MDI LEADERSHIP APPROACH TO IMPROVE HIV CARE IN ALWHIV

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• Is a primary health care provider located in Mathare slums the project was founded in 1997

In 1998 the Nutrition Centre was opened IMAM and Rickets management, later on in 2001 comprehensive care services followed.

The operations at Baraka Health Centre are unique since we have 5 six weeks doctors and one long term doctor plus two clinical officers who review patients at the OPD.

At the CCC we have four nurses and clinicians who attend to clients. The CCC hosts 2719 patients currently and from this we have 109 adolescents living with HIV/AIDS.



GDN ADOLESCENT RECREATIONAL DAYS









OUR MDI CHIP AT GERMAN DOCTORS

- In 2016 our adolescent at GDN ccc were 116 out of 2600 clients that were on follow up then.
- This small group of young people did not have a specific point or attention at the clinic and they would get lost in the crowd both physically and in care. An adolescent would miss their drugs and no one would account for this.
- The government had introduced the adolescent package of care country wide in 2014.
- With this in mind, we decided that our CHIP would take care of the adolescent community in the hospital and give them the best possible care.



Who are the adolescents?

- 18% of the worlds total population is a group of people between the age of 10 to 19 transitioning to adulthood in a state called adolescence.in Kenya 40% of the total population is in this stage. This stage is characterized by physical, psychological, economic and social changes.
- An estimated 2.2 million adolescents were living with HIV by the year 2014. They too had the same adolescence challenges that hindered proper adherence to treatment.





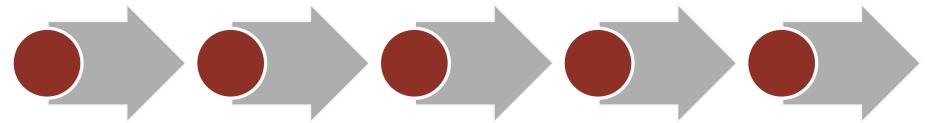
GOALS OF OUR MDI CHIP

- 90% ART initiation in Adolescents
- Achieve 90% viral suppression among adolescents
- Reduce defaulter rate and boost adherence among adolescents

- Attract other adolescents to take HIV tests and enroll the HIV positive to start ART.
- All this under the umbrella of a clinic offering the adolescent package of care.- adolescent friendly services

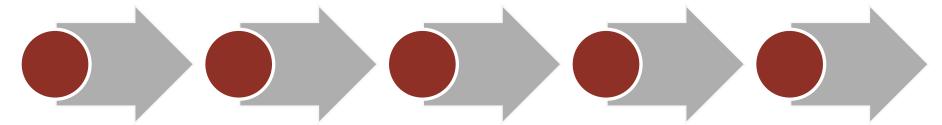


IMPLEMENTATION OF THE CHIP



- Feedback to the general manager and clinic coordinator
- Sensitization of the staff on the adolescent package of care
- With the support of the hospital management, structurally the hospital was made adolescent friendly by allocation an adolescent waiting hall with adolescent friendly material including a magazines, PlayStation, movies, storybooks and game boards.
- Appointment of one clinical officer who would only attend to the adolescents and youth as well as a counselor.
- Two peer mentors were appointed.
- Allocation of one particular day which would only focus on the adolescent and you





- Close follow up of the high viremia adolescent by assigning our staff team to each one of them
- Support groups for the parents and guardians of the high viremia adolescents
- Home visits support groups, enhanced adherence counseling and viral load monitoring of the high viremia adolescents.
- For the newly diagnosed HIV positive adolescents ,early initiation of ART and close monitoring with prompt CD4 and viral loads monitoring
- A suggestion box was put in place to get the feedback of the patients and the quality improvement team would respond to the suggestions.
- Recreational events for the adolescents ,where they would be taken for fun trips and games.



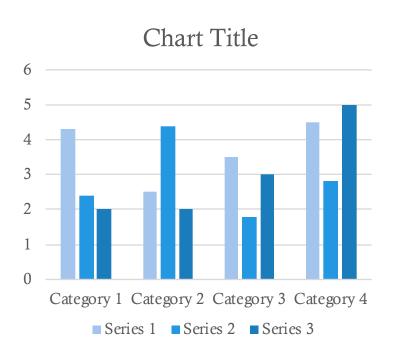
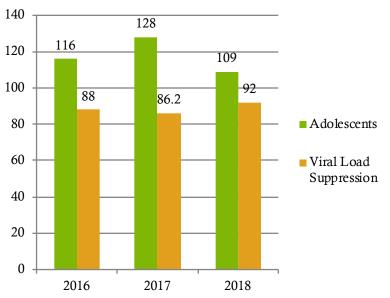
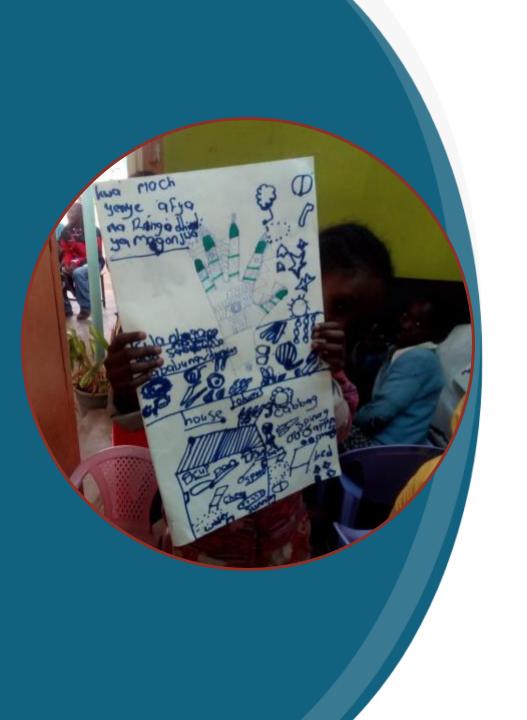


Chart on Viral Suppression





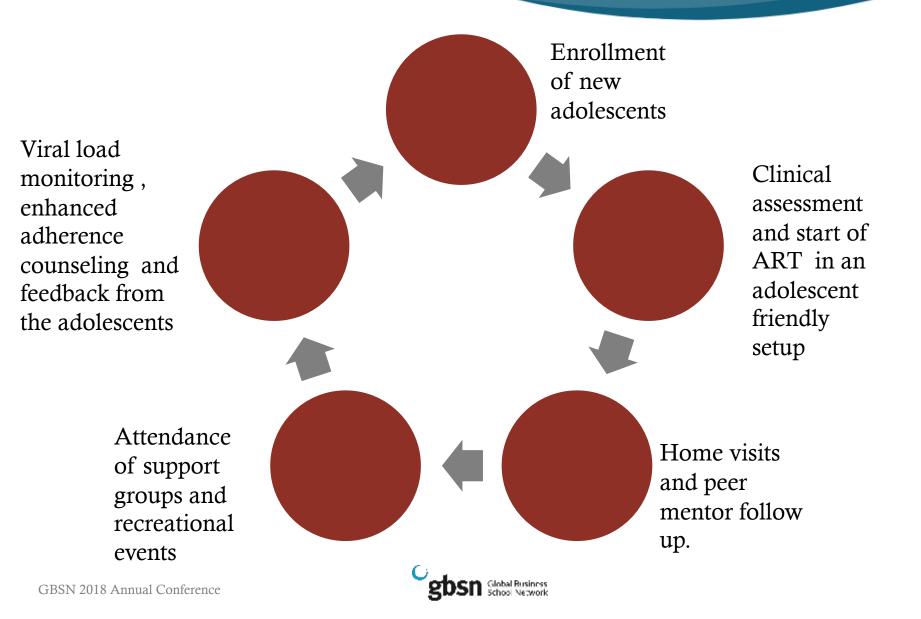


Impacts of the MDI to our facility

As the two Chippers, we provided mentorships and guidance to the hospital staff in the implementation of the adolescent package of care.

The leadership skills acquired from the MDI training enabled us to create a focus on the adolescents that would improve the follow up of the adolescents and youth in the facility.

From the feedback the adolescents highly enjoyed the attention given to them and would look forward to their next clinical visit



Graph on Attrition in Adolescents Follow up

