

PATA Newsletter: Volume V Issue 6

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1. Focus on Day 2 of 2010 PATA East African Forum: Dr Bakeera-Kitaka talks adolescent care

The PATA East African Forum is drawing closer. Adolescent care is the focus topic for the second day of this year’s Forum. Dr Sabrina Bakeera-Kitaka is the director of the Ugandan Paediatric Association and will be discussing the current trends in adolescent care in Uganda. We asked her a few questions:

Q: Has there been any recent shift in your approach to adolescent HIV?

Every day the number of adolescents continues to grow, and it is becoming increasingly important to develop adolescent friendly services. Globally, adolescents and young people contributed to 75% of the new infections in 2008. The adolescent friendly services should be a one stop centre that enables the adolescent to receive holistic care. In June 2008, after receiving training from Family Health International regarding integration of sexual and reproductive services into the HIV services, the Paediatric Infectious Diseases Clinic (PIDC) at Mulago introduced Sexual Reproductive Health services. The PIDC is supported and managed by Baylor-Uganda. Since then, more and more young people have been accessing these services.

Q: What are the major challenges still facing HIV in paediatrics?

One major challenge which remains is access to care, and maintenance of adherence. The question of transitioning to adulthood remains a major problem for adolescents. This transitioning relates to the development of long lasting relationships and the intention/capability to have children of their own.

Q: Where do you think resources should be concentrated for research into paediatric HIV?

I think resources should be concentrated on an ultimate cure for HIV. Since this is not possible in the near future, resources should target the development of regimens which promote maximum adherence to treatment.

2. Naguru Teenage Information and Health Centre a pioneer in Uganda

Uganda’s **Naguru Teenage Information and Health Centre** is a pioneer programme to provide youth friendly Adolescent Sexual Reproductive Health (ASRH) services in the country. Since its inception in November 1994 it has been exemplified as a model of best practice.

The programme provides a number of services such as STD management, general medical services, counselling services, HIV counselling and testing, condom distribution, antenatal and postnatal services, family planning and post-abortion care. Innovative extra services include toll-free help-line counselling, the "Speak-Out" teen and parental radio programmes, the distribution of IEC materials, group discussions, educative films and outreaches.

One of Naguru's staff members, Denis L. Bukenya, will be discussing his experiences in dealing with adolescent HIV at the PATA East Africa Forum.

3. Harriet Shezi Children's Clinic advises on how to use Auntie Stella

Nokuphumelela Zwane from Harriet Shezi Children's Clinic, has used the Auntie Stella toolkit with teenagers (16 years and older) in conjunction with adolescent support groups since November 2009. Zwane provided PATA with some advice and feedback in order to help other teams who are planning to introduce these tools in their clinics. Auntie Stella will be presented on Day Two of the 2010 East Africa Forum.

"My experience is that the kit makes communication regarding sensitive topics or issues a lot freer and honest," says Zwane. "These discussions also serve to challenge stereotypes and culturally-accepted – but unacceptable – norms, values and beliefs."

The Auntie Stella toolkit introduced topics for discussion which were controversial and sparked heated discussions and debates. "It became very obvious that using the Auntie Stella Toolkit requires facilitators that are skilled in many areas of communication and counselling," warns Zwane.

Zwane singled out some issues which facilitators should look out for:

- Dominant group members who can have an influence on the other members;
- Introverted group members – everyone must get a chance to express their views without fear of being ridiculed or judged;
- The need to dispel misinformation and myths even if they are sanctioned by culture;
- The importance of sensitivity to intra-group cultural diversity and self-reflective practice so that the group and facilitator are not biased in favour of any particular culture or set of beliefs.

Facilitators need to be comfortable discussing issues and topics which other adults may not feel comfortable discussing with teenagers.

Zwane says that the discussions in Auntie Stella can trigger traumatic memories. "It is vital to rein in powerful feelings and emotions, otherwise group members may leave the support group feeling less empowered and more traumatized than before the discussion. The implication of this is that adolescents may feel a sense of losing control over their already difficult, and sometimes dire, living situation. This in turn may affect their health, adherence to medication and school performance."

PATA is grateful for Zwane's input; we would appreciate any additional feedback from clinics implementing Auntie Stella.

Dr Sara Stulac will be speaking at the East Africa Forum on the Rwandan experience of starting an adolescent service where they too have used Auntie Stella materials.

4. The “PATA Effect” in action: the Baylor- Botswana’s six month report

Baylor Children’s Clinical Centre of Excellence Botswana has submitted some feedback on their progress in achieving their clinic goals since the 2009 PATA Forum in Gauteng.

It is inspiring to see how the Baylor Botswana team has spread the “PATA effect” in the form of sharing the information and best practices with clinic management and staff. The team has also introduced PATA to other clinics in order to expand the PATA network in Botswana.

Baylor Botswana has created a team to do advocacy work to address the restrictive laws that prevent testing of children younger than 16 years of age. There are also laws that prevent the distribution of contraceptives to these adolescents, which they are also advocating against. Baylor is now a member of the Ministry of Health Technical Working Group to set guidelines for HIV testing and counselling for children and adolescents. The clinic also has plans to establish an adolescent unit and implement Say and Play as well as Auntie Stella.

If you would like to know more about more about how Baylor- Botswana is achieving their goals or if you would like to create links with this clinic , please contact Taru at: taru@teampata.org.

5. Burkina Faso Expert Patient Supervisor Report

Expert Patient supervisors will be submitting their reports soon (see story below). These reports are an essential part of the Expert Patient Programme as they allow PATA and One to One Children’s Fund (121CF) to monitor the programme’s progress and stay abreast of the successes and challenges of each clinic.

CHUSS/REV+ in Bobo Dioulasso, Burkina Faso, submitted a very extensive report for the last reporting cycle. There are four Expert Patients currently working at their clinic. The clinic treats 605 children of which 284 are on ARVs. In the month of April 2010, 11 new patients were admitted, two of which were started on ARVs. The Expert Patients perform an array of duties including home visits, adherence counselling, assisting the pharmacist and administrative work.

One of the greatest difficulties for their programme is lack of resources for training. CHUSS emphasises that consistent training and refresher courses are integral to the Expert Patients’ development and growth.

The CHUSS/REV+ Expert Patient Programme had great success in the area of adherence retention. Their report notes that far fewer patients are defaulting on treatment after receiving adherence counselling. It is not only the patients who benefit from the Expert Patients. The Expert Patients and the rest of the clinic staff also benefits.

Please contact Rebecca Norman at Rebecca@teampata.org if you would like more information on CHUSS/REV+ and their work.

6. Please remember to submit your Expert Patient Programme Supervisor Report

PATA would like to remind all clinics participating in the Expert Patient Programme that Expert Patient Supervisor reports will be due on 1 October 2010. The report template will be sent via e-mail as well as posted on our website by 1 September 2010. Please make sure your report is sent to PATA on time so that we are able to fund your clinic.

We are looking forward to reading these reports and would like to thank you in advance for your effort in completing them.

For clinics that are not yet part of the Expert Patient Programme but would like to join, PATA is not currently taking applications but will be accepting them in January 2011. We will remind clinics via e-mail, our website and this newsletter closer to that time.

Do not hesitate to contact the PATA Expert Patient Programme Manager, Rebecca Norman, at Rebecca@teampata.org with any questions or concerns.

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