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It's time to Say and Play!

(and have a childhood flashback...)



“Children can be agents of change. Children have knowledge. They can teach us a lot.”

These were the words of Jonathan Brakarsh (above right in the photo) during yesterday's masterclass.

He said that children have hopes, dreams and fears. They have a life.

“Our challenge is that children are often scared and that they don't trust you. They are also worried about the

consequences of speaking to you.”

Introducing Say and Play to the PATA participants, Jonathan turned black and white pictures into colour and then made them vanish again.

Participants were asked to close their eyes and imagine themselves to be children again. Jonathan asked them to take this experience with them as they worked through some of the entertaining Say and Play exercises.

These involved pulling faces and then

naming things that made us feel sad as children and throwing these into a sack.

Say and Play is a teaching aid which begins with games, moves on to pictures and then has separate questions for adults and children.

It can be done in separate parts of the clinic room or at different times. It can also be used in a variety of contexts eg at the clinic or by child-based carers.

**PROFILE:
Melanie Pleaner**

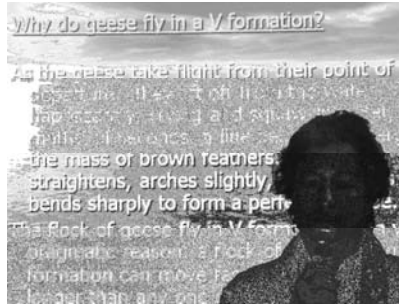
Melanie Pleaner works on Johannesburg’s inner city programme of the Reproductive Health and HIV Research Unit (RHRU).

The programme has a comprehensive HIV programme encompassing HIV testing; the psychosocial and clinical management of HIV; initiation and management of ART; TB and HIV integration.

In addition there is also a community outreach and a special services programme which focuses on sex workers, men and HIV and youth. Melanie works in the capacity as a Technical Advisor with a focus on quality improvement, health systems strengthening, training and material development. There is also a care and support Community Centre which hosts a range of NGOs and outreach services.

One of the projects Melanie referred to in her talk yesterday was the youth friendly service project. This project is located in the inner city of Johannesburg in a suburb called Hillbrow.

Hillbrow is a hub for crime, drug trafficking, sex work and street children. It is very densely populated and is often the first port of call for both legal and illegal immigrants because of high



density housing. It is a melting pot of different languages and cultures mainly from different parts of Africa.

This very transient population is just one of the challenges faced. Hospital staff is hostile to foreigners and refuse to give them treatment. There are also language barriers.

Melanie found the PATA forum a truly inspiring experience. She has been particularly impressed by the range of issues discussed and the common ground found amongst the health care workers who come from very different settings.

This is the first time she has seen team attendance including doctors, nurses, counsellors and pharmacists. She has been particularly impressed by the doctors’ willingness to participate in these teams.

Children are expecting to be treated fairly. They subconsciously expect us to be their parents – on the one hand they want guidance from us, on the other hand they want to be treated as adults.

Karl Technau (Wits University)



Let adolescents do the talking

Building on yesterday’s morning plenary on adolescent care, the professions workshops spent time identifying the problems experienced in treating adolescents.

Feedback from the counsellor workshop expressed a number of problematic issues which feed into those faced by other professions.

With a focus on psycho-social barriers in treating adolescent patients, the counsellor group identified that young people experience feelings of insecurity which is compounded if they are HIV positive as it raises their levels of fear of the future.

Issues of denial about a patient’s HIV status are also often experienced by counsellors. They are then faced with the task of working through stages of denial in trying to break down the stigma and fear that adolescents may be experiencing.

Adolescents who are not psychologically ready to adhere to their long-term treatment may be due to a number of reasons. An important factor is fear of rejection by peers and romantic partners. A lack of readiness to start treatment then permeates other attitudes and consequently affects adherence to medication in this young group.

The experience of a young person when entering a clinic for treatment has proven to be extremely vital. The attitude(s) of healthcare providers towards teenagers has a huge impact on whether or not they will attend future appointments, support groups, and counselling.

Adolescents must be given space, they must be nurtured and their growth must be respected. Health care workers must commit to their care with integrity and understanding in order to forge a future of treating adolescents.

Auntie Stella is donated by Sidaction, the Rotary Club of Claremont and Kidzpositive Family Fund

CLINIC FOCUS: Newlands, Zimbabwe

Being passionate about adolescents and learning lessons all the way

We chatted to the nurses Virginia Ziki (Mpilo Adolescent Clinic, Zimbabwe) and Rita Phillip (Newlands Clinic, Zimbabwe). Newlands Clinic has attended four PATA forums to date, but it is Mpilo's first time.

Mpilo Adolescent Clinic has 1500 adolescents in their care. Points of interest at the conference for Virginia have been identifying treatment failures at her clinic.

Being at this forum is opening up doors of opportunity for the Mpilo Team to be exposed to new knowledge, to share their experiences and to learn lessons for the future. Paediatric patients are not being started on ARVs at six weeks which has been recommended in recent World Health Organisation (WHO) reports. This is primarily because the clinic does not have access to the equipment needed for calculating CD4 counts and Viral Loads (patients are instead referred to Harare).

Despite these set-backs there is excitement for the future of the clinic, which is going to try and lobby donor funding to allow the team to improve their services.

For Rita Phillip, a nurse at Newlands Clinic Harare, this year's smaller group of delegates has been highly beneficial, "[it feels] more like a family, everyone is closer to home, problems are more or less the same, for example we share adolescents – many [of our] adolescents jump across to South Africa".

Rita is passionate about the adolescent group. She is interested in them and their problems, realizing that no amount of preparation can cover all areas of knowing.

"Problems arise and they must be tackled as they come," she says. Newlands Clinic uses peer counsellors as they understand that teenagers identify with other adolescents.



Rita Phillip (left) and Virginia Ziki (right) with colleague Shepherd Karimanzira – all from Zimbabwe.



Don't be scared of adolescents - give them space, because they are the future.

“We must just push forward”

We sat down briefly with counsellors Lucia Matshoba (Groote Schuur) and Eunice Mangwane (Umtha Welanga Clinic, Hamburg) to hear their thoughts on the PATA forum.

Lucia is new to PATA. “I [have] met so many people from different places and it is comforting to realise that we face similar challenges – we are experiencing the same thing,” she said. “I’m ready to go back and implement the ideas that have come out of the conference.”

Realizing that there are many similar experiences shared between clinics is comforting as it shows that clinics all experience the highs and lows of providing HIV/AIDS healthcare to their communities.

Eunice Mangwane felt energised by realising that as a counsellor, “I am not a failure... [we come to the conference] with our own ideas and often in our own clinics we feel like a failure”.

However through group work, through conversations with other delegates, Eunice has realized that her clinic is on track, that “it is what it is supposed to be, [we] must just push forward... don't let go, carry on doing good work”.

Key experiences have been realization that other teams experience similar issues; of coming together and feeling motivated, uplifting teams' spirits

TEAM TALK: ZoëLife, Durban

In the photo: Maude Mdambo, Khosi Simelane, Sandy Watt and Hombisa Ntsikanye.

First time attending team ZoëLife from Durban told us about their PATA forum highlights.

Khosi found that information sharing on drug resistance in paediatrics as well as the need for PMCT strengthening (to reduce the number of children born with HIV) need to become key focus areas for the future.

For Sandy the conference has highlighted that teams cannot work in isolation. For example, a team treating an infant has to take into consideration and then include multiple elements such as the parents, the siblings of different age groups and family dynamics. Providing holistic care is essential as problems overlap.

Hombisa touched on major issues of resistance and adherence that have been threaded through each day. On adolescents, the team felt that there is a need for caregivers to be trained to support adolescents as well as primary caregivers. Questions around who is providing support for caregivers and who are caring for adolescents on a daily basis, were raised.

This has stimulated ideas for the team around offering training and ongoing support to caregivers.



The team is well aware of the many gaps in care and facilitating a process of bridging them is the way forward.

Coming up with strategies has been encouraged through discussion, workshopping and collaboration between the different teams and experts.

Being at the conference has affirmed and confirmed for the ZoëLife team that what they are doing at their facility is on the 'right' path.

This has been an exciting confirm-

ation allowing them to return back to their organization and the communities where they work, with confidence in their work and abilities.

The team is grateful that the PATA forum has been practically-based and that there are goals which will be set and reported on over the next year.

The ZoëLife team is looking forward to returning to attend future PATA forums. We'll be glad to have you back, that's for sure!



CLINIC THOUGHTS: Baylor, Swaziland

"I thought our team programme was good enough, but now – after Wednesday's adolescent sessions – it almost seems like we haven't even started! We could certainly do a lot more."

– **Sibongile Mabuza** (second from left on the photo)

"The talk on peer counselling was really good. It was good to hear how it's been implemented with success at other clinics. We have the potential to do the same. We have a group of people to work with, we must just identify the right individuals now."

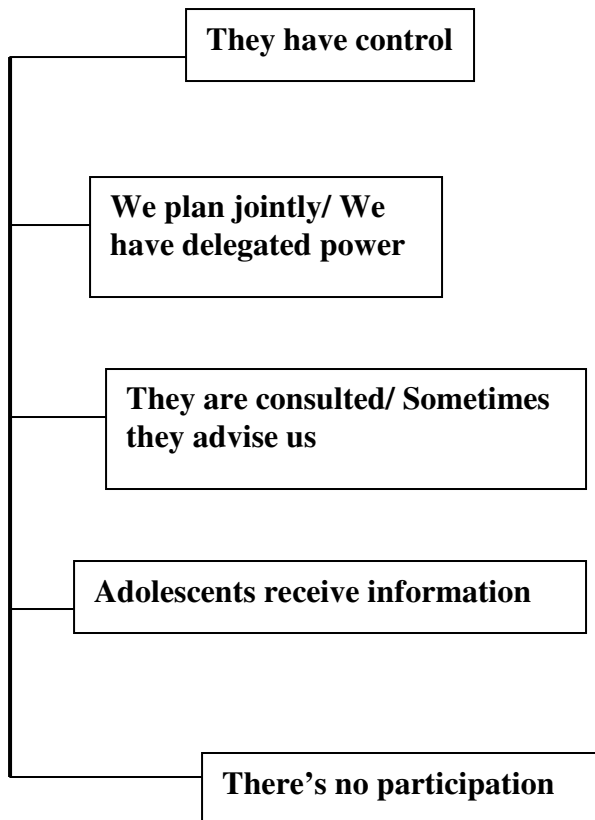
– **Terri Litty** (second from right on the photo).

Also in the photograph are **Lindiwe Eunice Kunene** (far left) and **Scelile Zwana** (far right).



Barbara Kaim yesterday encouraged teams to reflect on the degree to which adolescents participate in their clinics.

Look at the chart below – where does your clinic fit in? Do the teenagers have no control, or full control? Or are they somewhere in the middle?



COUNTRY THOUGHTS:

Mozambique

“It’s been very helpful to hear about the problems surrounding toxicity. We have a lot of orphans in our country and we also have problems with mothers who stop bringing their kids when they get better.

“Also, traditional issues play a role. Some people don’t believe they have HIV and associate it with witchcraft. We must fight this superstition. With regards to our teenagers, we must teach them in order to change the negative practice related to disclosure.”

- **Avisa Faquir** (back row, far right in the photo).

The rest of the team are **Tauze Murg** and **Benedito Manjate** (front) and, in the back row, **Aleny Mahomed Conto**, **Benvinda Ventura** and **Olga Graciela Xlhone**



Thank you!

The beautiful, hand-embroidered bags you all received at the start of the forum on Monday were made by the Keiskamma Clinic.

They also made the embroidered map of Africa which you’ve all seen in the main plenary room in the conference centre.

PATA would also like to take the opportunity to thank all the guest speakers who offered up their time to come and speak to us.

The first benefit of this forum is to share experiences with participants of the different countries. I have found that we are experiencing the same kind of issues at our clinic as to those of other clinics from the different teams. We are fighting the same battles and in some way we are not alone. Challenges regarding adolescent care are neglected by our government of Cameroon. I am impressed at the feedback that has come out during the plenary sessions. When I get back to my clinic, I will be able to share with my colleagues. I am really thankful for the opportunity to be part of the PATA forum.”

Francis Ateba from Chantal Biya Hospital in Cameroon is observing the 2009 PATA forum ahead of planning a PATA forum for Francophone West Africa in October 2010. And he can drum too!



Why do we need peer counsellors? Adolescents are more likely to listen to or take advice from their peers than from an adult. But peer counsellors have also taught us that they need both peer and adult counsellors. The perception is that adults do not understand adolescent issues. Adults also do not treat adolescents as equals.

It is challenging to communicate effectively with adolescents. Some topics like sex are a taboo to discuss between an adult and a child. Also, the levels of understanding and cognitive development vary widely between teenagers. Some are behind, others are advanced for their age.

Silungile Moyo (Zimbabwe) during the counsellors' workshop on adolescents.

Health care workers are fearful of adolescents due to lacking basic skills. This goes back to our training as nurses. All of the different age groups are covered in pre-qualification training *except* for adolescents. We know that we are lacking in the confidence to deal with them. We have to lobby to get this into the basic nursing curriculum.

Sandra Mapoe (Botswana)

Shanaaz Kapery Randeria (Wits)

Sometimes children have so many problems they become sad or worried – and we can help them.

(Overheard at the Say and Play and Auntie Stella masterclass)

You should go to your grave empty of everything. You must give back to the community: our knowledge, our love, especially to children, our talent, our skills.

Nonkosi Ndalasi (Uitenhage)

