



ALIGN  
GRAPHIC  
DESIGN



tessa magnuson  
978/590/3741

letstalk@aligngraphic.design

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# COMPANY PROFILE

## 2021

**Tessa Magnuson**  
Founder, Principal

**Founded:** 2012

**Location:** Pembroke, NH, USA

**Phone:** 978-590-3741

**Email:** [letstalk@aligngraphic.design](mailto:letstalk@aligngraphic.design)

**Website:** [www.aligngraphic.design](http://www.aligngraphic.design)

**DUNS:** 078539453

Pending 2021 recertification (in progress)—Woman-Owned Small Business (WOSB/EDWOSB) certified by the United States Women's Chamber of Commerce (USWCC).



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## OVERVIEW

Established in 2012, Align Graphic Design is a full service boutique design agency located outside of Concord, NH. Align Graphic Design is a woman-owned SAM registered small business with proven expertise delivering quality design products at the best possible value to clients throughout the United States and internationally.

## DIFFERENTIATORS

- Agency quality work
- Personalized customer service
- 15 years of industry experience
- Quick project turnaround
- Impeccable attention to detail
- Error-free file delivery

## PRINCIPAL

Align Graphic Design, LLC is owned and operated by Tessa Magnuson, BFA. With over 15 years of graphic design experience, Mrs. Magnuson uses her passion and expertise to support communications efforts of people and organizations who want to make the world a better place.

With a focus on health, education and the environment, Mrs. Magnuson has worked extensively with for-profit and non-profit organizations in developing a wide range of visual products—from logos, brand collateral and websites to layouts for success stories, reports, booklets, fact sheets and more. Mrs. Magnuson has a firm grasp of branding standards and requirements, and is able to work within established systems in addition to developing guidelines for emerging brands.

As a stickler for consistency, she is able to create cohesive, clean, and eye catching designs across various media that speak to the passion and purpose of her clientele. Mrs. Magnuson works directly with her clients and is the primary designer and project manager on all work completed by Align Graphic Design.



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## CAPABILITIES

### GRAPHIC DESIGN & LAYOUT

- Logo, Branding & Identity Design
- Report Design & Formatting
- Brochures, Flyers, Pamphlets & Newsletters
- Event Invitations & Programs
- Print & Web Advertisements
- Trade Show & Conference Materials
- Postcards & Direct Mail Design
- Custom Illustration, Maps & Infographics

### WEB DESIGN

- Wordpress Site Design & Customization
- Squarespace Site Customization
- Responsive HTML Email Design
- Social Media Graphics & Customization

### ADDITIONAL SERVICES

- Copywriting, Editing & Proofreading
- Photo Manipulation, Color Correction & Editing
- 508 Compliance

Align Graphic Design, LLC prides itself on creating quality design products and is able to complete projects in a variety of computer programs and online platforms including Adobe InDesign, Adobe Illustrator, Adobe Photoshop, Adobe Dreamweaver, Microsoft Word, Microsoft Excel, Microsoft PowerPoint, Wordpress, Squarespace, MailChimp, and Constant Contact.



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## CV

### SKILLS

Project management, publication design, Adobe Creative Suite (Illustrator, Photoshop, InDesign, Dreamweaver), Microsoft Office (Word, PowerPoint, Excel), Wordpress, Squarespace, CSS, HTML, digital photography and editing, various online content management systems.

### WORK EXPERIENCE

#### Founder, Principal | Align Graphic Design, LLC

Pembroke, New Hampshire | 7.2012–Present

- Established full service graphic design company;
- Responsible for all overhead business management, development, and client relations;
- Responsible for design work including branding, website design and development, report design & formatting, and more.

#### Web and Graphic Design Coordinator | John Snow, Inc.

Boston, Massachusetts | 8.2008–7.2012

- Aid Communications and Web Service teams;
- Design, build and edit project websites;
- Design and layout reports, brochures and booklets;
- Create slideshows, templates and other promotional materials.

#### Freelance Design | Various Clients

Manchester, Massachusetts | 5.2008–7.2012

- Plan and execute various design projects including: websites, reports, resumé's, business cards, artist portfolios and more.

#### Assistant Manager | Bearskin Neck Leathers

Rockport, Massachusetts | 7.2002–8.2008

- Sales and customer service, bookkeeping, buying, inventories;
- Design services including store signage, website design and development, brochures, advertising

### EDUCATION

#### Montserrat College of Art | BFA in Graphic Design

Beverly, Massachusetts | 2009–2011

## PAST PERFORMANCE

### Building Talent Foundation (BTF)

### Cash Consortium Iraq (CCI)

### Chemonics

- Accelerating Equitable Access to School, Reading, Student Retention and Accountability (ACCELERE!)
- Digital Liberia
- Land Innovation Fund
- Mexico EnfoqueDH
- Security Sector Governance (SSG)

### Fair Labor Association

### Global Development Incubator

- The President's Young Professionals Program of Liberia (PYPP)

### JSI Research & Training Institute, Inc.

- Advancing Nutrition
- Africa Routine Immunization System Essentials (ARISE)
- AIDSFree
- AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One)
- Advancing Partners & Communities (APC)
- National Health Vision Pakistan
- Strengthening HIV&AIDS and Tuberculosis Responses in East Central Uganda Project (STAR-EC)
- Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING)
- USAID | DELIVER PROJECT

### John Snow, Inc.

### Management Sciences for Health

- The District Health System Strengthening and Quality Improvement for Service Delivery (DHSS) Project

- Leadership, Management and Governance Project (LMG)
- Organized Network of Services for Everyone's (ONSE) Health Activity
- Rwanda Health Systems Strengthening (RHSS) Project
- TRACK Tuberculosis (TRACK-TB)
- The USAID Mikolo Project

### Mind & Life Institute

- Academy for Contemplative & Ethical Leadership
- Call to Care
- Varela Awards

### Save the Children

- Department of Global Health
- Empowering Girls Through Education and Health (ASPIRE)
- Healthy Newborn Network (HNN)
- Growing Up GREAT!
- Management of at Risk Mothers and Infants Under 6 Months (MAMI)
- Maternal and Child Survival Project (MCSP)
- Resilience Evaluation, Analysis and Learning (REAL)
- Saving Newborn Lives (SNL)
- School-Community Partnership for Education (SCOPE)

### The Syria Resilience Consortium

### Verité

- Country Level Engagement & Assistance To Reduce Child Labor II (CLEAR II)—Partnered with Winrock
- Addressing Forced Labor Risk In the Cocoa Sector Of Côte D'Ivoire

### VisionSpring



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## REFERENCES

Erin Shea | Save the Children | [eshea@savechildren.org](mailto:eshea@savechildren.org)

Donna Crotty | Girls Inc. of Lynn | [dcrotty@girlsinclynn.org](mailto:dcrotty@girlsinclynn.org)

Andrew Herring | Holderness School | [aherring@holderness.org](mailto:aherring@holderness.org)

*Additional references available upon request.*





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# THE EDWOSB CERTIFICATION

## Align Graphic Design, LLC

### By the U.S. Women's Chamber of Commerce™

The identified small business is an eligible EDWOSB for the WOSB Program, as set forth in 13 C.F.R. part 127 and has been certified as such by an SBA approved Third Party Certifier pursuant to the Third Party Certifier Approval, dated June 30, 2011, and posted at [www.sba.gov/wosb](http://www.sba.gov/wosb).

**COMPANY:** Align Graphic Design, LLC  
**CERTIFICATION DATE:** May 29, 2020

**DUNS:** 078539453  
**EXPIRATION DATE:** May 29, 2021

The U.S. Women's Chamber of Commerce proudly recognizes the above named firm as an Economically Disadvantaged Women-Owned Small Business. This firm was certified as an Economically Disadvantaged (EDWOSB), eligible for the EDWOSB Program, as set forth in 13 C.F.R., part 127 by the U.S. Women's Chamber of Commerce on May 29, 2020 based on circumstances existing on the date of application May 12, 2020. This EDWOSB Certification will automatically expire after one year from the date identified on the certification letter. **The expiration date of this certification is May 29, 2021.**

This EDWOSB Certification will be effective for one year from the date identified on the certification letter unless there is a change in SBA's regulation that makes the WOSB or EDWOSB ineligible or there is a change in the WOSB or EDWOSB that makes the WOSB or EDWOSB ineligible. If either change occurs, this EDWOSB Certification is immediately invalid. The WOSB or EDWOSB must not misrepresent its certification status to any other party, including any local or State government or contracting official or the Federal government or any of its contracting officials.

The EDWOSB named in this certification must promptly inform the U.S. Women's Chamber of Commerce and SBA of any changed circumstances, including a change in SBA's regulation or a change in the WOSB or EDWOSB that could make the WOSB or EDWOSB ineligible for the WOSB program or of any intended changes that may affect certification in the future.

Authorized by:

Margot Dorfman, CEO  
U.S. Women's Chamber of Commerce

# GRAPHIC DESIGN & LAYOUT PRICE GUIDE

Hourly Pricing: \$100<sup>USD</sup>/hour

Service	Regular Turnaround	Rush Turnaround	Regular Pricing	Rush Pricing
<b>Document Design</b>	7 days	4 days	\$750	\$1000
<b>Document Formatting</b> <i>(Does not include Document Design)</i>	10pp: 4 days 20pp: 5 days 50pp: 7 days 100pp: 14 days	10pp: 1 day 20pp: 2 days 50pp: 3 days 100pp: 5 days	10pp: \$300 20pp: \$600 50pp: \$1,500 100pp: \$3,000	10pp: \$450 20pp: \$800 50pp: \$1,750 100pp: \$3,300
<b>Technical Brief Formatting</b> <i>(Includes styling/recreation of all supporting graphics)</i>	4pp: 2 days 6pp: 3 days	4pp: 1 day 6pp: 2 day	4pp: \$200-750 6pp: \$300-900	4pp: \$300-900 6pp: \$400-1150
<b>Tri-fold Brochure Design &amp; Formatting</b>	7 days	4 days	\$750	\$1000
<b>Fact Sheet Design &amp; Formatting</b>	5 days	3 days	\$500	\$750
<b>Poster Design &amp; Formatting</b>	5-7 days	3-4 days	\$500-\$1,000	\$750-\$1,500
<b>Complex Infographic Design</b>	5-7 days	3-4 days	\$500-\$1,250	\$750-\$1,750
<b>Chart/Graph Formatting</b>	3 days	1 day	\$50-\$100	\$75-\$150
<b>Map Formatting</b>	3 days	1 day	\$70-\$250	\$100-\$350
<b>Social Media Graphics (set of 6)</b>	2 days	1 day	\$250-\$750	\$275-600
<b>Logo Design</b>	18 days	9 days	\$2,500	\$3,500

Pricing listed above is effective through 1/2022. Ranges depend on project complexity and number of mockups and/or revisions required.

Document Formatting does not include revisions or styling of supplementary graphics (graphs, charts, infographics, maps, etc.).

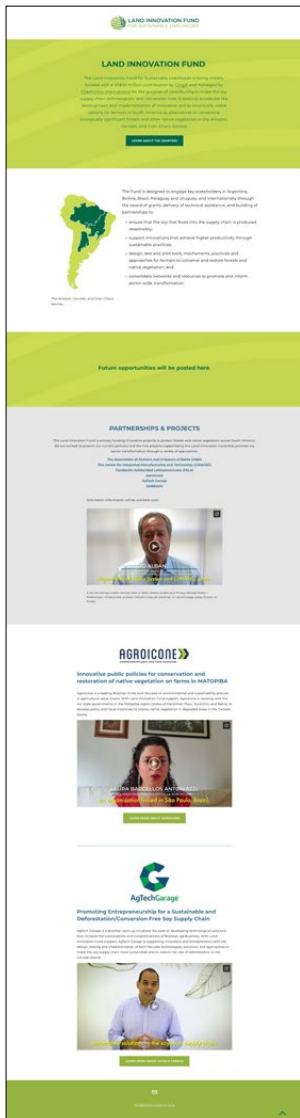
Pricing for services not listed above available upon request.

All design services include delivery of print and/or web ready .pdfs, .jpgs or .pngs as requested by the client in addition to the packaged source design files.

Print files include all prepress preparation and communication with print vendors as needed to ensure the final printed product is produced without error.

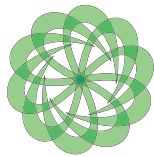
## WORK SAMPLES

Logo Design, Brand Guidelines, Custom Iconography, Squarespace Build, Word Template, PowerPoint Presentation Template.

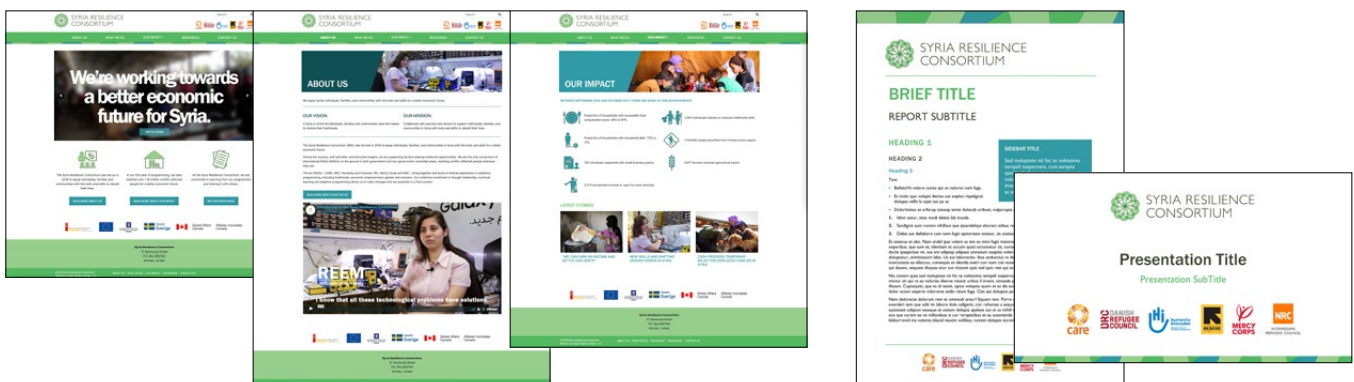
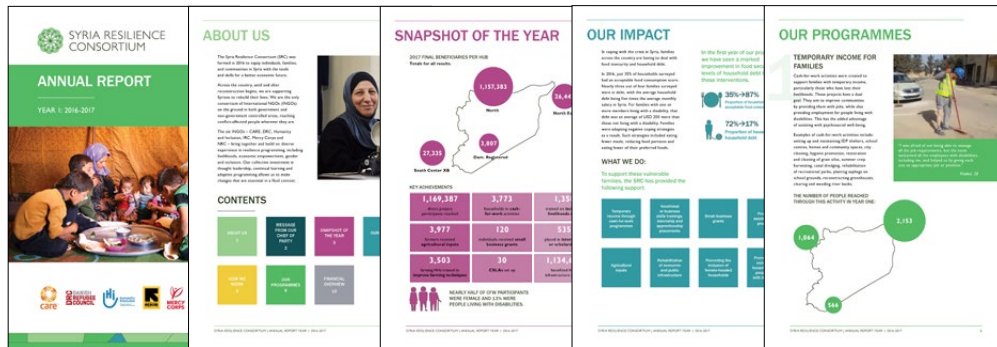
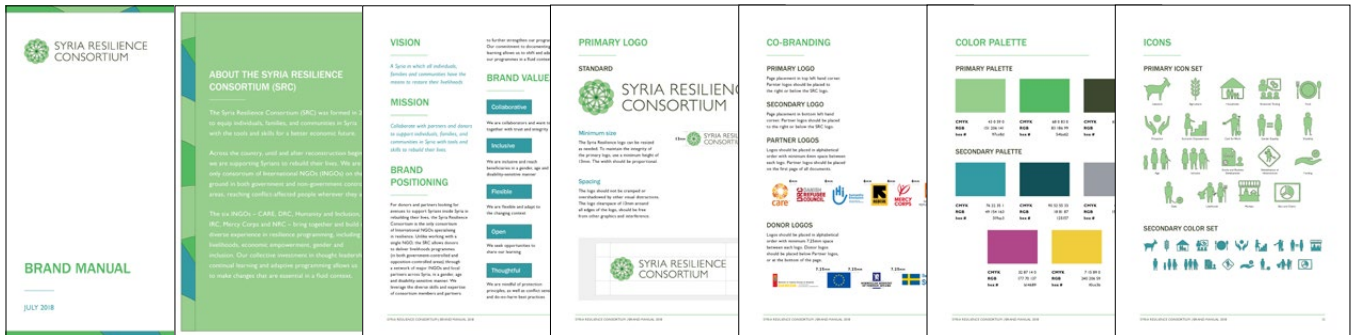


## WORK SAMPLES

Logo, Business Card, Brand Guidelines, Annual Report, Icon Development, Web Design & Wordpress Build, Word Brief Template, PowerPoint Presentation Template.



# SYRIA RESILIENCE CONSORTIUM



## WORK SAMPLES

Website Build, Brand Guidelines, Letterhead, Business Card, Email Signature, Various Print Materials, PowerPoint Template, Infographic, Custom Iconography, Social Media Graphics.



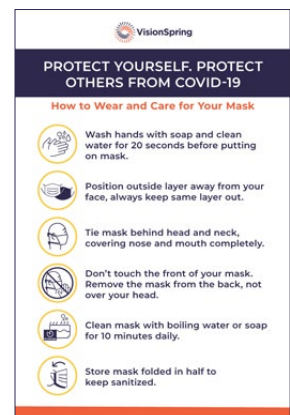
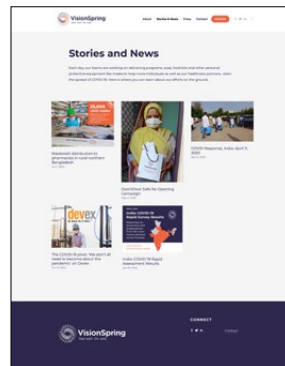
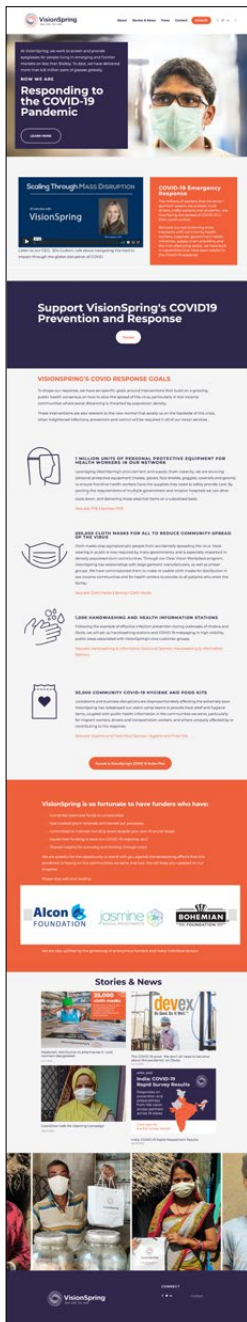
# WORK SAMPLES

Document Design, Various Print Materials, Word & PowerPoint Templates, Custom Illustration, Web Build.



## WORK SAMPLES

COVID-19 Response Website, Signage, Custom Iconography.



## WORK SAMPLES

Various Publications Design, Campus Signage, Social Media Graphics, Admissions Packaging.





# WORK SAMPLES

Art Direction, Training Suite Design & Layout, Iconography, Infographic Posters, Business Card.

### CALL TO CARE INITIATIVE: Overview & Status

**MIND & LIFE INSTITUTE**

### FROM EDUCATOR PRACTICES TO EDUCATOR OUTCOMES

**MIND & LIFE INSTITUTE**

### CLASSROOM GUIDE FOR EDUCATORS

**MIND & LIFE INSTITUTE**



### CALL TO CARE: Classroom Guide for Educators

**MIND & LIFE INSTITUTE**

### UNIT PLANNING:

1. Review the unit objectives, activities, essential questions & essential questions.

2. Discuss how the unit aligns with existing curriculum.

3. What are you being asked to do in this unit that supports the goal?

4. How does the unit build on students' prior knowledge/experiences?

5. How does the unit cultivate students' strengths and meet current needs?

6. Highlight key areas.

**MIND & LIFE INSTITUTE**

### Receiving Care

Receiving care involves the ability to receive care from others. This includes the ability to be vulnerable, to ask for help, and to accept help from others.

**MIND & LIFE INSTITUTE**

### THE JOURNEY TOWARD EMPATHY, COMPASSION AND CARE

**COMMITTED TO CARE**

**IMPORTANCE OF MENTORS**

**EDUCATING THE HEART PROCESS**

- Begins receiving care
- Faces challenges by cultivating self-care
- Practices extending care to all living beings

**MIND & LIFE INSTITUTE**

### CALL TO CARE: Educator's Professional Development Guide

**MIND & LIFE INSTITUTE**

### PART TWO: CARE-COURSE

#### 9-WEEK CARE-COURSE OVERVIEW

Week	Learning Objectives	Activities
Week 1	Understanding the Call to Care	Introduction to the Call to Care
Week 2	Receiving Care	Receiving Care
Week 3	Extending Care	Extending Care
Week 4	Cultivating Self-Care	Cultivating Self-Care
Week 5	Intentional Learning	Intentional Learning
Week 6	Decision Making	Decision Making
Week 7	Community Building	Community Building
Week 8	Reflection	Reflection
Week 9	Conclusion	Conclusion

**MIND & LIFE INSTITUTE**

### PUTTING EDUCATORS AT THE CENTER

Education is at the center of the development of our nation's future. Educators are the ones who shape the lives of our children and the future of our country.

**MIND & LIFE INSTITUTE**

### "WE TEACH WHO WE ARE"

**MIND & LIFE INSTITUTE**

### CALL TO CARE

**MIND & LIFE INSTITUTE**

care@mindandlife.org  
www.mindandlife.org/care

### INTERCONNECTEDNESS OF EVERYTHING

Science means thinking globally and multi-culturally. It also means creating a coalition of individuals from across the world in order to discover how each just how expensive and inclusive those human values, care—and how they can be fostered appropriately in, by, and for those cultures.

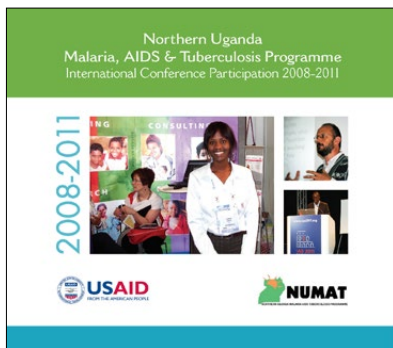
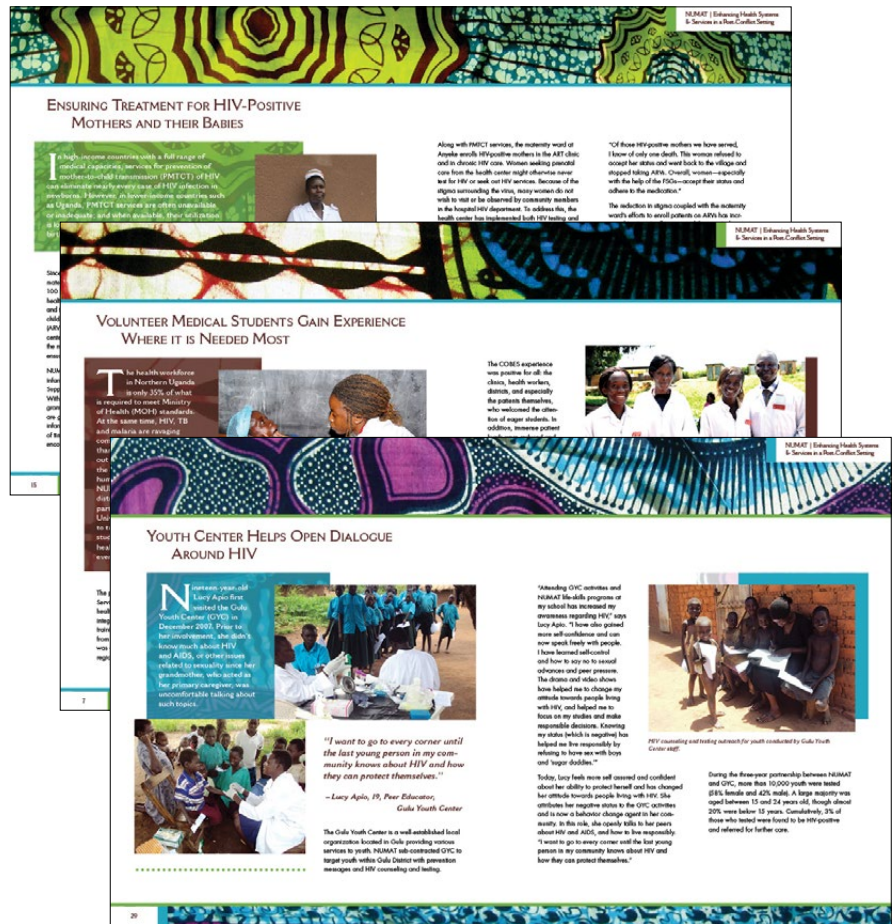
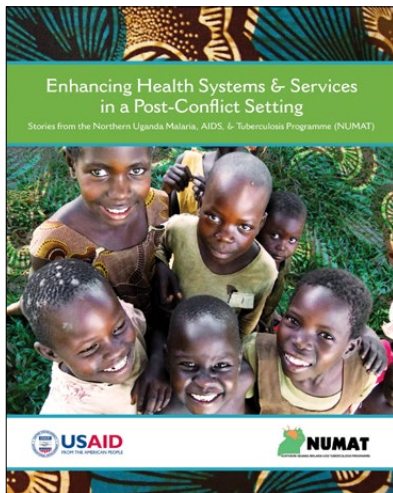
**THE CALL TO CARE MODEL**

- Successfully used in the public health field for nearly a decade
- Well-suited to the needs of practitioners, educators, and students
- Requires integration & harmonization of standards and curricula from multiple disciplines & institutions

**MIND & LIFE INSTITUTE**

## WORK SAMPLES


Art Direction, Success Story Booklet, Conference Abstracts Booklet, Technical Briefs, Photo Correction.



## WORK SAMPLES

Training Series Design & Layout, Illustration/Pattern Design, Infographics.

NEPAL  
LABOR INSPECTION  
TRAINING ON CHILD LABOR

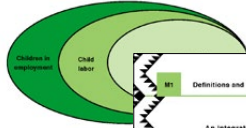


**MODULE 1:  
DEFINITIONS AND LEGAL FRAMEWORKS**

M1 Definitions and Legal Frameworks

In its most extreme forms, child labor involves children being enslaved, separated from their families, exposed to serious hazards and diseases and/or left to fend for themselves on the streets of large cities—often at a very early age. Whether or not particular forms of “work” can be called “child labour” depends on the child’s age, the type and hours of work performed, the conditions under which it is performed and the objectives pursued by individual countries. The answer varies from country to country, as well as among sectors within countries.”

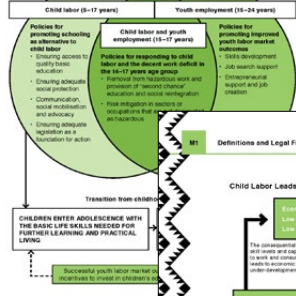
Distinguishing between child labor and children in employment\*



**MINIMUM AGE FOR EMPLOYMENT:**  
One way to ensure that children do not start minimum age for employment. ILO Convention recommends that countries set it to be the age undertaken full-time work. However, countries facilities are insufficiently developed may in any case, the age for starting work should normally finish secondary school.

M1 Definitions and Legal Frameworks

An integrated response to child labor and youth employment problems\*\*



Child labor (5-17 years) | Youth employment (15-24 years)

**Child labor (5-17 years)**  
Policies for preventing schooling as alternative to child labor:  
- Ensuring access to quality basic education  
- Creating schools, vocational training, and communication, social mobilization and advocacy  
- Ensuring adequate regulation as a foundation for action

**Child labor and youth employment (15-17 years)**  
Policies for responding to child labor and the lowest work status in the 15-17 years age group:  
- Formal and informal entry and provision of “second chance” education or social reintegration  
- Risk mitigation in sectors of concentration of child labor as hazardous work

**Youth employment (15-24 years)**  
Policies for promoting improved youth labor market conditions:  
- Skills development  
- Job search support  
- Entrepreneurship support and job creation

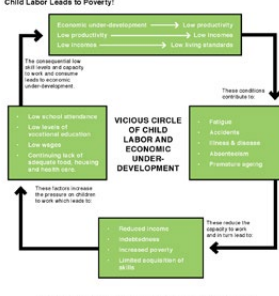
Transition from child labor to youth employment

CHILDREN ENTER ADOLESCENCE WITH THE BASIC LIFE SKILLS NEEDED FOR FURTHER LEARNING AND PRACTICE

Successful youth labor market outcomes to avoid in children

M1 Definitions and Legal Frameworks

Child Labor Leads to Poverty!



**WICKED CYCLE OF CHILD LABOR AND ECONOMIC UNDER-DEVELOPMENT**

Child Labor Leads to Poverty!  
- The intergenerational low level of skills and capacity leads to economic underdevelopment.  
- These conditions lead to:  
- Child labor and economic underdevelopment  
- These conditions lead to:  
- Child labor and economic underdevelopment

These factors increase the pressure on children and youth to work and often lead to:  
- Child labor and economic underdevelopment

These factors increase the pressure on children and youth to work and often lead to:  
- Child labor and economic underdevelopment

By preventing abuse of workers in their youth, society gains a more productive workforce and a new generation grows up that is healthier and better equipped for changing times.

What can inspectors do to break this cycle?

- Awareness raising & prevention
- Enforcement & follow-up
- Advice to employers

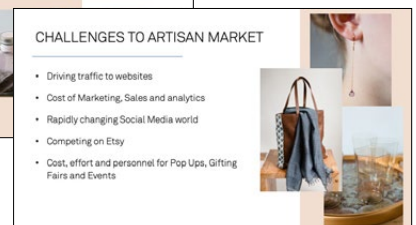
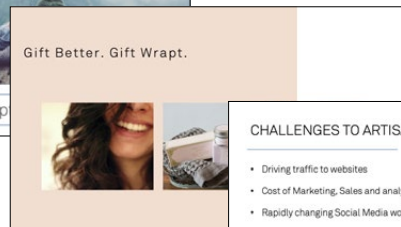
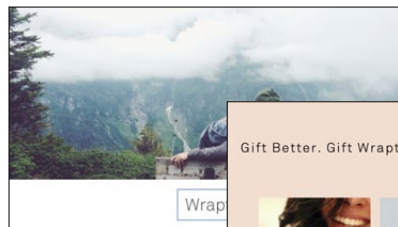
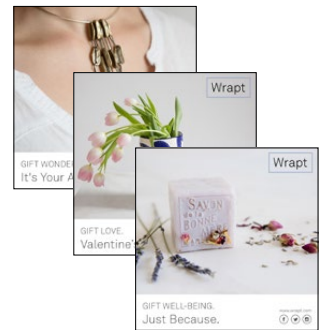
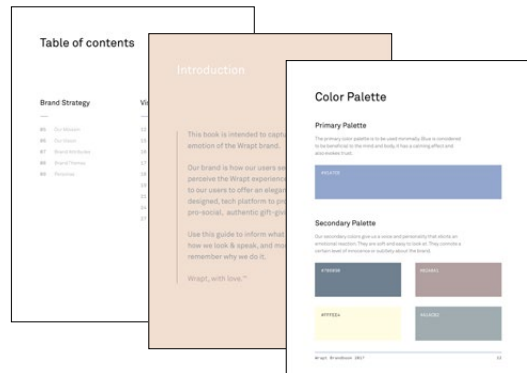
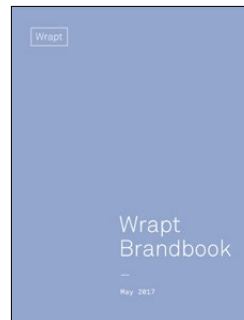
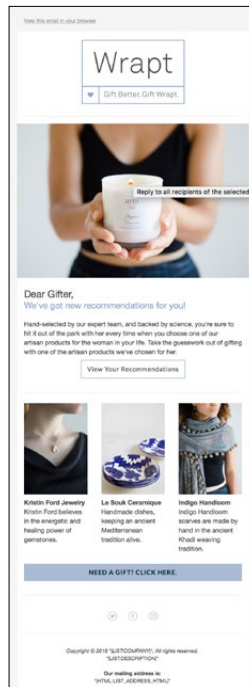
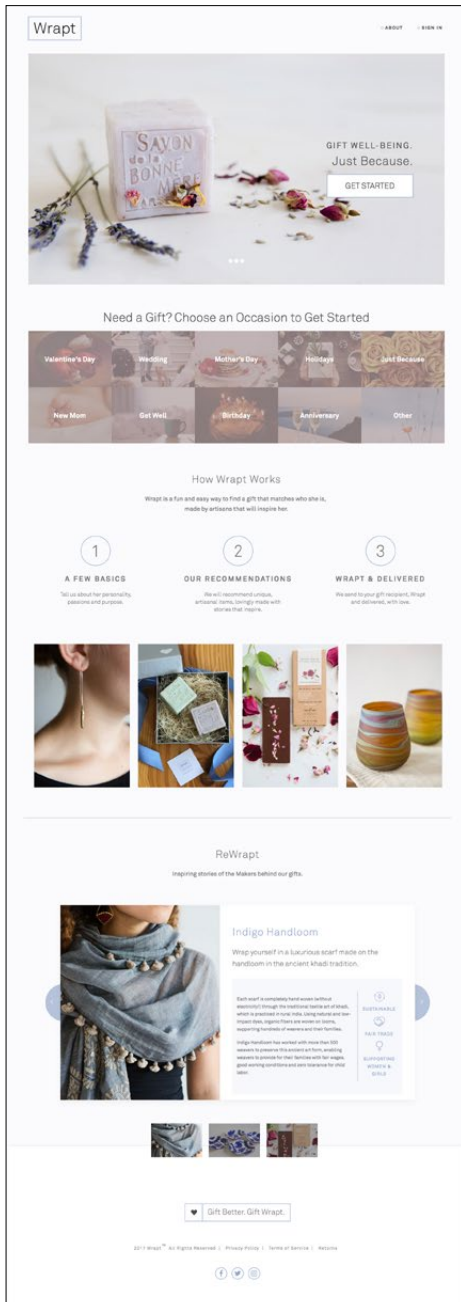
Labor Inspection Training on Child Labor 3



LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR	NEPAL LABOR INSPECTION TRAINING ON CHILD LABOR
						
NEPAL	<b>MODULE 2: DUTIES AND RESPONSIBILITIES OF LABOR INSPECTORS IN ADDRESSING CHILD LABOR</b>	<b>MODULE 3: IDENTIFYING CHILD LABOR</b>	<b>MODULE 4: ELIMINATING CHILD LABOR</b>	<b>MODULE 5: PREVENTING CHILD LABOR</b>	<b>FACILITATOR'S GUIDE</b>	

## WORK SAMPLES

Homepage Design, E-Newsletter Template, Brand Guidelines, PowerPoint Presentation, Custom Iconography, Social Media Graphics.



## WORK SAMPLES

Press Kit Design & Layout, Conference Banner, PowerPoint Presentation, Infographics.

**Nanoramic LABORATORIES**

**About**

Nanoramic—re-branded from FastCAP in 2018—is an industry-leading energy storage technology and materials solution provider headquartered in Boston, MA. Based on a deep knowledge of nanoscale materials, processes, and applications, Nanoramic has demonstrated success in ultracapacitors, polymer-based composites, thermal interface materials, and bendable electronics for energy storage.

Founded in 2013, under the leadership of co-founder Dr. John Cooley, the team began working under a multi-million-dollar grant from the DOE ARPA-E to develop its novel ultracapacitor technology based on carbon nanotube electrodes. FastCAP was honored again by the DOE Geothermal Technologies Program in 2013 to develop cutting-edge power systems for geothermal energy exploration.

The Nanoramic Laboratories suite of products include the Chip Ultracapacitor, Composite Electrode, High Temperature Ultracapacitors, and Advanced Materials. Under the leadership of CEO Eric Kish, the Nanoramic team is based in the Innovation and Design Building and has a 327,000+ Square Foot Manufacturing facility. The corporation holds 18 granted patents and 75+ pending applications. The FastCAP Ultracapacitor is the only product of its kind capable of operating in conditions up to 350°C with high shock and vibration.

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- Company Stats ..... 9
- Publications ..... 10
- Contact ..... 11

www.nanoramic.com | @nanoramiclabs | @nanoramic.com | nanoramic.com

**Advanced Materials**

**Thermal Interface Materials**

Based on Nanoramic's proprietary compounding, dispersion and coating processes, the Nanoramic 120s provides higher thermal conductivity than any other 120s in the market while retaining or improving advantageous mechanical properties. Surface projections have been designed for good interlocking to metal surfaces, for an additive increase in material while adding no weight.

**EMI/RFI Shielding Materials**

Nanoramic is developing electrically conductive, electrically insulating thin composite coatings of nanocarbons to enhance materials with or without electrical conductivity.

**FastCAP Chip Ultracapacitor**

Launched in 2017, the FastCAP Chip Ultracapacitor is a reflowable, ultra-thin, low ESR ultracapacitor which provides power loss protection in 500 and 30V technologies. After 10 years of development and research, Nanoramic's Ultracapacitor has ten times more energy per unit of volume than other ultracapacitors. While fast to use, the standard solution for hard drive nanoscale capacitors, while providing an 80% increase in power loss protection. The space saved by one capacitor can be utilized to add additional components, reaching up to 30 times the capacity of other ultracapacitors.

Using only two (2) of these tiny, thin and flexible nanoscale ultracapacitors of nanoscale capacitors, while providing an 80% increase in power loss protection. The space saved by one capacitor can be utilized to add additional components, reaching up to 30 times the capacity of other ultracapacitors.

**Specific Application Needs:**

High-Temp Heat Shield	EMI/RFI Shielding
Low ESR Capacitor	Thin Coatings
High Voltage Capacitor	Thin Coatings
Reliable Device	Thin Coatings
High Power Electronics	Thin Coatings
High Temperature Capacitor	Thin Coatings
High Voltage Capacitor	Thin Coatings
High Power Electronics	Thin Coatings

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**31 TEAM MEMBERS**

**SUPPORTING 25+ EFFICIENT PRODUCT LINES**

**MADE IN AMERICA**

**FOUNDED IN 2010**

**18 GRANTED PATENTS**  
75+ PENDING APPLICATIONS

**37,375 SQUARE FEET**  
MANUFACTURING AND OFFICE FACILITY SPACE

**A GLOBAL CORPORATION WITH TEAM MEMBERS IN 4 COUNTRIES**

**"Our team has proven their skills at innovating and problem solving—we are partners look for solutions to our toughest issues and our work together is best solutions!"**  
John Kish, CEO

**"We have a culture that supports technical innovation as well as a performance setting. It is a great team to be a part of. Every day is an exciting day!"**  
John Cooley, Co-Founder and CEO

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**Nanoramic LABORATORIES**

**ADVANCED MATERIALS**

**COMPOSITE ELECTRODE**

**CHIP ULTRACAPACITOR**

**EXTREME ENVIRONMENT ULTRACAPACITORS**

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**Nanoramic LABORATORIES**

ENERGY STORAGE, ADVANCED MATERIALS, CHIP ULTRACAPACITORS

**COMPANY HISTORY**

**01 \$10M In Funding**  
from NASA, DoE, and DoD

Released world's first commercial ultracapacitor

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**MEET OUR MANAGEMENT**

**ERIC KISH**  
CEO and Board Director  
30+ years Tech CEO  
Bio: Business  
MSc EE/Power Electronics

**JOHN COOLEY**  
PhD & CEO, Chairman, Co-Founder  
Expert in Power Systems, Electronics, and Energy Storage Applications  
PhD, MSc EE  
M.EngEE

**NICOLÒ BRAMBILLA**  
CTO  
World Leading Authority in Nanoscale and Ultrathin Development  
MSc Nanotechnology  
MSc EE  
MSc Engineering Physics

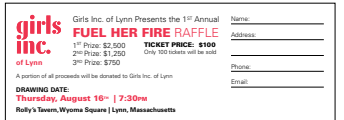
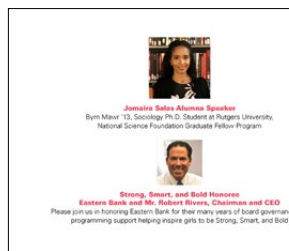
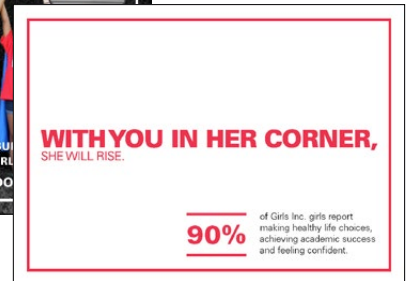
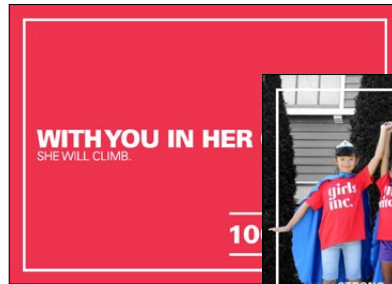
**MATT FENSELAU**  
VP Technology Licensing  
15+ years IP Strategy and Patent Development  
M.Phil/Physics  
Doctor of Law

STANFORD BUSINESS | MIT | POLITECNICO | Yale

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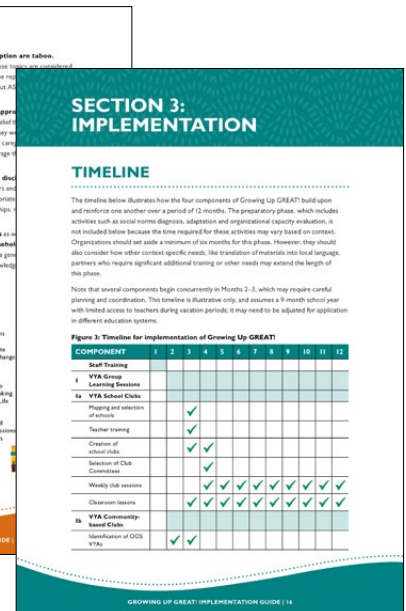
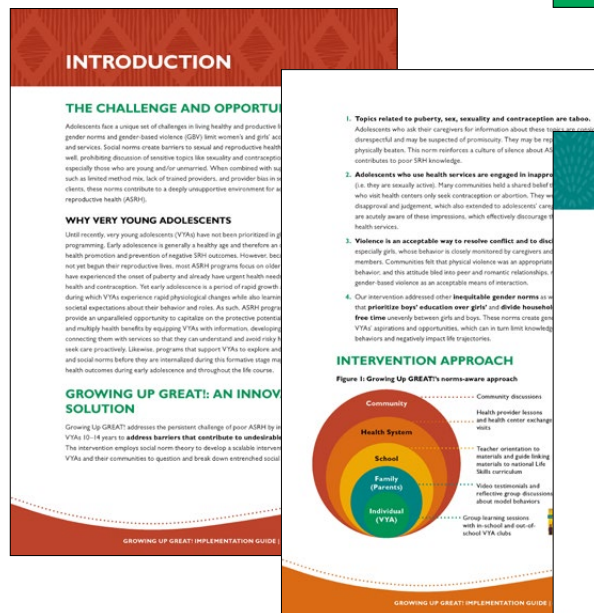
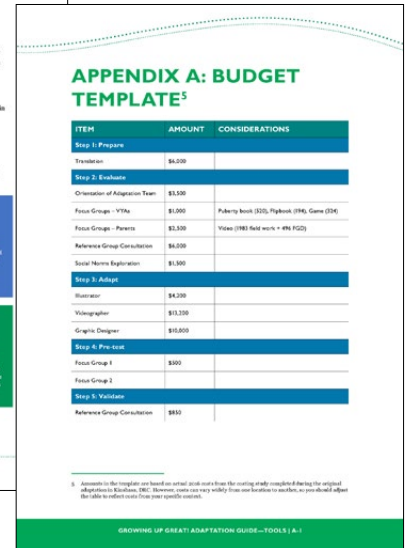
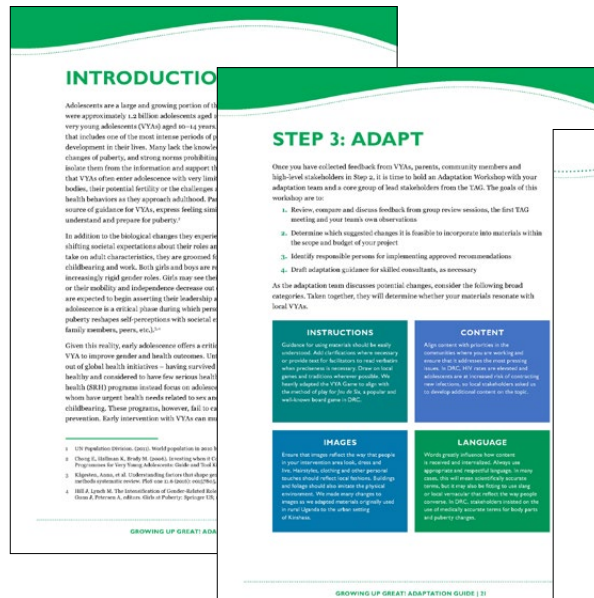
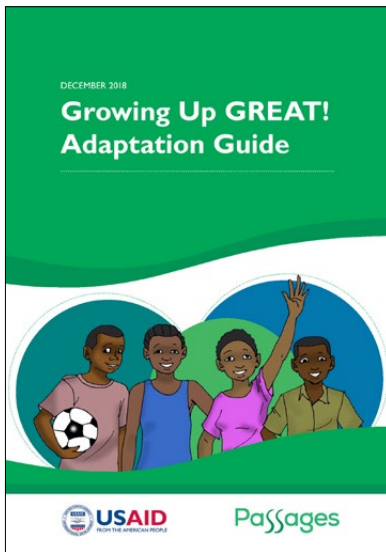
## WORK SAMPLES

Direct Mail Campaign, Event Program Book, Event Invitation, Raffle Ticket.



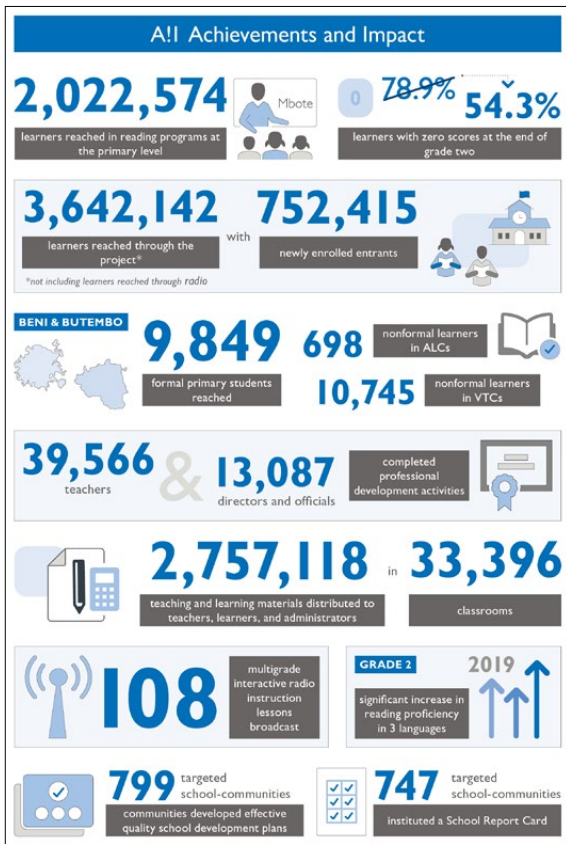
## WORK SAMPLES

Adaptation & Implementation Guides Design & Layout, 508 Compliance.



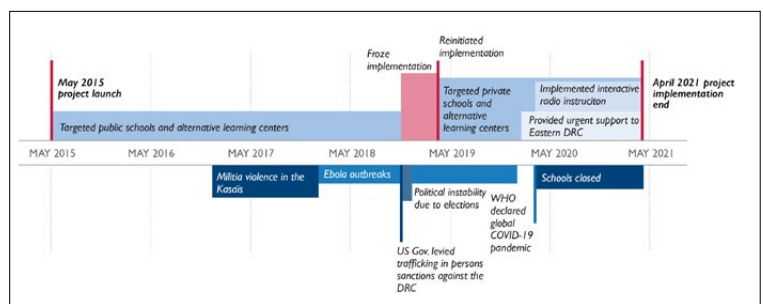
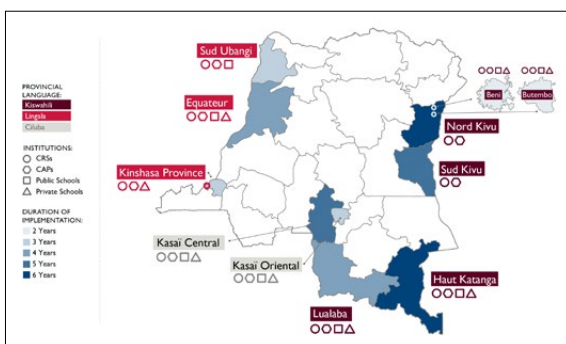
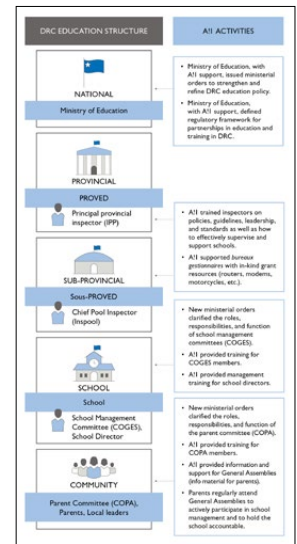
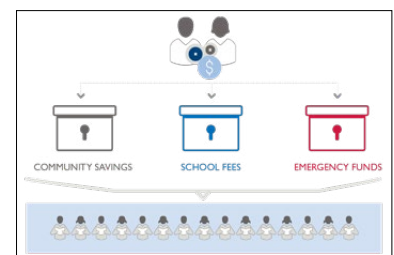
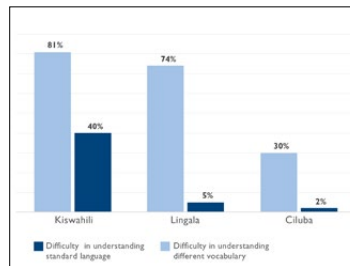
## WORK SAMPLES

### Final Report Graphics.



		CILUBA	KISWAHILI	LINGALA	FRENCH
FORMAL PRIMARY SCHOOLS	Teacher Guide	✓	✓	✓	✓
	Student Manual	✓	✓	✓	NA
	Student Workbook	✓	✓	✓	NA
	Classroom Poster	✓	✓	✓	✓
ACCELERATED LEARNING CENTERS	Teacher Guide	✓	✓	✓	✓
	Learner Manual	✓	✓	✓	NA
	Learner Workbook	✓	✓	✓	NA
	Classroom Poster	✓	✓	✓	✓
VOCATIONAL TRAINING CENTERS	Educator Guide*	✓	✓	✓	✓
	Learner Manual	✓	✓	✓	✓

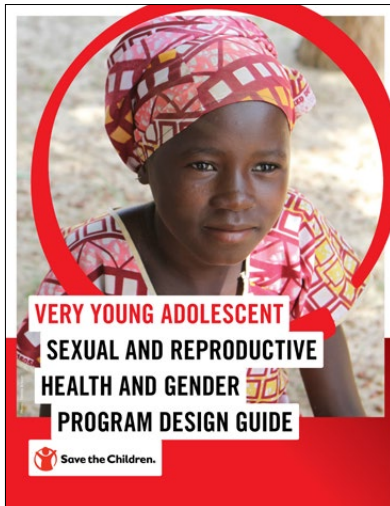
\*The teacher guide uses French to guide the teachers to teach reading and writing in Kiswahili.





## WORK SAMPLES

### Program Design Guide Design & Layout.



#### AGE APPROPRIATE & AFFIRMING

Programs should provide information that is developmentally appropriate for VYAs. Content should be scientific and factual, but expressed in clear and simple language. It should also be delivered in engaging ways, such as participating activities, stories and games. Programs should acknowledge the unique challenges of this time of life by emphasizing that curiosity and concerns are normal and by encouraging questions as a healthy way to address these uncertainties. They should model respect, agency and choice, and consider how to make referrals or create links to the health system. Age appropriateness also considers the range, including additional information that married VYAs or other groups may need to meet their particular needs.

#### EVIDENCE-INFORMED

Programs should be informed by global evidence about what approaches create positive outcomes for adolescents. This guide provides an overview of many different approaches, but also indicates which have strong evidence of effectiveness. An initial assessment (Step 1 below) conducted prior to program design should also generate information about what has worked in your specific context, while program monitoring can serve as an important source of data on successes and necessary adjustments. In certain contexts, programs may also choose to pilot an innovative approach to test new ways of reaching VYAs. These experiences should be rigorously documented to add to the evidence base.

#### GENDER TRANSFORMATIVE

Given the emerging evidence of inequitable gender norms in early adolescence, VYA programming should aim to be gender transformative, actively promoting gender equality and working with key stakeholders to address the root causes of gender inequality. They should consistently seek to identify and take into account:

#### PARTICIPATORY & EMPOWERING

The United Nations Convention on the Rights of the Child recognizes that children have a right to be heard. This right has been broadly conceptualized as participation, or the informed and active involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them. This involvement is especially important for adolescents – including VYAs – who have already begun their journey to adulthood and are engaged fully in defining their place in and unique contributions to their communities.

Programs should give adolescents a clear voice and meaningfully engage them, which requires a deep and substantive engagement from the earliest stages of preparation and a commitment to providing them with opportunities to inform and lead decision-making. In the early stages of formative research and program design, VYAs may participate in focus group discussions to share their thoughts on health concerns, explore gender norms that underpin poor health outcomes or brainstorm fun and engaging program activities or materials. They can also help identify relevant objectives and indicators to guide changes in their daily lives and the realization of their rights. When VYAs are familiar with project objectives and indicators, and have been actively involved in planning, they can play a more meaningful role in implementation, monitoring and evaluation. They may be able to lead some project activities, especially if attention is given to developing simple, step-by-step materials, or co-leading monitoring and evaluation activities with older partners. Youth Advisory Councils (YACs) also provide an excellent platform for meaningful participation while providing capacity-building and networking benefits. Mixed YACs that combine both VYAs and older adolescents can also be a vehicle for mentoring, but you may need to manage group dynamics to ensure VYAs are as participatory as older adolescents. Finally, VYAs should be integral to dissemination and advocacy efforts as well, both to reinforce the credibility of their reports to quality programming and to give them opportunities to directly engage with and influence policymakers. If VYAs are not comfortable expressing themselves through traditional media, they can opt to share messages through more familiar means. In digital spaces, songs or dances that reflect their own knowledge.

It is important to note that all of these activities will require parental or guardian approval and support to ensure that VYAs are not exposed to negative consequences related to family or social backlash. Their schedules must be considered as well; many VYAs attend school and have limited free time or ability outside their homes and immediate neighborhoods in the evening. This is especially true of girls, who should be prioritized to ensure equal participation. In some cases, it is also logistically challenging to engage VYAs in this phase, so you may find it useful to work with older adolescents to gather feedback retrospectively about their experience as 10-14 year olds.

#### Classroom-based Learning

Classroom-based learning is a type of group-based learning delivered by trained teachers in a formal school environment. This approach may be similar to some group-based learning methods, but it tends to employ didactic approaches rather than interactive activities or dialogue-based exploration of topics. It is also more structured, offering less flexibility in selection of facilities and usually requiring lessons that fit into strict time frames during the school day. Many national sexuality education programs use this approach because it integrates easily with existing programs to train teachers to deliver standardized lessons with standardized content, and can be easily scaled through the education system. Good teacher training is key to the success of classroom-based approaches. This means giving regular training of information and helping teachers become comfortable and confident teaching and answering questions about adolescent and reproductive health.

Not all classroom-based learning is designed this way. Save the Children's *Keep It Real* and *Amazing! (Uganda)*, *Great Reality* (Kenya), *Goodies* (Kenya), both developed to be used by teachers as well as community groups, include fun, interactive exercises. Rutgers has also developed several classroom-based CSE curricula for VYAs, including *The World Starts with Me*, which is used in 10 countries throughout Africa and Asia; *My World My Life and Sexes*, which is being evaluated by the GEAS in Indonesia.


#### KEEP IT REAL

*Comprehensive sexuality education for in-school and out-of-school adolescents*

Keep It Real aimed to equip VYAs in Uganda and Uganda with age-appropriate knowledge, skills and services to make informed and healthy decisions about their sexuality by providing group-based, community-based and participatory activities. Teachers in 11 primary schools in Uganda and 203 primary schools in Uganda were trained to deliver classroom-based curriculum lessons and participatory club activities. In comparison, trained peer educators and older youth delivered activities to groups of out-of-school VYAs in rural and urban areas. A comparative approach to Uganda focused on reaching urban street children through informal networks such as groups of boys who wash cars or other shops. The gender and sexuality education curricula included education on puberty for boys and girls. Boys and girls were linked to health services through accompanied and regular talks with health workers in schools and communities.

#### Online Platforms and Mobile Technology

An access to all phones and other technology has sparked efforts to reach adolescents via these methods because more content. Through many cell tower older adolescents (15-19 years) who are more likely to have cell phones and internet access, a young teacher can engage adolescents of all ages, or VYAs specifically. *AMAZE* (see box below) is one of the best known online platforms for VYAs to access fun, age-appropriate information on puberty, sex and sexuality, contraception, STIs and other topics. *AMAZE*'s accessible SMS-based SMS information service, has also been utilized for adolescents by Rwanda's Ministry of Health, in collaboration with UNFPA and the Inbuka Foundation. The Center for Cataloging Change (CC) in India is also doing some innovative work to provide life skills and SRM information to VYAs via online



platforms. Their *ToolboxEE* program offers a bilingual online comprehensive sexuality education curriculum for school-based adolescents, which is accompanied by broader efforts to increase girls' access to digital literacy through the "Bridging the Digital Divide" initiative. Additionally, some materials originally intended for other approaches – like short copies of puberty books – have been adapted for mobile use in a reader program. If you plan to use this approach to reach VYAs, you should seek out information on mobile phone, computer and internet use, including gendered differences in access and availability, during the needs assessment.

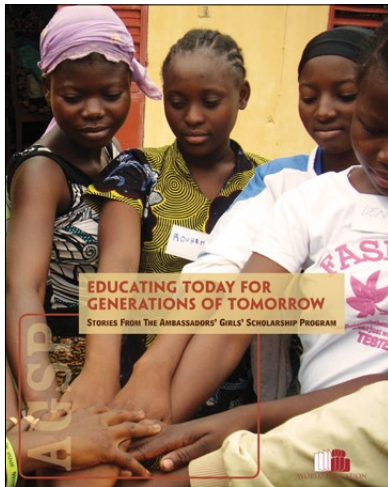
#### AMAZE!

*Comprehensive sexuality education via short animated videos*

AMAZE is an online sexuality education platform hosted by Advocates for Youth, Answer and Youth Health that leverages the power of YouTube to deliver engaging, age-appropriate, information directly to 10- to 14-year-olds through short animated videos. AMAZE can be accessed through a discovery process that engaged VYAs to drive the design, content, voiceovers and technology for the videos. Tap into youth voices, including programming and reproductive STIs and HIV health, responsibility, personal safety, sexual orientation, and gender identity. Videos promote gender equitable norms through characters and their actions. AMAZE has reached more than 3 million views in over 100 countries and continues to grow in popularity in more adolescents seek to free and accessible education.

## WORK SAMPLES

Art Direction, Success Stories Booklet Design & Layout, Photo Editing.



# WORK SAMPLES

Report Design & Layout, Photo Editing, Infographics.

**AIMING FOR THE THREE 90s:  
STRENGTHENING MALAWI'S  
RESPONSE TO HIV AND AIDS**

The District Health System Strengthening and Quality Improvement for Service Delivery (DHSS) Project  
2012-2018

**WORKING TOWARD THE 90-90-90 TARGETS**

## FIRST90

By 2020, 90% of all people living with HIV will know their HIV status

Of the 174,004 PLHIV living in the seven DHSS districts who know their status, 92% (179,739) learned their HIV status through testing at the 95 project-supported facilities through a combination of the following approaches:

**FIGURE 3. HIV YIELD BY TESTING APPROACH (SEPTEMBER 2014 TO SEPTEMBER 2017)**

Intensified provider-initiated testing and counseling (PITC) at high and low service delivery points, including clinics for community case management (CCM), sexually transmitted infections, and tuberculosis	95%
Integration of prevention of mother-to-child transmission services into CCM, including universal HIV testing for pregnant women	22%
Early infant diagnosis, using CD4/PCR testing of babies of HIV-infected mothers at 2 months of age and rapid antibody testing at 12 and 24 months, with direct enrollment into ART for infants who are HIV-infected	7%
Targeted community-based testing through mobile phones	1%

**FIGURE 4. INDIVIDUALS TESTED FOR HIV (2013-2017)**

2013	27,142
2014	26,714
2015	26,714
2016	26,714
2017	26,714

**INDEX CASE TESTING CHANGES A FAMILY'S COURSE**

Due to Malawi's policy of Test and Start, which was rolled out by the Ministry of Health in 2014, Malawi's free provider ART has expanded from Prevention of Mother-to-Child Transmission programs which resulted in far fewer HIV-infected young people.

To increase the number of people tested for HIV, the DHSS Project developed and supported a strategy of case finding strategies, including active and passive, which are strongly and fully family member identified and referred (index case) to a general family referral site for other members of the family to be tested.

**WORKING TOWARD THE 90-90-90 TARGETS**

## SECOND90

By 2020, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy

As of September 2017, of the 179,739 known PLHIV in the 95 project-supported facilities who know their status, 98% (175,322) were on treatment (Figures 5 and 6). This impressive result was achieved through implementation of the following interventions:

**FIGURE 5. SECOND 90 PROJECT ACHIEVEMENT**

Training and support of 237 expert clients to ensure they provide identified as HIV-infected were linked into care received adherence counseling, and were tracked if they missed appointments. Expert clients are HIV-infected individuals, usually a health facility, adherent to treatment, have declined their status to the community, and receive other support for ART adherence. As such, expert clients achieved steady numbers health providers and allowed providers to identify those regular clients could not provide to newly diagnosed cases.

**FIGURE 6. FIRST-TIME ART INITIATION**

Implementation of Option B+ a strategy that Malawi rolled out in 2011 to start HIV-infected patients and strengthening adherence counseling at ART facilities of their CD4 counts. An project-supported health facilities, in a proportion of 100% of project-supported health facilities. At the end of 2017, ART of 1.3 million (1.3 million) (2012: 2.42 million) at the end of 2017 (Figure 7). However, because of the high number of newly diagnosed HIV-infected patients, the project continued to increase the number of ART facilities. The project continued to increase the number of ART facilities from 478 (175,500) in 2012 to 795 (184,846) in 2017.

**FIGURE 7. OPTION B+ SUCCESS**

Some-day ART initiation to increase linkage to care through implementation of Test and Start, a Ministry of Health policy rolled out in 2014. Through this strategy, 80% of newly diagnosed HIV-infected patients were initiated on ART immediately—they were ready to start as soon as possible after diagnosis of HIV infection.

**FIGURE 8. TEEN CLUB SUCCESS IN BLANTYRE AND THYOLO DISTRICTS**

Creation and support of teen clubs to provide differentiated case management support to adolescents in 24 facilities in Nkhoshe Bay, Moranga, Libani, Boreno, and Thyolo districts. There were 1,486 adolescents, 88 in Boreno and Thyolo. Most adolescents were initiated on ART, and viral suppression was achieved among 67% (622) of the total club members compared to 67% (622) of 1,011 members on ART at a health facility without a teen club (Figure 9).

**WORKING TOWARD THE 90-90-90 TARGETS**

## THIRD90

By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression

Of the 48,756 ART patients eligible for and receiving a viral load test in the seven project districts, 90% (43,862) were viral suppressed (Figure 9). To achieve viral load testing services through the following interventions:

**FIGURE 9. THIRD 90 PROJECT ACHIEVEMENTS**

Support for implementation of viral load monitoring, high viral load, and progress on adherence counseling. These regions facilitated a higher quality of patient monitoring and follow-up, as well as adherence tracking.

**FIGURE 10. TEEN CLUB SUCCESS IN BLANTYRE AND THYOLO DISTRICTS**

Creation and support of teen clubs to provide differentiated case management support to adolescents in 24 facilities in Nkhoshe Bay, Moranga, Libani, Boreno, and Thyolo districts. There were 1,486 adolescents, 88 in Boreno and Thyolo. Most adolescents were initiated on ART, and viral suppression was achieved among 67% (622) of the total club members compared to 67% (622) of 1,011 members on ART at a health facility without a teen club (Figure 10).

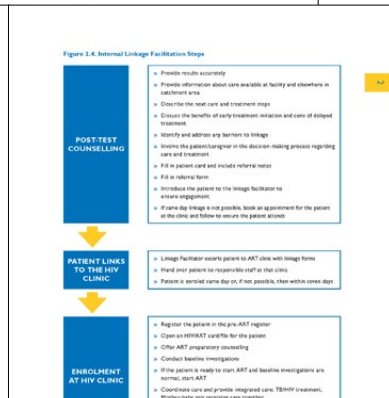
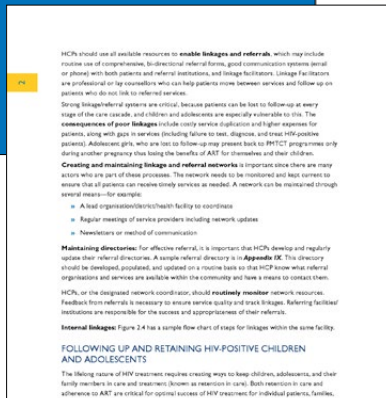
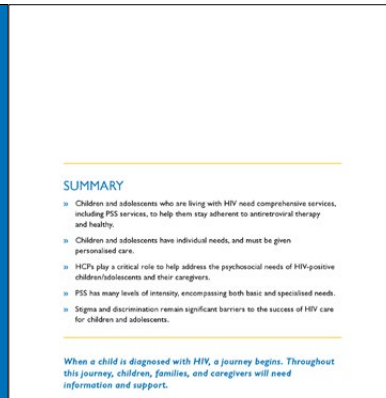
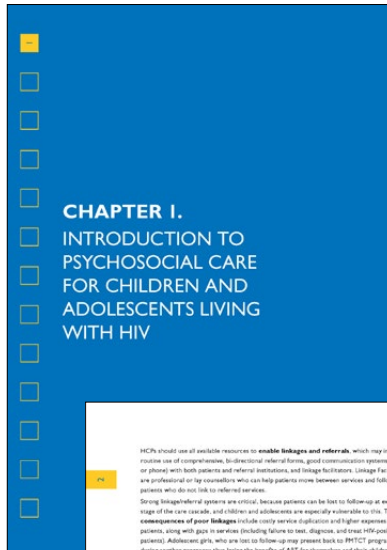
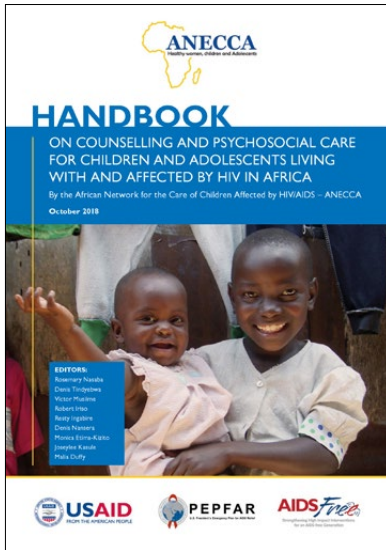
**FIGURE 11. VIRAL LOAD TESTING CASCADE FOR FACILITIES IN BLANTYRE AND THYOLO DISTRICTS**

Membership and targeted provider orientations of staff in the 79 project-supported health facilities on how to conduct viral load testing and monitor the outcomes, and on the appropriate collection, storage, and packaging of viral load samples.

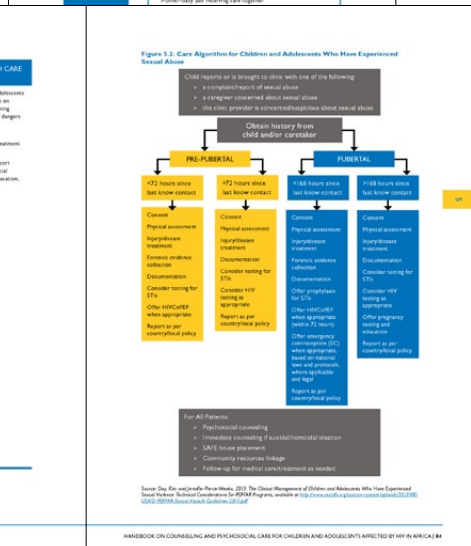
Viral load testing cascade supported in health facilities in the two project districts (Figure 11). To date, a total of 4,892 clients had a viral load test, 92% of which achieved viral load suppression, while in Boreno a total of 1,011 clients had a viral load test, with 90% achieving viral suppression.

# WORK SAMPLES

Handbook Design & Layout, Infographics.

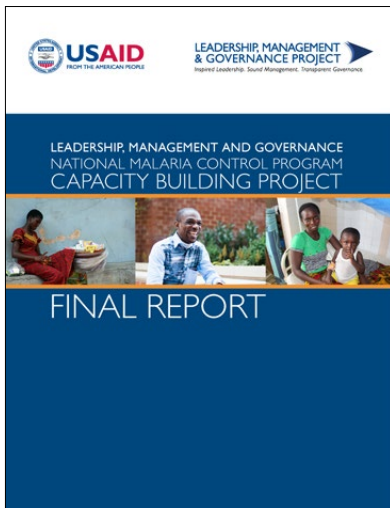


TYPE OF NEGLECT	SIGNS OF NEGLECT	ROLE OF HEALTH CARE PROVIDER
<b>Physical Neglect</b> <ul style="list-style-type: none"> <li>Failure to provide for adequate food, clothing, or hygiene</li> <li>Refuse to engage for the child/adolescent's safety, not in attendance to health in the home and taking a safe medication</li> <li>Refuse to provide or delay in providing necessary health care for the child/adolescent</li> <li>Absence of the child/adolescent or spending absence from home without providing for their care</li> </ul>	<ul style="list-style-type: none"> <li>Indicators of longer sitting for an evening food, going through trash for food, using tin for toilet or not taking their bath</li> <li>Cuts, scars, or rashes left untreated, infected, or chronic condition</li> <li>In habit, failure to attend school or to other people or to schooling</li> <li>Apathetic and unresponsive e.g., wandering alone, home alone, left in car</li> </ul>	<ul style="list-style-type: none"> <li>Engage child/adolescents and their caregivers on recognizing, recognizing, recognizing, and on the dangers of neglect</li> <li>Link to treatment services, such as treatment for malnutrition</li> <li>Refer to other support services such as social work, parenting education, counselling and other services</li> </ul>
<b>Emotional Neglect</b> <ul style="list-style-type: none"> <li>Failure to attend to child/adolescent in school</li> <li>Permitting or causing a child/adolescent to miss out on their education</li> <li>Refuse to link up an attending services for a child/adolescent's special educational needs</li> </ul>	<ul style="list-style-type: none"> <li>In school response absence or tardiness, tardiness, or no response, withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>Engage child/adolescents and their caregivers on recognizing, recognizing, recognizing, and on the dangers of neglect</li> <li>Link to treatment services, such as treatment for malnutrition</li> <li>Refer to other support services such as social work, parenting education, counselling and other services</li> </ul>
<b>Medical Neglect</b> <ul style="list-style-type: none"> <li>Inadequate nursing or attention</li> <li>Exposure of the child/adolescent to physical abuse</li> <li>Permitting a child/adolescent to smoke alcohol or use drugs or other harmful substances</li> <li>Failure to intervene when the child/adolescent exhibits abnormal behavior</li> <li>Refuse to refer when providing necessary developmental care</li> </ul>	<ul style="list-style-type: none"> <li>Chronic that are dirty, ill-looking, neglect, and/or not suitable for the weather</li> <li>Unusual appearance, offensive body odor</li> </ul>	<ul style="list-style-type: none"> <li>Engage child/adolescents and their caregivers on recognizing, recognizing, recognizing, and on the dangers of neglect</li> <li>Link to treatment services, such as treatment for malnutrition</li> <li>Refer to other support services such as social work, parenting education, counselling and other services</li> </ul>



## WORK SAMPLES

Final Report Design & Layout, Photo Editing, Infographics.



"It was very difficult to draft the concept note because we were really not unified. We weren't really a team. So, he first arrived on 8 October among everyone. He was a person everyone had trust in. From the onset he knew what he was coming here to do. He had a scientific approach. He knew people and he knew how to approach them. And he brought us together, and trained us together, and each person was able to see what their individual responsibility was in solving..."

### SUPPORTED AND MOTIVATED STAFF



He helped us not only to identify the gaps, but also gave us processes that we could use to address them. These processes, such as the LDPs, gave our staff focus and competency to better understand and embrace their roles and responsibilities. It enabled them to feel like a part of the larger team with a common vision and mission. Before, many of our staff felt like they only belonged to their specific technical unit and that their work ended there. Now, they feel more involved, more responsible, and more supported to work towards the NMCP's global impact. They see so much more clearly how their day-to-day responsibilities accomplish something larger.

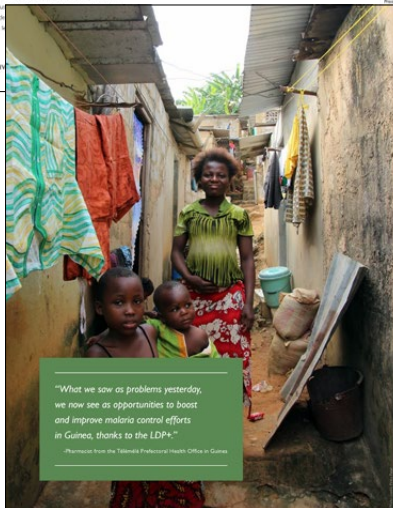
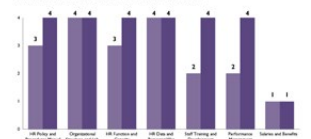
"Since arriving in 2014, our STA has played a key role in helping us to strengthen NMCP human resource capacity. In particular, we have gained a lot from his support and contributions when we designed and conducted a new process for employee performance evaluations. We did these in three phases: self-evaluations, 360-evaluations, and supervisor assessments. As a coach and a mentor, he guided us throughout the process with feedback and advice. Once completed, we discussed..."

"While we were already at team, the support provided by LMG/ NMCP has allowed us to become stronger and more dynamic."  
-Clive d'haese PDIH Cabinet Director



reflected externally through our Global Fund grant rating. It would not have been possible for us to achieve a higher grant rating without having made these internal changes."

**FIGURE 3. CÔTE D'IVOIRE HUMAN RESOURCES OCA SCORES**



"What we saw as problems yesterday, we now see as opportunities to boost and improve malaria control efforts in Guinea, thanks to the LDPs."  
-Remarks from the Technical Professional Health Officer in Guinea

### LESSONS LEARNED AND RECOMMENDATIONS

LMG/NMCP built the capacity of NMCP leaders to independently lead, manage, and govern national efforts to combat malaria. The collective experiences of the LMG STA and support team, as well as feedback from NMCP staff and NMCP partners, have contributed to a number of lessons and recommendations for the next phase of NMCP capacity building support, and future use of the STA to model for organizational capacity building. These lessons are divided into two categories: technical and programmatic.

#### TECHNICAL

##### LDPs

The original design of the LDP/NMCP project included the LDPs as a key element. LDPs' expertise in integrating leadership, management, and governance (LMG) practices indicated that the LDPs would be an important and valuable component of the STA support, as a process that develops people at all levels of an organization and empowers them to face local health service delivery challenges and achieve measurable results. The process has proven to be an LDPs' has been used by both STA and NMCP staff in a decidedly powerful process for introducing leading, strategic, and governance practices and making them part of the standard behavior for servant team consensus and achieve results.

In the context of STA's long-term, data support, and mentoring, the LDPs' process was seen more compelling. In several countries the LDPs was reported more than once and was adopted by the NMCP teams to become their standard approach for identifying and resolving health-related results. According to the STA, the LDPs was a key for them to push NMCPs to give priority on their case. For the first LDP cycle, obtaining the full support of the NMCP and other health system authorities was essential to ensuring that time and resources were made available for NMCP staff to participate in the full LDPs process. Additionally, obtaining sufficient project resources to LDPs' activities helped to convince NMCP and Ministry authorities that the process would not detract from their scarce resources.

We found that once an NMCP completed a fully resourced LDPs, it was sufficiently confident

## WORK SAMPLES

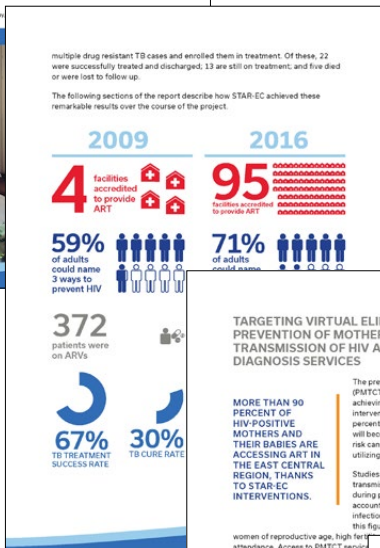
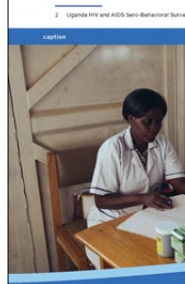
End of Project Report Design & Layout, Photo Editing, Infographics.



facilities were accredited to provide anti-retroviral therapy (ART) and only 372 clients were on treatment. More than 40 percent of the health care positions in the region were vacant. Regional HIV testing and counseling rates were below 50 percent in 2009, and only 59 percent of adults could name three ways to prevent HIV transmission. HIV infection rates were high, particularly in the lake shore communities of Lake Victoria. Overall HIV prevalence in the East Central region was 6.5 percent (compared to 6.4 percent nationally), yet HIV positivity rates in the lake shore districts of Mayuge and Namayingo were 25 percent and 40 percent. Additionally, one in eight infants exposed to HIV tested positive.

Tuberculosis was also a persistent challenge. The treatment success rate was 67 percent, while the cure rate was only 30 percent. And one-in-five TB patients were lost to follow up.

**IN RESPONSE TO THE UNAIDS AND PEPFAR 90-90-90 GUIDANCE, STAR-EC INTENSIFIED OUTREACH TO POCKETS OF UNDERSERVED GEOGRAPHICAL AREAS TO PROVIDE HIGH-IMPACT SERVICES**



**MORE THAN 90 PERCENT OF HIV-POSITIVE MOTHERS AND THEIR BABIES ARE ACCESSING ART IN THE EAST CENTRAL REGION, THANKS TO STAR-EC INTERVENTIONS.**

women of reproductive age, high fertility rates, and low PMTCT service and ART coverage. In addition to these factors, the East Central region's northern border with the Democratic Republic of the Congo presents unique challenges in the effort to reach women and their babies in PMTCT services in the region.

When STAR-EC began in 2009, PMTCT services were offered at only 35 of 118 sites (30 percent) in the region. STAR-EC implemented a four-pronged approach to increase PMTCT coverage: 1) intensify outreach to underserved areas; 2) provide life-to-life counseling to pregnant women; 3) provide life-to-life counseling to pregnant women; and 4) provide life-to-life counseling to pregnant women.

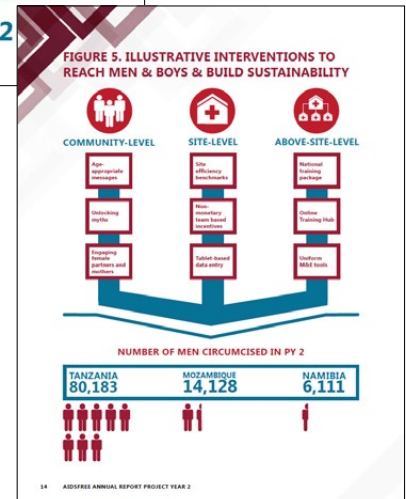
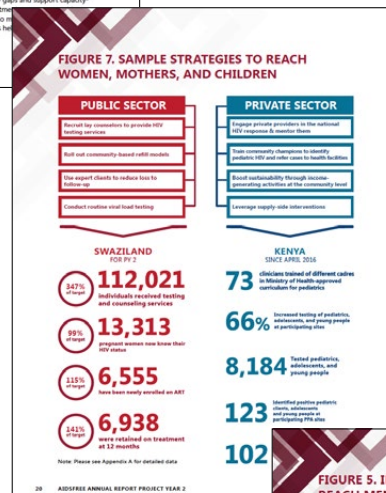
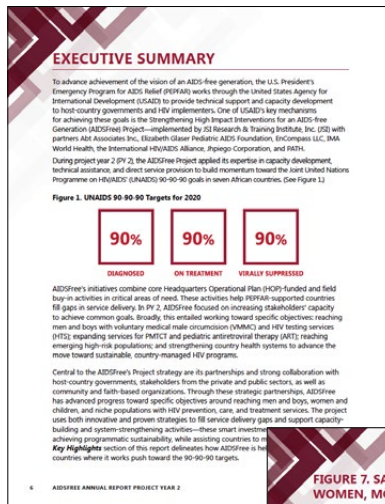
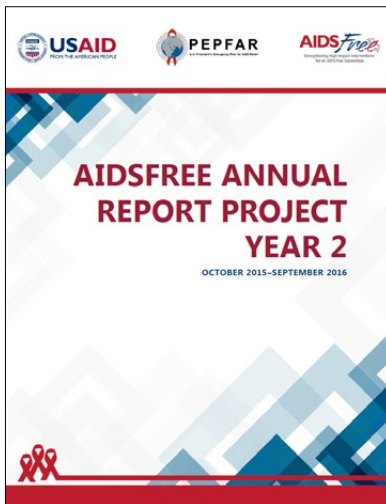
**"Long live the mentor mothers; you have saved my husband, my baby, and me!"**

When Namulondo stopped showing up for appointments at her local health center, two mentor mothers followed up with her at home to convince her and her husband to adhere to their ART regimens to prevent passing the virus to their daughter. Namulondo is grateful to the program and the people who have helped her family.



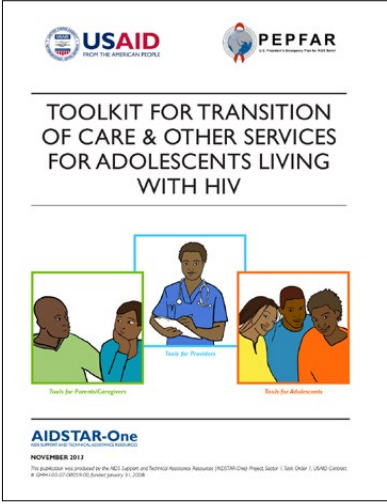
## WORK SAMPLES

Annual Report Design & Layout, Illustration/Infographics.



## WORK SAMPLES

Art Direction , Toolkit Design & Layout, Illustration.



### KEY CHECKLISTS TO USE THROUGHOUT TRANSITION

An adolescent begins the journey to self-management, they may or may not make a physical transition from a pediatric to an adult facility. Regardless of the actual location of services, adolescents must undergo a mental transition that requires them to move toward medical autonomy and self-care. This Toolkit provides some key checklists to better manage this transition.

**1. HCPC/CCP Checklists:**

- Monitoring the Use of the Modules (Checklist 1)**  
This checklist should be shared with the adolescent to track which modules in this Toolkit have been introduced. It can help ensure that these components are reviewed as needed to increase the adolescent's and the family/caregiver's self-care and knowledge.
- Comprehensive Transition Checklist (Checklist 2)**  
This checklist provides a format for the provider to establish goals for self-management talks with the adolescent as their progress toward transition of care. Transition is dependent upon the adolescent's knowledge surrounding HIV preventive health behaviors, ability to manage psychosocial issues, and achievement of self-management goals. It will be helpful in ensuring the adolescent and his or her family/caregiver are getting off to a good start.
- HCPC/CCP Transition Readiness Checklist (Checklist 3)**  
This checklist provides prompts and links to critical information for the adolescent to transition ready. See the key task transition ready.

**2. Family/Caregiver Checklist:**

- Family/Caregiver Checklist (Checklist 4)**  
This checklist provides information for the healthcare provider to the family/caregiver at the beginning of the transition process.

**3. Adolescent Checklist:**

- Adolescent Checklist (Checklist 5)**  
This checklist assists the adolescent in thinking about all of their tasks prior to transition.

### TIPS FOR ADOLESCENT MOTIVATIONAL INTERVIEWING

**WHAT IS MOTIVATIONAL INTERVIEWING?**  
In motivational interviewing, the adolescent client is considered to be the expert and is responsible for his or her own health decision making, strengthening the adolescent's motivation to make healthy lifestyle choices. This collaborative process, which empowers the adolescent and encourages independent decision making, identifies the adolescent's values and motivation for positive change.

**WHAT TOPICS ARE USEFUL FOR MOTIVATIONAL INTERVIEWING?**  
Adolescent, Mental Care, Drug use, Sexual decision making, Transition for education, Diet and exercise.

**TIPS FOR MOTIVATIONAL INTERVIEWING (OARS):**

- Open-ended questions:** Ask questions that require the adolescent to respond with a thoughtful response. An example is "Tell me about how you have been since our last visit." Avoid questions that can be answered by a yes/no response.
- Affirmations:** Provide genuine and positive feedback to the adolescent that acknowledges his or her strengths to build the relationship and increase the adolescent's confidence in his or her ability to make positive change. An example is "That was very clear of you to make plans with a friend who participates in healthy behaviors. This is a great first step!"
- Reflections:** Actively listen in order to understand the adolescent's perspective on an issue and repeat or paraphrase the statement back to the adolescent to ensure that there is mutual understanding of what is being said and to let the adolescent know that you are actively listening. An example is "You're concerned about your son saying you are having a difficult time going to when your friends offer you alcohol?"
- Summaries:** Use a summary statement at the end of the appointment to emphasize specific items that were discussed. Summary statements help to ensure mutual understanding. An example of a summary statement is "To recap our conversation, you believe that you are..."

**HOW DOES INCORPORATE MOTIVATION?**

- Create a caring environment for meeting the adolescent.
- Explore the adolescent's values and how his or her goals.
- Encourage the adolescent to look forward to his or her goals.
- Strengthen confidence in many opportunities to increase motivation.
- Involve parents when appropriate and with the adolescent.
- Set goals and establish a plan together based on the adolescent's needs.

**WHAT SHOULD I AVOID?**

- Avoid arguing with and trying to persuade the adolescent.
- Do not assume the role that you are the expert. This is the adolescent's life.
- Do not criticize, make the adolescent feel blamed or judged.
- Do not make the adolescent feel rushed or in a hurry.

*Module 9: Provider Toolkit for Transition of Care and*

### Medication Worksheet

Fill in this table with your health or community care provider. Keep this sheet handy to help you remember important information about your medication.


Medication	What & I Take it For?	Do I Have any Allergies? or Side Effects?	When & I Take It? (Time of Day)	How Will I Take It? (How Often?)	Additional Notes

*Module 8: Client Toolkit for Transition of Care and*

### YOUR ADOLESCENT'S EMOTIONAL HEALTH

Adolescents who are emotionally healthy are more likely to take better care of their physical health. The stress of dealing with HIV can lead to emotional health problems like anxiety and depression. Depression is when an individual feels sad, hopeless, hopeless, or worthless. Anxiety is when an individual feels nervous, worried, and fearful.

**WHAT TO LOOK FOR:**  
Look for the following symptoms with the adolescent. Some of these feelings are a normal part of adolescence, but talk to your teen and their health or community care provider if they begin to occur regularly or more often.



Other symptoms to look for include: low self-esteem, emotional lability or mood swings, nightmares, or withdrawing from friends.

**WHAT YOU CAN DO:**  
Monitor your adolescent for symptoms and speak with your adolescent and their health and community care provider. They can offer emotional health tips and connect you to a trained counselor who can help. They may also provide connections to a community support and/or peer support group.

**MORE TIPS FOR HELPING YOUR ADOLESCENT:**

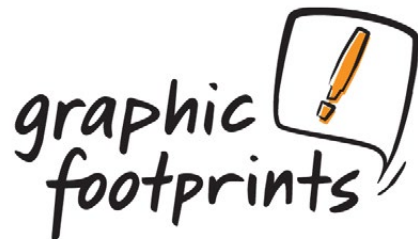
- Offer Support:** Let your adolescent know that you are there for him or her completely. Do not ask a lot of questions. Express that you are willing to provide whatever support he or she needs.
- Be Gentle But Persistent:** Do not give up if your adolescent does not seem to be taking their emotional health care very often. Be respectful of his or her comfort level while expressing your concern and willingness to listen.
- Listen Without Criticizing:** Do not criticize or give judgments once your adolescent begins to talk. The important thing is that your child is talking. Avoid offering advice that is not asked for.
- Validate Their Feelings:** Do not try to talk them out of their feelings, even if their feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and address their feelings.

*Module 3: Mental Health Considerations | Toolkit 3.3.3: Family/Caregiver Toolkit for Transition of Care and Other Services for Adolescents Living with HIV*



## WORK SAMPLES

Various Client Logos.





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