



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

LEA TOTO COMMUNITY BASED PROGRAM

Presented by:

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4th April 2015



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- to- date 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



○ LEATOTO 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.

- Health care
- Food and Nutritional support.
- Psychosocial support (PSS).
- Shelter and care.
- Protection.
- 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- Some adolescents are **withdrawn socially and would not confide in caregivers or LTP staff**.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.
- 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.
- **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.
- **Improved Adherence** and adolescents in the program are doing well clinically.



ACHIEVEMENTS CON'T

- Most of the clients above 18 years have been successfully transitioned 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.
- **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
- 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.
- 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.
- 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**
- 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.
- 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





○ Thank you