



# Transitioning care, support, and treatment services for adolescents Nairobi, Kenya.

### LEA TOTO COMMUNITY BASED PROGRAM

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# THE CHILDREN OF GOD RELIEF INSTITUTE (COGRI)

A registered Charity in Kenya, USA, UK Ireland and Italy

# Focus to Lea Toto Community based care program







### Overall goal COGRI.

To bring Christian compassion by providing Up- todate Holistic Care and protection for all children.( both HIV Infected and Affected).

- > NYUMBANI CHILDREN'S HOME: Institutional care for HIV positive orphaned and abandoned children.(130)
- ➤ **LEA TOTO:** Community Based Care for children within the extended family system. (2,913)
- NYUMBANI VILLAGE: A compound expected to support 1000 people, both orphaned children (940) and elderly adults.(100)

#### **BACKGROUND**

- Nyumbani was founded in 1992 by Fr. Angelo D'Agostino SJ MD
- Unable to cope with the influx of Referrals,
   Nyumbani opened an outreach program in 1998 (Lea Toto)
- In 1999 Lea Toto became a full Community Based Care Program
- To date the program has reached over 8, 039
   HIV+ children since 1998







## OLEATOTO COMMUNITY BASED CARE PROGRAM.

AN INTEGRATED PROJECT OF COGRI IN PARTNERSHIP WITH USAID/OTHERS.

#### **GOAL**

• The project goal is to mitigate the impact of HIV/AIDS and decrease the risk of transmission through the provision of a comprehensive HBC package





### CORE SERVICE AREAS AS DEFINED BY THE NATIONAL QUALITY IMPROVEMENT GUIDE.

- OHealth care
- Food and Nutritional support.
- OPsychosocial support (PSS).
- OShelter and care.
- OProtection.
- Education and vocational training.
- Economic strengthening.







### CHALLENGES FACED IN ADOLESCENT'S CARE

- Adolescents **defaulting** on ART treatment.
- The need to address relationships with the opposite sex and sexual issues among the adolescents in the program.
- Adolescents **lack of motivation** to achieve anything in life and were therefore failing in academics, and causing problems for caregivers.
- The need to address **post-disclosure blame** by adolescents to their caregivers.







### CHALLENGES FACED IN ADOLESCENT'S CARE

- Some adolescents are withdrawn socially and would not confide in caregivers or LTP staff. Instead preferring to lie as they did not feel understood.
- O Despite having been trained on life skills, they still chose risky behavior like drinking and smoking in an attempt to attract attention and to fit in with peers.
- To ensure Smooth transition after exiting to adult clinics.

#### IDENTIFIED REASONS.

- Caregiver negligence of the client
- Non cooperative clients and caregivers
- Poor understanding on drug administration
- Lack of consistent caregiver
- Side effects affecting adherence
- Slowed disclosure process







#### **IDENTIFIED REASONS CONT'**

- Pill burden/taste and size
- Poverty
- Stages in development of clients
- Myths and culture
- Stigma
- Lack of biological parents
- Insufficient support from caregivers/ care providers







#### Intervention Approach:

- Lea Toto Policy (Exit strategy) provides that Adolescents are to be discharged from the program to adult program upon the attainment of 18 years.
- The **preparation for discharge** begins at least two years earlier when the child is 16 years old.
- Children to be discharged identified during weekly Multidisciplinary meetings (MDTs) and referred to Mentorship Coordinator.
- Although the mentorship program employs services of volunteers
   who act as mentors, the program is coordinated by a Lea Toto staff.
- The mentors are usually young professionals in the corporate sector or NGO world, 80 per cent of whom are PLWH.
- The program is formulated in **Elijah-Elisha mentorship** relationship.







#### Approach contd:

- The adolescents are invited to a group session, where they meet adolescents in the same situations, make friends as well as form affiliations with mentors of their choice.
- O **Topics are selected** from matters that arise from the first session or subsequent sessions and are tackled
- With time, **mentors form personal relationships** with individual adolescent.
- The mentors are introduced to the adolescents caregivers.
- Group sessions are organized during school breaks or over the weekends.
- In order to maintain focus and avoid digression, the mentors have a strategic plan which guides activities through clear objectives and one common goal. These are guided by the desired outcome specific to the adolescent as proposed at the MDTs







#### Achievements:

- One on One approach has by far been the most effective of the methods employed. Adolescents who were withdrawn have developed confidence through interacting with mentors as friends.
- The group forums have served to **reinforce friendships** among the adolescent and mentors, as adolescents stay in touch and encourage each other in positive living.
- The **team-building excursions** encourage the adolescents to support each other, trust each other and their mentors better, as well as providing recreation and fun away from home and school.
- With time, the **mentors have identified outstanding individuals** whom the program aims to empower to mentor the next generation of adolescents from the program.
- Adolescent clinic days separate from the other children.
- o **Improved Adherence** and adolescents in the program are doing well clinically.

#### ACHIEVEMENTS CON'T

- Most of the clients above 18 years have been successfully transited into adult care programs
- Exited young adults come back as mentors to existing adolescent clients
- Significant number of exited young adults are engaged in various sustainable economic activities
- Exited clients give s appropriate follow-up and care thus preventing new infections to their children and partners







#### Lessons learnt:

- It takes time to get adolescents to trust an adult enough to confide in them.
- O **Disclosure** of the serostatus must be done as soon as puberty sets in i.e. about 8 years to allow for acceptance and avoid negative reaction which young people present when disclosed later.
- The **transition** to adult care MUST be **smooth and gradual** to avoid resistance which could lead to drug defaulting
- O Adolescents generally will **share more information with a trusted mentor** than a caregiver or the program staff, therefore pediatric care programs should consider starting such a program.
- O Pointing adolescents towards their dreams and ambitions takes their mind off disease and they begin to see life as a journey that is theirs for the taking.
- O Have the caregivers take interest on what the adolescents are doing and not leave them unattended.

#### Lessons learnt contd:

- Mentorship also fosters a sense of victory over HIV, as well as providing adolescents with information on the virus that they can share with others.
- Mentorship **empowers** adolescents to become ambassadors against stigma and discrimination
- Mentorship has also yielded more sexual awareness
- O With a mentor by their side, adolescents grow to accept their status and adopt a positive attitude, which is key to ensuring adherence and longevity into adulthood.
- Mentorship produces 'message boards' among adolescent
- Mentorship provides a safe haven for adolescent who have contracted the virus in their childhood either due to sexual molestation or consensual activity.







#### Key Considerations for Replication

- Holistic Approach to care/Integrated services.
- Appropriate and Timely Disclosure.
- Adopt Mentorship in Elijah-Elisha Model.
- Develop Adolescent Friendly Programs.
  - Including Specific clinic days not together with other children.







#### **ADOLESCENTS**

○ Active above 12 years – 995

○ Active below 12 years – 1918

○ Successful exits Over 18 years — 120

Total Current Beneficiaries -- 2913







### EMERGING CHALLENGES AFTER TRANSITION

- The program carried out follow ups of the discharged adolescents.
  - Need for a comprehensive education on sexual and reproductive health and rights
  - Socio-economic empowerment.
  - Skills necessary to negotiate for support and maintain safe behaviour.







#### **NEW INTERVENTIONS**

- With some funding from Emory university, the LTP has put together a new program that will address the emerging challenges among the adolescents.
- The key objectives are:
  - To facilitate provision of a comprehensive education on sexual and reproductive health and rights
  - To empower young people to improve their health and Socio-economic status
  - To equip the target youth with Skills necessary to negotiate for support and maintain safe behaviour.







### THE MAIN APPROACH/STRATEGY

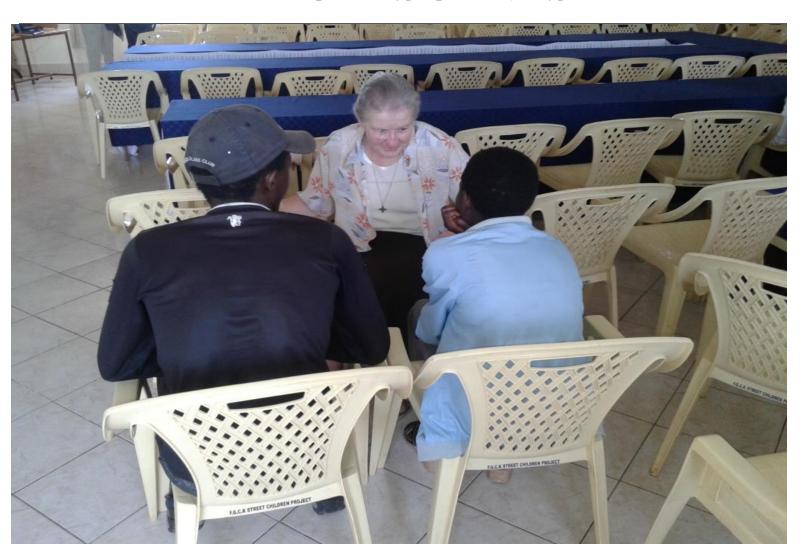
- Full participation by the adolescents.
- o Guided by their needs.
- Empowerment and link to the resources in the community
- Use those who have succeeded as mentors for those who are coming up. (Elijah- Elisha model)







## WORD OF ADVICE TO THE ADOLESCENTS



### ADOLESCENTS THERAPY SESSION



## PAINTING TRAINING FOR ADOLESCENTS



## AN ADOLESCENT EXPRESSING HERSELF



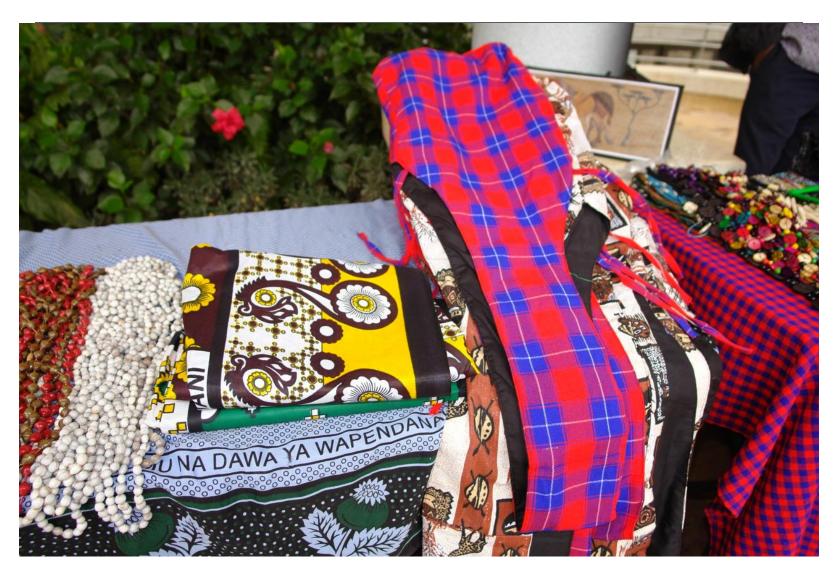
## ADOLESCENT SHOW CASING HIS TALENT IN SINGING



### APPRECIATING ADOLESCENT ACHIEVEMENT IN EDUCATION



#### **ADOLESCENT IGA PRODUCTS**



#### **ADOLESCENT IGA PRODUCTS**



## AGRI-BUSINESS FOR ADOLESCENT



### oThank you