

**Inter-Agency Task Team
on HIV and Young People**

GUIDANCE

■ BRIEF

**Community-based
HIV Interventions
for Young People**



■ PURPOSE

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People¹ to assist United Nations Country Teams (UNCT) and UN Theme Groups on HIV/AIDS² in providing guidance to their staffs, governments, development partners, civil society and other implementing partners on community HIV interventions for young people.³ It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings for a range of target groups.

The purpose of these Briefs is to help decision makers understand what needs to be implemented, based on the latest global evidence on effective interventions for young people. The Briefs provide an overview of evidence-informed interventions (not a blueprint for national programmes) in response to specific epidemic scenarios in different countries.⁴ Special attention should be directed to young people most at risk of HIV in all countries. In generalised and hyperendemic settings, interventions to prevent HIV also need to be directed to the general population of young people.⁵

The Briefs do not deal in any depth with “how to” implement the interventions outlined, although key resources are listed to provide further guidance. The Briefs also do not attempt to address the many cultural, institutional and structural specificities and factors that confront decision makers in different countries. They are therefore likely to require further adaptation and translation if they are to be used by national counterparts. The engagement of young people in the adaptation of the materials will enhance their usefulness.

■ INTRODUCTION

Effective HIV prevention measures are those that emphasise human dignity, responsibility, voluntary participation and empowerment through access to information, services and support systems.⁶ Individual behaviours and decisions are not made or practised in a vacuum, and social norms, which are formed and enforced in communities, often determine the options available to young people.

Community-based approaches build on shared values and norms, belief systems and social practices, permitting culturally sensitive discussions of HIV and sexual and reproductive health. A thorough understanding of common values and belief systems also helps to identify positive values and practices that can facilitate and more effectively promote HIV interventions. Thus cultural knowledge, awareness and engagement of local communities are vital in advancing effective and sustainable change.

The nature and scale of interventions in the community will vary according to the type of HIV epidemic scenarios. In hyperendemic situations and generalised epidemics, extraordinary efforts are required to mobilise the whole community.⁷ In low-prevalence countries and concentrated epidemics, community-based interventions should be focused on reaching those groups most at risk,⁸ including vulnerable groups such as children living/working on the streets,⁹ as well as efforts to reduce stigma and discrimination towards these groups. Community-based interventions that seek to address social norms related to gender inequality, intergenerational sex and gender-based violence are required in all epidemic scenarios.¹⁰

Definitions

A **community** can be defined geographically (by location) or socially (people with common social attributes and interests¹¹ or HIV-risk behaviours)¹². Some “communities,” such as those of children living and/or working on the street, are both geographic and social, as they share the same location and social conditions. However, there is not always concurrence between geographic communities and those that are socially defined (such as peer educators networks,¹³ community networks and organizations that involve young people living with HIV, young people living/working on the street, those involved in sex work or injecting drugs, and young men who have sex with other males).¹⁴

¹ The Inter-Agency Task Team on HIV and Young People was established in 2001 to enhance the effectiveness of the global response to AIDS in the context of young people. Further information about the IATT on HIV/YP is contained at the end of the document.

² This includes Joint UN Teams on AIDS (JUNTA) and/or Technical Working Groups (TWG) on AIDS.

³ The UN defines young people as age 10 to 24 years, youth as 15 to 24 years and adolescents as 10 to 19 years.

⁴ Detailed information on what actions (for populations of all ages) should be taken for each stage of the epidemic can be found in UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

⁵ Information and education about HIV should be available to all young people, irrespective of the stage of the epidemic. There are global indicators to monitor the percentage of youth age 15 to 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

⁶ UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS, Geneva.

⁷ Southern African Development Community, SADC (2006). Expert Think Tank Meeting on HIV Prevention in High Prevalence Countries in Southern Africa Report. SADC, Maseru.

⁸ See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV Interventions for Most-At-risk Young People.

⁹ For example, 37.4% of 313 street children in Saint Petersburg were found to be HIV positive. Kissin, D. M. et al (2007) “HIV sero-prevalence in street youth, St Petersburg, Russia,” AIDS, 21(17):2333-2340, November.

¹⁰ UNAIDS (2007) Expert Consultation on Behaviour Change in the Prevention of Sexual Transmission of HIV: Highlights and recommendations. UNAIDS, Geneva.

¹¹ Maclean, A. (2006) Community Involvement in Youth Reproductive Health: A Two-Part Review and Analysis of the Literature. Family Health International/YouthNet, Washington DC.

¹² Some definitions of community embrace both the geographic and social dimensions, for example, a community is “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.” MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R.P., Scotti, R., Blanchard, L. and Trotter, R.T. (2001) “What is Community? An Evidence-Based Definition for Participatory Public Health.” American Journal of Public Health, Vol. 91, No. 12, December. The World Health Organization similarly defines community as “a group of people living in the same geographic area with some degree of common interests and an easy means of communication.” WHO (2001) Information, education and communication: Lessons from the past; perspectives for the future, Department of Reproductive Health, WHO, Geneva.

¹³ UNAIDS (1997) Community Mobilisation and AIDS. Technical update, UNAIDS, Geneva.

¹⁴ International Council of AIDS Service Organizations, the African Council of AIDS Service Organizations, and the International HIV/AIDS Alliance (2007) Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses Background to Involving Communities. IHAA, Brighton.

The value of **community involvement** and the potential for communities to be actively involved in improving their health was recognised 30 years ago.¹⁵ Since then, community involvement has been regarded as a continuum (according to the degree of community members' control and decision-making) that ranges from token representation with no role or power in making decisions to **community participation** in which local people initiate action, set the agenda and work towards a commonly defined goal of **community engagement**. Such engagement brings together people living with HIV, community stakeholders and health providers to develop partnerships, address gaps and challenges, and support families and individuals, creating a comprehensive community response.

For community HIV interventions to be effective and sustainable, actions need to be developed by the community members and young people themselves.^{16 17} Involving them from the outset in planning, designing, implementing, monitoring and evaluating is likely to increase the degree of control that community members have over decision-making.

Methods to maximise community involvement include:

1. **Community planning** to identify priority HIV-prevention needs and measures to ensure that HIV-prevention resources are targeted to priority populations and interventions in a comprehensive plan.¹⁸
2. **Social change communication and mobilisation** so groups of people become aware of common concerns or needs and decide to take action to create shared benefits.¹⁹ Several guidelines exist on how to mobilise community members to comprehensive action^{20 21} with specific reference to HIV and AIDS^{22 23} and how to conduct participatory assessments with young people.^{24 25 26}

Because of the diverse nature of some communities, any behaviour-change interventions should be based on audience or community

segmentation. This enables the identification of primary target audiences, such as young people engaging in HIV-risk behaviour and segmenting them based on age, ethnicity, sex and power relations. It is also necessary to address secondary audiences of people who influence the behaviour of the primary target group. These can be parents, religious and traditional leaders, or in the case of young women involved in sex work, it would need to include their clients and controllers. As the secondary audience can also be diverse in terms of age, gender relations and position within the community, different interventions need to be developed for each sub-group.²⁷

■ Evidence of effectiveness of community-based HIV interventions for young people

Communities are unlikely to question their own assumptions—on gender norms, for example—unless prompted to do so, but community-based programmes have succeeded in catalysing change by helping communities reflect on traditions, norms and values that jeopardize their health and survival.²⁸

Community involvement has been demonstrated to play an important role in HIV prevention, treatment, care and support interventions for young people through:^{29 30 31}

- Providing access to young people in the community through adult gatekeepers
- Creating a supportive community environment that enables individual behaviour change
- Mitigating the impact of HIV-related stigma and discrimination on young people
- Facilitating changes in gender norms that affect young people's risk of HIV infection
- Increasing community awareness of available HIV services, generating youth demand for such services and increasing access to and use of services through referral systems and support.³² Any community mobilisation of young people to use HIV prevention and treatment services should be accompanied by improvements in such services and their adaptation to the

¹⁵ WHO and UNICEF (1978) Primary Health Care: Report of the International Conference on Primary Health Care. Alma-Ata USSR. 6-12 September, 1978. WHO, Geneva.

¹⁶ Donahue, J. and Williamson, J. (1999) Community Mobilisation to Mitigate the Impact of HIV/AIDS. USAID, Washington DC.

¹⁷ Palmer, A. (2002) Reaching Youth Worldwide: Working Paper No. 6. Johns Hopkins Centre for Communication Programmes, Baltimore. <http://www.jhucp.org/pubs/wp/6/6.pdf>

¹⁸ Centres for Disease Control (2003) HIV Prevention Community Planning Guide. CDC, Washington DC.

¹⁹ UNAIDS (1997) Community Mobilisation and AIDS. Technical update, UNAIDS, Geneva.

²⁰ Butterfoss, F. (2006) "Process Evaluation for Community Participation." Annual Review of Public Health, 27: 323-340.

²¹ Howard-Grabman, L. and Sneto, G. (2003) How to Mobilise Communities for Health and Social Change. Health Communication Partnership/USAID, Washington DC. <http://www.jhucp.org/mmc/index.stm>

²² International HIV/AIDS Alliance (2005) Tools Together Now! Participatory Tools to Facilitate Mobilising Communities for HIV/AIDS. IHAA, Brighton.

²³ Donahue, J. and Williamson, J. (1999) Community Mobilisation to Mitigate the Impact of HIV/AIDS. USAID, Washington, DC.

²⁴ Shah, M., Zambazi, R. and Simasiku, M. (1999) Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents. FOCUS on Young Adults Programme, Washington DC. <http://www.pathfind.org/plf/pubs/focus/RPPS-Papers/pla1.pdf>

²⁵ Zambazi, R. and Hernandez, J.J. (2006) Engaging communities in youth reproductive health and HIV projects: A guide to participatory assessments. Family Health International, Arlington, VA. <http://www.fhi.org>

²⁶ UNAIDS Definition on Social Change Communication. http://data.unaids.org/pub/Report/2007/jc1404-socchangecomm_en.pdf

²⁷ Franklin, B., Flanagan, and Mahler, H. "Evaluating Behaviour change communication interventions," in Rehle, T. et al (2003) Evaluating Programmes for HIV/AIDS Prevention and Care in Developing Countries. Family Health International, Arlington, VA.

²⁸ Rehle, T., Sidel, T., Mills, S. and Magnani, R. (Eds) (2003) Evaluating Programmes for HIV/AIDS Prevention and Care in Developing Countries. Family Health International, Arlington, VA.

²⁹ Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington, VA.

³⁰ Maclean, A. (2006) Community Involvement in Youth Reproductive Health: A Two-Part Review and Analysis of the Literature. Family Health International/YouthNet, Washington DC.

³¹ International HIV/AIDS Alliance (2007) Community engagement for universal access. <http://www.aidsalliance.org>

³² See Inter-Agency Task Team (IATT) on HIV and Young People (2008) Global Guidance Brief on HIV interventions for Young People in the Health Sector.

needs of young people—creating, for example, youth-friendly health services.³³

- Supporting young people in successful use of treatment
- Supporting young people in the adoption of preventive behaviours
- Increasing young people's status in the community so they can assume leadership roles in spreading HIV information and education in their communities
- Promoting sustainability and a sense of community ownership of programmes

Community-based HIV interventions for young people can include the following: behaviour-change communication, such as youth peer education³⁴ and advocacy programmes to alter risk-taking behaviour,³⁵ outreach through community organizations to young people most at risk for HIV (i.e. young people who are involved in sex work and/or inject drugs,³⁶ young men who have sex with other males and young people in conflict with the law); activities to inform and change norms in relation to gender and sexuality,³⁷ condom distribution, delivery of clinical care,³⁸ medication and referrals to providers of care, support and prevention services. The media can also be used to mobilise, inform and promote change in the community.³⁹ However, HIV programmes need to move from an intervention or service paradigm to one of community engagement based on human rights. This would ensure that segmented and tailored information and skill-building for individuals are coupled with mass media attention, social mobilisation, advocacy and leadership to change policies and social norms and to invest in reducing the vulnerability of disadvantaged and marginalised populations.⁴⁰

Young community members living with HIV can be powerful educators, serving as role models and reducing stigma surrounding HIV and AIDS. However, their involvement must be carried out in a planned, sensitive and responsible manner to avoid becoming tokens or being exposed to further stigma and discrimination. The Internet is being increasingly used by groups of young people to educate others about HIV-related issues; however, its effectiveness has not yet been properly evaluated.

A systematic review of HIV interventions for young people, delivered in geographically bounded communities in developing countries, classified the interventions into four categories and found the following degrees of success:⁴¹

1. **Interventions targeting adolescents and youth and delivered through existing organizations or centres** were most likely to be sustainable and yield positive results. These types of social change-communication interventions produced the greatest effect in changing knowledge, communication skills and sexual behaviours among young people.
2. **Community-wide interventions delivered through existing kinship networks** have the capacity to cover a wide range of issues once the system for delivering the intervention has been established.
3. **Community-wide interventions delivered through activities such as faith-based organizations and festivals** were found to have the widest reach and to be the most successful in addressing community norms and producing community-wide responses.
4. **Interventions targeting adolescents and youth by creating new systems and structures** were not likely to be sustainable.

NATIONAL AIDS RESPONSES

Community-based interventions include adult gate-keepers in providing access to services for young people.

Young people are the main target group for a Reproductive Health Initiative for Youth in Asia (RHIYA) programme (including HIV). However, to establish a more comprehensive and integrated approach, influential stakeholders—community elders, parents, school teachers, religious leaders, health service providers and volunteers—are the indirect beneficiaries of the project. The involvement of religious leaders has been critical to gain community acceptance of education on reproductive health and HIV and for the creation of Youth-Friendly Centres (YFCs), both for girls and boys.⁴²

Community-based HIV interventions are delivered by young people.

In Zambia, young people are involved in care and support of people living with HIV. They were trained as caregivers, and local stakeholders promoted active collaboration between them and local institutions, including health centres, adult home-based care teams, community leaders and NGOs. Adults trained in providing home-based care by the Catholic Diocese of Mansa worked closely with youth, providing them with on-site supervision, skills training, psychosocial support and mentoring. The first referrals to the programme came from the youth club members themselves, based on their knowledge of relatives and neighbours with chronic illness (a commonly used euphemism for suspected HIV or AIDS). Over time, youth caregivers became more trusted, and more community members began to refer other people living with HIV to the programme.⁴³

³³ ibid

³⁴ UNFPA and Youth Peer Education Network (Y-PEER) and Family Health International/YouthNet (2005) Youth Peer Education Toolkit. UNFPA, New York.

³⁵ Wellborn, A. (1995) Stepping Stones: A training package in HIV/AIDS, communication and relationship skills. Strategies for Hope, UK.

³⁶ WHO (2004) Evidence for Action: Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users. WHO, Geneva.

³⁷ International HIV/AIDS Alliance (2007) Keep the best, change the rest: Participatory tools for working with communities on gender and sexuality. IHAA, Brighton.

³⁸ <http://hivinsite.ucsf.edu/InSite?page=li-07-12>

³⁹ Pinkerton, S. D., Kahn, J. and Outbrave, D. R. (2002). "Cost-effectiveness of community-level approaches to HIV prevention: A review." *Journal of Primary Prevention*, 23, 175-198.

⁴⁰ UNAIDS (2007) Expert Consultation on Behaviour Change in the Prevention of Sexual Transmission of HIV: highlights and recommendations. UNAIDS, Geneva.

⁴¹ Maticka-Tyndale, E. and Brouillard-Coyle, C. (2006) "The effectiveness of community interventions targeting HIV and AIDS prevention at young people in developing countries" in *Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries*. Eds. Ross, D. et al., WHO and UNAIDS Inter-agency Task Team on Young People, Geneva.

⁴² <http://sachet.org.pk/home/programs/rhiya.asp>

⁴³ Estu-Williams, E. et al (2004) "Involving Young People in the Care and Support of People Living with HIV and AIDS in Zambia: Final Report of an Operations Research Study in Luapula and Northern Provinces," Population Council, Washington, DC. <http://www.popcouncil.org/pdfs/horizons/zmbcsythfnl.pdf>

Community-based interventions reduce discrimination against marginalised young people.

The Frontiers Prevention Project in Ecuador worked with many groups that were marginalised and discriminated against. Among them, young transgendered people were at higher risk of exposure to HIV. During the project, they designed their own programme to mobilise their peers to address HIV and AIDS. They later went on to form Ecuador's first transgender NGO to demand access to health services and other fundamental human rights. Mobilising discriminated communities such as young transgendered people not only reduces HIV incidence among this particular community, but also prevents HIV infection from spreading to the wider community.⁴⁴

changes in the community; for example, it may be difficult to retain young peer educators and outreach workers from at-risk populations. Moreover, consistent sources of funding are often difficult to identify.

- **Monitoring and evaluation** Community HIV interventions often pose many challenges for monitoring and evaluation (see later).

■ CHALLENGES

Despite the emerging evidence that community interventions do work, there are several challenges that need to be borne in mind:

- **Diversity** Communities are not homogeneous, and community members are not all equal; young people themselves are diverse. Social relationships and power dynamics will influence who is most able to participate. Leaders from government, religion and other areas can help or hinder the ability of young people to obtain information and make safe choices regarding their sexual health⁴⁵ and substance use.
- **Gender** Male and female gender roles and power differences between young men and women and between older men and young women influence their ability to participate in interventions; to access HIV prevention, treatment and care;⁴⁶ and to protect themselves from gender-based violence.
- **Age** Young people and adults in a community often have different perspectives. Involving only adults or young people in HIV programmes can create an unsafe environment for young people.⁴⁷
- **Social and cultural norms** In many countries, husbands and mothers-in-law make the final decision about whether, when and what kind of sexual and reproductive health care young married women can seek.⁴⁸ Key life and health decisions for young people are frequently made by family members and dictated by community norms.⁴⁹
- **Sustainability** Community-based interventions are often resource intensive and may be difficult to sustain because of

■ PARTNERSHIPS AND MULTI-SECTORAL APPROACHES

Both adults and young people need to be involved as partners in initiating HIV prevention, treatment, care and support efforts.⁵⁰ Scaling-up community HIV interventions for young people requires establishing new partnerships with a range of other organizations. In some countries (such as Cambodia), a commune or municipal system is already in place whereby local Councillors develop a multi-sectoral, five-year development plan and a one-year rolling investment plan. The empowerment and involvement of young people in such local planning processes allow them to identify problems affecting them within their communities and recommend ways and means to address the issues. Furthermore, better understanding of HIV and AIDS by local authorities would facilitate advocacy for integration of HIV interventions for young people into local planning processes.

Such initiatives require capacity building and resource mobilisation to ensure that all relevant groups of young people, as well as key community leaders and local stakeholders, are included.⁵¹

■ MONITORING AND EVALUATION

A systematic review of community-based HIV prevention interventions for young people found many challenges in measuring their effectiveness.⁵² Interventions that involve communities are often complex; the availability of documentation varies widely, making comparisons difficult; and the evolutionary nature of community involvement compounds the inherent challenges of evaluation.⁵³

- **Attributing results to community involvement is difficult.** Many evaluators question what should be evaluated—health outcomes, participation levels, improved capacities, or some combination

⁴⁴ International AIDS Alliance (2005) Tools Together Now! Participatory Tools to Facilitate Mobilising Communities for HIV/AIDS. IHAA, Brighton.

⁴⁵ Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington VA.

⁴⁶ International Community of Women Living with HIV/AIDS (2004) HIV Positive Young Women. ICW Vision Paper No 1, London.

⁴⁷ Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington VA.

⁴⁸ Barua, A. and Kurz, K.M. (2001) "Reproductive Health-seeking by Married Adolescent Girls in Maharashtra, India." *Reproductive Health Matters*, 9(17).

⁴⁹ Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington VA.

⁵⁰ *ibid*

⁵¹ International AIDS Alliance (2005) Tools Together Now! Participatory Tools to Facilitate Mobilising Communities for HIV/AIDS. IHAA, Brighton.

⁵² Maticka-Tyndale, E. and Brouillard-Coyle, C. (2006) "The effectiveness of community interventions targeting HIV and AIDS prevention at young people in developing countries" in *Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries*. Eds. Ross, D. et al., WHO and Inter-Agency Task Team on HIV and Young People, Geneva.

⁵³ Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington VA.

of all of these?⁵⁴ The contribution of community involvement to HIV outcomes among young people is also not clearly documented.^{55 56}

- **Standard indicators of community involvement do not exist.**⁵⁷ Therefore, it is difficult to compare results from different studies. Evaluators must decide whether to focus on community involvement as a means to influence young people's behaviours, to build a stronger community, or both.⁵⁸

■ ACTIONS FOR UN COUNTRY TEAMS AND UN THEME GROUPS ON HIV/AIDS

- Advocate for the establishment of mechanisms to allow young people (including HIV-positive young people) to participate in:
 - Identifying their unfulfilled rights in relation to HIV prevention, treatment and care
 - Community-based solutions to HIV-related stigma and discrimination
 - Research on the effectiveness of community-based HIV interventions
 - Implementing solutions, monitoring, evaluating and reporting on community- based HIV prevention and treatment interventions
- Advocate for programmes to address cultural norms, beliefs and practices, recognising both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission through 1) stigma and discrimination towards young people living with HIV, 2) engaging in HIV risk behaviour and 3) limiting access to and use of HIV prevention and treatment services.
- Support social change communication programmes and community-based responses to scale-up access of young people to a continuum of interventions for HIV prevention, treatment, care and support services.⁵⁹
- Advocate for a system to monitor young people's participation in community-based HIV interventions (broken down by age, sex, diversity, HIV status and risk behaviour).

Key resources:

Family Health International (2006) The Role of Community Involvement in Improving Reproductive Health and Preventing HIV among Young People Report of a Technical Consultation. November 8-9, 2005, FHI, Arlington.

<http://www.fhi.org>

International Community of Women Living with HIV/AIDS (2004) HIV Positive Young Women. ICW Vision Paper No 1, London. This document clearly identifies some of the problems faced by HIV positive women in taking forward HIV interventions in their respective communities.

<http://www.icw.org>

International Council of AIDS Service Organizations, the African Council of AIDS Service Organizations, and the International HIV/AIDS Alliance (2007) Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses Background to Involving Communities. IHAA, Brighton.

<http://www.aidsalliance.org>

International HIV/AIDS Alliance (2005) Tools Together Now! Participatory Tools to Facilitate Mobilising Communities for HIV/AIDS. IHAA, Brighton.

http://www.aidsalliance.org/graphics/secretariat/publications/All_Together_Now.pdf

International HIV/AIDS Alliance (2007) Keep the best, change the rest: Participatory tools for working with communities on gender and sexuality. IHAA, Brighton.

http://www.aidsalliance.org/graphics/secretariat/publications/Gender_sexuality_toolkit_P1.pdf

Maticka-Tyndale, E. and Brouillard-Coyle, C. (2006) "The effectiveness of community interventions targeting HIV and AIDS prevention at young people in developing countries" in Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries. Eds. Ross, D. et al., WHO and Inter-Agency Task Team on HIV and Young People, WHO, Geneva.

http://wbqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf

Maclean, A. (2006) Community Involvement in Youth Reproductive Health: A Two-Part Review and Analysis of the Literature. Family Health International/YouthNet, Washington DC.

Rehle, T., Saidel, T., Mills, S. and Magnani, R. (Eds) (2003) Evaluating Programmes for HIV/AIDS Prevention and Care in Developing Countries. Family Health International, Arlington, VA.

UNAIDS (2007) Expert Consultation on Behaviour Change in the Prevention of Sexual Transmission of HIV: Highlights and recommendations. UNAIDS, Geneva.

UNFPA and Youth Peer Education Network (Y-PEER) and Family Health International/YouthNet (2005) Youth Peer Education Toolkit. UNFPA, New York.

<http://www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/index.htm>

Engaging Faith-based Organizations in HIV Prevention: A Training Manual for Programme Managers, UNFPA, 2007

http://www.unfpa.org/upload/tib_pub_file/705_filename_HIVTraining%20Manual%20eng%20.pdf

Welbourn, A. (1995) Stepping Stones: A training package in HIV/AIDS, communication and relationship skills. Strategies for Hope, UK.

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