

Involving Young People in Efforts to Combat HIV and AIDS in Africa:

The Importance of Income-Generating Strategies



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Table of Contents

Executive Summary	5
1. Introduction	8
2. HIV and AIDS Prevalence and Risk Factors among Young People in Sub-Saharan Africa	10
3. Strategies to Address the HIV and AIDS Epidemic: Youth Involvement across the Continuum of HIV and AIDS Programs and Services	16
4. Examples of Youth Involvement in HIV and AIDS Work	23
5. Conclusion	41
Endnotes	44
Appendices	50

Executive Summary

Young people ages 15–24 who are seeking meaningful, secure, income-generating work constitute a sizable portion of the population in developing countries. This age group is also at the center of the global HIV and AIDS epidemic. Almost half of all new HIV infections occur in young people ages 15–24.¹ Poverty and limited access to health care, education, and paid employment create situations that make young people most vulnerable to HIV infection.

This paper examines the importance of developing strategies to involve young people in income-generating activities to fight HIV and AIDS in sub-Saharan Africa. These strategies support young people in gaining important skills and earning income to reduce their own poverty. The strategies also help foster a sense of hope and purpose in young people as they contribute to addressing this social problem.

The paper highlights:

- The prevalence of HIV and AIDS among young people, predominant modes of transmission, populations affected, and related social issues in sub-Saharan Africa
- The interrelationship of HIV and AIDS, economic development, poverty, and work for young people
- Specific case examples of organizations that involve young people in the continuum of HIV and AIDS prevention, treatment, and care services and offer models for compensating young people's contributions

The Role of Youth Workforce Development in the Fight against HIV and AIDS

A number of international declarations and institutions have affirmed the need to improve youth employment opportunities as part of global and national development agendas.² In February 2004, approximately 88.2 million young people worldwide were unemployed. Youth unemployment accounts for 47 percent of the world's total 186 million unemployed persons. In 2003, 18.6 million young people in sub-Saharan Africa—21 percent of the young people in that region—were unemployed.³

To ensure that services are effective, young people must be included in all phases of research, program design, implementation, outreach, monitoring, and evaluation. They understand the interests and needs of their peers and know the best ways to reach them.



Youth unemployment and underemployment are risk factors related to social problems, such as poverty, crime, drugs, and health problems. When young people comprise at least 40 percent of the population, large numbers of unemployed and idle youth may threaten national stability.^{4, 5}

People living in poverty, who often suffer from multiple health burdens such as malnutrition and malaria, are at a heightened risk for contracting HIV and AIDS.⁶ In sub-Saharan Africa, as in other parts of the world, rates of HIV and AIDS are high among young people. According to UNAIDS, about 6.2 million of the 24.5 million people living with HIV and AIDS in sub-Saharan Africa are young people.⁷ Of all the major causes of avoidable deaths in developing countries, HIV and AIDS have created an especially serious social crisis. They rob communities and nations of their young and most economically productive members in record numbers. As HIV and AIDS spread, the economic cost of the disease will also increase due to the need for and impact on skilled labor, especially in a global economy.⁸ Youth employment strategies can address these complex problems.

Youth Engagement: An Investment in the Future

Young people ages 15 to 24 are typically the target audience of HIV and AIDS programs and services. However, they have a great potential to be program designers and deliverers. As key stakeholders, they comprise a large and valuable resource in combating the epidemic. When given training and opportunities, they have shown that they can contribute to significantly more relevant prevention, care, and treatment initiatives and interventions.

To ensure that services are effective, young people must be included in all phases of research, program design, implementation, outreach, monitoring, and evaluation.

They understand the interests and needs of their peers, and they know the best ways to reach them. They can guide the development of stigma-free messages that speak to the reality of youths' lives and help ensure that all care is "youth-friendly."

Young people can also help to combat HIV and AIDS by serving on policy bodies; collecting data, such as community assessments or even epidemiologic or etiologic data to determine priorities for policies, programs, and services; and carrying out advocacy efforts,

such as educating and mobilizing young people to work for change through the media and other channels. Finally, they can play a vital role in programs that deal with substance abuse and HIV and AIDS, as well as those that seek to ensure access to safe water, sanitation, and food.

All of these different types of involvement in HIV- and AIDS-related efforts serve to raise young people's general awareness of the disease. With this enhanced awareness, comes possible positive behavior change in protective and health promoting behaviors.

Yet, in poor countries where economic development is a concern and a goal for governments and much of the population, youth involvement and long-term commitment to HIV and AIDS work must be more than voluntary. Paid work provides individual and household resilience to cope with the impact of the disease.

For young people to become involved in ways that lead to paid work and income generation, this paper recommends that leaders in the fight against HIV and AIDS take the following action steps:

- 1) Identify and develop work opportunities for young people in the field of HIV and AIDS
- 2) Publicize and create greater awareness of these opportunities
- 3) Provide skills training and mentoring, including through paid work

Other areas for further action and research include promoting support for youth employment in HIV and AIDS work by multilateral, bilateral, and national organizations; linking strategies for youth employment in HIV/AIDS work with best practices in youth employment in general; supporting youth entrepreneurship in general and related to HIV and AIDS work; and developing mentors in the fields of public health, education, international development, business, and other fields to promote youth interest and professional development.

Introduction

The inextricable links between poverty, unemployment, and the spread of HIV and AIDS make involving young people in the fight against HIV and AIDS a top priority world-wide.

Young people have always been, and will continue to be, part of the population that is most vulnerable to HIV and AIDS. They often begin their sexual behavior before they have the knowledge and skills to protect themselves, are exploited by others, lack opportunities to improve their lives, and feel a sense of despair about their future that adds to their vulnerability.

Despite their high-risk status and the devastation caused by HIV and AIDS, young people are capable of making responsible decisions to protect themselves when given the necessary information, skills, and support. Furthermore, youth who engage in HIV and AIDS work are able to educate and motivate their peers to make safe choices and to be important agents in the design and delivery of programs and services.

From the beginning of the HIV and AIDS epidemic, young people have been involved as volunteers and student interns. They have worked to spread awareness and information about HIV and AIDS and sexual health; offered counseling; acted as companions; and provided care.

Over the past several years, policymakers and program designers have been paying increased attention to youth participation in HIV and AIDS work. Yet, more must be done to involve young people in the fight against HIV and AIDS in the form of meaningful, paid work. The inextricable links between poverty, unemployment, and the spread of HIV and AIDS make this a top priority worldwide.

To inform and guide policymaking, this paper explores the role of youth engagement and income-generating strategies in mitigating the devastating impact of HIV and AIDS on young people's lives. It describes innovative efforts to compensate youth for their work in HIV and AIDS prevention, treatment, and care throughout sub-Saharan Africa.

Section 2 provides an overview of HIV and AIDS prevalence and risk factors among young people in sub-Saharan Africa. By focusing on the plight of impoverished youth, young women, and orphans and youth household caregivers, the section examines a series of interrelated factors that affect the spread of HIV and AIDS.

Section 3 describes youth involvement strategies that are being implemented to address the HIV and AIDS epidemic. This section includes a discussion of key issues in the development of strategies such as: volunteer vs. paid work; effective approaches to involving young people; and the continuum of prevention, treatment, and care services that policymakers must consider when designing youth engagement efforts.

Section 4 presents a wide range of examples of programs that involve young people in HIV and AIDS prevention, education, care, advocacy, and policy work. The section spotlights three organizations that have launched pioneering youth engagement efforts. Following these case studies, the report concludes by offering a set of action areas for possible consideration and further research.

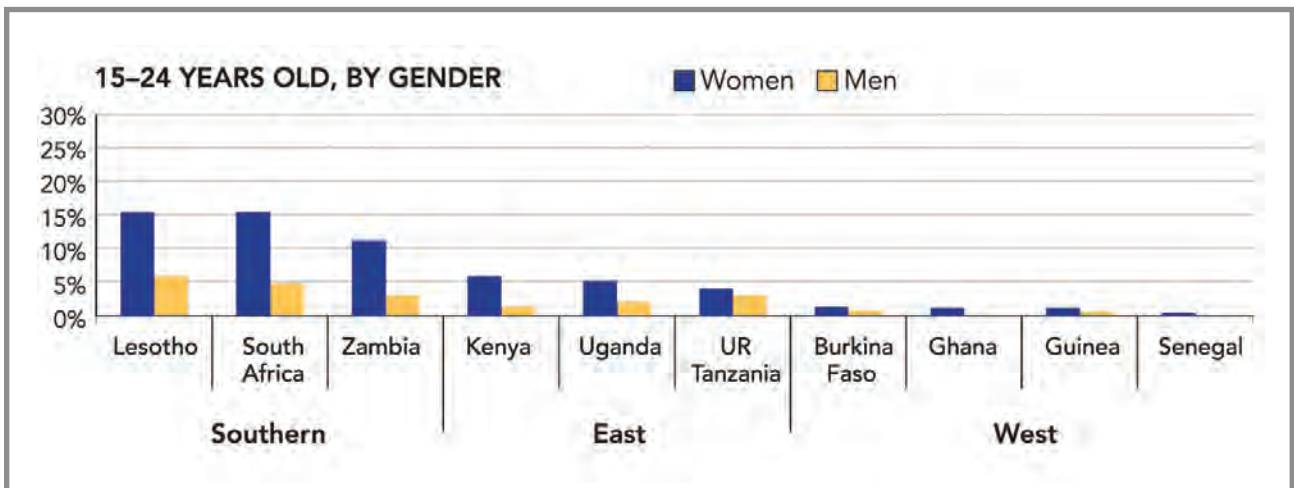
HIV and AIDS Prevalence and Risk Factors among Young People in Sub-Saharan Africa

In sub-Saharan Africa, about 6.2 million (25 percent) of the 24.5 million people living with HIV and AIDS are young people ages 15–24.

Young men and women ages 15–24 are at the center of the global HIV and AIDS epidemic. Currently, 10 million of the 1.2 billion people in this age range worldwide are living with HIV.⁹ Close to half of the new infections occur in young people. Every day, 6,000 more young people become infected with HIV.¹⁰ In addition, young people often have to care for family members with HIV and AIDS.

In sub-Saharan Africa, about 6.2 million (25 percent) of the 24.5 million people living with HIV and AIDS are young people ages 15–24. People in this age group experience the majority of new infections. Below is a chart showing HIV prevalence rates in young people ages 15–24 by gender in selected sub-Saharan African countries.¹¹

HIV Prevalence (%) in Selected Sub-Saharan African Countries, 2001–2005



Source: UNAIDS. 2006 Report on the Global HIV/AIDS Epidemic. 2006.

Numerous factors facilitate the rapid spread of HIV among young people, including biological, and emotional issues, and lack of education. While surveys demonstrate a steady increase in the number of young people worldwide who have heard about the HIV and AIDS epidemic, many youth still lack knowledge about how to protect themselves, and they do not understand how the virus spreads. Indeed, the majority of HIV-infected young people are not aware they are infected. Furthermore, being infected with another sexually transmitted infection (STI) increases the chance of both acquiring and transmitting HIV, and the prevalence of STIs other than HIV among young people is high.¹²

A number of social and economic issues further complicate the situation. They can include extreme poverty, socioeconomic and sociopolitical factors, hopelessness, stigma, violence, sexual abuse and exploitation, lack of infrastructure with limited access to health care and education, and limited opportunities for employment. The pages that follow discuss many of these issues in greater depth by focusing on the plight of three especially vulnerable groups: impoverished youth; young women; and orphans and youth household caregivers.

Impoverished Youth

There is a strong interrelationship between HIV and AIDS, economic development, and poverty. Increasing evidence demonstrates that poverty contributes significantly to the spread of HIV and AIDS. This occurs in a number of ways, including through lack of educational opportunities, lack of health services, lack of viable employment opportunities, and a poverty-driven sense of hopelessness and fatalism.

Lack of educational opportunities can stem from both poverty itself and from families and education systems that have been weakened by the ravages of HIV and AIDS. The epidemic has serious consequences for schools and education, and, as a result, affects young people's ability to become employed. First, demand for education decreases as fewer children and adolescents are able to attend school and university because more are sick and more (especially girls) stay at home to care for sick family members or to handle other family responsibilities. Because HIV and AIDS decrease household incomes, families may not be able to afford to pay school fees and related expenses, and they may need children and youth to work. In addition, parents may not see value in having their children receive education because the future looks so grim.¹³

Second, as AIDS claims the lives of increasing numbers of teachers and other education-related personnel, or increases absenteeism through sick days, there are not as many people available to teach and run schools, ministries of education, or colleges and universities.¹⁴ Teacher education also declines as people working in teacher training programs are affected. With fewer young people gaining quality education, there is an increasing shortage of teachers and other skilled labor, which hinders economic development. In this environment, education systems need to make significant changes, and non-formal and community education become more important in reaching young people for both general education and HIV and AIDS prevention education.¹⁵

Lack of health services mean that impoverished young people have little or no information about how to prevent transmission of HIV and AIDS and how to protect themselves. They do not know how to practice safe sexual behaviors, where to find and how to afford condoms, and the importance of testing and where to find it.¹⁶ Poor health in general is an important factor in the interrelationship between poverty and increased risk for HIV and AIDS. People living in poverty often suffer from multiple health problems, such as malnutrition, parasite infestation, and malaria, which depress the immune system and increase their vulnerability to HIV and AIDS.¹⁷ Because people living in poverty also have difficulty in accessing health care due to a lack of resources and education, they are more likely to have ulcerative or inflammatory STIs and other infections, which go undiagnosed and untreated and thus make them more vulnerable to HIV and AIDS.¹⁸

Lack of viable employment opportunities force many young men and women around the world into early sexual activity to earn money. In many circumstances, young people and/or their families may feel that they have no alternative. Many young people, in particular, are vulnerable to a power structure that exploits youth. Young people who work for “unreliable” employers (as male and female sex workers do) are likely to suffer from the consequences of AIDS because of poor health care access, instability of employment, and ongoing poverty.¹⁹

Because of difficulties in finding employment, family members often have to travel away from home to get jobs. HIV rates are unusually high among these mobile populations, disproportionately affecting the

sectors of agriculture, transportation, mining, construction, and domestic help.^{20, 21} In many countries, teachers and nurses also have to be mobile. Mobility and migration are not themselves risk factors for HIV and AIDS, but they can create situations that make people more vulnerable.²² Mobile workers, away from their spouses, families, communities, and socio-cultural norms, experience feelings of isolation and loneliness that can lead to drug use and sexual activity that put them at increased risk for HIV and AIDS.²³ When they return home, they may bring HIV back to otherwise unexposed communities.

A sense of hopelessness and fatalism stemming from poverty and unemployment can exacerbate the other factors that increase young people's risk of contracting HIV and other STIs. Emerging research indicates that poverty and unemployment can create a social context that negatively impacts the psychosocial state of young people. A sense of powerlessness, lack of self-identity, and lack of purpose and optimism can lead young people to engage in behavior that increases their risk of HIV and other diseases.²⁴ These consequences point strongly to the need for strategies to increase sustainable employment opportunities for young people to enhance their ability to earn income.

Young Women

Adolescent girls are at very high risk of becoming infected with HIV. In sub-Saharan Africa, among people ages 15–24, the ratio is to three infected females for every male.²⁵ Young women are especially at risk due to biological/physical, economic, and other factors.

Biological and physical factors make girls and young women more likely than others to become infected when exposed to the HIV virus. The main mode of transmission in sub-Saharan Africa is heterosexual intercourse among multiple partners. Women are more vulnerable than men during unprotected vaginal intercourse because they have a large area of exposed mucous membrane, and girls are at especially high risk because their vaginal tissue is immature and tears easily.²⁶ The presence of untreated STIs increases this risk. In females, STIs are often untreated because they are asymptomatic or because young women lack knowledge and access to health services.²⁷

Economic factors also play a significant role. Some young women who live in poverty can be drawn to have sex with someone older who has money—a “sugar daddy” who gives help in cash or in kind

in exchange for sex. Economic dependence on these men can lead to HIV exposure for the young women because they may not have the ability to negotiate safe sex.²⁸ Other young girls may engage in sex work so that they can afford to stay in school or provide income for themselves and their families.²⁹ Income-generating strategies, especially for girls who may think their only alternative is sex work, are extremely important alternatives to provide. However, more and better paid employment is needed for all young women in Africa given the current inequities between men and women in paid employment and the discrimination that women experience.

Several other factors contribute to the spread of HIV and AIDS among young women in sub-Saharan Africa. Forced sex is one such factor. For example, due to armed conflicts, there are large numbers of mobile, unaccompanied, and vulnerable women, who are easy targets for rapists.³⁰ In addition, men in the military tend to look to commercial sex workers to meet their sexual needs.

Young women who are married are not necessarily spared from HIV, especially when their husbands are older than they are. For example, in a study in Kisumu, Kenya, half of the women with husbands at least 10 years older had HIV. Their husbands often had multiple partners outside the marriage and transmitted the virus to them.³¹

In addition, many pregnant women in sub-Saharan Africa are between the ages of 15 to 24, and therefore are of special concern since they can pass HIV to their babies. More than 20 percent of pregnant women in most countries in Southern Africa have HIV. Although sustained prevention efforts in a few countries are reducing HIV rates in pregnant women, especially those ages 15–24, most of sub-Saharan Africa is not experiencing this trend.³²

Orphans and Youth Household Caregivers

Another significant at-risk population is the children who have become orphans. Of the 15 million children worldwide who have lost one or both parents to AIDS, the vast majority of these—more than 12 million—are in sub-Saharan Africa. This number is expected to exceed more than 25 million by 2010 as the epidemic spreads and more parents with the disease die.³³ In addition to devastating these young people emotionally, the epidemic has a powerful impact on their education.

Decrease in school attendance due to a parent's illness or death has a negative and lasting impact on young people's employment prospects and well-being. Losing parents to AIDS, especially losing both parents, in many cases leads to a decrease in school attendance.³⁴ When parents are living with AIDS, children often drop out of school to take care of them. Children who drop out of school to take care of parents with AIDS or are orphaned by AIDS are at greater risk for a number of problems, including financial difficulties, which then increase their vulnerability to contracting HIV. In sub-Saharan Africa, adolescents ages 10-14 who have lost both parents to AIDS are 22 percent less likely to attend school than those whose parents are alive and who are living with at least one of those parents.³⁵ Often, women and girls in the household must shoulder these largely unpaid caregiving responsibilities; as a consequence, they are often forced to leave paid jobs, schooling, and other opportunities.³⁶

Strategies to Address the HIV and AIDS Epidemic:

Youth Involvement across the Continuum of HIV and AIDS Programs and Services

There are three essential components of enabling young people to become involved in HIV and AIDS work: 1) identify and develop opportunities; 2) create greater awareness of those opportunities; and 3) provide skills training and mentoring.



Clearly, HIV risk in sub-Saharan Africa is often part of a broader spectrum of poverty-related issues that fuel each other. Thus, interventions must be comprehensive and must address competing priorities, especially immediate survival issues. Developing paid employment opportunities for young people to fight the HIV and AIDS pandemic is a vital component.

Since young people are affected disproportionately by this epidemic, all HIV and AIDS related programs and services should engage youth. Young people can help tailor messages for their peers and identify effective communication channels to disseminate materials. With their guidance, programs—designed based on first-hand knowledge of the target audience's assets, interests, and needs—can become markedly more effective. In the interests of income generation as well as program relevance, young people should be included in paid positions for all phases of research, program design, implementation, outreach, monitoring, and evaluation.

Program planners should seek out and strive to involve young people from marginalized populations, including out-of-school youth, gay and lesbian youth, and young people who are infected and affected. The 15- to 24-year-old age group who are living with HIV and AIDS, or who have family members with the disease, can have a particularly valuable impact because of their personal experience.

The pages that follow explore a number of key issues in youth involvement strategies: volunteer vs. paid employment; effective approaches to involving young people; and the continuum of prevention, treatment, and care services that policymakers must consider when designing youth engagement efforts and deploying youth HIV and AIDS workers.

Volunteer vs. Paid Employment

There are several examples of paid employment in this paper. However, most of the programs that currently involve young people in HIV and AIDS operate on a volunteer basis. Volunteering can benefit young people over the long-term regarding employment because young people who participate as volunteers are in a much stronger position to find employment related to HIV and AIDS than those who do not volunteer.

Young people directly involved in and exposed to a variety of public health activities may pursue schooling and professional development opportunities for further formal employment in these areas. This mirrors WHO's "pipeline" approach for recruitment that spans

Case Study:

Centre for the Study of AIDS, University of Pretoria, South Africa

The Centre for the Study of AIDS at the University of Pretoria in South Africa runs a successful volunteer program that has led to employment for some of its volunteers. Since its inception in 1999, the program has trained hundreds of students. With the program's support, students have engaged in peer counseling, community outreach, prevention education, research, media development, and policy and program development. Centre trainings seek to produce graduates who are able to take leadership positions in their personal and professional lives in dealing with HIV and AIDS. The program has recently added a project, *Youth Skills Development*, which pays youth to organize and facilitate workshops on HIV and AIDS issues.

Increasing numbers of the students who have been involved in the University of Pretoria's volunteer program have been finding employment where they are involved in some way in HIV and AIDS work. Some are working in AIDS non-governmental organizations (NGOs) on voluntary counseling and testing (VCT), orphan care, counseling, and treatment in positions that are more related to their AIDS work at the university than to their professional training. Others are employed in the fields in which they were trained (e.g., engineering, architecture, law), but their AIDS training often got them their jobs, and they are now involved in workplace AIDS training, care, and support. For example, engineers in the mining industry are providing HIV and AIDS education to their colleagues, architects are designing homes for orphans and care facilities for children in schools, and lawyers are taking AIDS cases.^{38, 39}

primary, secondary, and tertiary education institutions and health services facilities that produce a range of workers from auxiliaries to technicians and professionals.³⁷ A case example from South Africa appears on the opposite page.

Although volunteering has benefits for young people, serious consideration should be given to a sliding scale of financial support for young people involved in HIV and AIDS work. Providing some financial support for their efforts could help address the major issues of youth unemployment and the need for income in sub-Saharan Africa, especially among HIV- and AIDS-affected youth. This scale could start with purely unpaid volunteer work but then move to providing subsistence such as covering meals or transport costs, offering a more substantial stipend for those who receive additional training and deliver more targeted services, and paying a full salary for those who are trained to serve as leaders.⁴⁰

Yet, the issue of whether HIV and AIDS work, especially among youth, should be done on a voluntary or paid basis is controversial in many parts of Africa. While the significant amount of time these young people contribute to HIV and AIDS efforts is increasingly warranting payment, there are concerns about introducing formal payment, including fear of the loss of the spirit of voluntarism and people's social and religious obligation to help others in their community. Other concerns have been that payment for this work might lead to divisions and resentments within communities and programs might fall apart if funding were interrupted or ended.⁴¹

Organizations have devised a variety of solutions to this issue, depending in part on local preferences regarding voluntarism vs. formal payment. In the Red Cross programs in Zimbabwe and Malawi, remuneration is given in a package of material and cash inputs that is close to a wage in value but the workers are still known as "volunteers." The package includes a uniform, bicycle, monthly household food ration, home-based care certificate, protective equipment such as gloves, and a small cash allowance for hygiene supplies.⁴²

The possibility of earning even a small stipend and learning skills that can increase opportunities for employment can be quite attractive. This is demonstrated in the following South Africa Community AIDS Response (CARE) case study reported in the publication, *An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa: A Report by Physicians for Human Rights*.⁴³

Case Study:

South Africa Community AIDS Response (CARE)

A South African NGO that trains community health workers to provide counseling, home-based care, and other services for people with HIV and AIDS is a model worthy of examination and quite possibly emulation. The NGO, *Community AIDS Response (CARE)*, has four levels of volunteers. Pure volunteers, often in the process of being screened to receive counselor training, receive no pay and offer informal help to clients. Volunteers who have received training on counseling receive 120 rand (about \$15–20) per month, enough to cover transportation costs. Those volunteers who receive further training on home-based care and spend four days a week counseling and providing home-based care receive a stipend of about 500 rand (about \$70–80) per month. Team leaders, who are full-time CARE employees, head volunteer teams and receive 1800 rand (about \$255–290) per month. CARE volunteers are well-supported, including through weekly group supervision. This organizational structure encourages community members to volunteer for CARE so that they can help their community, learn skills that will help them gain employment, and possibly earn a small stipend. The potential to earn a stipend and gain skills that increase employability can be quite enticing in places like Soweto, outside Johannesburg, where unemployment rates are astronomical.

This approach models the “simplify services and delegate accordingly” approach that has been successfully integrated into campaigns such as the Global Polio Eradication Initiative and WHO/UNAIDS 3 by 5 Initiative. In these two initiatives, all available human resources, from unskilled volunteers to highly skilled workers, both inside and outside the health care sector, were considered to be potential “vaccinators” and surveillance officers.⁴⁴

Effectively Involving Young People in HIV and AIDS Work

There are three essential components of enabling young people to become involved in HIV and AIDS work: 1) identify and develop opportunities in HIV and AIDS work; 2) create greater awareness of those opportunities; and 3) provide skills training and mentoring.

Youth participation involves a partnership between young people and the adults with whom they are working. Each needs to have certain agreed-upon responsibilities. Adults need to make sure that

the young people are informed, trained, and supported in their work. The young people need to be committed, reliable, and active contributors. Young people require training and recognition equivalent to their input and functions. Their participation needs to be seen as professional.

Continuum of Prevention, Treatment, and Care Services

In the diagram below, the first column lists the comprehensive continuum of services needed to effectively fight the HIV and AIDS epidemic. It consists of prevention, VCT, medical treatment including antiretroviral therapies, ongoing care of people with HIV and AIDS, bereavement counseling, and care of survivors. Both government agencies and NGOs need additional human resources to carry out prevention, treatment, and care programs.

The other columns cover some of the strategies that have worked in providing HIV and AIDS services, potential roles that young people can play, and skills/training needed by young people to carry out those roles.

The following sectors need to be involved in the provision of most or all of the types of interventions listed on the diagram: hospitals, clinics, health care industry, public health and health ministries, organizations serving young people, faith-based organizations, educational institutions, researchers, policymakers/government, United Nations, businesses (especially pharmaceutical and condom companies), and funding organizations. In addition, labs/companies that sell or perform tests need to be involved in prevention and VCT. Treatment and ongoing care of people with HIV and AIDS and survivors also requires highly experienced health care providers and mental health and social service agencies. An infrastructure must be developed to train these providers and deliver care.

Interventions	Strategies	Roles	Skills/Training
Prevention	Peer education, community outreach, social marketing, school-based health promotion and prevention education, skills building.	Potential for youth involvement in all aspects: program design, implementation, service delivery (especially as peer educators), management, program evaluation.	Communication and interpersonal skills, non-judgmental approach. Training (including background in behavior change), continuing education, and supervision.
Voluntary counseling and testing (VCT)	Integrated counseling and testing services that are youth-friendly.	Potential for youth involvement in all aspects: program design, implementation, service delivery (can be trained to provide counseling), management, program evaluation.	Communication and interpersonal skills, non-judgmental approach. Local guidelines and certification process. Training (including background in behavior change), continuing education, and clinical supervision.
Medical treatment	Early diagnosis and treatment, equal access, appropriate regimen, developing readiness to adhere to treatment, compliance.	Young people can help advise providers about channels to reach youth and barriers to treatment and care (e.g., stigma, cost, disclosure of status, and risky behaviors) Serve as patient advocates.	Training, continuing education, and clinical supervision for patient advocates.

Interventions	Strategies	Roles	Skills/Training
Ongoing care of people with HIV and AIDS	Home-based care (e.g., cleaning, basic nursing care), user-friendly and comprehensive one-stop shopping for services, non-judgmental and integrated mental health services, reducing stigma, buddy programs.	Young people can advise health care workers on ways to increase adherence, provide relevant care, and deal with bereavement Serve as counselors to other young people (e.g., on importance of early diagnosis, treatment, and ongoing care). Provide home-based care (e.g., cleaning, basic nursing care) to people of any age with HIV or AIDS.	Young people with HIV or AIDS who want to share their experiences. Communication and interpersonal skills, non-judgmental approach. Training, continuing education, and clinical supervision for counselors. Training and supervision in providing home-based care.
Care of survivors: orphans and families, including bereavement counseling	Visits and placement by social workers, therapeutic play groups, waiving school tuition/tuition assistance, non-judgmental and integrated mental health services, reducing stigma, buddy programs, vocational training.	Pair up young adults with younger or same-age orphans to create a “buddy” system. Provide counseling, referrals, and skills training to orphans and other family members.	Communication and interpersonal skills, non-judgmental approach. Training, continuing education, and clinical supervision for counselors and skills trainers. Older orphans, if trained, can provide care for younger orphans.

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Examples of Youth Involvement in HIV and AIDS Work

The rest of this report provides further information and examples of youth involvement in the different types of services in the continuum of HIV and AIDS services. Some of the programs described pay some of the young people they engage, and others involve young people solely on a volunteer basis.

Prevention

Prevention education and counseling are crucial to slowing and eventually stopping the spread of the HIV infection. Young people can participate as volunteers or paid staff in several types of prevention activities, including: peer education; social marketing; school-based health promotion and prevention education; and telephone hotlines.

Peer education is becoming widespread as a way for young people to become involved in HIV prevention and care work. Many youth gain most of their information on sexual issues from peers. Given the right skills, young people can be effective messengers to others their age, including to marginalized youth populations such as commercial sex workers and intravenous drug users. They are already part of peer networks and share the communication styles and language of the young people they are trying to reach. They can also help build skills, counsel young people, and distribute condoms.⁴⁵

Many high-risk youth distrust adults too much for adult social workers to reach them. In some cases, especially where adults are reluctant to talk with young people about sexual health, peer education has been reported to be more effective than prevention education delivered by adults. When peers are viewed as more relevant and acceptable, they can increase knowledge, change attitudes, and increase adoption of safer sex practices.⁴⁶ Young people who are living with HIV or AIDS can be especially effective as peer educators.

There are a number of challenges in using young people as peer educators. They include the need for extra training and supervision, a high turnover rate resulting in the constant need for training new

Youth are involved in all aspects of HIV and AIDS work, including prevention, VCT, medical treatment, care and support, advocacy, and policymaking.



peer educators, and difficulty with reliable participation due to competing interests and demands in young people's lives. These problems can be addressed to some extent by careful selection of participants and by providing good training, supervision, incentives, and rewards.^{47, 48}

In most peer education programs, young people are volunteers. However, a growing number of programs are paying young people a salary or stipend to do this work. Examples of such peer education programs are described below.

- **Dushishoze Youth Center** in Rwanda, a program of Population Services International (PSI)/Rwanda, employs 10 young people ages 24–28 in full-time positions as peer education trainers/supervisors to coordinate its peer education prevention work at three youth centers and at secondary schools. The peer educators that they train and supervise serve as volunteers. Peer educators prepare and hold group sessions with young people to discuss information about HIV and AIDS, other STIs, and sexual and reproductive health, and to encourage behavior change and correct use of condoms. They also collaborate in organizing special events and developing educational materials in many formats, including posters, pamphlets, videos, radio shows, and theater pieces.⁴⁹
- Through its Health Education Program, **Students Partnership Worldwide (SPW)** recruits and trains young people ages 18–24 to serve as peer educators in eight countries: India, Nepal, Sierra Leone, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Across these countries, approximately 850 young people are being paid a subsistence allowance, equivalent to a junior teacher's salary, to work as peer educators. After four to six weeks of training, they are placed in rural communities to work full-time for eight to nine months.⁵⁰ (See case study on page 37 for more information about SPW.)

Social marketing projects have reported increases in condom use among participants, including young people, and have met with very little community resistance.⁵¹ Social marketing approaches range from efforts in which volunteers distribute pamphlets and condoms to clubs and other appropriate venues to more sophisticated projects in which role models appear on posters with their pictures and personal stories about the impact of HIV and AIDS on their lives.

These advertising campaigns may be coupled with public service announcements and other programming on radio and television. Since social marketing can include mass media, small print media, promotional materials, peer outreach, and special events, the approach is easily adaptable to diverse local situations. Young people can and should be involved in the entire process of social marketing from development to implementation and evaluation of the program.

- **The Botswana Social Marketing Program** sponsored by PSI (Population Services International) targets women and young adults using a process called “peer-marketing.” Peer educators develop messages, plan media campaigns, and carry out wholesale and retail promotions of condoms. They also perform live shows in wholesale warehouses, retail outlets, markets, and schools. The program launched an adolescent reproductive health activity that tests the effects of a promotion campaign on young adults in a town. The goal of the campaign is to encourage young people to visit clinics, pharmacies, and youth centers to get advice on ways to avoid teen pregnancy and to protect themselves from HIV and AIDS.⁵²
- **Africa Alive!** uses popular entertainment to draw young people’s attention to the reality of HIV and AIDS in their lives, as well as to other problems such as substance abuse, domestic violence, environmental conservation, and the rights of girls. The program’s Behaviour Change Communication project uses puppetry to educate young people in the informal settlements (slums) of Nairobi about HIV and AIDS. The project promotes positive health-seeking behaviors and equips young people with skills that enhance behavior change. A team of 15 young people ages 18–25, including three people living with HIV, who are trained in puppetry puts on community performances twice a week. The young people earn allowances based on the number of performances in which they participate. They also put on performances when invited by various organizations, companies, and private functions like weddings. The income earned from these performances supplements the allowance paid by Africa Alive! Of the 15 puppeteers, 7 are trainer of trainees in puppetry and community theatre. They have also trained groups in puppetry in Uganda and are currently training puppeteers in Lesotho.⁵³

- **Youth Health Organization (YOHO)**, a youth-run organization in Botswana, links education and life skills sessions with entertainment using a prevention strategy called “edutainment.” Its largest event is the Dzalobana Bosele Arts Festival, a month-long performing arts festival designed and implemented in partnership with Ghetto Artists Productions. This festival reaches 40,000 young people with HIV prevention messages through arts and skills building sessions. Outside of the arts festival, in partnership with various national HIV and AIDS programs, YOHO conducts monthly edutainment sessions on HIV and AIDS prevention that are linked to life skills workshops. These sessions reach about 10,000 young people each year. YOHO involves young people in its development of posters and pamphlets for these and other programs. YOHO also runs a call-in talk show related to HIV and AIDS prevention. It reaches about 10,000 listeners once a week for a half hour.⁵⁴
- Another variation of social marketing was used in a study of young people in semi-urban and rural communities in Zambia by the **Horizons Program** in conjunction with Care International and Family Health Trust. The young people belonged to school and community anti-AIDS clubs. In Zambia, all schools, from primary through secondary, are required to have anti-AIDS clubs so that students can get involved in HIV prevention education and related activities. Club members serve as role models and peer educators. The clubs carry out recreational and HIV and AIDS activities, including ball games, theater performances, awareness campaigns, and distribution of information and condoms. In the study, club members reported that they had changed their behavior since joining a club in terms of increasing their use of condoms and limiting sexual activity to one partner.⁵⁵

School-based health promotion and prevention education

that continues throughout the school years is also effective in creating change. A comprehensive curriculum should be developed that provides young people with the information and tools necessary to make informed, safe choices. Teachers must have adequate training and support to provide health education on topics related to sex because they often feel too embarrassed or uninformed to teach this subject.

The feasibility of establishing school-based health promotion programs in various countries obviously depends upon social will, resources, political support, availability and type of schooling, and other local factors. In addition to including local officials, teachers, and policymakers in the process of developing school-based curricula, it is also vital to gain the support of students and parents. Young people should be included in all aspects of design, implementation, and evaluation of school-based health promotion and prevention programs.

- In Tanzania, the **MEMA kwa Vijana (Good Things for Young People)** program involves teachers working with peer educators using participatory techniques in school settings to teach students ages 12–19 about reproductive health, STIs, and HIV. The in-class teaching includes the use of drama, songs, and small group discussion. Peer education is carried out in clubs and through one-on-one counseling. The program also has a youth-friendly clinic. This program is a collaboration between the African Medical and Research Foundation, London School of Hygiene and Tropical Medicine, and National Institute for Medical Research in Tanzania.⁵⁶ Since a three-year effort in 20 communities substantially improved knowledge and reported condom use, the program was introduced in 600 communities.⁵⁷

Telephone hotlines are another way to reach young people with prevention messages. Young people can choose to call these hotlines to obtain information, counseling, and referrals to services. At least eight African countries have this type of phone line.

- **The Wegen AIDS Talkline**, operated through Ethiopia's AIDS Resource Center, is a national, toll-free, anonymous hotline available Monday through Saturday, 8:00 a.m.–12:00 a.m. It is staffed by a combination of volunteers and paid staff, some of whom are young people. All of them have received training on basic and talkline counseling techniques. The volunteers receive coverage for their transportation costs, and the staff members receive a monthly salary. Many of the paid staff began as volunteers.

Through this hotline, anyone can receive information about HIV and AIDS, other STIs, and opportunistic infections; assistance in making decisions about testing; support related to living with HIV and AIDS including accessing and adhering to antiretroviral treatment; and referrals for counseling, testing, and treatment

services. About half of the callers are ages 15–19. The resource center hopes that, by providing information through an anonymous channel, it will encourage greater dialogue about HIV and AIDS, reduce stigma and discrimination, and encourage greater acceptance of people living with HIV and AIDS.^{58, 59}

Voluntary Counseling and Testing (VCT)

Counseling and testing is a vital component of a response to HIV and AIDS, and it must be voluntary and confidential.⁶⁰ Given the availability of effective antiretroviral treatments and the prolonged survival associated with early initiation of highly active antiretroviral treatment, it is crucial to diagnose HIV infection as early as possible.^{61, 62} Testing is also critical since some people are unlikely to practice safe sex if they do not know their status. VCT with individuals at risk who test negative provides them with encounters with HIV counselors who can help them design a personal plan for avoiding risky sexual behavior.

VCT can be provided in a variety of ways, for example, through street outreach, in outreach vans, or at storefront offices. This service can also be incorporated into existing programs and medical services, including hospitals, clinics, prenatal care programs, and services for high-risk individuals, such as drug treatment programs, prisons, and clinics managing tuberculosis, STIs, and hepatitis C infection. For reaching young people, it is most important that VCT is made available at places that attract high-risk youth, including sex workers and their clients, injection drug users and their partners, and runaways.

Fear and stigma must be addressed so that those who need services are more likely to access them. VCT, medical treatment, and all types of ongoing care must be accessible to and comfortable for people of all ages, including youth. Young people can provide valuable input on how to make services “youth-friendly.”

Young people can play significant roles in designing VCT services, providing education and counseling, and promoting the services to young people. It is also important for them to be involved in ongoing monitoring and evaluation to make sure that the services meet their peers’ needs. One way that young people are being involved in supporting VCT programs is through special clubs formed for that purpose.

- Through **Kara Counselling and Training Trust in Zambia**, young people who have had the HIV test, whether they tested positive or negative, are involved in a post-test club to support the program.⁶³
- **Youth Action Rangers of Nigeria (YARN)** is an innovative organization that involves young people in all aspects of developing and providing VCT and employs young people to run the VCT program. Since January 2004, YARN has operated its own VCT facility for young people ages 15–29. YARN’s paid staff and volunteers (all ages 20–29) receive training so that they can conduct all of the counseling and the referral procedures. They coordinate with a medical center that performs the antibody tests. YARN’s services include providing pre-test and post-test counseling on HIV; training young people as peer outreach counselors; developing educational materials such as posters, pamphlets, and tee shirts; and conducting community orientation forums and focus group discussions.⁶⁴ (See case study on page 36 for more information about YARN.)
- **Chanuka Youth Centre** in Kenya pays young people to do the counseling in its VCT program. The program is targeted to young people ages 15–35, and the counselors are all below age 30. The youth center also has a resource room with youth-friendly materials on HIV, AIDS, and sexual and reproductive health as well as recreation programs to attract young people to the center. These activities are run by three youth counselors who are employed full-time. Chanuka also works closely with a post-test club, which is a group of young people who have gone through VCT and want to support each other in maintaining their health through behavior change. The group is facilitated by a counselor.⁶⁵

Medical Treatment and Ongoing Care for People with HIV and AIDS and Care of Survivors

Being a caregiver opens up your eyes so that you get to see the realities of AIDS.

—Mlamleli Dube, volunteer, **Young People We Care**,
a home-based care program in Zimbabwe

Medical treatment and ongoing care and support for those with HIV and AIDS is vital for slowing the progression of the disease, controlling complications, extending life, and improving the quality of life for people living with the disease. Access and adherence to

medications that fight the virus and HIV-related illnesses and manage pain are especially important. Health care services need to be accessible at the primary, secondary, and tertiary levels.

Home and community-based care, including social services, psychosocial support, and support for caregivers, must be provided on a long-term basis and should be able to accommodate individuals' changing needs as their condition progresses through the different stages of HIV and AIDS. Home-based care and community-based care are especially important where hospitals are overcrowded, which is the case in most parts of Africa. Young people can play a significant role in providing home-based care. Indeed, young people are often well experienced in providing care to members of their own family.

Survivors are the family members of people who have died from AIDS. An especially serious problem is the care of children who become orphaned as a result of the disease. As noted earlier, there are approximately 12 million children orphaned due to AIDS in sub-Saharan Africa.⁶⁶ These children become vulnerable in a number of ways as their parents' disease progresses. They are more likely than orphans from other causes to experience stigma and ostracism and end up living on the street. Some of them also have HIV or AIDS themselves and need special care.

Services for children and young people who become vulnerable and orphaned due to HIV and AIDS must be sensitive to their particular needs. These children and youth should also be empowered to become active participants in planning and carrying out efforts to improve their situation. In some families, young people have already become heads of households. Yet their age-related and developmental needs must also be addressed.

Young people can play a significant role in working with orphans and other vulnerable children. In particular, older orphans can be trained to work with younger children. They can play an important role in helping children cope with their mental health needs due to losing parents and living in orphanages or other situations that deprive them of stimulation and nurturance. For example, older orphans can run mental health support groups for younger orphans.

Selected examples involving young people in caring for people with HIV and AIDS and/or survivors are described below.

- In Zimbabwe, **SPW's Young People We Care** program engages young people in providing home-based care for people living with HIV and AIDS and their families as well as in providing peer education. Twenty-two young people have been trained to be lead caregivers and are paid an allowance to cover their food and transportation. They each lead about 20 volunteers who report to them on all their activities. The lead and volunteer caregivers assist fully trained and paid adult caregivers on home visits providing basic nursing care, doing household chores, providing information and referrals regarding available health services, playing with household children (which is often neglected due to the strain of family health issues), and, when appropriate, helping children in the grieving process and assisting them in making memory boxes.⁶⁷ (See case study on page 37 for more information about SPW.)
- Two programs supported by **Family Health International (FHI)** in Namibia engage young people in working with orphans and other vulnerable children (OVC). The Sam Nujoma Multi-Purpose Centre trains five young people and pays them a small monthly stipend to help 100 OVC in an after-school program. The young people help the OVC with school work and provide psychosocial support. Philippi Trust Namibia trains youth leaders to assist OVC through experiential learning at week-long overnight camps and kids clubs. In addition to having fun, the OVC learn how to trust people, deal with grief and death, and improve their communication skills. Four youth coordinators are paid full-time salaries to run the camps and clubs. Previously, they were volunteers who went through extensive psychosocial training and other counseling training. About 19 youth volunteers (preferably OVC themselves) are trained in counseling skills to assist at the camps and serve as kids club leaders. They receive free food and lodging at the camps.⁶⁸ (See case study on page 39 for more information about FHI.)

Microenterprise Activities to Help People Affected by HIV and AIDS

An important development that has occurred in a number of countries in the last few years has been an attempt to bring together microenterprise activities and HIV and AIDS programs. Driven by the economic destitution that occurs when one or more individuals in a

family become infected with HIV, some HIV and AIDS funders and researchers are exploring how to establish and support microenterprise programs to assist individuals affected by HIV, especially young people who end up as the heads of households.⁶⁹ At a small level, efforts are being made to transform traditional microenterprise activities within areas affected by HIV and AIDS. The young people are trained in entrepreneurial skills and helped to establish businesses in types of work valuable to the local economy, such as agriculture, mining, and tourism in Botswana. They are also given information on HIV and AIDS and training in life skills.⁷⁰

With respect to young people and microenterprise activities, researchers are asking the following questions:

- Can microfinance institutions (MFIs) allow younger clients to use their services if they come from an AIDS-affected household?⁷¹
- If clients become ill, can MFIs or borrower groups mentor younger family members to take over businesses and replace sick adults as MFI clients?⁷²
- How can intergenerational business mentoring become a more broad-based effort to build youth entrepreneurship skills and to link youth to microfinance services?⁷³

Youth Involvement in HIV and AIDS Needs Assessment, Program Development, Advocacy, and Policymaking

Other important types of youth involvement in HIV and AIDS efforts include: developing and implementing community needs assessments for determining priorities and community-based services to address those priorities; advocacy efforts, such as educating and mobilizing young people to work for changes in services and policies; and influencing and serving on decision-making bodies that work on HIV and AIDS policy. Below are some examples from different countries.

- In Burkina Faso, **Advocates for Youth** and **Mwangaza Action** carried out a four-year program focused on sexual and reproductive health, including HIV and AIDS, among youth.⁷⁴ In the first phase of the project, they trained young people to conduct participatory workshops with committees of young people in villages. During the workshops, priority needs were determined. The young people then conducted focus groups to help the

committees determine strategies to address these needs. In the second phase of the project, young people were trained to carry out the strategies, including peer education through community events and home visits and training of health center staff on providing youth-friendly services. The project found that participants increased their knowledge about HIV, where to get contraception and services, access to services, and use of condoms. It also created a group of young people who the community respected and looked to for information and counseling.

- In addition to the VCT activities described earlier, members of the youth-run organization **Youth Action Rangers of Nigeria (YARN)** advocate for issues and policies related to HIV and AIDS and sexual and reproductive health. The activities include policy analysis, training and empowering youth leaders in policy advocacy, advocating for youth participation in policy decision-making processes, presentation of position papers, and conducting exchange forums, courtesy visits, and media forums. The target audience is policymakers, policy influencing bodies, NGOs, international development agencies, youth leaders, and parents.⁷⁵ (See case study on page 36 for more information about YARN.)
- **The African Youth Alliance (AYA)** is a partnership of the United Nations Population Fund, the Program for Appropriate Technology in Health (PATH), and Pathfinder International. Its goal is to reduce HIV and AIDS and other STIs in Botswana, Ghana, Tanzania, and Uganda through policy and advocacy efforts, behavior change communication, improving services for young people, and integrating sexual and reproductive health into livelihood skills development programs. A key feature of AYA is its emphasis on youth participation in all stages of program decision making, including planning, design, governance and oversight, implementation, monitoring, and evaluation. Young people are also involved in AYA's advocacy efforts and as peer educators.⁷⁶

Youth Involvement in Providing Water, Sanitation, and Food as Related to the HIV and AIDS Epidemic

Access to safe water, sanitation, and food is important in preventing the spread of life-threatening diseases, including HIV and AIDS, and is particularly crucial for people living with HIV and AIDS. Such access helps people living with HIV and AIDS to stay healthy longer, facilitates provision of home-based care, and increases people's

dignity. It is particularly urgent to reduce the spread of diarrhea and skin diseases, which are some of the most common opportunistic infections. Clean water is also necessary for taking medicines. Access to safe water needs to be close enough so that people weakened by HIV and AIDS can get it. Nutrition should be included as a key component of HIV and AIDS care. Water, sanitation, and food security programs need to integrate approaches to assessing and dealing with the impact of HIV and AIDS on their organizations and services and also examine how they can influence the epidemic.

Hygiene education is needed in order for people to use the safe supplies effectively. Such education should be given on a community-wide basis and should be specifically included in the training of people who provide home-based care. A similar approach can be used in providing education about HIV and AIDS prevention and care and hygiene, and they can be provided together. The approach needs to build community capacity to assess risks and barriers and develop solutions and action plans to change behavior.⁷⁷ Some programs that involve young people as peer educators have begun to combine education about HIV and hygiene.

- An innovative program run by the **Zimbabwe Environmental Law Association** involves young people in environmental conservation projects to earn a living. It also encourages young people to volunteer in local cleanup campaigns that help reduce the spread of diseases through vectors such as mosquitoes, flies, and rats, which in turn reduces the chance of people with HIV and AIDS contracting opportunistic infections. These young people also put on plays to provide information on the environment and HIV and AIDS to people in their communities. When the audience can afford to pay for the performances, the youth get some income from performing.⁷⁸

Given the loss of working parents due to AIDS, young people in households, particularly in rural communities, often assume the responsibilities for generating economic support for their families through agricultural production. Several notable projects are focusing on providing agriculture livelihoods skills training for affected young people, including those who are heads of households and OVCs.

- The **Kitovu Mobile Farm Schools** project provides teenage school dropouts with skills training in sustainable agriculture, animal husbandry, and farm business. In addition to basic food security,

the project provides important access to knowledge of new, agricultural production techniques which can serve as incentives to stay in rural communities and pursue farming as a viable livelihoods option. The project also trains groups of young people in small animal production, marketing, literacy, arithmetic, and record keeping. As noted in a 2005 study, 70 percent of the graduates of the program were continuing to farm in the local areas, and 15 percent had generated enough surplus income to purchase land. Even more notable, some had generated enough income to continue their education while still farming.⁷⁹

- The Food and Agricultural Organization of the United Nations (FAO), in collaboration with the World Food Program (WFP), has established **Junior Farmer Field and Life Schools (JFLLS)**. Orphans and vulnerable children ages 12–17 are trained for 12 months using a combination of traditional and modern agricultural techniques. Equal numbers of boys and girls receive training in a variety of agricultural production skills including field preparation, sowing and transplanting, weeding, irrigation, pest control, utilization and conservation of available resources, harvesting, storage, and entrepreneurial skills. In addition to the livelihoods training, participating young people also benefit from focused life skills training in HIV and AIDS.⁸⁰

Case Studies: Programs in Africa that Pay Young People for Multiple Types of HIV and AIDS Work

The pages that follow provide case studies of three of the organizations mentioned above—YARN, SPW, and FHI. All three organizations involve young people in several different parts of the continuum of HIV and AIDS services.

Case Study: Youth Action Rangers of Nigeria⁸¹

(www.yarnnigeria.org, www.yarnng.org)

Youth Action Rangers of Nigeria (YARN) is a youth-run and focused, non-profit organization dedicated to empowering adolescents and young people through information sharing, education, communication, training, advocacy, and policy development. YARN seeks to help young people make informed and responsible decisions about their health, including sexual and social behavior. YARN began with the help of Advocates for Youth through the YouthLIFE program. Currently, 6 full-time staff, 1 part-time staff, and 10 working program assistants (volunteers) run the program. These staff and assistants are ages 20–29. They are paid between N15, 000 and 30,000 (Naira) monthly (\$108–\$214 U.S. dollars). In addition, YARN engages other young people as volunteers.

YARN Programs

Voluntary Counseling and Testing Services

This program's purpose is to provide youth-friendly voluntary counseling and testing services to young people ages 15–29. The services the young people provide include pre-test and post-test counseling on HIV; training young people as peer outreach counselors; developing educational materials such as posters, pamphlets, and tee shirts; and conducting community orientation forums and focused group discussions. They coordinate with a medical center that performs the antibody tests.

Policy and Advocacy

Through YARN, young people advocate for issues and policies related to HIV, AIDS, and sexual and reproductive health. The activities include policy analysis, training and empowering youth leaders in policy advocacy, advocating for youth participation in policy decision-making processes, presentation of position papers, and conducting exchange forums, courtesy visits, and media forums. The target audience is policymakers, policy influencing bodies, NGOs, international development agencies, youth leaders, and parents.

Peer Education

YARN trains and builds the capacity of young people to provide peer education and skill-building sessions on HIV and AIDS prevention. Its focus is working with young people in the schools. The activities include inter-school competitions, rallies, game shows, establishment of health clubs, and visits to principals, PTAs, and local school boards.

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Internet-Based Intervention Program

The program uses the Internet to engage young people in issues related to HIV and AIDS prevention and sexual and reproductive health. Its activities include managing websites, computer appreciation training for in-school students, materials development, and workshops on online article development and reporting for young people. Its target populations are young people, teachers, and parents.

YARN's all-youth staff and assistants are paid to do the following work:

- Conceptualizing, developing, and implementing programs and work plans for unit and organization activities
- Designing, implementing, and facilitating trainings and workshops for target audiences
- Establishing and coordinating the activities of young people who promote adolescent sexual/reproductive health and HIV and AIDS prevention (peer educators and counselors)
- Assessing community needs
- Working with community-based groups and NGOs

Students Partnership Worldwide^{82, 83} **(www.spw.org)**

Students Partnership Worldwide (SPW), a nonprofit, international development organization, works in the following eight countries: India, Nepal, Sierra Leone, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

Health Education Program

Through its Health Education Program, SPW recruits and trains young people ages 18-24 to serve as peer educators. These young people help empower other young people to take control over their own lives and shape the future of their communities. One of the main goals is behavior change among young people related to sexual and reproductive health with the aim of reducing exposure to HIV.

Across SPW's eight countries, there are currently about 850 young people being paid a subsistence allowance, equivalent to a junior teacher's salary, to work as peer educators. After four to six weeks of training, they are placed in rural communities to work full-time for eight to nine months.

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The young people are typically linked to a school with outreach to the community and neighboring schools. Although the focus is on reaching young people, they also work on community capacity building. The services they provide include:

- Teaching adolescent sexual and reproductive health modules in the schools using non-formal techniques linked to the national curriculum
- Establishing after-school youth clubs using music, art, sports, drama, and debating to reinforce health messages and life skills introduced in classroom lessons
- Establishing youth resource centers where students and out-of-school youth can go to learn about reproductive health
- Answering questions about sex and healthy choices on local radio shows
- Working with health clinics to provide youth-friendly services and take young people on visits to clinics to help overcome fear
- Organizing festivals and community marches with young people to raise community awareness about HIV prevention and to reduce stigma around AIDS
- Organizing community workshops to raise awareness among adults (parents, teachers, and community leaders) about adolescent vulnerability to HIV and AIDS and to help them reach out for support and services

Young People We Care

In Zimbabwe, SPW has a program called Young People We Care, which engages young people in providing home-based care for people living with HIV and AIDS and their families as well as in providing peer education. Twenty-two young people have been trained to be lead caregivers and are paid an allowance to cover their food and transportation. They each lead about 20 volunteers who report to them on all their activities.

The lead and volunteer caregivers assist fully trained and paid adult caregivers on home visits providing the following services:

- Basic nursing care
- Household chores, including cleaning the home
- Providing information and referrals regarding available health services
- Playing with household children, often neglected because of the strain of family health issues
- Where appropriate, helping children in the grieving process and assisting them in making memory boxes

The young people's role in helping the children is important because the regular caregivers often do not have time work with the children.

Family Health International⁸⁴

(www.fhi.org)

Working with Change of Lifestyles has actually been life changing for me. Before getting involved in this type of work, I saw many of my friends jailed for gang activity and letting their lives slip away. I knew I had to make a serious change or I'd end up the same way. Working with youth, I've become more conscious about the way I live. I know that the youth won't accept my messages fully if I'm not living the lessons that I'm bringing to them.

—Simon Nunyango, Youth Project Manager,
Change of Lifestyles, Namibia

Family Health International (FHI) works closely with partner organizations that provide seven programs in Namibia that engage young people ages 18–30 in HIV and AIDS work. These programs provide peer prevention education and work with OVC including those affected by HIV and AIDS. Most of the young people are volunteers who may receive an allowance for transportation, but a small number are paid a salary or stipend. Some of the most active volunteers eventually get hired for pay in other organizations in part due to their volunteer experience.

Through the peer education programs in schools and the community, young people promote HIV and AIDS awareness and prevention and help other young people develop life skills. The ELCIN Youth HIV Prevention Program, part of the Evangelical Lutheran Church, has 27 youth trainers and 60 peer educators who work with young people ages 14–25 and receive a transportation allowance. The Youth Hope Program, run through Development Aid from People to People, has about 250 peer educators receiving a transportation allowance who work with young people ages 15–19. Through Youth Education and Prevention, a program of Catholic AIDS Action, about 200 youth volunteers are paid a very small stipend to provide peer education to young people in two different programs—one for children ages 9–12 and the other for young people age 13 and older.

Through the organization Changes of Lifestyles, volunteer peer educators work with young people ages 8–16. This program is coordinated by two young people who are paid a full-time salary, and two young people are paid to work as office staff. The Lifeline/Childline program provides participatory drama and role playing, and a weekly call-in radio show for children and adolescents. To carry this out, it pays 8 youth drama staff a full salary and gives a small transportation allowance to 36 youth volunteers.

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At the Walvis Bay Multi-Purpose Centre there are several HIV and AIDS related programs staffed by young people. An outreach coordinator, two health outreach workers, two VCT counselors, one youth coordinator, and one IT person are paid a full-time salary. Six part-time health educators/community outreach workers receive a monthly stipend. All of these young people started as volunteers at the center. The outreach is directed toward workplaces, schools, shebeens (neighborhood pubs), and the community.

Through the Sam Nujoma Multi-Purpose Centre, there are a variety of programs that engage young people in HIV and AIDS work, including peer education for in and out of school youth and an after school program for about 100 OVC. In the after school program, the young people help the OVC with school work and provide psychosocial support. Three peer educators and five OVC caregivers receive a small monthly stipend.

Philippi Trust Namibia trains youth leaders to assist OVC through experiential learning at week-long overnight camps for young people and through kids clubs for children ages 7-12 and adolescents ages 13-18. In addition to having fun, the OVC learn how to trust people, deal with grief and death, and improve their communication skills. Four youth coordinators are paid full-time salaries to run these programs. Previously, they were volunteers who went through extensive psychosocial training and other support/counseling training. About 19 youth volunteers (preferably OVC themselves) are trained in counseling skills to assist at the camps and serve as kids club leaders. They receive free food and lodging at the camps.

5

Conclusion

This paper has provided the background context and case study illustrations for proactively including and promoting the employment of young people in all aspects of HIV and AIDS work from prevention and VCT to medical treatment including antiretroviral therapies, ongoing care of people with HIV and AIDS, bereavement counseling, and care of survivors.

To move this priority agenda forward, the authors of this paper recommend the following action areas for possible consideration and further research:

- 1) **Recognition of and Support for Youth Employment in HIV and AIDS Work**—How could multilateral, bilateral, and national organizations provide support for youth employment in HIV and AIDS work?
 - a. **Financing**—For example, how could current sources of HIV and AIDS funding (e.g., PEPFAR, Global Fund and World Bank MAP, National AIDS Commissions) be targeted to support institutions specifically recruiting and training young people for employment in health care and HIV and AIDS work?
 - b. **Education**—How could awareness-raising about public health employment opportunities in education systems be promoted?
 - c. **Service Learning related to the types of education**—Could Ministries of Youth, Labor, and/or Education integrate “service learning” into health care work as part of a student’s requirements before graduating? Additionally, perhaps schools could promote field trips and specific health-care focused lectures, courses, and opportunities such as job-shadowing for students to hear from and interview professionals working in the health care arena.
 - d. **Public Works**—How might international agencies support the development of HIV and AIDS youth employment training and placement in health care and HIV and AIDS work as a national public works activity? With attention to not undercutting international and national efforts for retention and

Further involvement of young people in all aspects of HIV and AIDS work requires greater recognition and support on the part of multi-lateral, bilateral, and national organizations for developing opportunities, training, and entrepreneurship.



recruitment of skilled health professionals, some of the relevant lessons learned from such public works activities, e.g., short vs. long-term employment, could be used for shaping a youth employment focused response for public health that would provide an exponential increase in the human resource base to support overstretched health delivery systems.

- 2) **“Good Practice”**—How could strategies for youth employment in HIV and AIDS and health care work be linked with general “good practice” findings in the literature about youth employment^{85, 86} and economic strengthening of individuals impacted by HIV and AIDS, such as OVCs?⁸⁷
- 3) **Peer Educators**—Given the self-selection process by motivated young people in these activities, how might health care-focused employment activities specifically support the retention of this talent pool?
- 4) **Entrepreneurship**—How could youth entrepreneurs with ideas for new health care focused business development be supported? An example might be by providing access to microfinancing and credit opportunities to young people, including orphans, with new business ideas in these areas.⁸⁸
- 5) **Public Health “Mentors”**—How might a cadre of “public health” mentors be recruited to promote youth interest and professional development in health care work? Given the importance of a multi-sectoral response to health issues and HIV and AIDS, valuable advice about possible employment and entrepreneurship opportunities “outside the box” of traditional public health activities could come from individuals in any field of work (e.g., finance, industrial production, entertainment, education, agriculture, legal, service sector, local government).

Related Projects

What Health and Human Development Programs of Education Development Center, Inc., Can Do in Partnership with Countries⁸⁹

The essential components of enabling young people to become involved in HIV and AIDS work are to identify and develop opportunities, create greater awareness of those opportunities, and provide skills training and mentoring, including through paid work. Health

and Human Development Programs of Education Development Center, Inc. (HHD/EDC) is committed to working across sectors to support governments, NGOs, youth networks, businesses, and labor leaders with a variety of services to involve young people along the continuum from HIV prevention through care.

Youth Information Technology HIV/AIDS Work Pilot⁹⁰

The *Youth Information Technology Work Project-Zambia Pilot* (YouthIT-Zambia) has been designed to strengthen youth entrepreneurship and employment, including a project focus on training youth for IT-enabled employment and/or new business creation in health care and HIV and AIDS work in that country.

The pilot project was initiated in 2005 by a coalition of Rotary clubs in the U.S. and Zambia along with the International Youth Foundation with support from the U.S. Department of State's Office of Citizen and Cultural Exchange. Local project partners include Students Partnership Worldwide-Zambia, Africare-Zambia, and Computers for Zambian Schools. In 2006-2007, the project trained 200 youth, many of whom were Student Partnership Worldwide's ex-peer health educators and participants in Africare's rural livelihoods program in entrepreneurship, health, and IT (e.g., word processing, presentation software, database development). Some of the participating youth will benefit from mentorship, seed capital support for new business development, part-time paid internships as data entry clerks for HIV and AIDS service oriented organizations, and citizen exchange opportunities to visit the United States.

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Appendix A: HIV and AIDS Statistics

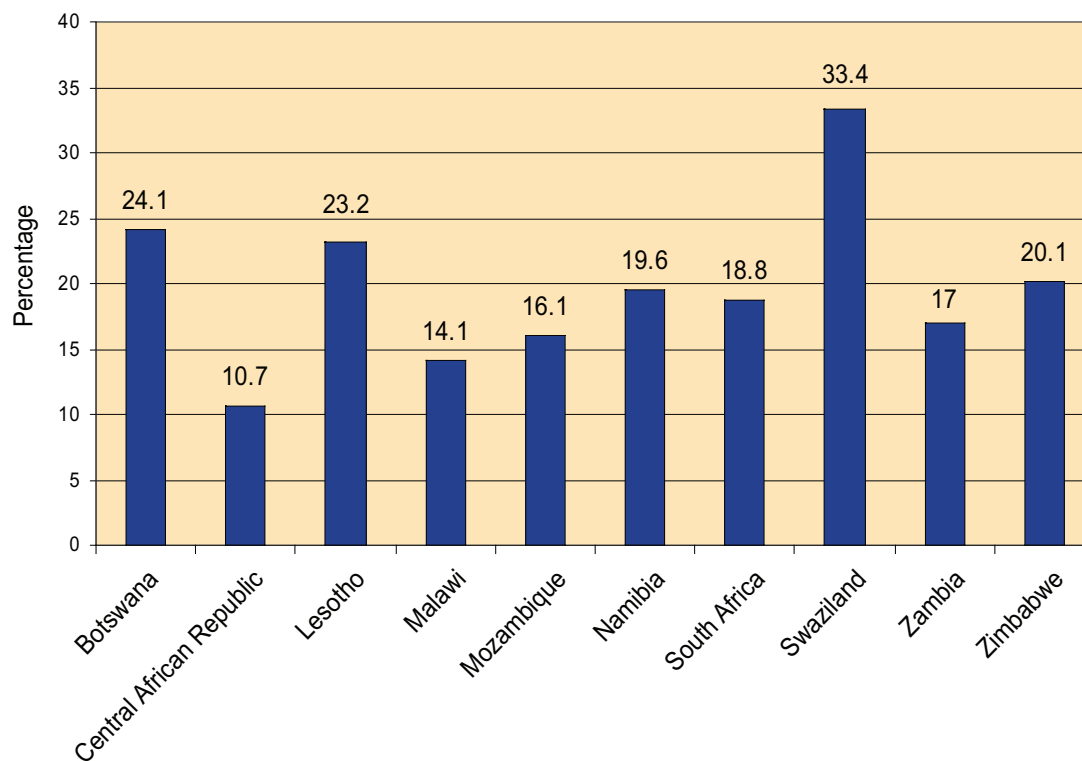
Regional HIV and AIDS Statistics and Figures, 2005

Region	Adults and children living with HIV and AIDS	Adult prevalence (%)*	Adult and child deaths due to AIDS
Sub-Saharan Africa	21.6 – 27.4 million	5.4 – 6.8	1.7 – 2.3 million
North Africa and Middle East	250,000 – 720,00	0.1 – 0.4	20,000 – 62,000
South and Southeast Asia	5.1 – 11.7 million	0.4 – 1.0	310,000 – 6840,000
East Asia	420,000 – 1.1 million	< 0.2	17,000 – 42,000
Latin America	1.2 – 2.4 million	0.4 – 1.2	47,000 – 76,000
Caribbean	240,000 – 420,000	1.1 – 2.2	19,000 – 36,000
Eastern Europe and Central Asia	1.0 – 2.3 million	0.6 – 1.4	36,000 – 75,000
Western and Central Europe	550,000 – 950,000	0.2 – 0.4	<15,000
North America	770,000 – 2.1 million	0.5 – 1.1	11,000 – 26,000
Oceania	48,000 – 170,000	0.2 – 0.8	1,900 – 5,500
TOTAL	38.6 million (33.4 – 46.0 million)	1.0% (0.9 – 1.2%)	2.8 million (2.4 – 3.3 million)

*The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2005

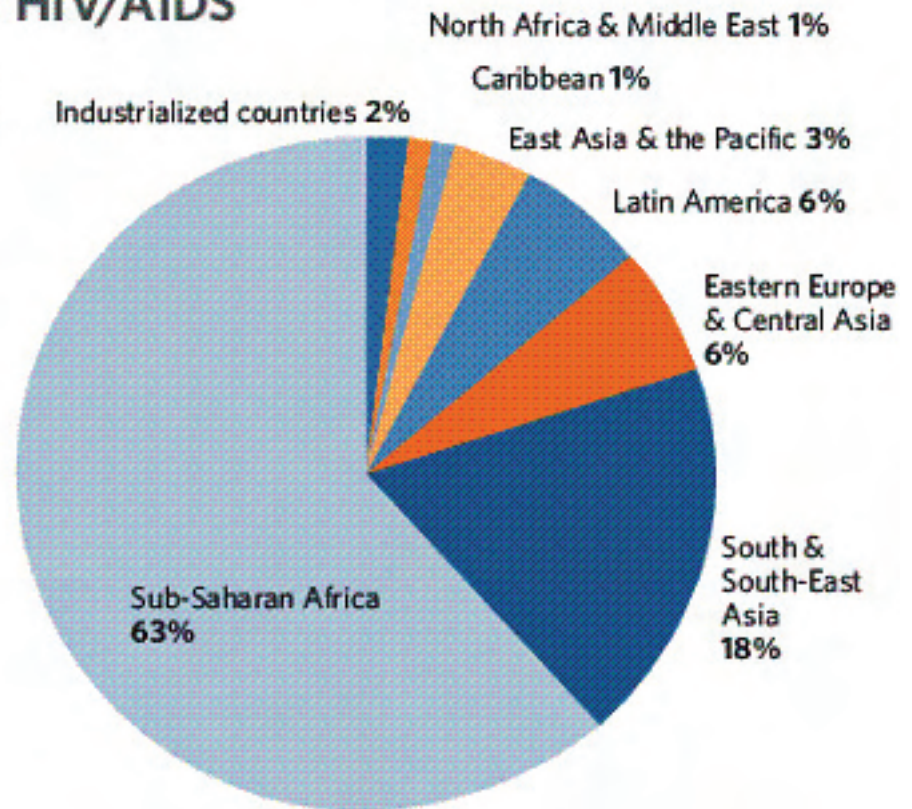
Source: UNAIDS. *2006 Report on the global AIDS epidemic*. May 2006.

African Countries with Highest HIV Prevalence (%) in People Ages 15–49



Source: UNAIDS. *2006 Report on the global AIDS epidemic*. May 2006.

**Young people (15-24 years)
living with HIV/AIDS
by region,
end-2003**



Source: UNAIDS. *2004 Report on the global AIDS epidemic*. June 2004

Appendix B: Work-Related HIV and AIDS Policies

Young people employed in jobs in their communities that are not related to sex work can also be affected by HIV and AIDS-related issues in their workplaces. To address these issues, the International Labour Organization (ILO) is developing workplace policies to combat HIV and AIDS-based discrimination and to prevent and treat the disease. In 2001, the ILO put forth a code of practice for HIV and AIDS in the workplace. The code's key principles are the following:

- Recognition of *HIV/AIDS as a workplace issue*, in that the workplace is part of the local community with a role to play in the wider struggle to limit the effects and spread of HIV/AIDS
- *Non-discrimination*, with respect for the rights of people living with HIV/AIDS
- *Gender equality*, keeping in mind that women are more adversely affected by HIV/AIDS due to biology, socio-cultural norms and economic forces
- *A healthy work environment*, safe from the transmission of HIV and adapted to the capabilities of workers based on their physical and mental health
- *Social dialogue*, with trust and cooperation between employers, workers, unions, and governments, and with the active involvement of infected and affected workers
- *No screening* for purposes of exclusion from employment or work processes
- *Confidentiality*, as there is no justification for asking applicants/workers to disclose HIV status
- *Continuation of the employment relationship* regardless of a worker's HIV status, as long as persons with AIDS-related illnesses are able
- Inclusion of culturally sensitive *prevention programmes*
- *Care and support*, including affordable health services with the same high quality provided to other workers

Source: International Labour Organization. *ILO code of practice on HIV/AIDS and the world of work*. Geneva, Switzerland. 2001.

Appendix C: Electronic Information Resources

Health and Human Development Programs (HHD)/Education Development Center, Inc. (EDC)

www.hhd.org

EDC is a U.S.-based non-profit organization that works on a wide variety of education and health issues. It works on global HIV and AIDS issues through its Health and Human Development Programs.

Youth

Global Youth Partners

<http://www.unfpa.org/hiv/gyp>

This initiative, which is youth-driven with support from the United Nations Population Fund (UNFPA), aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV among young people, especially underserved youth.

Global Youth Coalition on HIV/AIDS

<http://www.youthaidscoalition.org>

GYCA is a UNAIDS and UNFPA-supported alliance of young leaders and adult allies working in over 100 countries representing local, regional, and global HIV and AIDS initiatives.

Youth Employment Network

<http://www.ilo.org/public/english/employment/strat/yen/>

<http://www.youthemploymentgateway.org/>

The YEN was created under the impetus of the Millennium Declaration to develop and implement strategies that give young people everywhere a real chance to find decent and productive work. This employment gateway is YEN's global knowledge resource on youth employment and decent work.

YES Campaign

<http://www.yesweb.org>

The YES Campaign was developed from several Youth Employment Summits (YES) in which youth from around the world met to discuss issues of youth employment. It develops the capacity of youth to lead youth employment initiatives, promotes youth employment to address key development challenges, and builds in-country coalitions to develop national strategies addressing youth unemployment.

Advocates for Youth

www.advocatesforyouth.org

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provide information, training, and strategic assistance to youth-serving organizations, policymakers, youth activists, and the media in the United States and the developing world.

Youth Issues Papers

www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm

Youth Issues Papers are in-depth reviews of critical topics regarding youth reproductive health and HIV and AIDS prevention. They include an analysis of the issue, a literature review, case studies, lessons learned, and ideas about criteria for best practices.

General HIV and AIDS

AIDS Education Global Information System (AEGIS)

www.aegis.com

AEGIS is an online resource center offering extensive information on HIV-related news, including current political developments and clinical information.

The Body

www.thebody.com

This HIV and AIDS website has valuable treatment and prevention resources, including online doctors, an interactive prevention section, and over 40,000 documents on a wide assortment of HIV-related subjects.

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/hiv/pubs/facts.htm

CDC is the leading public health agency of the United States government. The agency houses detailed information on trends, prevention and treatment protocols, and intervention tools for leaders in business and labor in U.S.-based companies and labor organizations.

Family Health International (FHI)

www.fhi.org

As part of its mission to improve reproductive and family health, FHI is active in HIV and AIDS prevention and care. A number of its publications are useful in the business response to HIV and AIDS and are included as references on its website.

Population Council

www.popcouncil.org/livelihoods.html

The Population Council is an international, non-profit organization that conducts research on reproductive health and population issues. It has a strong HIV and AIDS component.

United Nations Joint Programme on HIV/AIDS (UNAIDS)

www.unaids.org

UNAIDS, the Joint UN Programme on HIV/AIDS, produces a number of useful resources on the epidemiology of HIV and AIDS and prevention and care. Refer to the UNAIDS website for a wide array of references and annual HIV and AIDS figures.

World Health Organization (WHO)

www.who.int/hiv/en/

WHO provides detailed information on the technical aspects of the HIV and AIDS epidemic, including program guidance on prevention, care, support, and treatment; current clinical guidelines; and disease surveillance.

Global Network of People Living with HIV/AIDS (GNP+)

www.gnpplus.net

GNP+ aims to improve the quality of life of people living with HIV and AIDS. This is achieved by helping to build the capacity of people with HIV and AIDS on the global, regional, and national levels through international conferences and lobbying.

Women

International Center for Research on Women (ICRW)

www.icrw.org

ICRW works to improve the lives of women in poverty through partnerships and policy development in the areas of economic development, equity, and human rights. It has an active research program on HIV and AIDS focused on HIV-related discrimination and stigma.

International Community of Women Living with HIV/AIDS (ICW+)

www.icw.org

ICW's overall goal is to improve the lives of women with HIV and AIDS throughout the world. It works to ensure that women who are HIV-positive have input at the local, national, and international levels and are represented in decisions, policymaking, service development, and research likely to have impact on their lives.

Business Organizations

Global Business Coalition on HIV/AIDS (GBC)

www.businessfightsaids.org

The GBC is an alliance of international companies dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise. With the support of global leaders in government, business, and civil society, the GBC promotes partnerships in the global response to HIV and AIDS, identifying new and innovative opportunities for the business sector to join the growing global movement.

International Labour Organization (ILO)

www.ilo.org

The ILO is the United Nations specialized agency that seeks the promotion of social justice and internationally recognized human and labor rights. It formulates international labor standards in the form of Conventions and Recommendations setting minimum standards for basic labor rights. It also promotes the development of independent employers' and workers' organizations and provides training and advisory services to those organizations.

The Corporate Council on Africa (CCA)

www.africacncl.org

CCA is a membership organization of corporations dedicated to strengthening and facilitating economic and commercial relationships between African and American corporations, organizations, and individuals. The CCA task force on HIV and AIDS has investigated how American corporations can best address HIV and AIDS in Africa.



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