



Photo by: Eric Bond/EGPAF, 2017

# Picture Cards for Adolescents and Young People in Lesotho:

## A Guide for Mobilizing Youths Ages 10-24 Years to Access HIV Testing and Treatment Services

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# Acronyms

ARV	Antiretroviral
ART	Antiretroviral therapy
BOHAYA	Boipusong HIV AIDS Youth Association
CBO	Community-based organization
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
JHPIEGO	John Hopkins Programme of International Education in Gynecology & Obstetrics
LENASO	Lesotho Network of AIDS Services Organization
LENEPWHA	Lesotho Network of People Living with HIV and AIDS.
LPPA	Lesotho Planned Parenthood Association
MOH	Ministry of Health
NGO	Non-governmental organizations
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
VMMC	Voluntary male medical Circumcision



## Foreword by the Ministry of Health

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The Government of Lesotho, through the Ministry of Health (MOH), is committed to partnering with stakeholders across the country toward the achievement of the 90-90-90 targets and the vision to end AIDS by 2030. Globally, the progress toward elimination is growing in nearly all populations, except adolescents 10-19 years of age. The government has prioritized adolescents and young people as a critical population on which to focus its efforts in order to make the vision of elimination a reality.

The MOH acknowledges the important contributions from development partners and other stakeholders who have enhanced government efforts to ensure health programs address the specific and special needs of adolescents and young people. Adolescent or youth focused programs have improved uptake and service quality for these groups through the revival of adolescent corners at health facilities, the DREAMS partnership, provision of pre-exposure prophylaxis (PrEP), initiatives targeting higher learning institutions, and voluntary male medical circumcision (VMMC), to name a few. Furthermore, it recognises the dedicated efforts by stakeholders who are implementing these programs to engage adolescents and young people.

The MOH is pleased to introduce a set of adolescent engagement picture cards to complement existing efforts in promoting adolescent and youth friendly health service uptake. The cards are intended for use by young people in their communities to stimulate facilitated dialogue and group discussion about available health services and programs. Discussions will also cover topics such as prevention of HIV and treatment guidelines, including provision of PrEP for those eligible, and Test and Treat for all people living with HIV. Through these facilitated discussions, it is our hope that adolescents and young people are encouraged to utilize health services and ultimately to maintain a healthy lifestyle. The MOH acknowledges the extensive work involved in developing, pre-testing, and finalizing the picture cards.

In order to reach all adolescents and young people across Lesotho, the MOH recognizes the need to collaborate with local civil society organizations, international non-governmental organizations (NGOs), other government ministries, and development partners. Let us now join efforts and collectively focus on adolescents and young people so Lesotho can make greater progress towards elimination within those populations. Let us engage with adolescents and young people in ways that encourage them to take action and improve their lives.

**Nkaku Kabi (Mr)**  
**Minister of Health**

## Background

NGOs and community-based organizations (CBOs) and are critical partners in the Test and Treat campaign across Lesotho. Test and Treat enables all people living in Lesotho to know their HIV status and access life prolonging antiretroviral therapy (ART). In 2017, the Joint United Nations Programme on HIV and AIDS (UNAIDS) data estimated that only 72% of people living with HIV in Lesotho knew their HIV status. A priority population within the country is adolescents aged 10-19 years and young people aged 15-24 years old, who may not access health services due to their general appearance of good health and lack of awareness about youth friendly-services and providers. To support targeted mobilization of 10-24 year olds for HIV testing and youth-friendly services, AIDSFree will enhance community engagement activities using picture cards.

This guide provides the steps to implement successful mobilization activities within communities. The tools were piloted and improved during August and September 2017 with help from young members from Lesotho Network of AIDS Services Organisation (LENASO) and Lesotho Network of People Living with HIV and AIDS (LENEPWHA). Led by the MOH, the cards were further piloted by technical working groups comprising various organizations working with adolescents and young people in Lesotho. Technical support for developing and piloting the cards was provided through the United States Agency for International Development (USAID) funded AIDSFree project implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

## Approach

The picture cards help engage the audience and stimulate thinking and discussion around the lives of young people from Lesotho. A facilitator asks questions to prompt a discussion to explore what young people understand about HIV, what health services are accessible locally, if there are gender differences, what community norms may influence decisions or behaviors, and how to support a negative or positive HIV test result. The pictures enable young people to open up and talk about the characters in pictures without having to answer questions for themselves or about their own personal behavior.

A facilitator, oriented on the process and with ample HIV information, shows the photo to a group of 5 to 20 young people. Facilitators are from ages 18 to 35 years old, about five to 10 years older than the audience being mobilized for HIV testing and services. The picture cards consist of a picture on one side and steps to guide facilitation on the back.

Groups can be mixed sex (both boys and girls), just boys, or just girls. They can be grouped by in-school or out-of-school youth, pregnant or breastfeeding, living with HIV or HIV-negative. In piloting the cards, it was found that groups of 10 to 13 year olds and groups of 13 to 17 year olds worked well in engaging the youths in discussion about HIV in a non-threatening way, as well as groups of 15 to 24 years old irrespective whether they were same or mixed sex groups.

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<sup>1</sup> UNAIDS Global AIDS Update 2017. [http://www.unaids.org/en/resources/documents/2017/20170720\\_Global\\_AIDS\\_update\\_2017](http://www.unaids.org/en/resources/documents/2017/20170720_Global_AIDS_update_2017)

## Steps

There are six steps to conducting a picture card discussion for mobilization. These steps take about 45 minutes or more depending on the size and activity of the group.

1. Setting the environment for open discussions with young people. Young groups appreciate icebreakers and energizers to open and break up discussion. This keeps things fun and easy.
2. The facilitator then presents one of the eight photos for possible discussion. The group will select a picture to discuss together. Groups may discuss more than one photo per session if interested or plan another discussion in the future.
3. All conversations start with guidance that this is an open discussion, and all answers are welcome. Then the facilitator invites the group to explain what they see in the selected photo. All photos are from Lesotho. None of the people in the photos can be assumed to be HIV-positive or HIV-negative. The photos are to stimulate dialogue, not investigate real life. If needed, pass the photo around for each participant to look closely.
4. The facilitator uses the photograph to stimulate dialogue by asking questions, some open ended and some of which invite opinions and debate around people's views. Guide the discussion on topic from the people in the images to relationships and HIV.
5. After about 40 minutes, the facilitator will thank the group for taking time to talk together. Then they will ask participants if they have learned anything from talking about the photos.
6. Close by sharing a few (three to four) key messages from the 10 listed at the end of this guide to reinforce use of service and HIV testing after engagement.

Following the session, facilitators will document the session, tracking attendance and the discussion topic. In addition, attendee's may follow-up with the facilitator for personal questions or referrals to health services. Facilitators should offer guidance on the nearest youth corner or clinic service that is convenient for the attendee.

# Facilitators and Facilitation Skills

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The expectation is that this guide will be used by facilitators supporting community and facility programs for HIV prevention and treatment. These facilitators will have attended training on HIV prevention, transmission, or care and support. Expert clients, people living with HIV, peer educators or leaders, young lay counsellors, or youth-friendly providers also make good candidates for use of this mobilization technique.

During the pilot, younger facilitators ranging from 18-35 years old were most successful in engaging and discussing protective behaviors and intention to use HIV services. While older adults and parents may be interested in using the cards, the pilot showed that these discussions are less effective for HIV service mobilization. When older adults facilitated discussions with younger audiences, it was more common for the conversation to become advice on how to avoid HIV based on their personal opinion. Interested parents are welcome to have such discussions at home or within their own families.

A few key facilitation skills can help discussions to move smoothly and be fun. Facilitators should:

- Start with icebreakers, especially those that are appropriate for the setting or age group. If the energy goes down, take a break from the discussion with a song or energizer.
- Prepare for the discussion in advance, and not read from the card directly.
- Help the group to listen and respond by asking one question at a time. Asking why or why not if there are different points of view raised in discussions can keep the discussion going and elicit more information.
- Be ready to help the group to describe their thinking and encourage them. For example, when participant's say that you can prevent HIV with 'safe sex', find out what it means to them to be 'safe'.
- Handle challenging participants with ease. Sometimes adolescents or young people will challenge a new facilitator by asking difficult scientific questions. Be ready to listen but don't feel the need to answer. Usually it leads to more and more detailed and tougher questions. Instead, find out if anyone knows the answer, or be willing to find the answer from a health professional and get back to the person.
- Anticipate misinformation to come from the discussion. Sometimes this is a misunderstanding or a myth. For example, if someone thinks that certain clans in Lesotho cannot contract HIV, react to the statement without immediately telling the person that they are wrong. A response might be, 'That's interesting, has anyone else heard of this? Anyone else think differently? How is HIV transmitted? Does HIV know what clan the person is from?' Invite the group to debate about myths and then ensure they understand the correct information. After the discussion, a facilitator may reach out to individuals and refer them to a health professional who can provide detailed information.



Be prepared to reinforce facts around HIV transmission and prevention. Be clear and specific with language. Here are some suggested statements:

- HIV is transmitted by infected body fluids from one person to another. This includes: blood, breastmilk, vaginal secretions, and semen.
- HIV can be acquired from: a mother during pregnancy, birth, or breastfeeding; through unprotected sexual activity – forced or consensual; or through activities which transfer infected blood or fluids from one person to another. These activities include sharing piercing tools, blades, and stick fighting.
- You cannot get HIV through the following ways: casual contact, touching an HIV-positive person, kissing, saliva, mosquito bites, or sharing utensils or clothes.
- HIV can be prevented by abstaining from sex or using a condom every time you have sex. Condoms are available in clinics for free or in local shops for a small fee. HIV can also be prevented by taking post-exposure prophylaxis (PEP) after unprotected sex (consensual or non-consensual – including rape) or pre-exposure prophylaxis (PrEP), a new option in Lesotho. PrEP is antiretroviral (ARV) drug given daily to people who are at high risk of becoming HIV-positive, such as commercial sex workers, people who have multiple sex partners, discordant couples, and men who have sex with men.
- HIV risk can be reduced by 60% for males who complete VMMC. All men, young and old, should use a condom when having sex to ensure protection.
- People living with HIV can reduce the risk of transmitting their virus to others by taking ART every day as prescribed, and ensuring they achieve viral suppression (undetectable amount of virus in the body), which is particularly important for pregnant and breastfeeding females so they can prevent transmitting HIV to their children.
- Know your status and if you are sexually active know your partner's HIV status.

# Ten Key Messages for Adolescents and Young People 10-24 Years Old

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Each discussion ends with reinforcing some of the key mobilization messages. This is a technique that is used across the community engagement discussions for all populations. These are specific messages for young people in Lesotho.

Adolescence is a period of change and transition from childhood to adulthood with physical, emotional, and social growth. Adolescents should be aware of possible risk and risk reduction behaviors to help them stay healthy and safe.

1. HIV affects all communities in Lesotho.
2. Everyone should know their HIV status in Lesotho, especially adolescents and young people.
3. Parents and communities support adolescents and young people to know their HIV status. If an adolescent or young person is HIV-positive, parents usually want the person to start treatment. If an adolescent or young person is HIV-negative, parents want the person to stay free from HIV.
4. HIV testing is free and it helps anyone counselled to assess their risk, know their HIV status, and access needed risk reduction information (i.e. ways to prevent transmission if living with HIV) and services.
5. HIV treatment is free, and treatment helps anyone who is HIV-positive to stay healthy and live a full life.
6. Adolescents aged 12 years and above can be tested for HIV without a parent's permission. Children 11 years and under need their parent's permission to be tested for HIV.
7. Some adolescents and young people may test positive for HIV. Those who do will be guided and supported to tell their parents, learn how to take medication to reach viral suppression, and achieve a healthy future and fulfill their dreams.
8. It is important for adolescents living with HIV to stay on treatment, even if they look and feel healthy. ARVs keeps the viral load low or undetectable and helps people to stay healthy and achieve their dreams.
9. One needs to seek medical advice from the local clinic when he/she feels that he/she has been exposed to HIV through unsafe sex – no matter age or circumstance. The clinic staff will advise on what to do and support anyone, including those who experienced sexual violence and rape.
10. There are youth-friendly health services for adolescents and young people in most healthcare facilities, especially in larger hospitals and clinics.

## Picture 1: Health Services for Young People



**It is recommended that this picture be used with 15-24 year olds.**

**Welcome:** Include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### **Discussion questions:**

- What do you see in this photo?
- Where could this be?
- Has anyone heard or visited a youth corner at a health facility?
- What was your experience at the health facility?
- How would you describe a health facility that provides youth friendly services?
- What services can young people (15-24 years) find at facilities?
- What services are available for girls and young women?
- What services are available for boys and young men?
- When should a young person seek out HIV testing services?
- What might prevent/stop a young person from accessing services?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### **Closing key messages:**

- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics. Services will also be extended to babies, especially for those youth who have babies.
- All HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, including condoms.
- HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
- It is important for adolescents living with HIV to stay on treatment, even if they look and feel healthy. ART keeps the viral load low or undetectable and helps people to stay healthy and achieve their dreams.

- I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services (**facilitators please remember to complete the referrals forms**).



## Picture 2: Communication between Parents/Guardians and Adolescents



**It is recommended that this picture be used with 10-19 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### Discussion questions:

- What do you see in this photo?
- How are these two people related to each other? What do you think is the relationship of these two people?
- Have you ever heard of situations where relatives take care of other children? Does this happen in your community?
- Do you think this mother knows anything about HIV?
  - If yes, what does she know?
  - If no, why do you say she doesn't know anything?
- Do you think this girl knows anything about HIV?
  - If yes, what does she know?
  - If no, why do you say she doesn't know anything?
- Do you think the girl will feel free to discuss sex and HIV with the mum/parent? If no, what could be done to encourage this communication?
- What do girls in school need to know about HIV?
- Do girls need to know the same information as boys? Why or why not?
- Do girls need to know even more information? Why or why not?
- HIV affects all communities of Lesotho, when should parents talk to their children about HIV?
- How can they do this?
- When can this girl access HIV testing?
- Where can this girl access HIV testing?
- How can parents support their children to prevent HIV?
- How can parents support children living with HIV? Why is this important?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### Closing key messages:

- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
  - Adolescents aged 12 years and may receive an HIV test without a parent's permission. Children 11 years and under need their parent's permission to be tested for HIV.
  - Adolescence is a period of change and transition from childhood to adulthood with physical, emotional, and social growth. Adolescents should be aware of possible risk and risk reduction behaviors to help them stay healthy and safe.
  - Parents and communities support adolescents and young people to know their HIV status. If a young person is HIV-positive, parents want young people to start treatment. If the young person is HIV-negative, parents want adolescents to stay free from HIV.
- As children we are encouraged to talk to our parents, teachers, local health care workers, and other adults we trust about HIV and other health issues.
  - I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms)**.



## Picture 3: Boys and Girls in the Community



**It is recommended that this picture be used with 10-19 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### Discussion questions:

- What do you see in this photo?
- How old do you think these adolescents are?
- What games do adolescents play in your community?
- What games do boys play in your community?
- What do boys talk about when playing together?
- What do boys who are older than these ones talk about when playing together?
- Do you think these adolescents know anything about HIV?
  - If yes, what do they know?
  - If no, why do you say they don't know anything?
- What do you know about HIV?
- In what ways can boys and girls contract HIV?
- In what ways can boys and girls avoid contracting HIV?
- What do you think adolescents should learn about sex?
- At what age do adolescents generally start having sex?
- Where do you think adolescents should get information regarding sex?
- What should adolescents do when they test negative for HIV?
- What should adolescents do when they test HIV-positive?
- How can adolescents living with HIV be supported?
- What motivates adolescents to be tested for HIV?
- Why would some adolescents not want to test for HIV?
- When can adolescents access HIV testing?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### Closing key messages:

- HIV affects all communities in Lesotho.
  - Everyone should know their HIV status in Lesotho, especially adolescents and young people.
  - HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as abstinence, condoms and medical male circumcision, sexually transmitted infection (STI) screening and treatment, PrEP, PEP.
  - HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
  - Adolescents aged 12 years and above can be tested for HIV without a parent's permission. Adolescents 11 years and under need their parent's permission to be tested for HIV.
  - Seek medical advice from the local clinic when you feel you have been exposed to HIV, no matter your age or circumstance. The health care provider will advise you on what to do and support you.
- I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

## Picture 4: Adolescent Boys



**It is recommended that this picture be used with groups of 10-15 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### Discussion questions:

- What do you see in this photo?
- How old do you think these boys are?
- Do you think these boys know about love or sexual relationships?
- What are the risks of engaging in sex?
- What information should boys know before engaging in sex?
- Where do boys get information about sex?
- Do these boys know about HIV?
  - If yes, what do you think they know? (Do they know about VMMC, abstinence, condoms, and staying away from drugs and alcohol?)
  - If no, why do you say they don't know about HIV?
- Do you think girls their age know about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
- Do you think the parents know the HIV status of these boys? Why or why not?
- When can adolescents access HIV testing? (*With parent consent if 11 or younger, and from age 12 years.*)
- What motivates adolescents to be tested for HIV?
- Why would some adolescents not want to test for HIV?
- What can boys who test HIV-negative do to protect themselves from HIV?
- What should boys do when they test HIV-positive?
- Why is it important for the adolescents who are HIV-positive to use ARVs?
- How can families be supported if a young person is living with HIV?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as abstinence, condoms and voluntary medical male circumcision, STI screening and treatment, PrEP, PEP.
- HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
- Seek medical advice from the local clinic when you feel you have been exposed to HIV – no matter your age or circumstance. The nurses will advise you on what to do and support you.
- It is important for adolescents living with HIV to stay on treatment, even if they look and feel healthy. ARVs will help to keep the viral load low or undetectable and help them stay healthy and achieve their dreams.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services (**facilitators please remember to complete the referrals forms**).



## Picture 5: Adolescent Girls



**It is recommended that this picture be used with groups of 10-15 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### Discussion questions:

- What do you see in this photo?
- Is it common for girls to hang out in a group together? What do they talk about when they are together?
- How old do you think these girls are?
- Do you think these girls know about love and sexual relationships?
- What are the risks of engaging in sex?
- Where do they get information about sex?
- What information should girls have before engaging in sex?
- Do these girls know about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
  - What do you think girls will do to protect themselves from HIV?
- When can girls access HIV testing?
- What motivates girls to be tested for HIV?
- Why would some girls not want to test for HIV?
- What can girls who test HIV-negative do to protect themselves from HIV?
- How can we support young people to stay HIV-negative?
- Why is it important for girls who are HIV-positive to use ARVs?
- How can we support girls living with HIV to stay AIDS free (HIV-positive and adhering to treatment)?
- When can adolescents access HIV testing?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Parents and communities support adolescents and young people to know their HIV status. If HIV-positive, parents want young people to start treatment. If HIV-negative, parents want adolescents to take responsibility to stay free from HIV.
- Seek medical advice from the local clinic when you feel you have been exposed to unsafe sex – no matter your age or circumstance. The nurses will advise you on what to do and support you, even in the case of rape.
- It is important for adolescents living with HIV to stay on treatment (ARVs) even if they look and feel healthy. ARVs will help to keep the viral load low or undetectable and help them stay strong and achieve their dreams.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

## Picture 6: Young Mother



**It is recommended that this picture be used with 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### **Discussion questions:**

- What do you see in this photo? How old do you think this young mother is?
- Why do you think this young woman became pregnant at this age?
- What do you think she knew about motherhood before she became pregnant?
- Do you think this young mom knows about HIV?
  - If yes, what do you think she knows?
  - If no, why do you say she doesn't know about HIV?
- Why is it important for the young mother to be tested for HIV?
- Why is it important for the mother to test her baby for HIV?
- Where in the community can this young mom get information about HIV?
- What can mothers do to protect their babies from HIV?
- How can she get support on making the choice for having more children now or in the future? (i.e. correct use of ART and confirmed viral suppression, family planning to manage spacing of children, advise on how to prevent transmission of HIV to the baby during pregnancy, delivery, and/or breastfeeding).

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### **Closing key messages:**

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Seek medical advice from the local clinic for you and the baby – no matter your age or circumstance. The nurses will advise you on what to do and support you.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information and services, especially among pregnant women.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**



## Picture 7: Young Couple



**It is recommended that this picture be used with groups of 10-15 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### **Discussion questions:**

- What do you see in this photo?
- What do you think led to this moment for this young couple?
- What do you think this couple knows about relationships?
- Do you think this couple knows about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
- Where in the community can this couple receive information about HIV?
- Can couples go for HIV testing together?
- What happens if one person learns he/she is HIV-positive and the other is not?
- Assuming you or your boy/girlfriend are HIV-positive, is there a way to protect your sexual partner from HIV?
- How can this couple live HIV free? (prevent HIV and remain HIV-negative in their relationship)
- How can this couple live AIDS free? (if the couple is HIV-positive, how to stay healthy and not progress to AIDS, where sickness and illness are common)
- Can this couple have children, even if one is HIV-positive? How? (Correct use of ART which will lead to suppressed viral load, use of PrEP, guidance on how to prevent transmitting HIV to the baby during pregnancy and/or breastfeeding).

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### **Closing key messages:**

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Some adolescents and youth will test HIV-positive. Those who do will be guided and supported to tell their parents and learn how to take medication and reduce the amount of HIV in their body (viral suppression) and lead healthy lives.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics.
- HIV testing is free and helps any one counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as condoms and voluntary medical male circumcision, STI screening and treatment, PrEP, PEP.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

## Picture 8: PrEP



**It is recommended that this picture be used with groups of 10-15 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

### Discussion questions:

- What do you see in this photo?
- Is it common in our communities for people who are in sexual relationships to openly share their HIV status?
- At what stage do people in relationships feel comfortable to discuss their status?
- In which kind of relationships do people feel comfortable to discuss their HIV status?
- In which kind of relationships do people feel uncomfortable to discuss their status?
- Can young people be in relationships where one partner is HIV-positive and the other is HIV-negative?
- In such relationships what should they do to protect the one who is HIV-negative to remain negative?
- Which types of relationships put young people at risk of getting HIV? (being in multiple and concurrent sexual partnerships, intergenerational sex, transactional sex, dating or being married to people who are HIV-positive, men who have sex with other men, etc.)
- Which types of behaviours or lifestyles increase our risk to become HIV-positive? (having sex while drunk, casual sex/sleeping with people we don't know, unprotected sex, sex work, etc.)

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

### Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- It is important for adolescents to test for HIV. Those who test negative and who feel they are at risk of becoming HIV-positive should go to the health facility and request PrEP.
- PrEP is a new option in Lesotho. PrEP is an ARV given daily to people who are HIV-negative and at high risk of becoming HIV-positive, for example; sex workers, people who have multiple sexual partners, discordant couples, and men who have sex with men.
- PrEP does not provide protection from STIs and unwanted pregnancies so it should be used along with other forms of protection, such as condoms.
- Anyone who is at high risk of becoming HIV-positive may go to the clinic to request PrEP, but the health worker will first assess the person to determine his or her risk.
- Anyone using PrEP must understand the importance of using it correctly and consistently in order for it to be effective (must be used daily for 28 days before it is 90% effective, and should be continued daily while at risk).

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

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# Message Guide for Community Engagement Facilitators

Engaging and Mobilizing  
Communities for Action on  
HIV Testing, PMTCT, ART



MINISTRY OF HEALTH



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# Preparing for community meetings: Facilitation Skills



- Prepare for each meeting by reading your guide and identifying three to five topics to cover during the meeting.
  - Have your guide with you for easy reference in case you need to clarify something.
  - Remember to limit the number of people to 30 as this will enable people to ask questions and discuss freely.
  - Keep encouraging people to share their views and their experiences to increase participation.
  - Show respect to all and acknowledge inputs from all.
  - Try to engage as many people as possible. Don't let one person dominate the discussion.
  - It is okay to admit when you do not have answers to the questions being asked. Say that you will find out for future meetings.
  - Don't have a meeting of more than two hours.
  - To promote open discussion, you can hold meetings for individual groups as follows:
    - Mothers-in-law
    - Women of childbearing age together with their partners
    - Males only
    - Young people/adolescents (mixed gender or same gender only)
    - General members of the community
    - Support groups and community ART groups (CAG) members
    - Any other group in your village (for example, soccer group, choir, etc.)
  - Remember to have these dialogues within walking distance in your home/village (at least one of the meetings per week) to have time for your personal responsibilities.
- Remember to fill in the data collection form at the end of your meeting.

# Key Messages on the Community Engagement Process



1. Community engagement involves trust, partnership, and collaboration. The continuum of community engagement has five levels. Community service organizations need to be aware of these levels and aim to achieve level five. The five levels are:
  - a. Informing
  - b. Consulting
  - c. Partnering
  - d. Collaborating
  - e. Empowering the community to make decisions, implement, and manage the change
2. Both community engagement and community mobilisation are essential in improving uptake of services and should be inclusive of all five levels.
3. Messages should be simple and focused.
4. Messages should be relevant to the various target groups and should involve different group representatives to help share the key messages (e.g., choirs, teachers, comedians, health workers).
5. Show respect when engaging with community members, in particular when presenting information that may contradict or challenge community cultural practices.
6. Information should be presented carefully and should show the advantages of antiretroviral treatment (ART). Allow people to contribute their ideas as well.
7. Empower people demand services at health facilities and work with the health center committees to bring up issues from the community and emphasize the rights of patients.
8. Commemorate World Aids Day (1 December) and World TB Day (24 March) and identify areas to advocate for early antenatal care (ANC), prevention of mother-to-child transmission (PMTCT), and HIV prevention.



# Purpose: To mobilize communities and individuals to know their HIV status by taking an HIV test



## Key messages on HIV

1. HIV is a virus that is found in bodily fluids (e.g., blood). A virus is a tiny germ. It is so small that you cannot see it.
2. HIV makes it difficult for your body to fight illness. You start to get sick very often if you are not on treatment.
3. Most of the time in Lesotho, HIV is passed from one person to another during sex.
4. Mothers can also pass HIV to their babies when they are pregnant, during childbirth, or when they are breastfeeding.
5. HIV can also be passed from one person to another through infected blood (e.g., sharing sharp objects like needles and razors).
6. When you have HIV, you are HIV-positive. Being HIV-positive does not mean you have AIDS. You can still live a happy and healthy life for many years if you practice positive living and you are on treatment.

## How can you keep your immune system strong and avoid HIV re-infection and sexually transmitted infections (STI)?

1. Eat a healthy balanced diet
2. Stay active and get enough rest
3. Avoid alcohol and drugs
4. Practice safe sex by using condoms even when both partners are HIV-positive to avoid re-infection
5. Take medicine as directed by the healthcare worker
6. Visit a healthcare worker for regular check-ups

## Key messages on STIs

1. If you have sex without a condom, you are putting yourself at risk for catching an STI. It is best always to use a condom and know your HIV status and the HIV status of your partner.
2. Open sores in the genital area are always serious and need treatment immediately for the safety of you, your partner, and to unborn child especially if you are pregnant.
3. Symptoms of STIs are **not** always visible. In fact, you could have an STI and have no signs or symptoms, but you are still at risk of passing the STI to others. That is why it is important for you and your partner to go for STI and HIV testing.
4. HIV infection usually has no outward symptoms until the disease is very advanced, so it is important to screen ALL pregnant women and their partners, even if they feel that they are not at risk. Being pregnant means there has been sexual activity, so all pregnant women are at risk.
5. You should be screened on a regular basis to identify potential infections and get treated to prevent passing an infection to others. If you think you have a sign of an STI or believe that you have been exposed to one, it is best to get tested at a healthcare facility.
6. Some STIs can be easily treated or cured, but others require long-term treatment.
7. It is essential to invite your partner to the health facility so that they can also be tested and treated, especially since when left untreated, STIs can increase your risk of acquiring another STI, including HIV.
8. Human Papilloma Virus is sexually transmitted; it can cause cervical cancer in women and cause complications during birth for the mother and baby. In some places, screening for cervical cancer is becoming available and more common. If this screening is offered at your healthcare facility, it is important for you to receive this screening/exam. You can protect yourself if cervical cancer is found early.



## Key Messages for our leaders on HIV testing services

1. Lesotho is number one in TB prevalence in southern Africa.
2. People who are HIV-positive are more susceptible to TB, and this lessens their body's ability to fight diseases. TB can be easily transmitted to people who are living with a person who has TB.
3. Lesotho is number two in HIV (worldwide), and this has an obvious negative impact on the community. It is important for everyone to be tested for HIV so that you know your status, and if positive you start treatment early. Those found to be HIV-positive will also be tested for TB. TB is curable.
4. Mobilise inmates and ex-inmates, factory workers, sex workers to access HIV testing services. Research has shown that these groups are more at risk of getting HIV and TB infections in comparison with other groups.
5. Mobilise adolescents and males to go to the health services, as research shows

- that they don't go to health facilities in large numbers for different reasons.
6. It is important for pregnant women to access health services on time and they must be encouraged to deliver in health facilities where they will receive proper care for health concerns including diabetes, blood pressure, TB, and HIV.
  7. It is important to encourage men to accompany their pregnant partners to the health facility to show that they care and get relevant information on how to support their partners during pregnancy and breastfeeding.
  8. Infant mortality rate is high, and we need to encourage parents to take their infants and children to health facilities to reduce mortality.
  9. If the mother or father is HIV-positive, it is important to test other members of their family, including infants, so that anyone who is HIV-positive can get early treatment.



## Key Messages on testing children: All parents and leaders

1. Pregnant women who are HIV-positive and are not on treatment have a higher chance of transmitting the virus to their unborn child. Mothers are encouraged to be tested for HIV while pregnant. If they are diagnosed as HIV-positive, they should start ART to reduce the chance of passing HIV to their unborn child. It is important to test infants who were exposed to HIV at six weeks to determine their status. If they test HIV-positive, early initiation of medication will increase their chances of survival.
2. Infants who test HIV-positive at six weeks will be given infant antiretroviral medication (ARVs), and their families will receive support on adhering to their medication.
3. Infants who are born to HIV-positive mothers and who test HIV-negative at six weeks and will be tested again at fourteen weeks, nine months, and 18 months. The baby will be given a medication called Nevirapine to reduce their chances of HIV-infection. Early initiation gives them a chance to live a normal and healthy life. Without treatment, 50% of HIV-infected children will die before their fifth birthday.
4. As long as their parents and/or caregivers give consent, we encourage testing infants and children even if the mothers are not available or are not ready to be tested.
5. Infants who are still breastfeeding are at risk of contracting HIV and should be tested again six weeks after stopping breastfeeding.
6. Children whose HIV status is unknown are encouraged to be tested.
7. As long as their parents and/or caregivers give consent, we encourage testing infants and children even if the mothers are not available or are not ready to be tested.
  - Before 2017, the test results for infants less than six months old would take a long time to become available. Since January 2017, there are new machines for testing for HIV. In some clinics, the HIV test results of the children are given on the same day, and those who are HIV-positive are started on treatment immediately.
  - Where these machines are not available, and the results are not available immediately, parents are encouraged to come back to the health facility within two to three days, or in some cases some six to eight weeks, to get their child's test results.

## Key messages on TB



### Symptoms of TB are:

- A cough
- Coughing blood
- Fever and night sweats
- Loss of appetite and weight loss
- Chest pains
- General body weakness

### Important facts about TB:

- People with HIV have more trouble fighting TB.
- It makes their immune system weaker. It allows HIV to become stronger and progress to AIDS faster.
- Prevent TB by seeing a healthcare worker to be screened. You can have TB for a long time before getting symptoms.
- Get a TB screening every time you go to a health facility, especially if you have been in contact with someone who has tested positive for TB or has any of the symptoms listed above.
- If you have been in contact with someone who has tested positive for TB, see a health worker and get INH, which is medication given to prevent progression of TB.
- Cover your mouth with a cloth (handkerchief) or your elbow when you cough or sneeze.

### How you should treat TB:

- If you test positive for TB, it can be cured if you take your prescribed medication properly.
- You must take the full course of treatment. If you do not, your treatment will fail to work.
- At the community level, there are village health workers who support patients and their families to adhere to their treatment by helping them take their medication on a daily basis. Please use this help for moral support.

## Key Messages on post-exposure prophylaxis (PEP)



1. People can become HIV-positive through contact with infected blood, rape, and assault.
2. In such cases, they are encouraged to go to the health facilities within three days (or 72 hours).
3. Rape and assault survivors will be tested for HIV; if their results are negative, they will be given ARVs known as PEP for 28 days to minimize their risk of being infected. If they are found to be HIV-positive, they will be initiated on ART.
4. In addition to ARVs, they will be receiving adherence counselling and support to help them cope with stress and trauma.
5. PEP doesn't prevent pregnancy. Rape survivors will also be counselled and supported for unwanted pregnancy.

6. They will be tested again at four weeks, and if they are HIV-negative, they will stop using PEP. If they are HIV-positive, they will be started on ART.



## Key Messages on pre-exposure prophylaxis (PrEP)

1. In discordant couples (one partner is HIV-positive, and the other partner is HIV-negative) the partner who is HIV-negative is at risk of infection, especially if the couple is not practicing safe sex.
2. To minimize the risk of infection, the HIV-negative partner is given medication referred to as PrEP, and they are encouraged to practice safe sex.
3. The partner who is HIV-negative has the responsibility to seek medical help and advice on using PrEP so that they are well informed. For maximum protection, they must continuously use PrEP even if their partner is on ART.
4. PrEP should be used concurrently with other prevention methods such as condoms.
5. For the medication to be effective, one has to use PrEP for 28 days before HIV exposure. This means that during the first 28 days after starting PrEP, one has to make sure that they are having safe sex or no sex at all.
6. It is only after using PrEP for 28 consecutive days that the medication is effective.
7. PrEP should be used as long as one is still at high risk of contracting HIV. One still has to go to the clinic regularly for health check-ups, and counselling on side effects and adherence.
8. People who stay long periods away from their partners may stop using PrEP during that time. However, they need to use the medication at least 28 days before they meet with their partner for them to be protected.
9. People who stay away shorter periods from their partners (one or two weeks) should use PrEP continuously for maximum protection.
10. People who stay full-time with their partner should use PrEP continuously for maximum protection.
11. One may stop using PrEP when they are no longer in a sexually active relationship with an HIV-positive partner but should continue to go for HIV testing and use condoms.
12. One may stop using PrEP when their partner has been using ART for more than a year and has a very low amount of the HIV; when HIV is too small to count in their blood, also known as low viral load (VL).
13. People who are HIV-negative and using PrEP are encouraged to be tested for HIV every three months.
14. Other people who are at risk and who are encouraged to take PrEP are men who have sex with men, people who engage in paid sex, and people who have multiple and concurrent sexual partners.



# Purpose: To mobilize people who are HIV-positive to start ART as early as possible and use their medication correctly.



## Key messages on HIV Test and Treat

1. All HIV-positive clients should take ART regardless of their CD4 count.
2. Early use of ART is more beneficial than delayed ART for preventing morbidity and mortality.
3. Why test and treat now?
  - The resources are available and more affordable, and the drugs are less toxic.
  - People who are on treatment have a reduced chance of infecting others.
  - Only 6 out of 10 adults and 5 out of 10 children are accessing treatment. Test and Treat will increase the number of adults and children accessing treatment.
4. HIV-positive patients are vulnerable to opportunistic infections and AIDS-related deaths. Early initiation of treatment will;
  - Reduce morbidity and mortality, as treatment helps to strengthen the immune system.
  - Benefit discordant couples, as starting treatment will reduce the chances of an infected partner passing the virus to their partner.
5. The CD4 count will no longer be used to decide if one may start ART or not (**all HIV-positive persons will be put on ART irrespective of CD4 count**) and everyone will be required to go through VL testing six months after they start treatment and yearly thereafter.
6. VL has not replaced CD4 count; they complement each other.
7. There is a difference between CD4 count (strength of the immune system) and VL. The VL helps to show if the treatment is working or not. In some cases, the VL test helps the health workers know if the patient is using their medication correctly or not. VL also helps to identify people who need more support in using their medication (enhanced adherence counseling).

## Key messages on ANC

1. ANC is important because your baby's health depends on your and your partner's health. Early ANC helps identify problems that could affect your pregnancy and the health of the baby. ANC can also identify if the birth will be difficult and need extra support at the health facility.
2. Bring your partner with you to ANC visits as early possible.
3. You should go to the health facility soon after you have missed your period or suspect



you are pregnant – even before your pregnancy is showing!

4. It is recommended that you complete at least four ANC visits, or more as recommended by the healthcare worker.
5. Services at ANC include examination and screening for diseases, immunizations, health education, and counseling.
6. Supplements will be provided, especially iron/folic acid and vitamins.



## Key messages on PMTCT

1. Encourage women to go to the health facility as early as possible together with their husbands/partners. Attend at least four ANC visits during pregnancy.
2. Deliver in the health facilities and receive comprehensive care. Infants born to HIV-positive mothers will receive attention from the health practitioners.
3. All breastfeeding mothers (who are HIV-negative) should be tested for HIV every three months during breastfeeding.
4. Pregnant and breastfeeding women should continue using condoms to reduce the chance of becoming HIV-positive and transmitting HIV to their baby.
5. Transmission of HIV from mother to child can be prevented by ART.



## Benefits of delivering in health facilities

- It is better to deliver in a health facility as healthcare workers can handle life-threatening emergencies or complications (retained placenta, breech birth, etc.).
- A delivery plan is helpful. It makes women aware of what to bring when they go to labor and prepare accordingly.
- Adhere to medication, especially ART, as it will save you and your baby.

**Remember most clinics have rooms for expectant mothers who live far away from the health facilities. You should arrange to be accommodated in these rooms as your delivery time approaches.**

## Key messages on male involvement



1. Men must prioritize their own health so that they can better support the well-being of their families.
2. Men want healthy children, so the health of the unborn child should take priority in all the discussions about their involvement in antenatal facility visits.
3. When men visit the health facilities, they have a chance to receive comprehensive services including screenings for high blood pressure, glucose, prostate cancer, TB, and voluntary male medical circumcision (VMMC), not only being tested for HIV.
4. Women need to work with men to deal with daily stressors like money and providing for the family.
5. Stress can make men physically sick and can lead to health problems. It can cause men to drink and smoke excessively leading to violence and risky behaviour that will affect their spouses and children.
6. If men are stressed, they should get support from friends, church, healthcare workers, and counsellors. They should take part in social activities with their families or friends, such as exercising.
7. Women need to improve communication with their partners so that they are receptive to their suggestions. Women need to start sensitive conversations when men are happy and relaxed.
8. Men and women should be encouraged to share their roles and responsibilities at home as a way of bonding and strengthening families.
9. Men should be encouraged to go to the facility and listen to the heartbeat of the unborn baby as a way of involving them in the pregnancy.
10. Discuss and challenge stereotypes that stipulate health seeking is supposed to be done by women. Start making changes at the family level, so that change will be easier to implement at the community level because buy-in will already be high.
11. Men should have forums where they learn about PMTCT and childbirth issues and understand that their support is essential for the birth of a healthy baby.



# Purpose: To mobilize HIV-positive people so that they can take their medication correctly to keep their VL low, stay healthy, and lower the risk of transmission.



## Key messages on treatment adherence

1. You have to take ARVs at the same time every day. Try to build them into your daily routine, so you remember to take them at the right time. This is very important to keep your VL low.
2. The ARVs are what stop HIV from attacking and killing your CD4 cells.
3. If you take your ARVs every day, after a period of time, your VL should be undetectable.
4. An undetectable VL does not mean your HIV is cured. ARVs do not cure HIV.
5. The lower your VL, the more your CD4 cells will increase.
6. The higher your CD4 count, the less likely you are to become ill from other serious infections.
7. However, if you get sick from another illness, you need to go to your clinic to get treatment. Taking ARVs alone will not treat other infections like STIs and TB. You still need to practice safe sex and treat other infections on time.



## Key messages on VL testing

We translate undetectable as *kokoana hloko ha e balehe* NOT *ha e bonahale* which means *very low number that is too small to count*; saying HIV is not visible may be misinterpreted and some people will stop using treatment when VL is undetectable.

1. It is important that all HIV-positive patients, including CAG members, go to health facilities for VL testing.
2. When you are in the clinic, ask the health worker about the date when your VL test will be done.
3. When the treatment is working well, the virus becomes undetectable. However, even when it is undetectable do not stop taking your medication, as there is no cure for HIV yet.
4. It is important to remember that ARVs help to reduce the virus in the blood to a very low number that is too small to count (hence we say *kokoana hloko ha e balehe* NOT *ha e bonahale*). The virus is still there in your blood. Therefore, it is important to continue taking medication to keep it very low.

5. CD4 count and a VL test are different. CD4 count measures the strength of the immune system and VL testing measures the amount of virus in your blood.
6. VL tests show the effectiveness of the ARVs in reducing the virus in your blood.

### **Important Message:**

It is important to know how well the ART is working in your body; VL tests show the effectiveness of the ARVs in reducing the virus in your blood. You should know the specific day on which your health facility draws out blood for VL testing so that you don't go to the facility on a wrong day. Being there on the right day will save you money and time.

Your VL must be tested six months after you start ART, and once a year after that.

It is your responsibility to ask the healthcare worker about your VL results. Please always ask for your results.

### **Key messages on moral support/support groups**



1. It is usually hard for people when they find out they are HIV-positive.
2. In our communities and families, we know people who are living healthy lives even though they are HIV-positive. We need such people to support those who are finding out their positive status for the first time. Support groups and community health workers are also available to offer moral support.
3. If one tests HIV-positive, it is advisable to join support groups for moral support and to get relevant information on how to adhere to treatment.
4. When an HIV-positive patient has shown that she/he has successfully adhered to their treatment, she/he may be provided more than one month's supply of ARVs to reduce the number of the trips needed to the health facility.

### **Key messages about CAGs**



1. People who have been on ART for more than six months and have been adhering to their treatment are encouraged to form CAGs. A CAG is a group of people (between two and 12 members) who agree to work together for the best outcome of their treatment. Group members will take turns going to the health facility to collect the entire groups' medication.
2. Ideally, CAG members should be from the same community.
3. CAG members support one another in taking their medication correctly and provide moral support for living positively with HIV.
4. By being in a CAG, one saves money and time since members take turns going to the health facility to collect each other's medication.
5. CAGs are especially good for the aged and people who are working and may not have time to go to the clinic on a monthly basis.

6. Each CAG member will have an opportunity to go to the clinic at least once a year for regular check-ups including weight and to draw blood for VL monitoring.
7. Family members who are on ART can also form their own family CAG.
8. You can join CAGs if you are stable on treatment and have no opportunistic infections or other medical conditions.
9. You can join CAGs if your CD4 count is above 200.
10. You can join CAGs if your VL is below 1,000.
11. The nurses in the ART corners, counsellors, and village health workers will support and connect people who are interested in joining CAGs.
12. Members of CAGs are requested to encourage their partners and other members of their families to receive an HIV test.
13. You are **NOT ALLOWED** to be an active member of a CAG if you are pregnant and breastfeeding or have opportunistic infections (but you can remain as a social member).
14. Children and people with mental disabilities can be dependant CAG members in our villages.



## Key messages on community ART initiation

### Did you know that you can now test for HIV at your own home or in a mobile clinic/tent temporarily stationed in our village or in town?

- The Ministry of Health has trained counsellors to provide counselling and testing services at community level. They have also been trained on confidentiality so that they will not disclose people's results with other community members.
- The different service providers pitch tents in places such as bus stops, shopping centers, or any other busy places where there are high numbers of people who can use these services.
- Other counsellors provide their services by going from house to house in our villages.

### What kind of support do I get after testing?

- If an individual tests HIV-negative, the counsellors will give them information on how to remain HIV-negative.
- If an individual tests HIV-positive, the counsellors will instruct them to go to the health facility of their choice, where they will be tested again to confirm that they are indeed HIV-positive. They will be initiated on ART at the health facility.
- When you have tested at the community level or in town (in a temporary tent), you will be given an identification card to present when you go to the health facility to indicate that you were first tested at the community level. In some temporary testing tents, if there is a nurse present, those found to be HIV-positive will be

given a 14-day supply of ARVs. At the end of 14 days, they will be expected to present themselves at the health facility.

### **What are the benefits of testing at the community or in town away from the health facility?**



- The services have been brought closer which saves time and money for transportation.
- After testing, you will be guided on where to get the necessary support.
- You may be linked to support groups of people living with HIV and to the village health worker to help you accept your positive status.

### **Our key message as we conclude this discussion:**

We encourage everyone who tests in tents, at home, or in the health facilities to use your correct name and provide a valid phone number and address so the health facilities can follow up with reminders for regular check-ups. This makes it easy for you to access treatment at any facility if you are relocating.

### **Key messages on nutritional assessment and counseling support**



1. Health workers assess everyone who comes to the health facility to determine their nutritional status and determine if they are undernourished.
2. Those who are undernourished receive counseling and nutritional support. Undernourished adults are given Plumpy 'Nut as a food supplement.
3. An undernourished patient is given appointment dates to visit the health facility on a regular basis to assess and monitor their nutritional status.

### **Nutrition for infants/children**

- It is important for parents to take their infants/children to the clinics for regular check-ups so that health personnel can check if they are being fed properly and growing well.
- At the community level, parents should also take their infants/children who are under five to the village health workers to be weighed.
- Children under five who are undernourished will be given super cereal or Plumpy 'Nut as a food supplement.

### **How do we know if one is undernourished?**

- Everyone who visits the health facility is weighed, and their height is measured.
- The health worker uses weight and height and looks at their general health status to determine if the person is undernourished.
- Parents are guided on how to feed their infants/children, appropriate portions, hygiene practices, and the importance of immunization.



- Adults are guided on how to eat well-balanced meals, hygiene practices, and how to use and adhere to treatment.
- An undernourished person will be counselled and given appropriate support and an appointment to come back to the health facility after two weeks or a month to be monitored to ensure their health is improving.
- An undernourished person will also be linked to other appropriate services for support (e.g., social welfare) and community health workers for adherence support.
- An HIV-positive person who is undernourished requires extra support and will be requested to come to the health facility regularly, i.e., after four or six months.

### **Why do people become undernourished?**

- Illness may lead to loss of appetite, and a person eats less food.
- Sometimes people do not eat appropriate amounts due to limited access to food.
- Not feeding infants/children appropriately leads to undernourishment; not taking them for weight check-up during immunization days delays identification of malnourished children.

### **What can we do as a community to improve our nutritional status?**

- The community health workers, such as the village health workers, assist the Ministry of Health in monitoring nutritional status at the community level. Community and village health workers are trained to weigh infants and assess adults to identify people who are undernourished.
- Members of CAGs are also encouraged to support one another, talk about nutrition in their meetings, discuss how to maintain healthy lifestyles, and support one another on adherence.
- Parents have to breastfeed their infants, take their infants and children for immunization and regular health check-ups, and feed them well as guided by the health workers.
- Actions such as growing vegetables at home and raising small livestock like chickens will help improve intake of different micronutrients.
- People should seek guidance from the Ministry of Agriculture on how to produce vegetables at home.

## Key messages on adolescent-friendly services



### Between adolescents and adults, whom do we think visits the health facilities more often?

1. It has been noted that adolescents do not visit the health facilities regularly, and this is due to various reasons.
2. The good news is that to address this challenge, there are Adolescent Corners in most of the major clinics. In these areas, only young people receive services (no adults).
3. In places where there are no Adolescent Corners, the health workers have been trained on how to serve young people. This is to encourage young people to utilize health services in a manner that suits them.
4. In the Adolescent Corners, the nurse and the counsellors are young people who understand the needs of fellow young people.
5. We encourage adolescents and young people to visit the health facilities to access different services which include:
  - HIV testing, counselling, support on how to stay HIV-negative if they test negative, access to ARVs if they test HIV-positive, and skills and support on positive living.
  - Other services targeting young people include VMMC and screening for prostate or cervical cancer.

## Key messages for males to use male clinics



### Between men and women, who visits the health facilities more often?

- Men do not visit the health facilities frequently for various reasons. Sometimes they do not go because of work-related issues.
- The good news is that in some major hospitals there are specialized clinics dedicated to serving only men, at times when men are not at work (e.g., opening at 7 a.m.). These clinics are called Khotla.
- The staff who work in these clinics are predominately male, and they include male nurses and male counsellors; this makes it easy for men to disclose their health issues to other men who understand their health needs.
- We encourage men to go to the clinics to seek services such as counselling and testing for HIV. If men test HIV-negative they will be given information on how to remain HIV-negative; if they test HIV-positive, they will be given information on how to adhere to their treatment while living with HIV.
- In these clinics, men can also access services such as screening for prostate cancer, VMMC, and STI treatment.
- We also encourage men to accompany their partners to the clinics when they are pregnant and during breastfeeding.









# Picture 1: Health Services for Young People



It is recommended that this picture be used with 15-24 year olds.

**Welcome:** Include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- Where could this be?
- Has anyone heard or visited a youth corner at a health facility?
- What was your experience at the health facility?
- How would you describe a health facility that provides youth friendly services?
- What services can young people (15-24 years) find at facilities?
- What services are available for girls and young women?
- What services are available for boys and young men?
- When should a young person seek out HIV testing services?
- What might prevent/stop a young person from accessing services?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics. Services will also be extended to babies, especially for those youth who have babies.
- All HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, including condoms.
- HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
- It is important for adolescents living with HIV to stay on treatment, even if they look and feel healthy. ART keeps the viral load low or undetectable and helps people to stay healthy and achieve their dreams.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

Photo by: Eric Bond/EGPAF, 2017

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# Picture 2: Communication between Parents/Guardians and Adolescents



It is recommended that this picture be used with 10-19 year olds.

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- How are these two people related to each other? What do you think is the relationship of these two people?
- Have you ever heard of situations where relatives take care of other children? Does this happen in your community?
- Do you think this mother knows anything about HIV?
  - If yes, what does she know?
  - If no, why do you say she doesn't know anything?
- Do you think this girl knows anything about HIV?
  - If yes, what does she know?
  - If no, why do you say she doesn't know anything?
- Do you think the girl will feel free to discuss sex and HIV with the mum/parent? If no, what could be done to encourage this communication?
- What do girls in school need to know about HIV?
- Do girls need to know the same information as boys? Why or why not?
- Do girls need to know even more information? Why or why not?
- When should parents talk to their children about HIV?
- How can they do this?
- When can this girl access HIV testing?
- Where can this girl access HIV testing?
- How can parents support their children to prevent HIV?
- How can parents support children living with HIV? Why is this important?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
  - Adolescents aged 12 years and above may receive an HIV test without a parent's permission. Children 11 years and under need their parent's permission to be tested for HIV.
  - Adolescence is a period of change and transition from childhood to adulthood with physical, emotional, and social growth. Adolescents should be aware of possible risk and risk reduction behaviors to help them stay healthy and safe.
  - Parents and communities support adolescents and young people to know their HIV status. If a young person is HIV-positive, parents want young people to start treatment. If the young person is HIV-negative, parents want adolescents to stay free from HIV.
- As children we are encouraged to talk to our parents, teachers, local health care workers, and other adults we trust about HIV and other health issues.
  - I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services (**facilitators please remember to complete the referrals forms**).

Photo by: Eric Bond/EGPAF, 2016









# Picture 3: Boys and Girls in the Community



It is recommended that this picture be used with 10-19 year olds.

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- How old do you think these adolescents are?
- What sort of games do adolescents play in your community?
- What games do boys play in your community?
- What do boys talk about when playing together?
- What do boys who are older than these ones talk about when playing together?
- Do you think these adolescents know anything about HIV?
  - If yes, what do they know?
  - If no, why do you say they don't know anything?
- What do you know about HIV?
- In what ways can boys and girls contract HIV?
- In what ways can boys and girls avoid contracting HIV?
- What do you think adolescents should learn about sex?
- At what age do adolescents generally start having sex?
- Where do you think adolescents should get information regarding sex?
- What should adolescents do when they test negative for HIV?
- What should adolescents do when they test HIV-positive?
- How can adolescents living with HIV be supported?
- What motivates adolescents to be tested for HIV?
- Why would some adolescents not want to test for HIV?
- When can adolescents access HIV testing?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as abstinence, condoms and medical male circumcision, sexually transmitted infection (STI) screening and treatment, PrEP, PEP.
- HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
- Adolescents aged 12 years and above can be tested for HIV without a parent's permission. Adolescents 11 years and under need their parent's permission to be tested for HIV.
- Seek medical advice from the local clinic when you feel you have been exposed to HIV, no matter your age or circumstance. The health care provider will advise you on what to do and support you.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms)**.

Photo by: Eric Bond/EGPAF, 2017









# Picture 4: Adolescent Boys



**It is recommended that this picture be used with groups of 10-15 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- How old do you think these boys are?
- Do you think these boys know about love or sexual relationships?
- What are the risks of engaging in sex?
- What information should boys know before engaging in sex?
- Where do boys get information about sex?
- Do these boys know about HIV?
  - If yes, what do you think they know? (Do they know about VMMC, abstinence, condoms, and staying away from drugs and alcohol?)
  - If no, why do you say they don't know about HIV?
- Do you think girls their age know about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
- Do you think the parents know the HIV status of these boys? Why or why not?
- When can adolescents access HIV testing? (*With parent consent if 11 or younger, and from age 12 years.*)
- What motivates adolescents to be tested for HIV?
- Why would some adolescents not want to test for HIV?
- What can boys who test HIV-negative do to protect themselves from HIV?
- What should boys do when they test HIV-positive?
- Why is it important for the adolescents who are HIV-positive to use ARVs?
- How can families be supported if a young person is living with HIV?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as abstinence, condoms and voluntary medical male circumcision, STI screening and treatment, PrEP, PEP.
- HIV treatment is free, and helps anyone who is HIV-positive stay healthy and live a full life.
- Seek medical advice from the local clinic when you feel you have been exposed to HIV – no matter your age or circumstance. The nurses will advise you on what to do and support you.
- It is important for adolescents living with HIV to stay on treatment, even if they look and feel healthy. ARVs will help to keep the viral load low or undetectable and help them stay healthy and achieve their dreams.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

Photo by: Eric Bond/EGPAF, 2017









# Picture 5: Adolescent Girls



**It is recommended that this picture be used with 10-14 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- Is it common for girls to hang out in a group together? What do they talk about when they are together?
- How old do you think these girls are?
- Do you think these girls know about love and sexual relationships?
- What are the risks of engaging in sex?
- Where do they get information about sex?
- What information should girls have before engaging in sex?
- Do these girls know about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
- What do you think girls will do to protect themselves from HIV?
- When can girls access HIV testing?
- What motivates girls to be tested for HIV?
- Why would some girls not want to test for HIV?
- What can girls who test HIV-negative do to protect themselves from HIV?
- How can we support young people to stay HIV-negative?
- Why is it important for girls who are HIV-positive to use ARVs?
- How can we support girls living with HIV to stay AIDS free (HIV-positive and adhering to treatment)?
- When can adolescents access HIV testing?

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Parents and communities support adolescents and young people to know their HIV status. If HIV-positive, parents want young people to start treatment. If HIV-negative, parents want adolescents to take responsibility to stay free from HIV.
- Seek medical advice from the local clinic when you feel you have been exposed to unsafe sex – no matter your age or circumstance. The nurses will advise you on what to do and support you, even in the case of rape.
- It is important for adolescents living with HIV to stay on treatment (ARVs) even if they look and feel healthy. ARVs will help to keep the viral load low or undetectable and help them stay strong and achieve their dreams.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

Photo by: Eric Bond/EGPAF, 2017









# Picture 6: Young Mother



**It is recommended that this picture be used with 10-14 and 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo? How old do you think this young mother is?
- Why do you think this young woman became pregnant at this age?
- What do you think she knew about motherhood before she became pregnant?
- Do you think this young mom knows about HIV?
  - If yes, what do you think she knows?
  - If no, why do you say she doesn't know about HIV?
- Why is it important for the young mother to be tested for HIV?
- Why is it important for the mother to test her baby for HIV?
- Where in the community can this young mom get information about HIV?
- What can mothers do to protect their babies from HIV?
- How can she get support on making the choice for having more children now or in the future? (i.e. correct use of ART and confirmed viral suppression, family planning to manage spacing of children, advise on how to prevent transmission of HIV to the baby during pregnancy, delivery, and/or breastfeeding).

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Seek medical advice from the local clinic for you and the baby – no matter your age or circumstance. The nurses will advise you on what to do and support you.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information and services, especially among pregnant women.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms)**.

Photo by: Eric Bond/EGPAF, 2017









# Picture 7: Young Couple



**It is recommended that this picture be used with 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- What do you think led to this moment for this young couple?
- What do you think this couple knows about relationships?
- Do you think this couple knows about HIV?
  - If yes, what do you think they know?
  - If no, why do you say they don't know about HIV?
- Where in the community can this couple find information about HIV?
- Can couples go for HIV testing together?
- What happens if one person learns he/she is HIV-positive and the other is not?
- Assuming you or your boy/girlfriend are HIV-positive, is there a way to protect your sexual partner from HIV?
- How can this couple live HIV free? (prevent HIV and remain HIV-negative in their relationship)
- How can this couple live AIDS free? (if the couple is HIV-positive, how to stay healthy and not progress to AIDS, where sickness and illness are common)
- Can this couple have children, even if one is HIV-positive? How? (Correct use of ART which will lead to suppressed viral load, use of PrEP, guidance on how to prevent transmitting HIV to the baby during pregnancy and/or breastfeeding).

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- Some adolescents and youth will test HIV-positive. Those who do will be guided and supported to tell their parents and learn how to take medication and reduce the amount of HIV in their body (viral suppression) and lead healthy lives.
- There are youth-friendly health services in most facilities, especially larger hospitals and clinics.
- HIV testing is free and helps anyone counselled to assess their risk, know their HIV status, and access correct risk reduction information (i.e. ways to prevent transmission if already HIV-positive) and services, such as condoms and medical male circumcision, STI screening and treatment, PrEP, PEP.

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

Photo by: Robin Wyatt/EGPAF, 2014









# Picture 8: PrEP



**It is recommended that this picture be used with 15-24 year olds.**

**Welcome:** Introduce yourself and include an energizer or icebreaker.

We're going to use this photo to have a discussion about health services. Everyone should feel free to answer; all answers are welcome.

## Discussion questions:

- What do you see in this photo?
- Is it common in our communities for people who are in sexual relationships to openly share their HIV status?
- At what stage do people in relationships feel comfortable to discuss their status?
- In which kind of relationships do people feel comfortable to discuss their HIV status?
- In which kind of relationships do people feel uncomfortable to discuss their status?
- Can young people be in relationships where one partner is HIV-positive and the other is HIV-negative?
- In such relationships, what should they do to protect the one who is HIV-negative to remain negative?
- Which types of relationships put young people at risk of getting HIV? (being in multiple and concurrent sexual partnerships, intergenerational sex, transactional sex, dating or being married to people who are HIV-positive, men who have sex with other men, etc.)
- Which types of behaviours or lifestyles increase our risk to become HIV-positive? (having sex while drunk, casual sex/sleeping with people we don't know, unprotected sex, sex work, etc.)

**Wrap up learning:** What new things have we learned from our discussion today? Appreciate contributions from the group and what they have learned.

## Closing key messages:

- HIV affects all communities in Lesotho.
- Everyone should know their HIV status in Lesotho, especially adolescents and young people.
- It is important for adolescents to test for HIV. Those who test negative and who feel they are at risk of becoming HIV-positiveshould go to the health facility and request PrEP.
- PrEP is a new option in Lesotho. PrEP is an ARV given daily to people who are HIV-negative and at high risk of becoming HIV-positive, for example; sex workers, people who have multiple sexual partners, discordant couples, and men who have sex with men.
- PrEP does not provide protection from STIs and unwanted pregnancies so it should be used along with other forms of protection, such as condoms.
- Anyone who is at high risk of becoming HIV-positive may go to the clinic to request PrEP, but the health worker will first assess the person to determine his or her risk.
- Anyone using PrEP must understand the importance of using it correctly and consistently in order for it to be effective (must be used daily for 28 days before it is 90% effective, and should be continued daily while at risk).

• I will discuss one-to-one with anyone who is interested in accessing any of the services we talked about today and provide more guidance on how to benefit from the available services **(facilitators please remember to complete the referrals forms).**

Photo by: Robin Wyatt/EGPAF, 2014

