn’t come on the day of the club, write “Absent” across that visit in the register, but leave space to fill in details if they come within the 5-day grace period.

<table>
<thead>
<tr>
<th></th>
<th>Standard Session</th>
<th>Standard Session</th>
<th>Standard Session</th>
<th>Standard Session</th>
<th>Blood Session</th>
<th>Blood Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NI/VS/NVS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height (H)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (W)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms (S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSS screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Each column of Section 2 of the register represents one month (a column for every consecutive YCC visit). If, after 12 months, (i.e. 12 columns) YCC members chose to start meeting every 2 months, then the YCC counsellor will need to record YCC visits in every second column only, crossing out the second column. This will ensure that the annual blood visits (indicated every 12 months or 12 columns) remain appropriately marked in the register. See example below:

<table>
<thead>
<tr>
<th>Sticker</th>
<th>Standard Session 1</th>
<th>Standard Session 2</th>
<th>Standard Session 3</th>
<th>Standard Session 4</th>
<th>Standard Session 5</th>
<th>Standard Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Care Club Date</td>
<td>07/09/16</td>
<td>05/10/16</td>
<td>04/10/17</td>
<td>06/12/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bongi Dlamini DOB 22.02.00 Female File #41120</td>
<td>NI/VS/NVS</td>
<td>VS</td>
<td>VS</td>
<td>VS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Height (H)</td>
<td>1.63</td>
<td>1.63</td>
<td>1.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weight(W)</td>
<td>65kg</td>
<td>65kg</td>
<td>62</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Symptoms(S)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB screen</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contraception</td>
<td>+RTC</td>
<td>+RTC</td>
<td>+RTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STI screen</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition screen</td>
<td>N BMI 124</td>
<td>N BMI 124</td>
<td>N BMI 122</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSS screen</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thabo Zulu DOB 01.10.95 Male</td>
<td>NI/VS/NVS</td>
<td>NI</td>
<td>VS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Height (H)</td>
<td>1.75</td>
<td>1.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weight(W)</td>
<td>80kg</td>
<td>77kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Symptoms(S)</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB screen</td>
<td>+</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contraception</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STI screen</td>
<td>-</td>
<td>+RTC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition screen</td>
<td>RTC BMI 26</td>
<td>RTC BMI 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSS screen</td>
<td>7</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lily Thebe DOB 01.04.98 Female</td>
<td>NI/VS/NVS</td>
<td>NVS</td>
<td>NVS</td>
<td>NVS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Height (H)</td>
<td>1.7</td>
<td>1.7</td>
<td>1.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weight(W)</td>
<td>50kg</td>
<td>50kg</td>
<td>54kg</td>
<td>54.7kg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Symptoms(S)</td>
<td>N</td>
<td>RTC</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB screen</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contraception</td>
<td>+RTC</td>
<td>+RTC</td>
<td>+RTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STI screen</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition screen</td>
<td>RTC BMI 17</td>
<td>RTC BMI 17</td>
<td>RTC BMI 19</td>
<td>RTC BMI 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSS screen</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

If the member is absent on a YCC visit day mark them as ABSENT, but leave space to fill in screening outcomes in the event that s/he attends in the 5-day grace period.
HOW TO COMPLETE SECTION 3

Club facilitator to sign here to indicate register is up to date.

The data capturer to write name here after capturing.

Facilitator signature: ____________________________
Data captured by: ____________________________
Date: ____________________________

PLEASE TAKE NOTE:

5 week days after the club session the club counsellor must bring the register to the data clerk to capture the date and sign when completed at the bottom of each page. The club counsellor then collects the register, checks if the data-capturer has signed off and uses it for the next club session.

Indicate the date that the data capturer captured the information.
The member did not attend the club session on the day of the YCC. Space should be left to fill in screening outcomes in the event that the member comes within the 5-day grace period to collect their ART.

Indicates members on ART for less than 6 months.

Indicates members on ART for more than 6 months with an undetectable VL.

Indicates members with a detectable VL.

The member is experiencing abnormal symptoms and is referred to the YCC clinician for a check-up.

The member is exiting the club and re-entering routine patient care at the clinic.

The member is leaving the clinic completely and will attend a clinic elsewhere.

The member is transferred to another club at the same clinic. Record the new club number that the patient is transferring to next to “TFOC”, eg. TFOC YCC3.

Rest in peace.

The member sent a buddy to collect their ARVs. This is not allowed on a blood or clinical visit and not twice in a row.

The member has not attended 2 consecutive club sessions and cannot be contacted despite at least 3 separate attempts to phone the patient.
YCC member 1: Bongi Dlamini  
File number: 41120  
Gender: Female  
DOB: 22 Feb 2000  
ART regimen: FDC  
Contraception: None  
Most recent CD4: 420 20/01/2014  
Most recent VL: LDL 09/02/2016  
ART start date: 23/02/2014

**Session 1:**  
Date: 07/09/2016  
Attendance: Yes  
Height: 1.63m  
Weight: 65kg  
TB: No  
Contraception: None but having sex  
STI: Yes  
Nutrition: Normal - BMI 24  
PSS: 7

**Session 2:**  
Date: 05/10/2016  
Attendance: Absent (came to clinic 4 days later)  
Weight: 65kg  
TB: No  
Contraception: Injection 12/09/2016  
STI: Yes  
Nutrition: Normal - BMI 24  
PSS: 6

**Session 3:**  
Date: 02/11/2016  
Attendance: Sent a buddy
### YCC member 2: Thabo Zulu

**File number:** 54630  
**Gender:** Male  
**DOB:** 1 Oct 1995  
**ART regimen:** FDC  
**Contraception:** Not applicable  
**Most recent CD4:** 405 07/03/2016  
**Most recent VL:** <400 15/07/2016  
**ART start date:** 21/03/2016

**Session 1:**  
**Date:** 07/09/2016  
**Attendance:** Not yet required

**Session 2:**  
**Date:** 05/10/2016  
**Attendance:** Attends first YCC  
**Height:** 1.75m  
**Weight:** 80kg  
**TB:** Yes  
**STI:** No  
**Nutrition:** Overweight –BMI 26  
**PSS:** 7

**Session 3:**  
**Date:** 02/11/2016  
**Attendance:** Yes  
**Weight:** 80kg  
**Symptoms:** Rash on chest  
**STI:** No  
**Nutrition:** Overweight –BMI 26  
**PSS:** 5
<table>
<thead>
<tr>
<th>YCC member 3:</th>
<th>Lilly Thebe</th>
</tr>
</thead>
<tbody>
<tr>
<td>File number:</td>
<td>11234</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>DOB:</td>
<td>1 April 1998</td>
</tr>
<tr>
<td>ART regimen:</td>
<td>FDC</td>
</tr>
<tr>
<td>Most recent CD4:</td>
<td>280 18/11/2014</td>
</tr>
<tr>
<td>Most recent VL:</td>
<td>1045 22/07/2016</td>
</tr>
</tbody>
</table>

**Session 1:**
- Date: 07/09/2016
- Attendance: Yes
- Height: 1.7m
- Weight: 50kg
- TB: No
- Contraception: None
- STI: No
- Nutrition: Underweight -BMI 17
- PSS: 4

**Session 2:**
- Date: 05/10/2016
- Attendance: Yes
- Weight: 50kg
- TB: No
- Contraception: None
- STI: No
- Nutrition: Underweight -BMI 17
- PSS: 5

**Session 3:**
- Date: 02/11/2016
- Attendance: Yes
- Weight: 54kg
- TB: No
- Contraception: None
- STI: No
- Nutrition: Normal -BMI 18
- PSS: 4
- Most recent VL result: LDL
<table>
<thead>
<tr>
<th>Sticker</th>
<th>Phone Number (PVT) or Shared (S)</th>
<th>Contraception Method</th>
<th>Last CD4</th>
<th>Last Viral Load</th>
<th>Drug Regimen &amp; Date of ART start</th>
<th>Standard Session 07</th>
<th>Standard Session 08</th>
<th>Standard Session 09</th>
<th>Standard Session 10</th>
<th>Standard Session 11</th>
<th>Standard Session 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bongi Dlamini DOB 22.02.00 Female File #41120</td>
<td>420 20.01.16</td>
<td>None</td>
<td>LDL 09.02.16</td>
<td>23.02.14 FDC</td>
<td>NI/VS/NVS VS VS VS</td>
<td>65kg 65kg</td>
<td>N N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thabo Zulu DOB 01.10.95 Male</td>
<td>405 07.03.16</td>
<td>N/A</td>
<td>&lt;400 15.07.16</td>
<td>21.03.16 FDC</td>
<td>NI/VS/NVS Ni Ni</td>
<td>80kg 80kg</td>
<td>N RTC</td>
<td>+ +</td>
<td>RTC BMI26 RTC BMI26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lily Thebe DOB 01.04.98 Female</td>
<td>280 18.11.14</td>
<td>IUD</td>
<td>1045 22.07.16</td>
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<td>+ +RTC +RTC</td>
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</tr>
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</table>

Facilitator signature: Eric Eric Prosper

Data captured by: Eric Eric Prosper

Date: 08/09/2016 09/05/2016 02/11/2016
KEY LEARNING POINTS

Careful planning is required before YCC recruitment can commence

All clinic staff need to be aware of recruitment details in order to play a role

There are 4 types of club visits and preparation activities for each differ slightly

The YCC counsellor is the key person responsible for filling in and keeping the YCC paper register up-to-date

The YCC register is a record of both club members’ attendance and clinical needs

YCC member information must be captured into the clinic electronic monitoring system (such as TIER.net) by the data capturer on the 6th day after the club met, using the YCC register or the patient file as sources.

NOTES

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After working through this chapter you will be able to:

4. FACILITATING A YOUTH CARE CLUB

LEARNING OUTCOMES

Facilitate an interactive and engaging YCC session

Use the YCC session tools

SUCCESSFUL FACILITATION TECHNIQUES

You’ve been asked to facilitate a YCC. What does that mean exactly? Do you just ensure everyone’s introduced, and maybe kick off with a quick ice breaker? Is your main role simply to stand by the flip chart and note down all the ideas? Or to recite facts to club members like a teacher?

In many types of group situations, and particularly in complex discussions or those where people have different views and experiences, good facilitation can make the difference between success and failure.

In the case of YCCs can make the difference between retention in care and loss-to-follow up.

As a facilitator, you may need to call on a wide range of skills and tools, from problem solving and decision making, to team management and communication as well as debriefing.

When facilitating YCCs, it is recommended that you use these facilitation skills:

- Active Listening
- Reflecting content, feeling and meaning
  - Mirroring and Paraphrasing
- Question asking
- Expressing empathy
- Summarising

Let’s look at these facilitation skills in more detail.

4.1 THE FACILITATION PROCESS

Settle the participants into groups before introducing the exercise.

Introduce the exercise/discussion with clear working instructions. Allow participants time to ask for clarification.

Give a clear indication of how much time is available for the exercise/discussion.

Encourage your participants to organise the process of working together as team.

Keep a low profile, during the exercise/discussion. Let the group start on their own. Mix in only when you feel that the working process has not started, or the group is lost and needs your support, or alternatively, when the group asks you for additional inputs.
You’ve been asked to facilitate a YCC. What does that mean exactly? Do you just ensure everyone’s introduced, and maybe kick off with a quick ice breaker? Is your main role simply to stand by the flip chart and note down all the ideas? Or to recite facts to club members like a teacher?

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- Summarising

Let’s look at these facilitation skills in more detail.
Active listening involves listening with all senses. When listening with your eyes and ears, you are able to pick up what is really being said. This will help you better connect with your YCC members, making it easier for them to relax, feel comfortable and express their ideas and feelings freely in their own way.

Visual cues let you know from moment-to-moment how others are responding which will allow you to pause, confirm their position and ask a relevant question if need be. Active listening involves both verbal and non-verbal messages:

**NON-VERBAL SIGNS OF ACTIVE LISTENING**

- Smile
- Eye contact
- Leaning forward
- Gesturing
- Mirroring of any facial expressions
- Nodding one’s head
- Altered breathing like a sigh or a deep exhale

**VERBAL SIGNS OF ACTIVE LISTENING**

Positive Reinforcement through:
- Picking up on the last word or two of someone else’s sentence
- Repeating a sentence, or part of a sentence
- Asking someone “Tell me more about that”
- Saying “That’s good” “Anybody else got anything to add?”
- Saying “Uh huh” or “Mmm”
- Changes in voice tone, volume, speed and pitch

(Taken from: Pahad, 2014)
Reflecting is the process of paraphrasing and restating both the feelings and words of the YCC member.

**REFLECTING CONTENT** helps to give focus to the situation but it is also essential to reflect the feelings and emotions expressed by the YCC member in order to bring them into sharper focus.

**REFLECTING FEELINGS**

When reflecting a YCC member’s feelings, you can do so from body cues (non-verbal) as well as verbal messages. Strong emotions such as love and hate are easy to identify, whereas feelings such as affection, guilt and confusion are much more subtle. Therefore, you must have the ability to identify such feelings both from the words and the non-verbal cues, for example body language, tone of voice and so forth. It is important to express your reflection using tentative language and with an appropriate degree of intensity of these emotions.

For example:

“You seem a bit angry?”
“You feel very stressed?”
“You feel quite helpless?”
“You seem to be extremely helpless?”

**REFLECTING MEANING**

To truly reflect the meaning of what the YCC member is saying, you need to combine reflecting content and feeling.

For example:

YCC member said:
“I just don’t understand my boyfriend. One minute he says one thing and the next minute he says the opposite.”

YCC facilitator said:
“You feel very confused by him?”

Reflecting meaning allows the YCC facilitator to reflect the YCC member’s experiences and emotional response to those experiences. It links the content and feeling components of what the YCC member has said. The two main techniques of reflecting are mirroring and paraphrasing.
4.1.3 QUESTION ASKING

Question asking is a critical YCC facilitation skill and should be aimed at encouraging discussion and debate among YCC members. Your role as the facilitator of the YCC is NOT to teach, but to invite club members to interact with you and with one another. This can be achieved just by asking the right questions.

Questions can be asked in two ways: as closed questions and as open-ended questions.

MIRRORING

Mirroring is a simple form of reflecting and involves repeating almost exactly what the speaker says. Mirroring should be short and simple. It is usually enough to just repeat key words or the last few words spoken. This shows you are trying to understand the YCC member and prompts him or her to continue.

PARAPHRASING

Paraphrasing is simply restating what the person has said in your own words. The best way to paraphrase is to listen very intently to what the YCC member is saying. You may use similar and fewer words to clarify that what you heard is what the YCC member was really saying.

It is often the case that people ‘hear what they expect to hear’ due to assumptions, stereotyping or prejudices. When paraphrasing, it is of utmost importance that you do not introduce your own ideas or question the YCC member’s thoughts, feelings or actions.

You can even interrupt to do so, since people generally don’t mind interruptions that indicate you are really striving to understand. If you interrupt someone, make sure you are respectful and don’t compete with them to have a say.

For example:
“What you are saying is…”
“So, what you are telling me…”
“In other words…

(Here’s where you can find out more: http://www.skillsyouneed.com/ips/reflecting.html)

4.1.4 EXPRESSING EMPATHY

Empathy is awareness of the feelings and emotions of other people. It is the link between yourself and others because it is how we as individuals understand what others are experiencing as if we were feeling it ourselves.

Empathy goes far beyond sympathy, which might be considered ‘feeling for’ someone. Empathy, instead, is ‘feeling with’ that person, through the use of imagination. This means placing yourself in the person’s situation while remaining objective. Apathy is a lack of feeling, emotion, interest, and concern. When trying to express empathy as a healthcare provider, you should:

- Not say, “I know how you feel” or “I understand” because you don’t know how the person is truly feeling.
- Rather acknowledge the person’s feelings by saying, “That sounds terrible” or “I’m so sorry”.
- Not compare the person’s problem with someone else’s problem that is much bigger.
- Not ask the person to focus on the positives of the situation by saying, “Every cloud has a silver lining” or “The glass isn’t half empty, it’s half full”.
- Not jump into problem solving mode and try to fix the person’s problems by saying, “How can we fix this problem?”
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Questions can be asked in two ways: as closed questions and as open-ended questions.

CLOSED QUESTIONS

Closed questions generally result in yes, no or other one-word answers. They should only be used when you want precise, short answers. Otherwise, they inhibit discussion. In YCCs we want to encourage participation and interaction. Closed questions do not encourage this and should be used sparingly.

OPEN ENDED QUESTIONS

The open ended question requires elaboration and invites discussion. “Tell me what challenges you face taking your ART every day” seeks information. How, What and Why are words that begin open ended questions.

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4.1.5 SUMMARISING

By using summarising in the YCC discussion, you can encourage people to be more reflective about their positions as they listen for accuracy and emphasis.

Summarising requires you to listen carefully, in order to organise and present information systematically. Summarised information ensures that everyone is clear about what transpired in the just-completed portion of the discussion.

A real value of summarising is that it gives you the opportunity to check for agreement. If YCC members do not agree, it is better for you to know during the discussion than to find out later. One of the most common complaints is that some people think an agreement has been reached, yet things do not occur as planned afterwards. In many instances, that is because there was not really agreement during the discussion.

In summary, this communication skill is a deliberate effort on the part of the YCC facilitator to pull together the main points made by a YCC member or the group involved in a discussion.

(Taken from: Pahad, 2014)

4.2 GROUP DYNAMICS: THE LIFECYCLE OF A GROUP

**FORMING**

Group members are quite tentative when groups are new – polite, interested, keen, enthusiastic, shy.

**NORMING**

Occurs once the group takes some resolution, e.g. group members are consistently late so time of meeting is changed to prevent lateness.

**PERFORMING**

The ultimate stage in a group’s life where things are going really well. Everyone knows each other’s strengths and weaknesses, and gets the job done as a team.

**STORMING**

Group members move into a more relaxed mode and become their real selves. Stage when conflict is most likely to occur – group members get annoyed by one another’s behaviour.

A guide to implementation

YOUTH CARE CLUBS

A guide to implementation
Conflict can be healthy in a group. It shows that group members are taking ownership and sharing their ideas and experiences honestly. However, there are times when healthy conflict escalates and ceases to be constructive. Conflict can happen at any time in a group but is most likely to cause real problems in the ‘storming’ stage. Since emotions resulting from conflict tend to intensity over time and may interfere in YCC attendance or make group discussions tense, it is important to address the conflict as soon as it begins to become unhealthy.

AS THE FACILITATOR OF THE YCC, IT’S USEFUL TO HAVE SOME STRATEGIES TO GUIDE THE GROUP THROUGH CONFLICT:

- Don’t panic when conflict arises – see it as an opportunity for growth.
- Revisit the group’s purpose. Have the group temporarily forgotten what they are there for or are group members working towards different goals?
- Provide a time for group members to speak when the group is together. Try introducing this as ‘time to discuss how we are doing.’
- If the conflict has become too big, it’s sometimes best to stop the meeting. Conflict might be better dealt with just between the people concerned or using an outside facilitator.
- Recognise that people and cultures see and handle conflict in different ways.
- When people are in conflict and not dealing with it, the energy of the group will often be sluggish. Check out what’s happening if you sense an energy loss.
- Try to look at things from each person’s point of view – take their feelings seriously.
- Set some ground rules – things like ‘no put-downs’ or ‘using I statements.’
- Look for options where there are mutual gains.

If addressed constructively, conflict can be an important step in building and maintaining relationships.

(Here’s where you can find out more: https://www.skillsyouneed.com/ips/group-life-cycle.html)
GROUP ACTIVITY

Role-playing facilitation of a YCC discussion. Let’s take everything we’ve learnt so far about communicating with young people and the steps of each YCC visit and put it to the test with a fun role-play activity.

MATERIALS NEEDED:
- YCC registers,
- YCC topic guide,
- pencil,
- screening questions

1. Start by dividing into clinic-specific groups.
2. Turn to the YCC topic guide in the appendix of your manual and as a group decide which discussion topic you’d like to ‘facilitate’.
3. The counsellor in your group will facilitate the session, while the rest of the group pretend to be YCC members.
4. The counsellor will go through the screening questions with each ‘YCC member’ and fill out the register accordingly. Have fun as YCC members, making up answers so that each of you have slightly different screening outcomes.
5. After completing the YCC register, the counsellor will lead the discussion whilst the rest of the group pretend to be different YCC members. To make it more interesting identify who will play the following youth characters: talkative; quiet & shy; restless always looking on their phone; argumentative; interruptor.
6. If you have more than one counsellor in your group then take turns facilitating and co-facilitating.

After 60min we will re-group and discuss the experience.
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NOTES

KEY LEARNING POINTS

1. Active listening, Paraphrasing, Question Asking and Summarising are useful techniques for facilitating YCCs

2. Group conflict is a normal part of the lifecycle of any group

3. There are 3 stages of the YCC visit, each requiring preparation by the YCC counsellor

A guide to implementation YOUTH CARE CLUBS 65
TB SCREENING QUESTIONS:
1. Do you currently have a cough?
2. Have you had a fever for more than 2 weeks, drenching night sweats
   OR weight loss of more than 1.5kg in the last month?
If YES to any, then TB screen is positive “+”
ALL positive TB screens must be referred to a nurse for follow-up.

STI SCREENING QUESTIONS:
1. Are you having sex?
2. Do you have a unusual bad smell or coloured liquid coming from your vagina
   or penis?
3. Do you have any rash, bumps or sores on your vagina or penis?
4. Do you have lower stomach pain?
If YES to any questions 2-4, then STI screen is positive “+”
ALL positive STI screens must be referred to a nurse for follow-up.

CONTRACEPTIVE QUESTION:
• Check if member is on a contraceptive;
If YES, then the screen is negative “-“
If NO, ask: “Are you having sex currently or are you thinking of starting to have sex?”
If YES, then screen is positive “+”
ALL positive screens must be referred to a nurse for contraception options and
further management.

PSYCHOSOCIAL (PSS) QUESTION:
• How have you been feeling since your last visit? Rate yourself between 1 and 10.
  1 being very sad, 10 being very happy and 6 being okay.
If PSS score below 5, then refer to Counsellor for counselling follow-up.

NUTRITION:
• At the member’s first YCC visit, and every 3 months thereafter, use the BMI wheel to
  assess the member’s BMI.
If underweight or overweight refer the member to nurse for follow-up.
YOUTH CARE CLUB
SCREENING QUESTIONS

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REFERENCES


Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: are you helping me or stressing me out? International Journal of Adolescence and Youth, 22(2).


