



COVID-19: Slowing the Spread

The COVID-19 situation is affecting communities across the world. Clinics are open and patients are receiving care and treatment services at FACES supported sites. To keep patients safe and slow the spread of COVID-19, we are working closely with the county MOH to screen patients at arrival for symptoms, provide handwashing stations and sanitizers at service points, keep sufficient space between patients, and provide multi-month pre-packed refill medications. Patient, staff, and community health is our priority and we greatly appreciate the dedication of our frontline health care workers and the efforts of our patients and community to stay safe, healthy, and kind during this challenging time.



Born with HIV, it has been an unbelievable more than two-decade experience for Clinton

Clinton, 21 years old, leans back in his seat, holds his palms in the air and while facing the heavens, says *“I am humbled for every breath that I breathe and thank the scientists that came up with the idea of antiretroviral (ARV) drugs that help in fighting the HIV/AIDS virus in my body”*. He could not hold back his joy, as he calls the invention of ARVs a life saver. Born with HIV, it has been an unbelievable more than two-decade experience for Clinton. He was orphaned at just seven months old, when his parents died. He also lost two siblings when they were quite young. His eldest brother and he, the youngest, went to live with his aunt and her children. His only memories of his parents are photos shown to him by his aunt.

He started ARVs when he went to live with his aunt. As a small child, he didn't ask questions about this medicine. When he joined nursery school he started asking about why he was taking medicine every morning before going to school. He was told he was sick. He wondered why he was the only child taking the drugs. *“I continued taking drugs daily but was doubtful, it disturbed my mind. Then when I turned eleven years when my aunt disclosed to me that I was HIV positive.”* said Clinton. The news shocked and devastated him. He was in denial and it took him time to learn to accept his condition, at about 13 years old he realized he could not change his status. He was relieved that his aunt made sure he adhered to his medication every day. *“I am indebted to my aunt, she knew my condition and began monitoring my moves on taking medicine. She knew I could at one-point fail to take my medicine. She was strict and ensured I adhered to treatment.”* He is the only HIV positive person in his family and grateful for the support and encouragement his family has shown at every point in his 21-year journey and grateful for the support from doctors at Ahero County Hospital.



He didn't face any major challenges with his home life or treatment during primary school, but challenges emerged when he was a young teen. Due to family hardship he went live in an orphanage. He was cared for well there, they provided sponsorship for secondary

school, and he was able to spend time with his family occasionally. When he started attending secondary school and transitioned to boarding school life he went through a near-death experience. *“In secondary school, I faced stigma and dropped out of care and treatment and became very ill. I ended up being admitted to the hospital for the entire third term of Form one. I watched people I shared the ward with die”* said Clinton. He was fortunate to recover and resolved to never miss his medication again.

A couple of years ago, he joined the adolescent and young adult program Operation Triple Zero (zero missed appointments, zero missed drugs, zero viral load) support group at his health facility. He received strong social support from his peers, experienced motivation talks from others living with HIV, participated in talent building and important lessons to sustain zero missed appointments, zero missed drugs and zero viral load, all of which he says have been essential in his journey. The immense love and support he receives from the support group, Ahero County Hospital staff in the Comprehensive Care Centre department and Adolescent Centre have been tremendously important to his well-being.

He recently aged-out of the orphanage and found himself at the young age of 21 needing to live and sustain life on his own. As part of celebrating 21 years on ART, he received lots of help to get his new household started. He just completed training at St. Marys’ Training College in Eldoret to be an electrical engineer and will be looking for work in that area. In the meantime, he is healthy, serving as a peer leader at Ahero County Hospital to help others, and is grateful for the life his parents’ gave him, the family that raised him, and for the FACES support he has received through the years.

Navigating Adolescents Transition with Support

All adolescents undergo challenging transitions in their life as they navigate through physical growth changes, emotional well-being, and academic advancement. For adolescents in HIV care and treatment, transitioning from one stage to the next stage in life can be especially challenging. For instance, transitioning from primary school to boarding school and from boarding school to college involves environmental changes, possible stigma, and peer pressure to fit in, all of which can interrupt consistent medication adherence leading to non-viral suppression and poor health. As adolescents in care and treatment age, there is also a need to transition from child/adolescent-focused healthcare systems to adult-focused healthcare systems, and if done abruptly or without adequate time to prepare for the transition, adolescents may drop out of medical care leading to missed medication doses, non-viral suppression, and poor health.

To address adolescent transition challenges FACES held its second annual transition meeting between facility staff, experienced older adolescent/young adults, and adolescents living with HIV as a platform for discussion and possible solutions to

strengthen their well-being, health, adherence to treatment, and viral load suppression as they move to boarding schools and colleges, and become independent and responsible for their own medication as they reach adulthood, 87 adolescents attended. FACES also recently developed transition guidelines, based on the NASCOP Adolescent Package of Care (APOC), with individualized transition plans to help adolescents successfully transition to the adult health care system.



Adolescent peer leads, retention and identification assistants, and clinicians supporting adolescents in care

Transition meeting highlights

Challenges faced in school

- Lack of support from peers and teachers
- Fear of HIV disclosure
- Self-stigma and discrimination
- Change of time in taking medication
- Lack of access to their medications
- Issues of sexuality and relationships with peers
- Change of environment

Suggestions to help overcome challenges

- Importance of disclose HIV status, being assertive, and learning to accept HIV status
- Plan for medication schedule based on school schedule
- Build and practice good communication and decision-making skills to help adolescents build trustworthy, respectful, and safe relationships
- Choose good friends who will help you be healthy

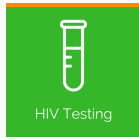
Transition guidelines highlights

- Individualized transition plans starting at age 19
- Pre-transition preparation, support during transition, and assessment post transition
- Quarterly review meetings to build and assess readiness
- Multidisciplinary transition team, including peers who have transitioned
- Orientation to the adult clinic prior to transition, including meeting of providers
- Address comprehensive care needs, including medical, psychosocial, and financial aspects of transitioning
- Build adolescent skills for successful transition: chronic illness management, in-depth understanding of HIV, symptom identification, appointment and prescription refill management, managing relationships with multiple providers, and support group engagement.
- Educate HIV care teams and staff about

- Focus on education as the means to a better life

transitioning process

Impact Stats for Oct - Dec 2019



HIV Testing

40,127 people tested for HIV, including 4,273 children under 15



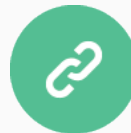
Antiretroviral Treatment (ART)

49,619 individuals currently on life-saving antiretroviral therapy (ART) at 61 care and treatment facilities, including 3,461 children under 15 years of age.



Viral Suppression

90% of individuals on ART are virally suppressed; 90% among adults and 88% among children under 15 years of age.



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