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An assessment of the Lea Toto adolescent sexual and reproductive health education program in Nairobi, Kenya

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ABSTRACT

Background: Lea Toto Adolescent Program (LTAP) is a community-based HIV/AIDS treatment and care program, grounded in Roman Catholic teachings, located in eight semi-informal settlements of Nairobi, Kenya. It provides a comprehensive intervention for adolescents living with HIV.

Purpose: This thesis assesses the perceived effects of LTAP's comprehensive intervention on adolescents living with HIV in eight informal settlements in Nairobi, Kenya, drawing on feedback from participants and other stakeholders of the program.

Methods: A combination of qualitative and quantitative methods were used to collect participants' perspectives on LTAP at all eight LTAP clinics across Nairobi, Kenya. A total of three hundred and sixty-three adolescents participated in this study: three hundred and twenty current adolescents were surveyed, forty participated in focus groups discussions (FGD), and three were individually interviewed. Four caregivers of adolescents in the program were individually interviewed. Four graduates of the program were individually interviewed and eight participated in a FGD. Lastly, ten individual in-depth interviews were conducted with LTAP staff with various roles within the organization.

Results: Perspectives on the LTAP comprehensive program were generally positive. Adolescents reported better medication adherence and reported they had acquired several life skills needed to successfully live and cope with HIV. Caregivers had an appreciation for LTAP's financial and education support for their adolescents and credited positive change in behavior of their adolescents to LTAP. Graduates ranked the Life Skills portion of the program highly but criticized the ways LTAP transitioned them out of the program. Staff expressed the need for a standardized curriculum to train adolescents on sexual and reproductive health, life skills and economic empowerment. Religious leaders described tension between Roman Catholic teachings and comprehensive HIV prevention models. Condom/contraceptive use and HIV disclosure to sexual partners remain a challenge for adolescents in the LTAP program.

Conclusion: Based on these findings, participants perceive LTAP's comprehensive approach to treatment and care as valuable to its key stakeholders. However, the transition process of adolescents who graduate the program to adult facilities was identified as the area of the program that needs the most improvement.

Keywords: Adolescents, HIV, disclosure, ART, Kenya, Roman Catholicism

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Chapter 1: Introduction

Introduction and Rationale

Kenya has a national adult HIV prevalence rate of 6% and with about 1.6 million people living with HIV, it is one of the six HIV 'high burden' countries in Africa (UNAIDS, 2015). Despite many interventions put in place by the Kenyan government and local and international NGOs to combat the spread of HIV, many Kenyan citizens still contract and live with HIV.

In sub-Saharan Africa, adolescent girls and young women account for one in four new HIV infections (UNAIDS, 2015). In Kenya, adolescents have the highest HIV incidence of any age group and are the only age group in which HIV-related mortality increased between 2005 and 2013 (Wagner et al., 2017). In Kenya it is estimated that there are about 1.1million current AIDS orphans (PEPFAR, 2013). Adolescents living with HIV have just as much need for sexual and reproductive health education as their HIV negative counterparts. A study in Nigeria found that infected adolescents were more likely to engage in risky sexual behaviors than their HIV-negative counterparts due to a fear of disclosing their HIV status to their sexual partners. Similarly to adults, these adolescents living with HIV may experience depression and low self-esteem as a result of coping/ living with the disease (Folayan, Harrison, Odetoyinbo, & Brown, 2014).

Faith-based organizations (FBO) play an important role in helping support people living with HIV and prevent the spread of HIV. Faith-based organizations account for 51% of all HIV services to children receiving antiretroviral medications in Kenya (UNICEF, 2012). Lea Toto Adolescent Program (LTAP) is one such intervention program for adolescents living with HIV that was created to provide a comprehensive approach to HIV treatment that combines a clinical with an educational component.

LTAP operates under the umbrella FBO The Children of God Relief Institute (COGRI) which also runs the Nyumbani orphanage for HIV positive children in Nairobi and Nyumbani Village in Kitui. COGRI was founded in 1992 and provides care for children living with HIV. With an increasing number of children living with HIV surviving into adolescence in Nairobi, there was a desire for COGRI to build capacity to accommodate more patients. In 1998 COGRI, with support from USAID, initiated the LTAP in Kangemi as a community-based approach that allows HIV-infected children that are housed with a caregiver, to receive medical treatment at LTAP Kangemi center. Since then, the initiative has moved to 8 communities in Nairobi increasing the number of children that LTAP supports.

The overarching goal of LTAP is to "improve the capacity of the community and provide holistic care within the family setting of HIV+ orphans living in this community" (COGRI, 2015). Over time, the capacity of the LTAP was strengthened to help families with HIV positive orphans receive physical care, psychological support and essential medical supplies. The program also helped to improve the organizational capacity of the LTAP to manage community-based support to HIV-positive orphans and enable the community to identify and establish sustainable community strategies to address the needs of HIV-positive orphans and their families (COGRI, 2015).

LTAP currently serves 2,900 children living with HIV in informal areas of the eastern (Dandora, Kariobangi, Mukuru and Zimmerman) and western (Dagoretti, Kangemi, Kibera and Kawangware) parts of Nairobi, of which 1,200 are adolescents. Recognizing that caring for adolescents living with HIV required more than just providing treatment, LTAP with the help of a 2014 Emory University Global Health Institute (EGHI) multidisciplinary team designed an educational curriculum including life skills and sexual and reproductive health teachings. In

2015, LTAP's education program was fully implemented in all eight of its centers with the goal of curriculum completion by December 2016.

LTAP's new comprehensive program model is to provide clinical support (antiretroviral therapy (ART), nutrition, counselling, etc.), sexual and reproductive health education, life skills training, and socio-economic education with the purpose of helping adolescents successfully transition into sustainable and responsible adults. LTAP draws on and adapts existing evidence-based adolescent models while considering religious teachings and practices.

LTAP's SRH program is rooted in strong Roman Catholic teachings where abstinence is taught as the primary means of contraception and family planning. The organization also made the decision to maintain its Catholic identity by creating a curriculum that teaches about modern contraceptives but does not distribute them at their centers.

In 2017, LTAP requested an EGHI team to assess the program's effect on its key participants and stakeholders, where findings and recommendations would be used to improve the program.

Purpose Statement

The purpose of this thesis is to assess the perceived effects of the LTAP on adolescents living with HIV in 8 neighborhoods of Nairobi, Kenya, drawing on feedback from participants and other stakeholders of the program

Research Questions

- How is the LTAP perceived by its key stakeholders (adolescents, caregivers, graduates and staff)?

- How does a Roman Catholic FBO negotiate Roman Catholic teachings on sex, contraception/condoms and the provision of HIV prevention and SRH services for their HIV adolescent program?

Significance

FBOs provide a large percentage of pediatric HIV care in Nairobi, Kenya: just over half of all pediatric HIV services in the country providing antiretroviral medications are delivered by these FBOs (Blevins, 2015). These organizations struggle to meet the needs of adolescents living with HIV because of tensions between religious teachings and HIV prevention and sexual health education programs (Blevins, 2016). It is therefore important for these FBOs to understand the needs of adolescents living with HIV and provide treatment and care based on this understanding.

Adolescents living with HIV are a vulnerable population that need just as much or even more support than adults living with HIV. These adolescents must simultaneously deal with 'adult' issues such as disclosure and adhering to treatment, while also addressing issues traditionally associated with adolescence such as body image, peer pressure, and forming personal identity (Folayan et al., 2014). Adolescents living with HIV, unlike their HIV-negative counterparts, are sometimes orphans due to their parents dying of HIV.

In 2015 and 2016, the LTAP launched several initiatives for their adolescents that focused on HIV prevention and education. Educational initiatives included: life skills trainings, SRH teachings grounded in Roman Catholic beliefs and economic empowerment seminars. Combined with the services that LTAP already provided (ART, food and nutritional provision,

psychosocial support etc.), LTAP now provided a more comprehensive approach to serving adolescents living with HIV.

LTAP held Saturday training sessions for their adolescents, ensuring not to conflict with school during the week. They held a residential camp over the school holidays for their older adolescents ranging in age from 17 to 19 years old. In total, LTAP had 838 participants, ages 10 to 16, involved in their Saturday programs and 227 adolescents involved in their residential camp in 2015 and 2016. These initiatives included material on life skills, SRH and economic empowerment. Additionally, they have offered caregiver trainings on caring for adolescents living with HIV and even held an initiation ceremony for boys and girls who were entering secondary school.

This research thesis seeks to gain insight into the perceived knowledge and experiences of key stakeholders of LTAP. This research is particularly important for the implementers of LTAP as it will highlight successes and areas of opportunity where the program can improve. The research thesis will assess LTAP by measuring perceived short-term changes in knowledge, skills, and attitudes. Moreover, the empirical findings from this assessment can help illuminate the vulnerability both of HIV positive adolescents and those adolescents who may be at risk for infection.

Definition of Terms

- **Adolescent**- A person in the process of developing from child to adult, aged 11 to 19 years.
- **ART**- Medications that treat HIV. The drugs do not kill or cure the virus. However, when taken in combination they can prevent the growth of the virus.

- **Children of God Relief Institute:** Children of God Relief Fund (COGRF) supports the Nyumbani programs through funding and technical assistance.
- **Disclosure**: The process of revealing HIV status to another. With regard to children born with HIV, this can also refer to the process of the child's own status being revealed to him/her, generally by a parent or guardian.
- **Double Effect**: The doctrine (or principle) of double effect is often invoked to explain the permissibility of an action that causes a serious harm, as a side effect of promoting some good end (Rudy, 1997).
- **In-depth interview (IDI)**: A qualitative research method that gathers comprehensive information from individual stakeholders.
- **Faith-Based Organization (FBO):** An organization that is influenced by stated religious or spiritual beliefs in its mission, history, and/or work (PEPFAR, 2013).
- **Focus group discussion (FGD):** A qualitative research technique consisting of a structured discussion and used to obtain in-depth information from a group of people about a particular topic.
- **Lea Toto Adolescent Program (LTAP):** LTAP is a home-based care program in Nairobi's slums intended to improve the quality of life of those infected with and affected by HIV/AIDS with medical attention, prevention education, counseling, and self-help skills.
- **Life Skills:** Life Skills education is the study of techniques for adaptive and positive behavior training, which enable individuals to deal effectively with the demands and challenges of everyday life.

- **Phoenix**: An informal support group created by the graduates of LTAP to provide peer support for all of the members of the group.
- **Sexual and Reproductive Health (SRH):** SRH education is instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, and birth control, among others.

Chapter 2: Literature Review

Introduction

The purpose of this literature review is to gain a better understanding of the needs of adolescents living with HIV in sub-Saharan Africa. A specific focus on Nairobi is also taken to understand what is currently being done for these adolescents in the Kenyan capital, gaps in treatment as well as future plans to help address their needs. The review also takes a look at Roman Catholic teachings on SRH education and how effective these programs are at addressing the needs of adolescents living with HIV. Several resources were used to conduct this literature review including reports by the Kenyan government, international organizations, and faith-based organization, alongside articles in academic journals. The literature review is structured as follows:

- Addressing the needs of adolescents living with HIV
- The Kenyan government's role
- Challenges adolescents living with HIV face: disclosure, stigma and discrimination, and ART treatment
- Sexual and reproductive health programs
- FBO and SRH services

- Summary

Addressing the needs of adolescents living with HIV

The number of adolescents globally living with HIV between the ages of 10 and 19 has increased drastically in more than a decade (UNICEF, 2017). This increase in the number of adolescents living with HIV can be attributed to improved access to antiretroviral therapy (ART) allowing growing numbers of those infected perinatally to reach adolescence while new adolescent infections remain high (Winskell, Miller, Allen, & Obong'o, 2016). In 2016, there were about 2.1 million adolescents reported living with HIV in the world and out of that number 1.7 million lived in Sub- Saharan Africa (UNICEF, 2017). Trained cadres of health or community care providers specializing in adolescent health, especially for adolescents living with HIV, do not exist in most settings. Thus, the community and health service needs of adolescents living with HIV are often not being met (UNICEF, 2012).

Comprehensive accurate knowledge about HIV, condom use, HIV testing, and antiretroviral treatment coverage remain low in the Sub- Saharan region (Idele et al., 2014). In Kenya specifically, there are about 130,000 adolescents living with HIV throughout the country (UNICEF, 2017). Furthermore, AIDS-related deaths among adolescents have increased over the past decade while decreasing among all other age groups, which indicates a need for additional resources to be targeted to this specific population (Blevins, 2016).

Since the population of adolescents living with HIV has only increased in the past decade, literature on treatment and care for these adolescents is very limited. However, the sexual and reproductive health needs of adolescents with perinatally acquired HIV are not so different from those of their counterparts who are HIV negative (Kabiru & Orpinas, 2009). A

study on the factors associated with sexual activity among high-school students in Nairobi suggested that adolescents living with HIV were engaging in sexual intercourse, with the majority of the study participants reporting to have multiple sexual partners (Kabiru & Orpinas, 2009).The study concluded that these adolescents living with HIV can benefit from sex education programs addressing the factors listed above to help decrease infection.

Adolescence is a stage in a child's life characterized by many physical and emotional challenges, including exploring their sexuality, which can put them at risk for sexually transmitted diseases and unwanted pregnancies (Baryamutuma & Baingana, 2011). These risks are the same for adolescents living with HIV. Unlike their HIV-negative counterparts, most of these adolescents are foster children whose parents died from AIDS. As a result, there needs to be a support system to help them navigate the physiological, social, and behavioral changes and challenges of adolescence. Stronger parental/ caregiver and community support has been shown to lead to better adherence among African adolescents living with HIV (Bikaako-Kajura et al., 2006; Busza, Besana, Mapunda, & Oliveras, 2013; Hodgson, Ross, Haamujompa, & Gitau-Mburu, 2012; Li et al., 2010; Petersen et al., 2010). Adolescents living with HIV are also faced with social challenges that their HIV negative peers do not face. They need skills to deal with issues of disclosure to their partners to prevent the spread of HIV and making informed decisions about reproductive health issues like family planning and childbearing (Baryamutuma & Baingana, 2011).

The Kenyan government's role

On a national level, President Uhuru Kenyatta announced that Kenya will lead by example by increasing domestic resources for the AIDS response and improving HIV

prevention, treatment, essential health care and counselling services for adolescents (UNAIDS, 2015b). The Kenyan government is working with their Ministry of Education to re-examine their national curriculum to better engage with adolescents living with HIV and to eliminate stigma and discrimination in schools. Finally, the government aims to provide more adolescents with access to ART since in Kenya 78% of adults living with HIV receive ART treatment while only 36% children have access to these lifesaving medicines (UNAIDS, 2015b).

In 2014, Kenya's government created a strategic framework to combat HIV/AIDS in the country that specifically targeted adolescents. Within that framework, a recommended plan of action to support adolescents living with HIV included: establishing youth-friendly clinical services; offering age- appropriate contraceptives, condoms, microbicides, HPV screening, vaccination and education; increasing access to sexual and reproductive health services; offering peer-to-peer outreach in school or outside school; and finally offering sexual and reproductive health education in schools and communities. These interventions in Kenya's AIDS strategic framework were to be carried out at county and national level (Kenyan Ministry of Health, 2014).

Challenges adolescents living with HIV face: disclosure, stigma and discrimination and ART treatment

Adolescents living with HIV face additional challenges to adults living with HIV. These adolescents must simultaneously deal with 'adult' issues such as disclosure, practicing safe sex, and adhering to treatment, while also addressing issues traditionally associated with adolescence such as body image, first sexual experience, peer pressure and forming personal identity (Folayan et al., 2014).

Antiretroviral therapy (ART), has allowed children and youth with HIV to stay alive well into adulthood; however, nonadherence to ART is associated with disease progression and development of strains that are resistant to available ART medications (Poudel, Buchanan, & Poudel-Tandukar, 2016). Studies demonstrate that pediatric adherence to daily drug regimens including ART is often poor in low- and middle-income countries and influenced by multiple factors including: forgetting or refusing to take medication, depression, (Bikaako-Kajura et al., 2006), adolescents not wanting to be reminded of their HIV status and adolescents not wanting others in their communities to know their HIV status (Poudel et al., 2016). Supporting adolescents in coping with these factors is essential in ensuring that they remain healthy.

Complete disclosure of HIV status by caregivers to children and strong parental relationships have been found to support adherence (Bikaako-Kajura et al., 2006). Many adolescents perinatally infected with HIV are diagnosed late and do not learn of their HIV status until early adolescence, mainly due to gaps in counseling and testing services (USAID, 2012). Studies show that both parents/caregivers and children face dilemmas in disclosure, whether it was parents/caregivers disclosing their own HIV status to adolescents or disclosing the status of their perinatally infected children (Kyaddondo, Wanyenze, Kinsman, & Hardon, 2013). Fear of blame, discrimination, stigma, and guilt related to unsafe sex was shared by both parents/caregivers and children. Challenges to disclosure by parents/caregivers to perinatally infected children included: parents' belief that children were too young to comprehend matters related to HIV and AIDS; some parents' preference to avoid worrying their children; and finally, parents' fear that the knowledge of their status would affect their adolescents psychologically (Kyaddondo et al., 2013). Some parents also chose to postpone finding out their children's sero-status until they fell ill.

Comprehensive adolescent-friendly HIV intervention programs

Adolescents living with HIV need: access to SRH information, services and commodities; skills to translate SRH knowledge into healthy behaviors; and skills to disclose to sexual partners (Hodgson et al., 2012). It is important for adolescents to receive psychological counselling to aid with accepting HIV status, adherence, social integration and coping with feelings of depression, anxiety or isolation (Earls, Raviola, & Carlson, 2008; Hodgson et al., 2012). Comprehensive services for adolescents living with HIV in low- and middle-income countries are underdeveloped (Hodgson et al., 2012) but very important in supporting this population cope with their HIV status. There is, then, an urgent need to develop and implement programs to support diagnosis, treatment, and care, as well as secondary prevention, for the increasing number of children and adolescents growing up with HIV in sub-Saharan Africa (Ferrand et al., 2009).

In low- and middle-income countries, adolescents living with HIV have poorer retention in care, lower rates of virological suppression and higher mortality than their pediatric counterparts in high-income countries (Sam-Agudu et al., 2017). Furthermore, studies have demonstrated that retention in care is lower among adolescents living with HIV than adult patients. Designing a comprehensive intervention for adolescents living with HIV will not only require diagnosis, treatment and care for these adolescents, but added services that will ensure their retention in care. Adolescent disengagement from care presents a major challenge for global HIV programs; only twenty percent of the world's adolescents living with HIV are on ART (Enane, Vreeman, & Foster, 2018). Comprehensive interventions will have to work with adolescents living with HIV to mitigate the significant challenges that hinder adolescent

engagement in care, for example, by supporting disclosure of HIV status to the adolescent, reducing stigma in the community, school and clinic settings, and facilitating access to mental health support (Enane et al., 2018).

A key element of an intervention program for adolescents living with HIV is to have an effective retention strategy as well as a transition plan for adolescents shifting to adult care. The healthcare transition period is particularly high risk for loss to follow up and other poor health outcomes among adolescents living with HIV (Blum et al., 1993). Barriers to successful transition have been categorized as patient/family related (e.g., knowledge deficits in self-management skills), provider-related (e.g., lack of time for transitioning, confusion about roles, and pediatricians' belief that adult providers would provide inadequate care), and system-related (e.g., lack of formal transitioning program, lack of trained adult providers to competently care for transferred adolescents, and challenges in establishing an interdisciplinary team) (Nehring, Betz, & Lobo, 2015).

Sam-Agugu et al. (2017) found during an extensive literature review that successful transitions from adolescent to adult patient care included: provision of psychological support to help adolescents deal with anxieties and anger; provision of information, e.g., on risky sexual behavior and access to/navigation of medical services; and provision of education on disease state and the importance of adherence to treatment; peer educator support; access to tailored HIV information; capacity building for adolescents living with HIV to meet their own psychosocial needs especially in self-efficacy and self-esteem.

A study by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control research showed that effective HIV/STD prevention programs were delivered by trained instructors, were age-appropriate, and included components on skill-

building, support of healthy behaviors in school environments, and involvement of parents, youth-serving organizations, and health organizations (CDC, 2010).

Three country programs have been highlighted as exemplary for their successful programs providing transition care for adolescents living with HIV: the Baylor Children's Clinical Centre of Excellence in Botswana, the Eastern Deanery AIDS Relief Program in Kenya, and the University Teaching Hospital Pediatric Centre of Excellence in Zambia (USAID, 2012). These programs identified several promising transition practices including: a multidisciplinary staff to address adolescents' physical and social needs; beneficial disclosure of HIV status; social support services geared to address self-stigma; and working with communities to foster ownership of services (USAID, 2012).

The International Center for AIDS Care and Treatment Programs (ICAP) in Kenya, the Empilweni Clinic at the Rahima Moosa Mother and Child Hospital in South Africa, and the Public-Sector HIV/AIDS Service Delivery Support Program (ZPCT II) in Zambia have experience providing services for adolescents living with HIV in a facility setting. The three programs have addressed the changing needs of their adolescent populations, using clinic data to identify areas of strengths to build on and weaknesses to address (USAID, 2012). However, these alternative clinic-based intervention programs lack the comprehensive approach that LTAP provides as they only focus on medical treatment for their adolescents. They do not include psychosocial support, SRH education, etc.

Faith-based organizations and HIV prevention/ SRH services

FBOs are important venues for health promotion, particularly in medically underserved communities. Historically, FBOs have played an important role in delivering health and social

services in developing countries in the field of HIV prevention and care (Derose, 2010). Throughout the sub-Saharan region, FBOs provide a substantial portion of pediatric HIV services, including primary medical care, prevention, and support services (Blevins, Kiser, Lemon, & Kone, 2017). FBOs and other religious institutions like local Christian churches and Islamic masjid, contributed an estimated $5 billion in 2006, a sum equal to the aggregate funding of all global bilateral and multilateral agencies (Blevins, 2016).

The President's Emergency Plan for AIDS Relief (PEPFAR) has been the largest funder of abstinence and faithfulness programming in sub-Saharan Africa, with a cumulative investment of over US $1.4 billion for the period 2004 to 2013 (Lo, Lowe, & Bendavid, 2016). PEPFAR is coordinated through the Office of the Global AIDS Coordinator and Health Diplomacy (OGAC) within the U.S. Department of State. OGAC estimates that over 50 percent of HIV services are provided by the faith-based sector in many countries in sub-Saharan Africa (Blevins, 2016). For over five years, FBOs, through the support of PEPFAR and partnership with the Centers for Disease Control and Prevention (CDC) Kenya, have provided preventive care and promoted curative health care service across all 47 counties in Kenya (CISA, 2016).

FBOs play a vital role in HIV service delivery for all people living with HIV and have been global leaders in the response to the particular needs of children. (Blevins, 2016). Therefore, increasing the role of FBOs in the response to HIV can present new opportunities to save the lives of children living with HIV in Africa (UNICEF, 2017). As of 2018, seventy nine percent of children living with HIV receiving ART in Nairobi was attributed to FBOs (IHP, 2018).

However, religion has also contributed to HIV-related stigma, prejudice and discrimination, as well as resistance to prevention programs that contradict traditional teachings,

such as policies promoting condom use in HIV prevention, as seen with Catholic FBOs. Religious leaders have actively inserted themselves in the political processes of national health policies and govern their own FBOs with the same beliefs and guidelines (Paiva et al., 2010). FBOs' SRH education programs in Kenya lack comprehensive SRH information and services and are deeply-rooted in conservative approaches that stigmatize or denounce certain aspects of SRH education and services, such as improving access to condoms (GUTTMACHER, 2017).

Catholic teachings on HIV prevention are mainly centered around an abstinence-only and faithfulness to one partner approach with the intention of family planning and the prevention of the spread of HIV. Research indicates that the social and political context in which sexual education takes place is an important factor that can influence the overall approach to sexual teachings and shape the content of formal sexual education (Risch, 2003). It comes, therefore, as no surprise that Roman Catholic FBOs' SRH education reflect their own traditional religious beliefs. Conversely, for many years within the Catholic Church, there has been much discourse on the fundamental principles of SRH teachings and prevention strategies, specifically on the issue of contraception and the AIDS epidemic in Africa (Miller, 2001). Many Catholic FBOs have made small allowances to their SRH programs, teaching about condoms as a tool for HIV prevention but not offering them to their patients. Catholic FBO Eastern Deanery AIDS Relief Program which works and operates in informal settlements in Nairobi, teaches about condoms in the event that abstinence fails (News, 2006). LTAP's SRH program shares a similar practice where they teach about condoms but do not provide any at their eight centers.

This study includes an examination of how local religious authorities and staff at LTAP respond to HIV prevention discourses. More specifically, the study looks at how LTAP, a

Roman Catholic FBO, negotiates Roman Catholic teachings on contraception/condoms and the provision of HIV prevention services.

Summary and Relevance

Several conclusions can be drawn from the above literature review. First, it is clear that adolescents living with HIV in Sub-Saharan Africa, specifically in Kenya, require special care and treatment including: medical treatment, psychosocial support, food provision, SRH education, a retention in care and transition out of care strategy, and stable home environments. This comprehensive intervention approach can increase the chances of these adolescents surviving into adulthood. More research on the impact and effectiveness of programs like these are needed to understand what is necessary in the treatment and care of adolescents living with HIV. Addressing any challenges that may arise and adapting systems to deliver good quality, effective health care and social support for these adolescents should be the utmost priority (WHO, 2013).

Since FBOs provide over seventy percent of treatment and care to adolescents living with HIV, it is important to understand the tensions these FBOs face while providing SRH care and prevention services. LTAP is one such example.

Chapter 3: Methodology

Introduction

The main purpose of this thesis is to assess the effects of the FBO LTAP on its key stakeholders where findings would be used to provide recommendations on how to improve aspects of the program. The evaluation conducted in the summer of 2017 at 8 LTAP sites,

included: a knowledge assessment involving surveying current participants; in-depth individual interviews (IDI) with current participants, their caregivers, graduates of the program and staff; and focus group discussions (FGD) with current and past participants of the program. The data gathered sought to understand the current knowledge and gaps in knowledge of adolescents in the areas of sexual and reproductive health, life skills and economic empowerment. This methodology was also used to examine how key stakeholders perceived clinical support, specifically how adolescent-friendly clinics were. All research tools were created in partnership with LTAP staff and the topics covered in the tools reflected the content of the LTAP curriculum.

The second part of the evaluation assessed how primary program implementers within a Roman Catholic FBO negotiate church teachings on sex, contraception/condoms, and the provision of HIV prevention and sexual and reproductive health services for their HIV adolescent program. This methodology comprised in-depth interviews that focused on understanding: the implementers' own personal (religious) beliefs; their understanding of Roman Catholic teachings, and how they are taught at LTAP; challenges faced when using these teachings; and how these implementers navigate their duties to the organization with those of working with adolescents living with HIV. Six implementing staff members of the program were interviewed including three high level staff members that direct the program. For the purpose of the study and in order to differentiate between the roles of staff that participated in both parts of the assessment, the term 'religious leaders' will be used to represent staff interviewed during the second part of the evaluation.

Study Description and Purpose

The purpose of this mixed-methods assessment was threefold: to identify lessons learned from LTAP's education program; to identify gaps in knowledge and remaining needs of adolescents living with HIV; and to assess the level of friendliness and support at each of the LTAP clinics. The LTAP education program comprises three major components: life skills, sexual and reproductive health, and economic empowerment. Each of these components was assessed during this study. As mentioned earlier LTAP was initiated to meet the needs of the growing population of adolescents living with HIV. Caregivers of adolescents who are enrolled in LTAP also receive services and participate in different training programming offered by LTAP in order to help them support their adolescents. Therefore, in order to gauge the effectiveness of program services on key recipients, both adolescent and caregivers were interviewed. Key informant interviews with staff members provided a unique perspective on the LTAP, including the challenges faced when working with adolescents living with HIV given the organization's Roman Catholic background and teachings.

Setting

Figure 1: LTAP eastern and western clinic locations

This study was conducted at clinics and centers where the LTAP takes place in Nairobi, Kenya. Four of the clinics were located in western rural parts of Nairobi (Kibera, Dagoretti, Kawangare, and Kangami) and the other four clinics were located in eastern urban parts (Kariobangi, Mukuru, Dandora and Zimmerman) of Nairobi. This ensured that the sample of participants being interviewed represented both western and eastern

populations that the LTAP serves. Two religious leader interviews took place at Nyumbani headquarters in Karen.

Participants

There were four different groups of participants in this study. This was to ensure that all levels of the program were being assessed at each potential touchpoint.

1. Current participants ranged from ages 11 to 25. For the purpose of the study, IDI participants were sub-divided into younger participants ranging from ages 15-17 and older participants ranging from ages 18-24. The oldest students of the program were 23-24 years old.
2. Caregivers of the participants came from both the eastern and western clinics. Two were caregivers of younger adolescents (ranging in age from 11 to14 and two were caregivers of older adolescents (ranging in age from 15 to 19).
3. Graduates of the adolescent program: this group was especially important to evaluate the effectiveness of the program after exiting. Specific knowledge retention and application of lessons learnt from the program was assessed among this target group.
4. Staff members for the first assessment study were either counsellors or economic empowerment officers who were previously counsellors of the program. These staff members were chosen due to their first-hand interaction with the students of the program. Key informant staff members termed “religious leader” were selected for the second assessment based on their leadership and role in the implementation of the program.

Research Instruments

Research instruments were first developed in the United States at Rollins School of Public Health and then sent to the LTAP team before the start of the evaluation for feedback on the content of tools and cultural appropriateness of questions used. During the first two weeks of the evaluation in Nairobi, the EGHI team and LTAP implementing staff undertook a rigorous review of tools in partnership. Once the review of tools was completed, a full day was dedicated to piloting them. Twelve surveys and four in-depth interviews were administered to current participants, both younger and older adolescents, at the Dagoretti LTAP center. Through this piloting process, the team learned that only native Kenyans should administer any of the tools, due to the adolescents not fully understanding the questions when asked by EGHI team members. Having only native Kenyans administer the research tools also ensured that all participants were comfortable answering sensitive questions in their native language. Some of the language used in the research instruments was still not understood by participants when tools were administered during the pilot, so a review of the language was undertaken. Lastly, program staff had previously assumed that the older adolescents would be able to comprehend the tools administered in English, which proved not to be the case during the piloting. Therefore, for all adolescents, young and older, Swahili was the primary language used to administer tools.

Training Volunteer Staff

A one-day training was conducted by the EGHI team and LTAP staff administration with twenty volunteers of the LTAP at the Kawangare clinic on data collection methods and best practices. These volunteers were college students who worked as interns in the clinic shadowing counsellors and other staff. Volunteers were very familiar with the program but had no prior interaction with the participants of the program. A major portion of the training was dedicated to

translating the English survey into Swahili and adapting the questions for a culturally appropriate Kenyan setting. On the advice of Lea Toto staff administration and following observations made by the EGHI team, 3 volunteer staff members were selected to conduct qualitative interviews on their own and partnered with a Lea Toto staff administrator for focus group discussions. A second one-day training took place after all surveys were conducted to review methods for conducting in-depth interviews and focus group discussions.

Adolescent Survey, In-depth Interview (IDI), and Focus Group Discussion (FGD)

The purpose of the adolescent survey was to gain quantifiable data on the knowledge of adolescents on the three components of the program: life skills, sexual and reproductive health, and economic empowerment. The final section of the survey was to gather data on adolescent perspectives on the Lea Toto clinics and how adolescent friendly it was. The Lea Toto staff hoped to gain insight into positive or negative experiences with their programming and remaining gaps in the program curriculum through this survey. The survey consisted of three pages of both closed-ended and open-ended questions and was administered to adolescents by volunteer staff. This method allowed participants to fully understand all the questions being asked in the survey but also allowed for potential misreporting during sensitive questions on sexual activity.

The survey participants' age ranged from 11 to 25. A total of 320 surveys were administered by volunteer staff with 40 surveys conducted at each of LTAP's eight clinics. Adolescent participants were recruited upon entering the clinic with their caregiver over a week-long period. See **appendix** for full survey.

The in-depth interview guides were tailored separately for younger and older adolescents. The purpose of these guides was to gain qualitative data on specific areas of the Life Skills and SRH teachings provided by LTAP and clinic experience of adolescents. Questions were designed to elicit deeper perspectives of the adolescents' experiences and gaps in the curriculum. In the closing portion of the guide, participants were asked to provide recommendations on how the program can improve to better meet their needs. These interviews were conducted two weeks after the surveys were administered to allow for language and content revisions. Two older and two younger adolescents from western and eastern clinics were randomly selected to be interviewed by a volunteer staff member. See **appendix** for full in-depth interview guides.

Focus group discussions were used to provide context to survey results based on all four sections of the survey (life skills, sexual and reproductive health, economic empowerment, and clinic support). Focus group discussions provided insight on how the adolescents thought about each issue while also providing a range of opinions and ideas. Focus groups included six to ten participants and were held at four of Lea Toto's centers (2 eastern and 2 western) on a Saturday morning when students were not in school. The incentive of free breakfast and lunch ensured that no group went below six adolescents. One of Lea Toto's program office staff was paired with a volunteer to conduct the interview while a member of the EGHI team recorded the interview using a cell phone. Focus group discussion questions and activities were tailored to younger and older adolescents. For the younger adolescents the activity was called "Toot your own horn" where adolescents were given prompts to share positive aspects of themselves reflecting on what they learned during Life Skill sessions. For the older adolescents the activity was called "Create your country," where adolescents were given the task of being government officials for a newly discovered country and asked to create an identity for that country as well as laws. Given

Kenya's political climate at the time, with elections three weeks away, participants were very engaged and enthusiastic while participating in this activity.

Caregiver In-depth Interview

Four caregivers were interviewed, two for an older and two for a younger adolescent from either a western or eastern center. Caregivers who had come into the clinic earlier that week to receive services were asked to participate in the interview based on availability on the day being requested. The purpose of the caregiver interviews was to gain insight into possible changes in the adolescent's behavior after participating in LTAP.

LTAP Staff

Six LTAP staff members at the centers were interviewed. These staff members included social workers, economic empowerment officers, and counsellors. Staff were selected based on their different levels of involvement in the program and their interactions with the adolescents. Staff were selected by the LTAP coordinator and center directors, who also decided which days interviews were conducted.

Religious Leaders Interviews

Six high level religious leaders throughout LTAP organization were interviewed. These staff members' roles included program developers, overseers, and key implementers of LTAP. Staff were selected by the EGHI team based on their level of involvement in the program, length of time with the organization, and current roles.

Graduate In-depth Interview and Focus Group Discussions

Four in-depth interviews and one focus group discussion with graduates were conducted as the final part of the evaluation. Graduates' length of time outside of the program ranged from 1-2 years. This allowed us not only to assess the knowledge gained from the program, but also how it was put into practice for these now adults living with HIV. All interviews were conducted by members of the Emory team in English. Graduate interviews took place during one of the graduates' monthly Phoenix meetings. Phoenix is a support group created by the graduates of LTAP to provide peer support for all of the members enrolled.

Transcription of Interviews

Interviews were translated orally from Swahili to English by one of the volunteer staff members. GHI team then transcribed each interview within a two-week period of the interviews being conducted.

Ethical Consideration

For current participants of the program, parents and caregivers were notified of the study taking place to evaluate LTAP and provided consent for their adolescent's participation. Prior to the start of each adolescent interview, assent was given by each participant. Staff were also notified of the evaluation prior to being selected and interviewed. Consent was also attained from all staff members prior to participating in interviews. Although some staff were selected by program administration, any identifiers were removed including name, title, length of time with the program etc. The identities of the student participants chosen for interviews were only known by the clinic head and Lea Toto's Coordinator. The EGHI team then removed identifiers from

these data to ensure that no Lea Toto staff were able to identify which student provided specific data.

Since 2012, Emory students have worked with the LTAP to support various initiatives. In 2012 and again in 2014, Emory determined that these activities did not require ethical review and clearance because they were part of ongoing initiatives that were designed to improve service delivery to children and adolescents in the LTAP. The activities in 2017 described in this thesis were a direct outgrowth of the 2014 activities. LTAP staff informed participants in the IDIs and FGDs that their participation was voluntary, and they could stop at any point. All adolescents in this assessment only participated with the knowledge and consent of their parents or adult guardians.

Limitation

A major limitation of this study is that no baseline data was available to compare current knowledge and behavior of participants with levels before the intervention was implemented. Volunteer staff who administered interviews were only trained for one day on quantitative and qualitative methods; these volunteers had no prior experience in administering research tools and would have benefitted from several days of training. Research tools remained in English and were not translated into Swahili (which was the primary language for all the current participants of the LTAP), for volunteer staff to use. As a result, volunteers had to translate research tools during the actual interviews, which may have resulted in inconsistencies. Similarly, there was no recruitment strategy to eliminate bias for the selection of these staff members. Lastly, assessment of knowledge was based on self-report of adolescents in the survey which was a major limitation.

Chapter 4: Results

Introduction

In total, 316 surveys, 23 interviews and 5 FGDs were conducted. Table 1 shows the respondents' details. Results are presented in the following order: survey results, qualitative interviews with LTAP staff, caregivers, adolescents and graduates of the program and finally qualitative interviews with religious leaders of LTAP.

Table 1. Study respondent details: adolescents and key informants

Category	Interviews	Surveys	Focus group participants
Adolescents living with HIV			
10-14 years	2	123	14
15-19 years	1	184	4
20 and above	--	9	2
Caregivers[1]	4	--	--
Lea Toto Staff Interviews			
Counsellors[1]	2	--	--
Economic Empowerment Officer[2]	2	--	--
Social Worker[1]	2	--	--
Key Staff Interviews	6	--	--
Graduates			
Males	2	--	4
Females	2	--	4
Total	**23**	**316**	**38**

[1]All interviewees female
[2] All interviewees male

SURVEY DEMOGRAPHICS

Demographics of survey participants are presented in Table 2. A slightly higher proportion of participants were female (n=164; 51.7%). Participants' ages ranged from 11 to 25

years old, with the majority (n=185; 58.4%) falling in the 15-19 age range. The education background of participants was: primary (56.5%), secondary (32.2%) and tertiary (9.8%). For this survey assessment, education background will be compared throughout each section, as learning groups within the LTAP are tailored to adolescents' education level. "Strongly Agree" and "Agree" responses were combined during the data analysis process of survey results.

Table 2. Demographic Characteristics of Study Sample (N=317)

DEMOGRAPHIC	n	%
GENDER		
Male	152	48.0%
Female	165	51.7%
AGE		
11 to 14	123	38.8%
15 to 19	185	58.4%
20 to 25	9	2.8%
EDUCATION		
Primary	179	56.5%
Secondary	102	32.2%
Tertiary	31	9.8%
CENTERS		
Kangemi	37	11.7%
Kawangware	36	11.4%
Kibera	38	12.0%
Dagoretti	42	13.2%
Dandora	45	14.1%
Kariobangi	39	12.3%
Mukuru	39	12.3%
Zimmerman	39	12.3%

LIFE SKILLS

The LTAP evaluation survey asked participants to respond to statements on Life Skills topics where response options were: “Strongly Disagree”, “Disagree”, “Neutral”, “Agree”, “Strongly Agree”, “Refused to Answer”, and “Don’t Know”. Table 3 shows the percentage who agreed with these statements, by background characteristics. Overall, males reported higher agreement with these Life Skills statement than females with the exception of the statement, “I feel prepared to empathize with other”. Eighty-six percent of males and 77 percent of females reported they agreed with the statement “I feel prepared to make informed decisions”. Participants from the Zimmerman center all (100 percent) reported agreeing with this statement.

Table 3: Percentage of respondents who agreed with Life Skills statements

Background characteristic	Percentage of respondents who agreed with the statements:				
	I feel prepared to make informed decisions.	I feel prepared to solve problems.	I feel prepared to think critically and creatively.	I feel prepared to empathize with others.	I have high self-esteem.
GENDER					
Male	85.5	82.7	78.6	81.2	81.2
Female	77.4	79.2	79.1	83.2	77.1
EDUCATION					
Primary	82.1	78.7	74.3	83.2	77.6
Secondary	89.2	81.3	86.2	76.4	78.4
Tertiary	90.3	87.0	77.4	83.8	74.1
CENTER					
Kangemi	72.9	78.3	75.6	78.3	75.6
Kawangware	88.8	83.3	80.5	94.4	55.5
Kibera	68.4	71.0	68.4	63.1	78.9
Dagoretti	88.0	85.7	73.8	78.5	64.2
Dandora	97.7	86.6	88.8	80.0	97.7
Kariobangi	79.4	71.7	82.0	69.2	74.3
Mukuru	79.4	69.2	76.9	82.0	84.6
Zimmerman	100.0	92.3	76.9	97.4	84.6
Total %(n)	**85.1(316)**	**80.9(315)**	**78.9(313)**	**82.2(310)**	**79.0(311)**

n= total number of participant responses

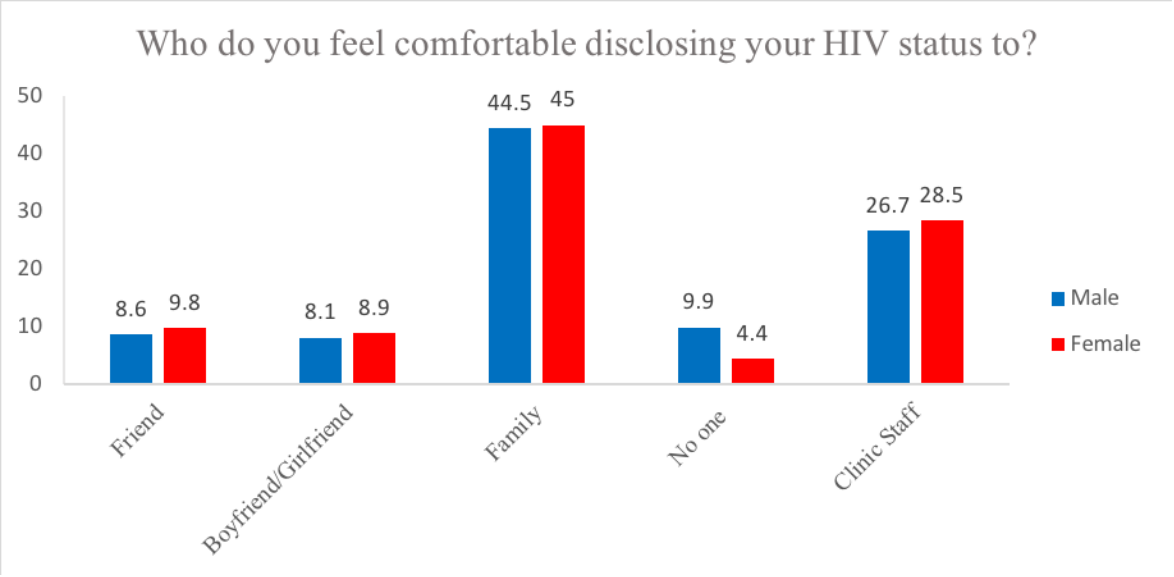
Participants were then asked to respond to statements on Future Plans (a subcategory under the Life Skills section of the survey) where response options were: “Strongly Disagree”, “Disagree”, “Neutral”, “Agree”, “Strongly Agree”, “Refused to Answer”, and “Don’t Know”. Table 4 shows the percentage who agreed with these statements by background characteristics. “Strongly Agree” and “Agree” responses were combined during the data analysis process.

Table 4: Percentage of respondents who agreed with Future Plan statements

Background characteristic	Percentage of respondents who agreed with the statements:		
	I have a plan for the future	I believe I have what it takes to achieve what I want in life.	I feel prepared to build healthy relationships
GENDER			
Male	87.5	82.7	85.6
Female	92.0	85.4	81.7
EDUCATION			
Primary	90.5	82.6	83.7
Secondary	89.2	81.3	83.3
Tertiary	90.3	74.1	80.6
CENTER			
Kangemi	89.1	75.6	83.7
Kawangware	83.3	86.1	80.5
Kibera	86.8	84.2	84.2
Dagoretti	92.8	57.1	92.8
Dandora	95.5	97.7	68.8
Kariobangi	92.3	76.9	79.4
Mukuru	87.1	84.6	82.0
Zimmerman	89.7	92.3	97.4
Total %(n)	**89.9(317)**	**84.1(309)**	**83.5(317)**

Participants were asked, 'Who do you feel comfortable disclosing your HIV status to?'. "Family members" was the option selected most often by both male (44.5 percent) and female (45 percent) adolescents, followed by "Clinic Staff" where 26.7 percent males and 28.5 percent of females selected this option. The only time male (9.9 percent) participants selected a choice more often than female (4.4 percent) participants for this question was for the answer choice "No one".

Figure 2: Percentage breakdown of responses to "who do you feel comfortable disclosing your HIV status to" by gender



As part of the effort to assess Sexual and Reproductive Health knowledge, this survey investigated knowledge about HIV/AIDS, STIs, contraception and sexual activity of participants. Self-reported knowledge was high among participants in response to the statements "I know what HIV/AIDS is" and "I know what STIs are". Ninety-eight percent of males and 94.5 percent of females agreed with the above statements. Self- reported knowledge was low among participants in response to the question "Do you know what contraceptives are?" where 56 percent of males and 60 percent females agreed to knowing. For the question "Have you ever used any contraceptives?" there were no participants of the center Zimmerman who responded to

this question in the affirmative. While for the same question 23 percent of participants from Mukuru answered "yes".

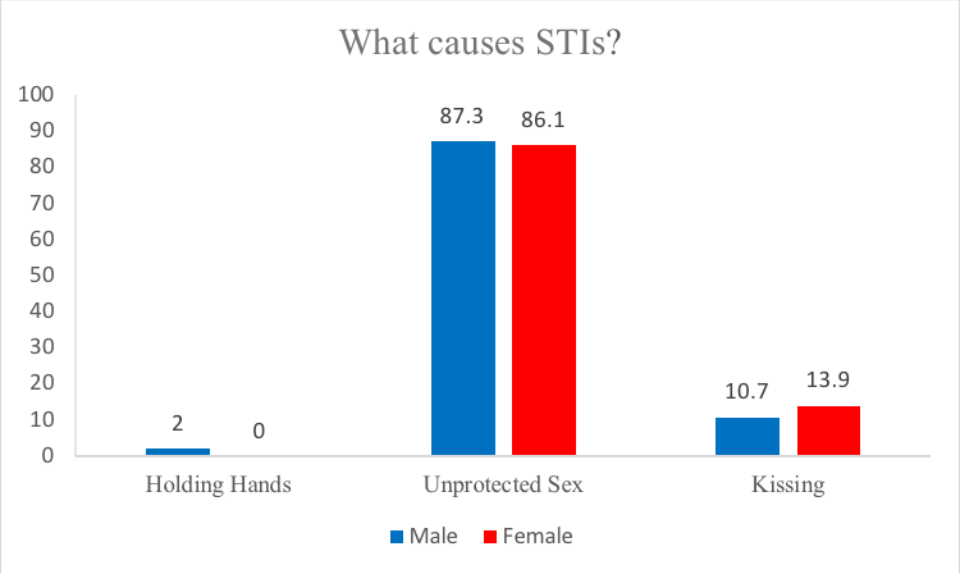
Table 5: Percentage of respondents who agreed with Sexual and Reproductive Health statements

Background characteristic	Percentage of respondents who agreed with the statements:						
	I know what HIV/AIDS is	Do you know what STIs are?	I can identify signs and symptoms of STIs	Do you know what contraceptives are?	Have you ever used any contraceptives?	Have you ever engaged in sexual activity?	Currently, are you engaging in any sexual activity?
GENDER							
Male	98.0	98.0	51.8	56.0	15.4	22.2	8.5
Female	94.5	97.5	43.2	60.3	16.1	16.2	5.2
EDUCATION							
Primary	92.1	56.9	26.3	40.2	2.7	7.8	2.2
Secondary	99.0	95.0	45.1	72.5	7.8	24.5	8.8
Tertiary	93.5	100.0	67.7	83.8	41.9	54.8	12.9
CENTER							
Kangemi	100	89.1	43.2	75.6	2.7	10.8	5.4
Kawangware	88.8	80.5	47.2	58.3	8.3	19.4	11.1
Kibera	89.4	68.4	34.2	57.8	13.1	18.4	7.8
Dagoretti	88	83.3	50.0	54.7	9.5	21.4	2.3
Dandora	97.7	77.7	31.1	64.4	13.3	17.7	4.4
Kariobangi	100.0	69.2	25	35.8	2.5	15.3	0.0
Mukuru	100.0	74.3	17.9	48.7	23.0	23.0	15.3
Zimmerman	92.3	48.7	10.2	48.7	0.0	23.0	5.1
Total %(n)	**95.2(315)**	**74.3(316)**	**47.1(231)**	**58.3(175)**	**15.8(183)**	**20.4(303)**	**6.8(291)**

Participants were asked "What causes STIs?" where response options included: "Holding Hands", "Unprotected Sex", "Kissing", "Don't Know", and "Refused to Answer". The majority

of participants selected “Unprotected Sex”, with 87.3 percent of males and 86.1 percent of females selecting that option. The option of “Kissing” wasselected the second highest number of times, with more female (13.9 percent) participants choosing this option over male (10.7 percent) participants.

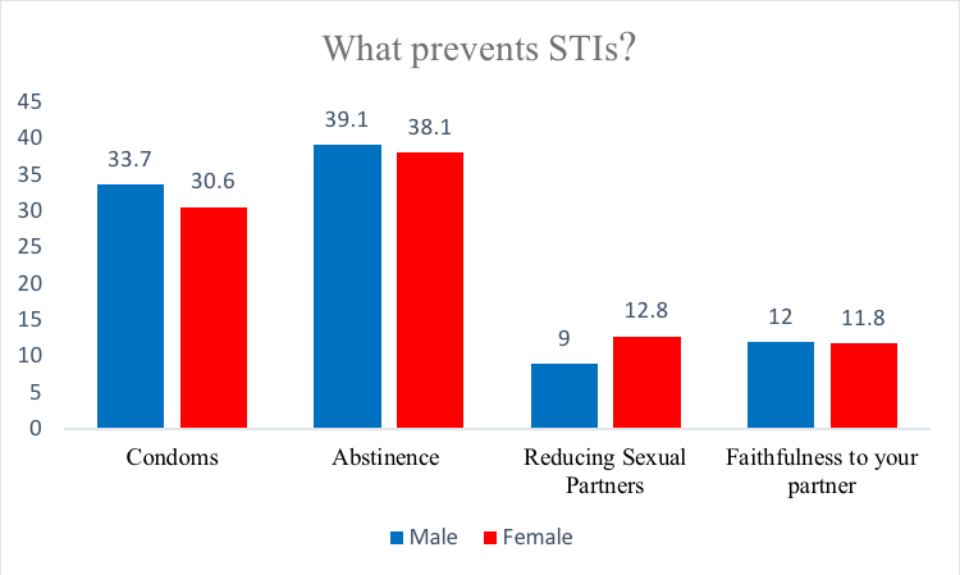
Figure 3: Percentage breakdown of responses to “what causes STIs?” by gender



Participants were asked, ‘What prevents STIs?’, where the following response options were offered: “Condoms”, “Abstinence”, “Reducing Sexual Partners”, “Faithfulness to your partner”, “Refused to Answer” and “Don’t Know” were provided. Participants were invited to select all that they believed applied to the question. Figure 3 shows the percent distribution of responses selected by participants. The choice of “Abstinence” was selected the most by both male (39 percent) and female (38 percent) participants. “Condoms” was the second most frequently selected option, with more male (34 percent) selecting it than female (30 percent) participants. “Reducing Sexual Partners” was selected by male participants (9 percent) the least

out of all answer choices provided to them. “Faithfulness to your partner” was selected by female participants (12 percent) the least out of all answer choices provided to them.

Figure 4: Percentage breakdown of responses to “what prevents STIs” by gender



Finally, participants were asked the question “During your last visit to the Lea Toto clinic, did you speak to someone that works for the clinic about your personal life?”. Less than half (45.5%) of the participants in the study reported speaking to someone about their personal life at the clinic. Of that 45.5 percent, participants were asked to respond to the statement “I felt comfortable with talking with this person” where 90.4 % agreed to the statement.

Table 6: Percentage of respondents who agreed with Clinic Experience statements

Background characteristic	Percentage of respondents who agreed with the statements:

	During your last visit to the Lea Toto clinic, did you speak to someone that works for the clinic about your personal life?	I felt comfortable with talking with this person
GENDER		
Male	42.1	90.3
Female	48.1	90.5
EDUCATION		
Primary	40.7	60.3
Secondary	47.0	56.8
Tertiary	61.2	64.5
CENTER		
Kangemi	27.0	27.0
Kawangware	19.0	50.0
Kibera	26.3	60.5
Dagoretti	88.0	95.2
Dandora	35.5	73.3
Kariobangi	30.7	17.9
Mukuru	82.0	79.4
Zimmerman	43.5	64.1
Total	**45.3(313)**	**90.4(210)**

QUALITATIVE RESULTS

Adolescent Survey, IDI, and FGD Results

Positive perceived effects of the LTAP

Participants were asked to recall lessons from the SRH education portion of LTAP. Most participants during FGDs and IDIs commented on the HIV virus and different modes of transmission of the disease. One older male participant during a FGD shared, "*I have learned that HIV has no cure, but it can be controlled by taking medication."* Older participants mostly

discussed learning about the use of condoms in the prevention HIV transmission, while younger adolescents recalled the means by which HIV is transmitted. One thirteen-year-old female adolescent shared during an FGD, "*If I cut myself with a razor then a person who is negative also cuts himself/herself and the blood mixes, HIV is contracted."*

In FGDs older adolescents attributed their knowledge about contraception to LTAP's SRH education program. Abstinence was constantly brought up by female older adolescents during interviews as the primary form of contraception that they could recall. However, condoms were identified by male older participants as a major form of contraception that was used by adolescents living with HIV, "*Lea Toto helped me to learn more about using condoms, the effects of using condoms wrong and the disadvantages and advantages of having sex with condoms*." The pill was identified in one instance by an older female adolescent.

During both in-depth interviews and FGDs, adolescents shared that the Life Skills portion of the program was the best part of LTAP. Adolescents shared that they had the opportunity to attend monthly Saturday meetings and camps with other adolescents from different clinics. The Life Skills portion was reported as the main reason adolescents' attitudes to living with HIV improved from being negative to more positive since attending the program. This was seen during an FGD where one female adolescent shared, *"I use to be angry all the time, I didn't want to go to school, I hated knowing I had this disease! But after life skills I am more positive and can go to school now."*

Several younger adolescents in FGDs and IDIs expressed that they had learned the importance of dealing with stigma and how to handle stigma when faced with it. Adolescents shared that they learned different strategies through the Life Skills portion for concealing their status at schools and in their communities to protect them from experiencing stigma outside of LTAP. "*I have come for life skills and the reason why I do not face the stigma, or I am not stigmatized by anything is because of the things I have learned in the life skills classes*," shared a 14-year-old female adolescent during an interview.

Younger and older adolescents expressed during FGDs and IDIs that LTAP helped improve their self-esteem. One male adolescent shared during an IDI, "*they have helped me because I would never compare myself with a healthy person, but now that my self-esteem is improved because of Life Skills, I am just like a negative person."* The program has encouraged adolescents to develop a positive outlook on themselves despite their HIV positive status and, as a result, improve their self-esteem. Adolescents have been taught integral skills in decision making and conflict resolution. "*When you come here your confidence improves and you believe you can do anything,"* admitted a younger adolescent during a focus group discussion.

During both FGDs and IDIs, current adolescents credited the LTAP as a place where they can receive psychosocial support and resources. Younger and older adolescents commented several times that they owe their lives to LTAP and offered their appreciation to many of the staff during interviews. An older male adolescent remarked during an FGD in Kawangware, "*for me Lea Toto has helped me, on how to cope with living with my disease and things like that*." Several adolescents commented that availability of ART by LTAP "saved their lives" and is the

reason why they are healthy. Adherence was the most frequently mentioned positive effect of being in the Lea Toto program by all current participants. One female younger adolescent shared during an IDI, "*I can always share problems with Lea Toto staff in the social department about not taking my drugs."* Having a counsellor remind adolescents to take their medication or a social worker visit their homes to check in on them were perks of the program identified by adolescents. During an FGD one male adolescent shared "*for me the adolescent program has nurtured my personality […] before I joined the group, everything was negative but now I believe I can do positive things."* Nurture was a word commonly used among both younger and older adolescents during both FGDs and IDIs to describe LTAP.

When younger and older adolescents were asked about their experiences at LTAP's eight clinics the results were generally positive during FGDs and IDIs. Participants either responded by saying "I have no complaints" or "good" when asked to describe their experiences. Younger adolescents during FGDs and IDIs identified clinics as where they receive medication. One younger female shared, "*If you keep taking medication, you will get healthier. I get medication at the clinic if I am sick."* However, older adolescents during an FGD expressed that clinic staff can be harsh at times during visits. One male adolescent shared during an FGD, "*The challenge in the clinic, when your CD4 is down and it's not your wish, maybe you had some issues, you find that the doctor there, starts telling you things that hurt, for example, about death, that you will be admitted in the hospital."* One female older adolescent also shared in another FGD, "*you might find one nurse or doctor is very harsh to you. When you remain without drugs for evening. It is like he or she is forcing you to have finished those drugs. Explanation they don't like hearing."* Although, clinic staff were identified to be harsh by several older adolescents, during

the same FGDs these adolescents shared their overall appreciation for the clinics and provision of medication.

Barriers/Challenges living with HIV despite LTAP

Participants during interviews and FGDs shared many barriers and challenges related to being an adolescent living with HIV. Despite the curriculum and psychosocial support offered by LTAP, adolescents still struggled with dealing with issues related to having HIV.
Taking medication routinely was identified by both older and younger adolescents as a challenge during interviews. Several participants shared that at some point in their lives they decided to stop taking their medication for a number of reasons. Younger adolescents shared that they did not understand why they took medication since they felt healthy. Older adolescents expressed feeling depressed and no longer motivated to take their medication. LTAP supported them through these periods and helped adolescents back on their medication routine.

Schools, either day schools or boarding schools, were identified by respondents during interviews and FGDs as causing the biggest challenges for adolescents living with HIV. Firstly, adolescents described struggling to take their medication at school, worried that their peers would see them. One younger adolescent shared in a focus group discussion, *"my biggest challenge is taking the drugs in front of people at school and they start asking what the medications are for."* When a younger female adolescent was asked during an interview what her biggest challenge is as a young person living with HIV, she responded, *"My friends at school they think I will infect them if I touch them."* She further shared remembering to take her ART medication is her second biggest challenge.

When asked whether they have experienced stigma outside of LTAP during interviews and FGDs, all acknowledged that they did in several forms. Adolescents shared they were subject to stigma from friends after disclosing their status to them, sexual partners, family members and even their pastors at church. Self-stigma was also something adolescents felt they had towards themselves before coming to the Lea Toto program. A lack of self-worth and confidence in themselves due to having HIV was a common response amongst current participants and graduates of the program.

In focus group discussions adolescents and graduates all shared a common distrust for persons who were outside of LTAP based on previous experience of stigma. Adolescents and graduates shared that the LTAP had taught them special strategies and techniques to help them avoid stigma. They called this coping with the disease. "*In this world I don't trust anybody, there is this time I trusted one of my best friend. I told her my status; I thought she is my best friend. She went ahead and told other friends of mine, so they started saying they don't like me – so from that day I can't*," shared an older adolescent. Adolescents not only described facing stigma at school but also in their communities. *"People despise me when they see me coming […],"* shared a younger female adolescent. Due to this stigma felt by adolescents at school and in their communities, both older and younger adolescents indicated that they view LTAP as a safe space for them.

In interviews, both younger and older adolescents associated disclosure with trust. Adolescents shared that in the past they had trusted their friends and families enough to disclose

their status to them and received negative reactions. A majority of adolescents felt they suffered from this decision since friends and family discriminated against them and, in some case, abandoned them. "*I am not comfortable disclosing my status to anyone at all,"* shared an older male adolescent during an interview. He later went on to explain*, "My grandmother goes telling people about my status and other parents coming telling me not to go near their children or share food with them."* Adolescents felt that with maturity and lessons from the Life Skills program they were better able to discern how to disclose their status and cope with stigma when faced with it outside of LTAP.

Adolescents all were able to recall when they found about their HIV statuses. In some cases, though, adolescents felt their HIV status had been disclosed to them poorly and held a bit of animosity towards their caregivers because of how and when it was revealed to them. Younger adolescents noticed that they were taking medication and had special diets from their classmates in school, which caused them to suspect something was wrong with them. Older adolescents were more likely to discuss disclosure to sex partners and in the context of sexual relationships, while younger adolescents only discussed it in regard to their friends and families.

Recommendations

Adolescents during interviews and FGDs commended the LTAP for their work and support. Adolescents shared a few recommendations that they felt would help improve the program. Adolescents expressed a need for better transportation to get to the centers as well as for field trips during camps. Older adolescents during an FGD all shared the need for clinic staff to be friendlier and less judgmental when adolescents collect their medication. Younger

adolescents shared that there was a need for more doctors and nurses at the clinics in order to reduce wait times when picking up their medication.

Caregiver In-depth Interview Results

Positive perceived gains from LTAP

During interviews with caregivers, a common change in adolescents identified by all respondents was the improvement in behavior of their adolescents at home due to the Life Skills program. Caregivers shared that their adolescents who were rude or disrespectful became more respectful and those that were quiet or did not speak to their caregivers became more pleasant and vocal. The Life Skills program helped caregivers learn the art of disclosing HIV status to adolescents as well as teaching adolescents how to disclose their status to people outside of LTAP. Caregivers appreciated Lea Toto for helping them with the disclosure process as this was something that they felt was a hard and uncomfortable task.

Similarly, to adolescents, caregivers believed the life skills program was the most popular portion of LTAP, since their adolescents would share and recall more of these lessons at home. Caregivers credited the LTAP for their adolescents believing in themselves, improved self-esteem and willingness to now accept their HIV status. Two caregivers felt that the LTAP has caused their adolescents to have dreams and aspirations, something that they didn't have before. LTAP allowed adolescents to interact with others like them, causing them to be more social, which allowed them to be more open and talkative with the caregivers. "*Yes, it has been helpful because you see this child was not sure they were going to ever further their studies […]. The child had no hope in furthering her studies, but now she is hopeful. She is hopeful that she is able*

to go to secondary. So, she is hoping that she will continue through Lea Toto, because she has a sponsor," one caregiver of an older adolescent revealed during an interview.

Caregivers shared that it was very hard for them to disclose to their adolescents their HIV status before coming to Lea Toto. They attributed success in disclosing to the help and coaching from the staff at Lea Toto. The caregiver of a younger adolescent shared, "*Yes, I was very stressed because this is something very new and not easy. Plus, you know the concept outside here and the concept they are taught in school is quite different on the issue of HIV and AIDS.*" The concept the caregiver explains later on in the interview is that her adolescent learned about HIV at school as a disease that kills, whereas at LTAP adolescents are taught to believe that they have futures. The other caregivers who were interviewed also expressed experiencing difficulty in disclosing their adolescents' status to them prior to coming to LTAP.

Lastly, the program has helped these caregivers financially with school fees, business startup allowances, food provision for adolescents, etc. Caregivers believed what differentiated Lea Toto from other organizations was the financial support families receive in contrast to other NGOs the only provide medication treatment.

Barriers/Challenges faced by caregivers

Caregivers shared their own experience of receiving stigma either with raising an adolescent living with HIV or themselves living with HIV. They expressed during interviews that the best way to deal with the stigma they face was through acceptance, which they felt Lea Toto taught adolescents very well. Caregivers with HIV shared their own stigma experienced

from their family and friends who they disclosed their status to. "*I did tell a sister of mine […] but ever since I have realized and noticed that she has been keeping a distance from me ever since I told her […],"* reflected one caregiver during her interview. Caregivers shared that another challenge for them was ensuring that their adolescents adhered to their medication, without anyone knowing their status and discriminating against them.

Recommendations

Caregiver recommendations mostly stemmed from the need for the LTAP to provide additional economic support such as school fees, and money to purchase food and school uniforms. Caregivers in their interviews appreciated the support currently being provided but requested additional provisions to help take care of their adolescents living with HIV.

Staff In-depth Interview Results

Positive perspectives of LTAP

Several staff during interviews discussed that contraception should be used only as a means of family planning rather than a means for adolescents to have casual sex without transmitting their disease. Staff members shared that teaching abstinence to their adolescents in the program was very important but believed that this was not a practical means of HIV prevention. LTAP staff shared their approval regarding teaching about contraception during SRH trainings but felt that it was not enough. The majority of staff during interviews referred to condom use as the primary form of contraception being taught at LTAP. Staff members acknowledged that there are tensions with teaching about condom/contraception use especially

as it does not align with the teachings of the Catholic Church. They shared that their personal agreement on the teachings of the church but also acknowledged that it was not realistic in preventing the spread of the disease from their time working with this population of children.

Staff also identified the Life Skills program as the most loved component of LTAP, both by the adolescents and themselves. Staff believed that it was necessary to develop a stronger curriculum that addressed the different age cohorts in the program. One social worker shared the need for a standardized manual, "*I think one thing that should be done for life skills is to develop a continuous manual that is age appropriate and can be used at all 6 centers."*

Staff shared that they believed LTAP was accomplishing their goals by tending to the needs of these adolescents, specifically, providing ART treatment, food nutrition and counselling which as a result is improving the quality and extending the lives adolescents living with HIV.

Barriers and Challenges faced by LTAP staff

LTAP staff during interviews acknowledged that stigma and discrimination towards people living with HIV is a major problem in Kenya. They felt it was their responsibility to share techniques with adolescents to cope with stigma. Staff identified the Life Skills program as a means of building adolescents' self-esteem to cope with these forms of discrimination but also strategies to hide their status. This was affirmed by several adolescents stating that the Life Skills curriculum had taught them to deal with stigma.

LTAP staff also shared during interviews several instances where adolescents were abandoned by family members at birth after their mothers died from the disease, due to the child having the disease. In one case, a family feared that if the child remained in their home he would spread the disease to the entire family. "*Stigma comes in when the family cannot accept because they feel that this person will infect our family,"* shared one staff member.

Many staff were unable to identify specific elements of the program and were uncertain what the adolescents were taught during this time. Staff responses varied based on their role and proximity to the program. Since the program's goal is to have three distinct components, a clear distinction between the Life Skills program, Sexual and Reproductive Health and Economic Empowerment modules was recommended by one staff member during an interview. The need for separate curricula for each of these program elements was also requested, as staff whose roles do not pertain to the design and overseeing of the program are asked occasionally to lead sessions with the program participants.

Staff, specifically the counsellors, shared that a big challenge in their role was to work with adolescents, especially the younger ones, to stay on their medication. Convincing adolescents of the benefits of taking the medication when they have not seen or felt symptoms of the disease was an issue that staff felt that they dealt with a lot.

Recommendations

Staff shared the need for additional workforce to be added to the LTAP, specifically leading curriculum training sessions with adolescents. They recommended for the program

leaders to hire experts to facilitate trainings; currently undertaken by LTAP counsellors and social workers. Additional staff would help alleviate the burden on current staff as well as provide more knowledgeable background on trainings.

Staff also shared the need for a standardized curriculum for all portions of the program including its sexual and reproductive health education, life skills, economic empowerment and exiting elements. Staff shared that adolescents are unable to fully let go of LTAP after being exited. In some cases, adolescents have even requested to be part of portions of the program, if they cannot be fully enrolled. One counsellor recalled, "*then when they transition to adult clinic, they ask if they are allowed to come back and participate in the activities. Like the camps and Saturday programs. They feel like they will miss out on that*." Another counsellor also shared several recommendations he believes will help transition adolescents out of LTAP more efficiently, "*the exit program has quite a number of challenges. One, these children need to be prepared early. Two, they need to visit other facilities and interact with children from other facilities. Three, there needs to have some very specific directions for adolescents' exit and there needs to have staff specific for exit because to me, that's a program on its own."*

Graduate In-depth Interview and Focus Group Discussion Results

Positive perspectives of LTAP

Graduates believed that the Life Skills portion of LTAP was very important in their growing up living with HIV. It especially helped boost their self-esteem by teaching them how to cope with the disease or live like normal adolescents without disclosing their status outside of LTAP and allowing them the chance to dream and aspire. One female graduate participant

shared, "*In every way, first teaching me how to accept myself and I can't change it not unless something happens ... life skills was the best time at Lea Toto, because it was actually all about how to deal with it. Not how to get away with it, how to deal with it. So, my esteem is high, and I am now confident. Yea and I can easily tell someone that I am positive, and I don't care what they think."* Graduates also praised LTAP both in interviews and FGD for the one on one attention counsellors and social workers provided to them. Graduates specifically called this out as one of the things they missed from the program. One male graduate shared, "*when I was in Lea Toto we used to have visitations which I loved, which I miss actually till now you know. Someone would come at home, check on you, and you feel you're cared for really. But that changed you know you're now grown up you need to take care of yourself carefully."*

Barriers/Challenges of graduates despite LTAP

Graduates believed that disclosure of status should be revealed early in a child's life, so they can cope with the disease sooner rather than later. One graduate shared they had already begun a sexual relationship with another adolescent who was HIV negative before their HIV status was disclosed to them; this graduate experience regret at the thought that they may have unintentionally infected their partner since they were unaware of their status at the time.

Graduates commented that they remembered at times feeling very healthy and did not see the need to take the medication anymore, until when they stopped and became extremely sick. One female graduate during an IDI, shared that her biggest challenge with LTAP is the manner she was exited out of the program, "*It was so sudden, I was given a three-month supply of*

medication and told to go to an adult facility. I didn't know what to do, I even got sick because I stopped taking my medication." Other graduates shared similar feedback about the exit program of LTAP. "*I was lucky that I live with my father, so I was alright, but when I come to Phoenix, our group that we the graduates have made, I hear so many stories about how people become lost after leaving LTAP*," shared one male graduate.

Recommendations

Although several graduates identified the life skills portion as vital to their existence outside of the LTAP program, one adolescent felt that it did not completely train them to transition out of the program. The life skills program was further criticized for its lack of in-depth teachings on how to develop their self-esteem, explaining that they truly developed their self-esteem outside of LTAP. One graduate shared in an interview, "*To be honest [laughter] you see I'm talking on behalf of the older people that [inaudible] umm self-esteem has gradually developed in us after we've left Lea Toto. We've developed this out of you know the trainings we attend out here the facilitations we go through out here. But with Lea Toto we were limited with that."*

Several graduates shared in interviews that they felt that the exit process of the program was very quick and sudden, requesting for future generations that there be a longer transition period with more support setting them up in adult clinics.

RELIGIOUS LEADERS INTERVIEWS

Facilitators of FBO involvements in HIV care

In-depth individual interviews with six religious leaders of COGRI were conducted to provide insights into ways in which LTAP navigates Catholic teachings. These leaders play integral roles in development, facilitating, and leadership of the LTAP. Several themes emerged around facilitators of care and barriers to FBO involvement in HIV support.

Theme 1: Desire to address the needs of adolescents living with HIV

Religious Leaders of COGRI all expressed the desire to support adolescents living with HIV. Several religious leaders described the previous gap in service which LTAP has now been able to fill. Several leaders in the organization identified that there was a need to do more for the adolescents living with HIV who were being served at Lea Toto. One leader shared, "*So the issue of adolescents was coming up very much and how else to support them. The biggest challenge was adherence to the medication and areas were areas of life skills they needed help with."* Additional support for adolescents living with HIV was a pressing concern for the COGRI leadership. Leaders described jumping at the opportunity to develop the LTAP when funding presented itself. One religious leader who worked with the organization for over fifteen years shared, "*It was our responsibility to provide these adolescents with knowledge on how to live healthy lives after we give them medication*." Another leader expressed, "*our dream is to have our young people living with HIV really move on with life and become like any other citizen of this country*"

Theme 2: Broad reach and success at the community level

Religious leaders all touched on the broad reach of the LTAP, compared to any of COGRI's other programs that work with adolescents living with HIV. Staff explained the program's ability to work with more adolescents living with HIV, due to them supporting adolescents that are already in homes with parents or caregivers. "*We treat so many kids at LTAP than we have ever been able to do before*," shared one religious leader. Another shared, "*I have been with this organization for a very long time and it is good that we are in eight informal settlements, we are now able to support more of these adolescents with HIV*." All of the other programs that COGRI oversee, adolescents are in institutional (Nyumbani orphanage or Nyumbani village) housing, so a limited number of adolescents can be cared for. Religious leaders shared their pride in the program's ability to provide: medical treatment, food provision, psychosocial support, financial support, SRH education and life skills trainings for so many adolescents living with HIV.

Theme 3: Their own faith as a catalyst to help adolescents living with HIV

Religious leaders all spoke about supporting adolescents living with HIV as a responsibility of their faith. They shared different approaches on how they worked with '*these young people*' with respect to their faith. Leaders expressed their own attachment to the adolescents, where in some cases, adolescents had been with LTAP since their birth. One religious leader shared how she approached working with adolescents living with HIV, "*well compassion is very much core to my faith. Automatically it is compassion that would be triggered in me when I work with someone with HIV, experiencing a physical challenge or mental challenge. That would be my response in faith to somebody."*

Theme 4: LTAP's adolescents more resilient than Nyumbani village and orphanage adolescents

Throughout all six interviews with religious leaders there was a common theme that adolescents of LTAP were more resilient than other adolescents living with HIV who resided at Nyumbani village or orphanage (COGRI's other residential programs). Religious leaders believed this resilience was due to LTAP adolescents' exposure to the "outside world" and experiencing adversities such as stigma and discrimination at schools and from community members. One leader shared, "*I can rely on Lea Toto kids more to be leaders because they are more resilient to the outside world than the kids in the orphanage."* Another religious leader shared, *"our kids at LTAP are more resilient, they have faced stigma at schools and on the streets, and they still are happy."* Religious leaders saw this resilience as a positive aspect of the LTAP program.

Barriers to FBO involvements in HIV care

Theme 1: Religious leaders' attitudes and beliefs towards SRH services

Religious leaders' attitudes and beliefs varied throughout interviews with respect to working with adolescents living with HIV. One leader shared the difficulty of discussing SRH topics in a Catholic organization like LTAP, "*because nobody wants to talk openly about sexual and reproductive health, but it is engrained in our challenges*." Another leader shared, "*again in the Catholic church contraception is still considered to be artificial contraception where natural contraception is approved. So, there is a little bit of a discrepancy there. The fact is Catholics are using contraception. That is a fact."* One religious leader shared one of their SRH teachings to the adolescents "*ok, of course I share with adolescents, abstinence is as a faith commitment but for example I also say that your body is a temple of God and you must keep it clean*." This is

not a negative message for this religious leader to share with adolescents living with HIV but can pose challenges to adolescents who are not able to solely practice abstinence; potentially preventing these adolescents from seeking SRH information and services. Another religious leader shared, "*I tell them contraception is for family planning not to have promiscuous sex, if you are not married there is no need for contraception."*

Theme 2: Resource barriers: provision of contraceptives

Throughout the interviews several religious leaders mentioned the challenge of discussing contraception or condoms. Several leaders who worked directly with adolescents expressed the need for a more combined approach; teaching about contraception as well as providing contraceptives and/or condoms to adolescents living with HIV. One religious leader shared, "*when you are dealing with HIV there is nothing you can leave out, […] we don't distribute condoms, but provide liberal information about them which is not complete."* Another religious leader commented on the discrepancy of LTAP's approach, "*there's that challenge… as an organization, there's that policy of not issuing the supplies. But we normally do refer them to where they can be able to access their supplies."* The religious leader further shared how LTAP staff referred adolescents to health centers where condoms were provided.

Theme 3: Negotiations by LTAP leadership and program staff on comprehensive SRH and HIV prevention messages

The interviews with religious leaders throughout the entire organization revealed fundamental differences in values and implementation of SRH teachings among LTAP staff.

All religious leaders mentioned abstinence as the primary means of HIV prevention and had a consistent view on the Catholic Church teachings on the matter. However, several religious leaders did in fact share their frustration at not being able to provide their participants with condoms, along with teaching about contraception. One religious leader shared their approach to dealing with the challenge, "*personally I don't negotiate. When I talk with the boys here in the program it is very clear cut. You either abstain or use a condom. There's no negotiating on the matter.*" Another leader shared their view on the issue, "*There has been dispute of the Catholic Church and condom use and for many years. It went on in the area of HIV and AIDS and it has to be clear. There is no way you can only keep telling adolescents with this disease the Church's stance. Of course, we have our fundamentals of our Church that we share with the children as they grow up, but that message needs to be altered when dealing with these adolescents.*" Lastly, one leader shared, "*I tell them there's the principle of the double effect. By using condoms, you are taking protection, taking the responsibility not to pass the virus. Not for contraceptive purposes*." This is a reference to Roman Catholic teachings on the tradition of double effect. It demonstrates that the Religious Leader was invoking a theology known as double effect reasoning within Roman Catholism to support condom use, however, many Roman Catholic theologians would argue that double effect reasoning would not allow condom use.

Chapter 5: Discussion

This study on the LTAP's comprehensive intervention package found several common themes identified by each of the different stakeholder groups. These common themes are summarized in the table below. Common challenges faced by stakeholders can be categorized as either internal (within the control of program) or external (outside the control of the program).

Internal challenges were mostly identified by staff, notably the lack of a proper curriculum and expert staff to train adolescents. External challenges repeatedly identified by adolescent participants were stigma and discrimination encountered at school and by some community members with regards to their HIV status.

Table 2. Summary of themes.

Key Stakeholders	**Positives**	**Challenges faced**	**Recommendations**
Adolescents	Safe community	School- disclosing status/fear of stigma	Better transportation to centers and field trip
	Improved self-esteem and self-confidence	Lack of contraception use in sexual relationships due to fear of stigma	Increased availability of doctors and nurses
	Sexual and Reproductive Health knowledge	Family	Clinic staff
	Supportive counsellors		Judgment free clinic staff
	Adolescent friendly clinic		
	Provision of school fees and uniform		
Caregivers	Improved behavior at home	Family member-disclosing adolescent's status/ fear of stigma	More economic support for less fortunate families
	School fees and uniform provision	Clinic flexibility for adolescents during exam period	
	Funds to start up business	School fees and food needed to support adolescent	
	Support in disclosing HIV status to adolescents		

	Health improvement- ART and food provision		
Staff	Health improvement- ART and food provision	Lack of staff with subject matter expertise to lead trainings	External staff to help lead trainings with adolescents
	Adolescents growing into adulthood	Lack of adolescent age-appropriate curriculum	More administrative support for overall Lea Toto Adolescent Program
		Staff taking on multiple roles within program	Role separation: staff should only focus on their specific role in the program and not take on multiple roles
		Lack of condom distribution at sites	Revisit the policy around condom distribution and partner with organizations that do provide contraception
Graduates	Supportive staff	Abrupt exiting without transition period	Incorporation of graduates in current LTAP (mentorship)
	Health improvement- ART availability	Disclosure of HIV status at earlier age	
	Support in future goals and job placement post program		

Based on research by WHO, access to treatment and care for adolescents living with HIV remains inadequate. Interventions to support better adherence to treatment and retention in care for adolescents living with HIV should include: community-based service delivery, training for health workers, and a range of comprehensive services with specific consideration given to the actual needs of adolescents living with HIV (WHO, 2013). Current models of HIV service delivery pay insufficient attention to the challenges of children, their families and health services in managing the social factors that govern the health, development and psychosocial well-being

of adolescents living with HIV (Skovdal & Belton, 2014). Pediatric intervention programs like LTAP are acknowledging and working to address these challenges. With clinics in 8 informal settlements providing physical, psychosocial, clinical, economic, and SRH support, at the community-level, LTAP is well positioned to address the needs of adolescents living with HIV.

This study is the first assessment done on the LTAP since the implementation of additional program elements in 2015 (such as life skills trainings, SRH teachings and economic empowerment seminars) for a more comprehensive intervention package. The assessment demonstrates how comprehensive programs for adolescents living with HIV can provide care and support to adolescents in order to cope with living with HIV. As shown in the 2015 USAID guidelines, areas pertinent to the treatment, care and support of adolescents living with HIV are (USAID, 2015):

- Treatment Literacy & Adherence
- Counseling & Disclosure
- Life Skills, Prevention and Reproductive Health
- Psychosocial Support
- Human Rights & Advocacy
- Peer Education
- Adolescent Transitioning

LTAP provides many of these services with the exception of Human Rights and Advocacy and Adolescent Transitioning. Peer Education is part of the LTAP comprehensive package but was not assessed during this study. Graduates of the program, however, did identify peer support groups during and after the program as a vital part of their transition to adulthood.

Findings in this study indicate adherence to medication as a potential benefit of a comprehensive program targeting adolescents living with HIV. Adherence is an issue faced by adolescents living with HIV for several reasons including: unstable home care/ lack of parental supervision, stigma and discrimination, and challenges with disclosure. For current participants and graduates of the LTAP program, adherence was a major challenge faced at some point of their adolescent lives. Adolescents identified reasons for discontinuing ART treatment after: initially learning about their HIV status; experiencing stigma and discrimination outside of LTAP; becoming tired of the daily regime of taking medication; and in some cases, after exiting LTAP. Participants of LTAP expressed that LTAP, especially the Lea Toto staff, helped them cope with these issues, resulting in them improving their adherence to ART. This finding is in line with evidence that adolescents attending clinics that offer SRH services and adolescent support services experience substantially better ART adherence than youth attending clinics not offering these services (Lamb et al., 2014). Further studies are needed to examine loss to follow up following initial participant enrollment at LTAP.

In addition, transition out of pediatric care to adult care is an important element of interventions supporting adolescents living with HIV. Studies have shown that adolescents who are enrolled in support programs, with good ART adherence histories, are at risk of stopping medication treatment after transitioning out of pediatric facilities to adult care facilities due to mental and physical challenges (AIDSTAR-One, 2012). Several graduates of the LTAP during interviews admitted stopping their ART medication after exiting LTAP. Adolescents perceived

the transition period from LTAP to adult facilities to be abrupt and unexpected and said they lacked information on how to continue receiving care as adults.

Studies show that adolescents living with HIV require access to: SRH information, services and commodities, skills to translate SRH knowledge into healthy behaviors and skills to disclose to sexual partners in order to live healthy lives (Hodgson et al., 2012). A major focus of LTAP is their SRH education and Life Skills training that seeks to equip adolescents with knowledge and tools to deal with living with HIV. Younger and older adolescents in the assessment were able to identify SRH information found in the program's curriculum, including sexual and reproductive body parts, cause of pregnancy, family planning and the causes HIV and other STIs. However, healthy sexual behaviors such as using condoms during sexual intercourse and disclosing their HIV- positive status to sex partners were not practiced by all adolescents.

According to WHO guidelines, having trained health care staff working with adolescents living with HIV can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV. Several providers of services supporting adolescents living with HIV reported being understaffed, with the current staff lacking the appropriate training in specific skills needed for working with adolescents (WHO, 2013). LTAP staff also reported similar challenges of being understaffed and lacking appropriate training experiences when delivering services to adolescents living with HIV. Despite the challenges of feeling understaffed or the lack of training felt by staff, this issue was not raised by adolescents and caregivers, who consistently shared their appreciation for the work of LTAP staff throughout the assessment (Kenyan Ministry of Health, 2014)

Although a full evaluation of LTAP's comprehensive program incorporating baseline data is a future plan for the organization, feedback from key stakeholders during this assessment has demonstrated the program's value to adolescents living with HIV and their caregivers. Results from this study, including positive stakeholder feedback and recommendations for improvement, will be shared with the LTAP staff.

Chapter 6: Conclusion

As increasing numbers of children with HIV are surviving into adolescence, it is vital to provide supportive interventions for this growing population and support, so they may survive and thrive into adulthood. FBOs like LTAP play an important role in supporting adolescents by providing medication, food, psychosocial support, economic empowerment seminars, life skills training, and SRH education. In this capacity, LTAP is helping to support adolescents living with HIV in Nairobi, Kenya, but faces many challenges. LTAP staff has to negotiate Roman Catholic teachings on sex, contraception/condoms and the provision of HIV prevention and SRH services for its HIV adolescent program, which was seen to very problematic when dealing with this population.

Adolescents living with HIV face similar problems to their HIV-negative peers while also learning to live and cope with HIV. Due to the care and support of LTAP, adolescents reported having high self-esteem and plans for their future, and feeling prepared to problem-solve, think critically and creatively.

LTAP believes that to help stop transmission of HIV it is important to provide adolescents with sexual and reproductive education within the confines of the teachings of the Catholic Church. As qualitative and quantitative results indicate, adolescents were knowledgeable about SRH. However, having this knowledge did not always translate to healthy sexual behaviors and practices. Several adolescents admitted to having unprotected sex and not disclosing their HIV-positive status to their sex partners due to fear of being stigmatized and discriminated against. LTAP teaches basic contraceptive knowledge but does not provide condoms, which some staff believe is a gap in the services provided.

While LTAP is very well liked by adolescents both past and present, their caregivers and the staff, much still needs to be done to strengthen several of the program's initiatives to ensure these adolescents receive effective and consistent treatment and support. Lea Toto needs to have a curriculum for Life Skills and SRH trainings that can be standardized and used at all of their eight centers. LTAP also needs additional dedicated staff, whose roles are to focus solely on further developing and teaching the program. Lastly, LTAP needs to develop an exit strategy with specific guidelines to aid in the transition of their adolescents out of their care to adult facilities.

Chapter 7: Implications and Recommendations

Implications

As more children with HIV are surviving into adolescence due to availability of ART, it is important to address the needs of these adolescents with supportive and comprehensive HIV intervention programs tailored to their needs. This study assesses one such public health

intervention program by gaining insight from its key stakeholders into perceived knowledge and experiences.

LTAP provides care and support in the form of Life Skills and SRH trainings for adolescents living with HIV along with ART medication provision, and as such has implications beyond the LTAP, as a potentially replicable model for FBOs in similar settings.

The program also has implications for its key beneficiaries. For participants (adolescents and caregivers) served by LTAP, the program has direct impacts on: physical health, economic struggles, life skills, and psychosocial health while living with HIV. Given that some common barriers adolescents living with HIV face are stigma and discrimination, the program provides a safe space within its walls where adolescents can interact with peers with similar backgrounds who share the same disease.

Another implication is hiring expert staff to develop and administer the program. In resource limited settings such as Nairobi, Kenya, asking LTAP to allocate funds towards staff and training is a tough request. Funding priority is given to ART medication, nutritional support, and financial support such as payment of school fees and household bills and the purchase of school uniforms for this population. Creatively allocating resources or acquiring more funds for these comprehensive program initiatives will be required of LTAP, if they wish to further support the needs of their adolescents living with HIV.

Recommendations

Standard Curriculum Developed and Utilized

In the past two years LTAP added program initiatives in an attempt to offer a more comprehensive approach to treatment and care for its adolescents living with HIV. The program

implemented life skills training, SRH education and economic empowerment seminars during Saturday sessions and residential camps. LTAP currently utilizes materials from the following as guides for trainings with adolescents: the Kenyan Ministry of Health's 'Adolescent's Package of Care in Kenya,' African Youth Alliance's 'Life Skills Planning- A Curriculum for young people in African Uganda version facilitators manual,' and Emory University alum Megan Duffy's HIV and AIDS Curriculum for Adolescents in Nyumbani Village, Kenya. However, based on qualitative results from this study, a comprehensive curriculum with all elements of the program should be developed for staff to conduct trainings. While the program adapts the curriculum to meet the diverse needs of their rural and urban participants, responses of the staff indicate that the success and the outcomes of the program vary by age group. One social worker shared, *"Now, if we get a curriculum – for age specific – developed for the understanding of the different age groups it will be easier to handle and technically provide skills for these kids, based on their level of understanding, you can have information but how to change it to fit into the different ages, it becomes a problem."*

Additional training on attaining contraception/condoms and disclosure

LTAP's SRH program is rooted in Roman Catholic teachings, specifically around contraception and family planning. LTAP addresses contraception by teaching about different types of contraception, family planning and modes of prevention of HIV transmission or increasing viral load. In qualitative and quantitative components of the study, adolescents identified abstinence as their main form of contraception. However, several adolescents revealed that they were engaging in sexual activity while not using any means of contraception. Since the provision of contraceptives/condoms is against LTAP's policy, the program should provide

guidance on how adolescents can attain them as this is a very important public health issue. LTAP should also conduct trainings with adolescents on contraception negotiation with potential sexual partners.

Develop and implement guidelines for exiting program

Transition of adolescents to adult care is an important element of an intervention for adolescents living with HIV. Programs that work solely with adolescents need to develop clear guidelines on how they help young adults transition out of their programs. Throughout this study, exiting was a major issue identified by key stakeholders. Current participants were concerned for their future, without the continued psychosocial and financial support of LTAP. Graduates described challenges faced after 'abruptly' exiting the LTAP. Staff admitted that the exiting portion was one of the weakest arms of the program, revealing that exited adolescents still tried to seek care from LTAP. LTAP should create clear guidelines for exiting adolescents that can include: a set age that adolescents are expected to exit LTAP by, close and convenient adult clinics for transition, formal pre-exiting period and graduation from program, and connection to the LTAP alumni support group 'Phoenix.'

An Evaluation of LTAP in the next 3-5 years

This study's biggest limitation is a lack of baseline data, to permit evaluation of changes in knowledge and behavior of adolescents as a result of the LTAP. Assessments of knowledge in this study are cross-sectional and/or subjective assessments by participants; it is impossible to verify if HIV and SRH knowledge should be attributed to LTAP or other sources (e.g. school). Based on qualitative and quantitative results it was clear that not all centers received the same

trainings, which accounts for the gap in knowledge of certain curriculum materials among some adolescent participants. As the program strives to have full implementation of the comprehensive intervention package at all eight centers, it would be beneficial to conduct an evaluation of the program in the next three to five years to measure the impact of the program on adolescents living with HIV in the care of LTAP. The baseline knowledge of children infected with HIV should be initially assessed upon entering and participating in any program element of LTAP.

In conclusion, it is clear from this study that adolescents living with HIV are in need of supportive interventions in order to successfully navigate adolescence with the disease. LTAP's comprehensive program has proven to be beneficial not only to adolescents but also to their caregivers. LTAP has the foundation for a successful adolescent HIV intervention with a dedicated staff to support it. Finally, while this program model can be utilized in more areas in Nairobi, there are some areas for improvements, namely providing adolescents with resources to deal with external challenges such as stigma and discrimination in relation to sexual partners, developing a standard SRH, life skills and economic empowerment curriculum, and hiring expert staff to lead these trainings.

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Chapter 9: Appendix

1. List of Acronyms
2. Survey tools
3. Qualitative tools

1. LIST OF ACRONYMS

1. ART – Antiretroviral therapy
2. FBO -- Faith-based organization
3. COGRI – Children of God Relief Institute
4. EGHI – Emory Global Health Institute
5. LTAP – Lea Toto Adolescent Program
6. PEPFAR – U.S. President's Emergency Plan for AIDS Relief
7. SRH – Sexual and Reproductive Health
8. USAID – United States Agency for International Development

9. WHO – World Health Organization

2. SURVEY TOOL

LEA TOTO ADOLESCENT PROGRAM MID-TERM EVALUATION 2017

INSTRUCTIONS

- ENSURE THAT YOU UNDERSTAND EACH QUESTION. THIS WILL HELP YOU TO KNOW IF THE RESPONSES YOU ARE RECEIVING ARE ADEQUATE.
- ASK THE QUESTIONS EXACTLY AS THEY ARE WRITTEN. EVEN SMALL CHANGES IN WORDING CAN ALTER THE MEANING OF A QUESTION.
- ASK THE QUESTIONS IN THE SAME ORDER AS THEY ARE GIVEN ON THE QUESTIONNAIRES. DO NOT CHANGE THE SEQUENCE OF THE QUESTIONS.
- ASK ALL THE QUESTIONS.
- HELP YOUR RESPONDENTS FEEL COMFORTABLE, BUT MAKE SURE YOU DO NOT SUGGEST ANSWERS TO YOUR QUESTIONS. FOR EXAMPLE, DO NOT 'HELP' SOMEONE REMEMBER VARIOUS ANSWER CHOICES BY READING THE LIST OF POSSIBLE OPTIONS TO THEM.
- DO NOT LEAVE A QUESTION UNANSWERED UNLESS YOU HAVE BEEN INSTRUCTED TO SKIP IT. QUESTIONS LEFT BLANK ARE DIFFICULT TO DEAL WITH LATER. IN THE OFFICE IT MAY LOOK AS THOUGH YOU FORGOT TO ASK THE QUESTION. FOR SOME QUESTIONS, THE CODE 'DON'T KNOW' WILL ALREADY BE PROVIDED, AND AFTER YOU ARE SURE THAT THE RESPONDENT IS UNABLE TO PROVIDE YOU WITH AN ANSWER, YOU WILL BE ABLE TO CIRCLE THIS RESPONSE. IN QUESTIONS WHERE A 'DON'T KNOW' RESPONSE IS NOT PRINTED ON THE QUESTIONNAIRE, YOU MUST MAKE SURE THAT THE RESPONDENT COMES UP WITH AN ANSWER. IN EXCEPTIONAL CASES WHERE THIS MAY NOT BE POSSIBLE, INDICATE THIS ON THE QUESTIONNAIRE WITH A NOTE.
- IF ANSWER IS "OTHER" WRITE IN WHAT THE PARTICIPANT SAID NEXT TO "OTHER"
- ALL INSTRUCTIONS TO THE INTERVIEWER ARE IN CAPITAL LETTERS AND SHOULD NOT BE READ TO THE PARTICIPANT. INSTRUCTIONS FOR SPECIFIC QUESTIONS AND RESPONSES ARE WRITTEN ABOVE THE QUESTION.
- READ ALOUD TO THE PARTICIPANT ALL NUMBERED QUESTIONS (example: B2) AND ANY WORDS IN ITALICS
- CIRCLE THE NUMBER CORRESPONDING TO THE RESPONSE(S) RECEIVED OR WRITE IN RESPONSE ON OPEN LINES PROVIDED.
- RECORD ANSWERS IMMEDIATELY WHEN THE RESPONDENT GIVES YOU THE RESPONSES. NEVER RELY ON WRITING ANSWERS IN A NOTEBOOK FOR TRANSFER TO THE QUESTIONNAIRE LATER.
- CHECK THE WHOLE QUESTIONNAIRE BEFORE YOU LEAVE THE INTERVIEW TO BE SURE IT IS COMPLETED CORRECTLY.
- REMIND THE RESPONDENT THAT YOU ARE ONLY HERE TO COLLECT DATA AND NOT TO GIVE SUPPORT.
- THANK THE RESPONDENT FOR HER (OR HIS) COOPERATION AND GIVING YOU TIME TO INTERVIEW HER/HIM.

INTRODUCTION

Thank you so much for talking to me today. My name is _____ and we are conducting a mid-term evaluation of the Lea Toto adolescent program you've been involved in. There are absolutely no right or wrong answers. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable.
This survey today will take about 30 min. If you need to leave early, skip a question, or stop the conversation at anytime, that is totally fine.
Would it be ok to begin?

PLEASE CHECK THIS BOX IF THEY AGREE TO CONTINUE WITH THE SURVEY ☐

Interview Date: ___ /___ /_____
D M Year

Interview Start Time: __ __ : __ __
Hr Min

A. Background		
SAY: *Now, I am going to ask you questions about your background.* (REMEMBER: DO NOT SAY ANY OF THE ANSWER CHOICES FOR THE FOLLOWING QUESTIONS)		
	Questions	**Responses**
A1	What is your age in years?	Age: _____
A2	Gender (OBSERVE AND MARK THE ANSWER)	Male…0 Female…1
A3	(DO NOT READ ANSWER CHOICES) What is your education level?	None…...0 Primary.....1 Secondary….2 Tertiary (University or College)...3 Refused to Answer…7 Don't Know....9 Other:_____
A4	(DO NOT READ ANSWER CHOICES) Who do you live with?	Myself...0 Single parent...1 Both parents...2 Grandparents…3 Older Sibling...4 Aunt/Uncle...5 Refused to Answer...7 Don't Know...9 Other:_____
A5	(DO NOT READ ANSWER CHOICES) What is your area of residence?	Area: _____ Refused to Answer...7 Don't Know...9
A6	(DO NOT READ ANSWER CHOICES) Which lea toto center do you receive medication from?	Kangemi...1 Kawangware...2 Kibera…3 Dagoretti…4 Dandora…5 Kariobangi…6 Mukuru…7 Zimmerman…8 Refused to Answer…77 Don't Know…99
A7	(DO NOT READ ANSWER CHOICES) Who has a source of income in your home? (CHECK ALL THAT APPLY)	Grandparents...1 Parents...1 Siblings...1 Aunt...1 Uncle...1 Refused to Answer...7 Don't Know...9 Other:_____
A8	(DO NOT READ ANSWER CHOICES) Have you participated in any Lea Toto adolescent program activities in the past 2 years, such as camps, initiation, life skills meetings, talent show, peer education, or training?	No...0 Yes...1 Refused to Answer...7 Don't Know...9
A9	(**READ ANSWER CHOICES** AND MARK ALL THAT ARE VERBALIZED) Which activities?	Camps...1 Initiation/Circumcision...1 Life Skills Meetings...1 Talent Show...1 Mentorship/Peer educators...1 Training...1 Refused to Answer...7 Don't know...9 Other: _____

B. Life Skills
SAY: *Based on what you have learned in the adolescent program activities, I will read a series of statements and then the answer choices for you to choose from that you feel best relates to how you feel about the statement. Let me know the answer that you feel best describes your experience and I will mark it down.* (REMEMBER TO NEVER SAY 'REFUSED TO ANSWER' or 'DON'T KNOW', ONLY MARK THESE CHOICES IF IT IS APPROPRIATE TO.)

	Questions	Responses
B1	I feel prepared to make informed decisions.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B2	I feel prepared to solve problems.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B3	I feel prepared to think critically and creatively.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B4	I feel prepared to empathize with others.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B5	I feel prepared to build healthy relationships.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B6	I have a plan for the future.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B7	I believe I have what it takes to achieve what I want in life.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B8	I have high self-esteem.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
B9	I am able to communicate effectively (interpret information, express myself)	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9

C. Sexual Reproductive Health and HIV

SAY: *For this section there will be statements that I will read just as before, but also other types of questions in this section as well. This section is based on what you have learned in the Adolescent Sexual and Reproductive Health curriculum, for each question I will let you know the answer choices or I will just ask for an answer without giving choices. Please let me know the answer that you feel best describes your experience.* (REMEMBER TO NEVER SAY 'REFUSED TO ANSWER' or 'DON'T KNOW', ONLY MARK THESE CHOICES IF IT IS APPROPRIATE TO.)

	Questions	Responses
C1	(DO NOT SAY THESE ANSWER CHOICES) Did you receive any sexual education information at the lea toto center?	No...0 → GO TO C3 Yes...1 Refused to Answer...7 → GO TO C3 Don't Know...9 → GO TO C3
C2	Which department?	_____
C3	I understand male sexual reproductive body parts.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C4	I understand female sexual reproductive body parts.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9

C5	I understand menstruation.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C6	I understand how pregnancy happens.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C7	I know what HIV/AIDS is.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C8	Who do you feel comfortable disclosing your HIV status to?	Friends...1 Boyfriend...1 Girlfriend...1 Family...1 Clinic Staff...1 Refused to Answer...7 Don't Know...9 Other:_____
C9	Do you know what STIs are?	No...0 → GO TO C13 Yes...1 Refused to Answer...7 → GO TO C13 Don't Know...9 → GO TO C13
C10	(DO NOT SAY THESE ANSWER CHOICES) What causes STIs? (CHECK ALL THAT APPLY)	Holding hands...1 Unprotected sex...1 Kissing...1 Refused to Answer...7 Don't Know...9 Other: _____
C11	I can identify signs and symptoms of STIs.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C12	(DO NOT SAY THESE ANSWER CHOICES) What prevents STIs? (CHECK ALL THAT APPLY)	Condoms...1 Abstinence...1 Reducing Sexual Partners...1 Faithfulness to your partner...1 Refused to Answer...7 Don't Know...9 Other: _____
C13	Do you know what contraceptives are?	No...0 → GO TO C18 Yes...1 Refused to Answer...7 → GO TO C18 Don't Know...9 → GO TO C18
C14	(DO NOT SAY THESE ANSWER CHOICES) Which contraceptives you are familiar with?	Pills……1 Condoms……..1 IUDs……..1 Injections……1 Refused to Answer…….7 → GO TO C18 Don't Know……..9 → GO TO C18 Other: _____
C15	(DO NOT SAY THESE ANSWER CHOICES) (ASK THIS QUESTION FOR EACH CONTRACEPTIVE MENTIONED IN C10) Where can you find these contraceptive? (WRITE ANSWER NEXT TO CORRECT CONTRACEPTIVE)	Pills: _____ Condoms: _____ IUD: _____ Injections: _____ Other: _____
C16	(DO NOT SAY THESE ANSWER CHOICES) Have you ever used any contraceptives?	No…….0 → GO TO C18 Yes……....1 Refused to Answer…….7 → GO TO C18 Don't Know……..9 → GO TO C18
C17	(DO NOT SAY THESE ANSWER CHOICES) Where do you feel comfortable getting these contraceptives?	Pills: _____ Condoms: _____ IUD: _____ Injections: _____

	(WRITE THE PLACE NEXT TO CORRECT CONTRACEPTIVE)	Other: _____
C18	Have you ever engaged in sexual activity?	No……0 → GO TO C22 Yes……....1 Refused to Answer……7 → GO TO C22 Don't Know……..9 → GO TO C22
C19	What type of sexual activity have you engaged in?	Oral...1 Anal...1 Vaginal...1 Refused to Answer...7 Don't know...9 Other:_____
C20	(DO NOT SAY THESE ANSWER CHOICES) At what age did you have your first sexual experience?	Age:_____ Never engaged in sex...0 Refused to Answer...7 Don't Know...9
C21	(DO NOT SAY THESE ANSWER CHOICES) Currently, are you engaging in any sexual activity?	No...0 Yes...1 Refused to Answer...7 Don't Know...9
C22	Lea Toto Adolescent Program has been useful to me.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9
C23	(DO NOT SAY THESE ANSWER CHOICES) Would you be okay to receive sexual information when you come to the lea toto clinic in front of your caregiver?	No...0 Yes...1 Refused to Answer...7 Don't Know...9

D. Economic Empowerment Support		
SAY: *Based on what you have learned from economic empowerment support, please listen to the following questions and let me know the answer.* (REMEMBER TO NEVER SAY 'REFUSED TO ANSWER' or 'DON'T KNOW', ONLY MARK THESE CHOICES IF IT IS APPROPRIATE TO.)		
D1	(DO NOT SAY THESE ANSWER CHOICES) Do you have plans in furthering your education?	No...0 Yes...1 Refused to Answer...7 Don't Know...9
D2	What business related skills have you learned from the Lea Toto economic empowerment support program, if any? (WRITE ANSWER)	_____ _____ _____ _____
D3	(DO NOT SAY THESE ANSWER CHOICES) Have you received any economic related support from Lea Toto in the last 2 years?	No……..0 → GO TO Section E Yes……....1 Refused to Answer……..7 → GO TO Section E Don't Know……..9 → GO TO Section E
D4	Which business skills have you received? (circle all that you have received)	Business Literacy Business Plan Budgeting Technical Skills IGA Support Other:_____
D5	How has the support been helpful to you? (WRITE ANSWER)	

E. Clinic Visit Questions		
SAY: *Based on what your visits to the clinic, please listen to the following questions and let me know the answer that you feel best describes your experience.* (REMEMBER TO NEVER SAY 'REFUSED TO ANSWER' or 'DON'T KNOW', ONLY MARK THESE CHOICES IF IT IS APPROPRIATE TO.)		
E1	(DO NOT SAY THESE ANSWER CHOICES) During your last visit to the lea toto clinic, did you speak to someone that works for the clinic about your personal life?	No…….0 Yes……....1 Refused to Answer…….7 Don't Know……..9
E2	I felt comfortable with talking with this person.	Strongly Disagree...0 Disagree...1 Neutral...2 Agree...3 Strongly Agree...4 Refused to Answer...7 Don't Know...9

Interview End Time: __ __ : __ __
Hr Min

Care giver in Kawangware: 50-60
Staff in Kawangware: 26-30

3. QUALITATIVE TOOLS

A. IN-DEPTH INTERVIEW GUIDES

Objectives:

- To understand the needs, priorities and resources of current Lea Toto participants
- To understand participants, graduates, and caregivers' perceptions of Lea Toto program, specifically how the program is meeting their needs/priorities
- Identify challenges and recommendations that participants, graduates, and family members have to improve the Lea Toto program

Research Question(s):

Suggestion: How has the Lea Toto education program influenced the lifestyle of adolescents in the program?

- What are the experiences of adolescents, graduates, and caregivers related to the Lea Toto program?
    - How are needs of adolescents/caregivers/graduates being met?
    - How are needs failing to be met?
    - What are the resources and priorities of participants?
- What are the perceptions (participants, graduates, and caretakers) of the Lea Toto program, specifically the sexual and reproductive health, social structure, and educational opportunities aspects?

- What are the key recommendations that participants, graduates, and family members/caregivers have for the future of the Lea Toto?

Theoretical Frame:
Sampling:
- 4 in-depth interviews with current participants (2 in east and 2 in west) (2 older and 2 younger)
- 4 in-depth interviews with caregivers
- 2 in-depth interviews with graduates (1 east and 1 west)
- 2 in-depth interview with a staff member
- 2 focus group with current participants (younger) (6-8 people) (east and west)
- 2 focus group with current participants (older) (6-8 people) (east and west)
- 1 focus group with graduates (6-8 people)

Three buckets i. Sexual & Reproductive Health ii. Economic Activities and Skills
iii. Life Skills questions

YOUNGER ADOLESCENT IDI

INTRODUCTION
Thank you so much for talking to me today. My name is _____ and I want to talk today about Lea Toto Adolescent Program you've been involved in. I really want to hear about your personal perspective and experiences, but always remember your involvement is completely voluntary. There are absolutely no right or wrong answers. The goal is for you to be the leader and the expert. I want to learn from you. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable. If it is okay we would like to record what we talk about today as well as take notes. After the interview we will then transcribe the recording and the transcription will only be shared with members of my team. Is it alright if we record the conversation and my assistant takes notes? The conversation today will take about 45min - hour. If you need to leave early, skip a question, or stop the conversation at any time, that is totally fine.
Do you have any questions?

Address any questions and then continue
Would it be ok to begin?
Start recording - state date and indicate oral consent received

OPENING QUESTIONS
1. How do you spend time with friends and family?
2. What are some of your favorite activities you've done with Lea Toto Adolescent Program?
    - Why were these activities your favorite?

KEY QUESTIONS
Now we are going to talk about the Economic Empowerment Program in Lea Toto Adolescent Program
THEME 1: Economic Activities and Skills
3. What are some things you remember learning from the Economic Empowerment Program in the Lea Toto Adolescent Program?
4. Based on what you have learned during the Economic Empowerment program in the Lea Toto Adolescent Program; what do you want to do in the future?
    - What about education?
    - What about supporting yourself financially?
5. What do you think are good ways to earn a source of income?
    - How have you been able to gain business skills for a future source of income?

- How has the Economic Empowerment program in the Lea Toto Adolescent Program helped in this, if at all?
- How could the Economic Empowerment Program in the Lea Toto Adolescent Program have better helped you gain skills for a future source of income?

THEME 2: Life Skills

Now we are going to talk about the Life Skills Program in the Lea Toto Adolescent Program

6. Do you feel a part of your community (school, home, village, neighborhood, church)?
    - Describe what makes you feel a part of your community? (school, home, village, neighborhood, church)

7. How have you been treated differently in your community because of your HIV status?

Follow up to Q7. How has the Life Skills Program in the Lea Toto Adolescent Program helped you to deal with stigma?

8. How has the Life Skills Program in the Lea Toto Adolescent Program helped you build relationships?
    - Romantic relationships?
    - Friendships?
    - Family relationships?

9. How has the Life Skills Program in the Lea Toto program influenced your interpersonal skills?
    - Sharing?
    - Asking the right question?
    - Joining an activity?
    - Decision Making?

10. Based on what you have learned during the Life Skills Program; what do you like about yourself? (to clarify maybe ask… What are things you do well?)
    - What do other people like about you?

11. As a young person with HIV what are some things that challenge you in life?
    - What are things that you go to other people for help when faced with a challenge?

THEME 3: Sexual & Reproductive Health and HIV

Now we are going to talk about the Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program

12. Describe what you've learned about sexual and reproductive health at Lea Toto Adolescent Program, thus far.

13. Describe the biggest challenges you face in relation to sexual health and being HIV positive.
    - How has the Lea Toto Adolescent Program helped you overcome these challenges?

14. Based on what you've learned in the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program*, how would you describe the effects of risky sexual behaviors?

15. After finishing the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program* how comfortable do you feel disclosing your HIV status...?
    - ...to your boyfriend/girlfriend?
    - ...to your family member?
    - ...to your teacher?
    - ...to your friend?
    - ...to your Pastor/Priest/Imam

16. After finishing the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program,* how would you obtain contraceptives if you wanted them?
    - Where would you obtain the contraceptives? Why at this place?

- What would be difficult about obtaining the contraceptives?

Theme 4. Clinic Support

17. What is your experience with the Lea Toto clinic visits?
    - How do the staff treat you during clinic visits?
    - How are the clinics adolescent friendly?
    - What is challenging about going to the clinic as an adolescent?
18. How are the clinic visits at Lea Toto helpful?
19. What would you recommend to the Lea Toto program to make clinic visits better?

CLOSING QUESTIONS

20. What are some activities at Lea Toto Adolescent Program that can be improved?
    - How do you think they can be improved?
21. If you were in charge of the Lea Toto adolescent program what would you change?
22. Is there anything else that you would like to share that you haven't already?

Thank you so much for taking the time to talk with me. I so appreciate it and I know that Lea Toto will improve because of information you've told us today.

OLDER ADOLESCENT IDI

INTRODUCTION

Thank you so much for talking to me today. My name is _____ and I want to talk today about Lea Toto Adolescent program you've been involved in. I really want to hear about your personal perspective and experiences, but always remember your involvement is completely voluntary. There are absolutely no right or wrong answers. The goal is for you to be the leader and the expert. I want to learn from you. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable. If it is okay we would like to record what we talk about today as well as take notes. After the interview we will then transcribe the recording and the transcription will only be shared with members of my team. Is it alright if we record the conversation and my assistant takes notes? The conversation today will take about 45min - hour. If you need to leave early, skip a question, or stop the conversation at any time, that is totally fine.
Do you have any questions?

Address any questions and then continue
Would it be ok to begin?
Start recording - state date and indicate oral consent received

OPENING QUESTIONS

1. How do you spend time with friends and family?
2. What are some of your favorite activities you've done with Lea Toto Adolescent Program?
    - Why were these activities your favorite?

KEY QUESTIONS

THEME 1: Economic Activities and Skills

3. What are some things you remember learning from the Economic Empowerment Program?
4. Based on what you have learned during the Economic Empowerment program; what do you want to do in the future?
    - What about education?
    - What about supporting yourself financially?
5. How has the Economic Empowerment program helped you prepare yourself for the future financially?
    - What about saving money?

6. What do you think are good ways to earn a good source of income?
    - How have you been able to gain business skills for a future source of income?
        - What about technical skills?
    - How has Economic Empowerment program in the Lea Toto adolescent Program helped in this, if at all?
    - How could Economic Empowerment program in the Lea Toto Adolescent Program have better helped you gain skills for a future source of income?
7. Have you received any grants/support/funding to help support your business plan or business start up?
    - How did this grant/support/funding impact you financially? DO NOT ASK THIS IF THEY HAVE NOT RECEIVED A GRANT
    - How is your business performing if you have one?
    - If you do not have a business, what are your current life plans? (college, job, etc.)
    - What recommendations would you like to suggest to help improve the process of creating business plans or business start ups
        - What about the process of financing business plan or business start ups?

THEME 2: Life Skills

8. Do you feel a part of your community (school, home, village, neighborhood, church)?
    - Describe what makes you feel apart of your community? (school, home, village, neighborhood, church)
9. How have you been treated differently in your community because of your HIV status?

Follow up to Q10.How has the Life Skills Program in the Lea Toto Adolescent Program helped you to deal with stigma?

10. How has the Life Skills Program in the Lea Toto Adolescent Program helped you build relationships?
        - Romantic relationships?
        - Friendships?
        - Family relationships?
11. How has the Life Skills Program in the Lea Toto program influenced your interpersonal skills?
    - Sharing?
    - Asking the right question?
    - Joining an activity?
    - Decision Making?
12. Based on what you have learned during the Life Skills Program; what do you like about yourself? (to clarify maybe ask… What are things you do well?)
    - What do other people like about you?
13. Based on what you have learned during the Life Skills Program; what are the things you do well?
14. As a young person with HIV what are some things that challenge you in life?
        - What are things that you go to other people for help when faced with a challenge?

THEME 3: Sexual & Reproductive Health and HIV

Now we are going to talk about the Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program

15. Describe what you've learned about sexual and reproductive health at Lea Toto Adolescent Program, thus far.
16. Describe the biggest challenges you face in relation to sexual health and being HIV positive.
    - How has the Lea Toto Adolescent Program helped you overcome these challenges?
17. Based on what you've learned in the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program*, how would you describe the effects of risky sexual behaviors?
18. After finishing the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program* how comfortable do you feel disclosing your HIV status...?

- ...to your boyfriend/girlfriend?
- ...to your family member?
- ...to your teacher?
- ...to your friend?
- ...to your Pastor/Priest/Imam

19. After finishing the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program, h*ow would you disclose your HIV status?
    - ...to your boyfriend/girlfriend?
    - ...to your family member?
    - ...to your teacher?
    - ...to your friend?
    - ...to your Pastor/Priest/Imam?

20. After finishing the *Sexual & Reproductive Health and HIV Program in the Lea Toto Adolescent Program,* how would you obtain contraceptives if you wanted them?
    - Where would you obtain the contraceptives? Why at this place?
    - What would be difficult about obtaining the contraceptives?

Theme 4. Clinic Support

21. What is your experience with the Lea Toto clinic visits?
    - How do the staff treat you during clinic visits?
    - How are the clinics adolescent friendly?
    - What is challenging about going to the clinic as an adolescent?
22. How are the clinic visits at Lea Toto helpful?
23. What would you recommend to the Lea Toto program to make clinic visits better?

CLOSING QUESTIONS

24. What are some activities at Lea Toto Adolescent Program that can be improved?
    - How do you think they can be improved?
25. If you were in charge of the Lea Toto adolescent program what would you change?
26. Is there anything else that you would like to share that you haven't already?

Thank you so much for taking the time to talk with me. I so appreciate it and I know that Lea Toto will improve because of information you've told us today.

Caregiver IDI:

INTRODUCTION:

Thank you so much for talking to me today. My name is _____ and I want to talk today about Lea Toto Adolescent program you and your son/daughter have been involved in. I really want to hear about your personal perspective and experiences, but always remember your involvement is completely voluntary. There are absolutely no right or wrong answers. The goal is for you to be the leader and the expert. I want to learn from you. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable. If it is ok we would like to record what we talk about today as well as take notes. After the interview we will then transcribe the recording and the transcription will only be shared with members of my team. Is it alright if we record the conversation and my assistant takes notes?

The conversation today will take about an hour. If you need to leave early, skip a question, or stop the conversation at anytime, that is totally fine.

Do you have any questions?

Make sure you are both talking about the correct/same son/daughter that has been involved in the Lea Toto Adolescent Program
Address any questions and then continue
Would it be ok to begin?
Start recording - state date and indicate oral consent received

OPENING QUESTIONS:

1. Tell me about your son/daughter that has been involved in the Lea Toto Adolescent Program
2. How has your experience been thus far with the Lea Toto Adolescent Program?
3. What is the most valuable part of the Lea Toto Adolescent Program?

KEY QUESTIONS:
THEME 1: Economic Empowerment Support

1. How has the Lea Toto Adolescent program helped with allowing your son/daughter to learn about meeting financial needs?
2. What else would you like Lea Toto Adolescent Program to do in order to help your son/daughter meet financial needs?
3. How has the micro-loans (monetary funds/support/loans) you received from the Lea Toto program impacted your quality of life, if you have received one?
4. How has Lea Toto prepared your son/daughter with financial knowledge to earn a source of income in your community?
5. How has the Lea Toto adolescent program impacted your stress level?
6. What does son/daughter need to know to meet financial needs?

THEME 2: Life skills
8. How has Lea Toto Adolescent Program helped your son/daughter express themselves more effectively?
   - self-confidence, self-esteem, communication and outgoingness
   - How has this impacted your relationship with your son/daughter?
9. How has the Lea Toto Adolescent Program helped your son/daughter contribute to their community?
10. What changes, if any, have you seen in your son/daughter's behavior since attending the Lea Toto Adolescent Program?
11. In your opinion, what more can Lea Toto Adolescent Program do to help further "your son/daughter's life skills?

THEME 3: Sexual & Reproductive Health
12. What does your son/daughter being healthy mean to you?
13. How does HIV impact your family?
14. How do you feel about your son/daughter participating in a sexual education program?
15. How have you seen changes in your son/daughter sexual (social) behavior based on what they have learned at Lea Toto Adolescent Program? (partying, drinking, sexual partners, etc.)
16. How has talking to your son/daughter about topics like HIV, sexuality, and sexual health changed since they attended the Lea Toto Adolescent Program?
17. What fears for your son/daughter have been relieved since the Lea Toto Adolescent Program?
   - What fears of your son/daughter have been relieved since the Lea Toto Adolescent Program?
18. What improvements would you like to see to the Lea Toto Adolescent Program?
19. How has adherence to ARV medication improved for your son/daughter since starting participation in the Lea Toto Adolescent Program activities?

Theme 4. Clinic Support
20. What are the most valuable aspects of clinic visits at Lea Toto?

21. How have the staff treated you and your son/daughter during clinic visits?
22. What more can the Lea Toto Adolescent Program do to make clinic visits better, in relation to your son/daughter?

CLOSING QUESTIONS:
23.What are any additional recommendations you would like to make to improve the Lea Toto Adolescent Program?
24. Is there anything else that you would like to share that you haven't already?

Thank you so much for taking the time to talk with me. I so appreciate it and I know that Lea Toto will improve because of information you've told us today.

Graduate IDI:

INTRODUCTION:
Thank you so much for talking to me today. My name is _____ and I want to talk today about Lea Toto Adolescent Program you've been involved in. I really want to hear about your personal perspective and experiences, but always remember your involvement is completely voluntary. There are absolutely no right or wrong answers. The goal is for you to be the leader and the expert. I want to learn from you. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable. If it is okay we would like to record what we talk about today as well as take notes. After the interview we will then transcribe the recording and the transcription will only be shared with members of my team. Is it alright if we record the conversation and my assistant takes notes? The conversation today will take about 45min - hour. If you need to leave early, skip a question, or stop the conversation at any time, that is totally fine.
Do you have any questions?

Address any questions and then continue
Would it be ok to begin?
Start recording - state date and indicate oral consent received

OPENING QUESTIONS:
Thinking back to when you were in the Lea Toto Adolescent Program what were your future plans?
- Education objectives?
- For supporting yourself financially?
- Creating a business plan or business startup?
- Financing business plan or business startup?
- How did Lea Toto Adolescent Program help you in these efforts?

KEY QUESTIONS:
THEME 1: Economic Activities and Skills

When you think about skills needed for a future source of income what comes to mind?
- How have you been able to gain business skills for a future source of income?
    - What about technical skills?
- How did Lea Toto Adolescent Program help in this, if at all?
- How could Lea Toto Adolescent Program have better helped you gain skills for a future source of income?

What resources do you think you need to be successful in getting a source of income?
- How did Lea Toto Adolescent Program help you with resources needed for a future source of income, if at all?

During the Lea Toto Adolescent program, did you receive any grants/support/funding to help support your business plan or business start up?

- How did this grant/support/funding impact you financially? DO NOT ASK THIS IF THEY HAVE NOT RECEIVED A GRANT
- How is your business performing if you have one?
- If you do not have a business, what are your current life plans? (college, job, etc.)
- What recommendations would you like to suggest to help improve the process of creating business plans or business start ups
    - What about the process of financing the business plan or business start up?

THEME 2: Life Skills

Do you feel a part of your community?

- Describe what makes you feel a part of your community

Since graduating from the Lea Toto Adolescent Program how do you add value to the community?

How has Lea Toto Adolescent Program helped you to deal with facing stigma due to HIV?

- How have you been treated differently in your community because of your HIV status?

How has the Lea Toto Adolescent Program helped you build relationships?

- Romantic relationships
- Friendship
- Family members?
- How has Lea Toto Adolescent Program changed your thinking about relationships, if at all?

How has the Lea Toto Adolescent Program influenced your interpersonal skills?

- Sharing?
- Asking the right question?
- Joining an activity?
- Decision making?

What do you like about yourself?

- What do other people like about you?

What are the things you do well?

- What are things that challenge you?
    - Are there things that you go to other people for help?

THEME 3: Sexual & Reproductive Health

How would you describe what you've learned about sexual and reproductive health at Lea Toto adolescent program

How would you describe the biggest challenges you face after graduating the Lea Toto Adolescent Program?

- What about in relation to HIV?
- How has it been challenging transitioning to a new care facility?
    - How has Lea Toto Adolescent Program prepared you to succeed in this process?

What does it mean to you to be sexually healthy?

- How has the Lea Toto Adolescent Program impacted your sexual health decisions?

Tell me about your last visit to the clinic?

- How is it talking to people in the clinic about topics like HIV, sexuality, and sexual health?

How comfortable are you in obtaining contraceptives if you wanted them?

- Are there difficulties in obtaining the contraceptives?
- Where would you obtain the contraceptives? Why at this place?

How has the Lea Toto Adolescent Program impacted your adherence to your ARV (or medication)?

-Since leaving the Lea Toto Adolescent Program, are there difficulties in adhering to ARV?

-Have you faced difficulties in obtaining ARV?

Theme 4. Clinic Support
What was your experience with the Lea Toto clinic visits?

- How did the staff treat you during clinic visits?
- How were the clinics adolescent friendly?
- What was challenging about going to the clinic as an adolescents?

How were the clinic visits at Lea Toto helpful?
What would you recommend to the Lea Toto program to make clinic visits better?
How would you describe the differences between the Lea Toto clinic and the clinic were you are receiving care now?

CLOSING QUESTIONS:
If you were in charge of Lea Toto Adolescent Program what would you change?
Is there anything else that you would like to share that you haven't already?

Thank you so much for taking the time to talk with me. I so appreciate it and I know that Lea Toto Adolescent Program will improve because of information you've told us today.

Staff IDI:

INTRODUCTION:
Thank you so much for talking to me today. My name is _____ and I want to talk today about Lea Toto Adolescent Program you've been involved in. I really want to hear about your personal perspective and experiences, but always remember your involvement is completely voluntary. There are absolutely no right or wrong answers. The goal is for you to be the leader and the expert. I want to learn from you. Everything you say will be kept confidential and any identifying information you say will be changed to make sure you are not identifiable. If it is ok we would like to record what we talk about today as well as take notes. After the interview we will then transcribe the recording and the transcription will only be shared with members of my team. Is it alright if we record the conversation and my assistant takes notes? The conversation today will take about 45min - hour. If you need to leave early, skip a question, or stop the conversation at anytime, that is totally fine.
Do you have any questions?
-Were you aware why were asked to be interviewed?

Address any questions and then continue
Would it be ok to begin?
Start recording - state date and indicate oral consent received

OPENING QUESTIONS:

1. How did you begin working with the Lea Toto Adolescent Program?
2. How is it working with the Lea Toto Adolescent Program?

KEY QUESTIONS:
THEME 1: Economic Activities and Skills
3. Describe the goals of the economic empowerment program.

4. How does the Economic empowerment program accomplish the the overall goals of the Lea Toto Adolescent program??

- How good is it at accomplishing the goals?

5. How do adolescents respond to the economic empowerment program?

- What did you see before the Lea Toto Adolescent program as far as economic/business skills?
- What changes do you see in the adolescents as a result of the economic empowerment portion of the program?
- Are there differences between boys and girls? How would you describe those differences?
- Are there differences between adolescents of different ages? How would you describe those differences?
- Are there differences between adolescents of east versus west Nairobi? How would you describe those differences?

6. Tell me about challenges the economic empowerment program deals with
    - Financing business plans and business start ups?

THEME 2: Life Skills

7. Describe the goals of the Lea Toto Adolescent Program Life Skills portion.
8. How does the Life Skills portion of the program help accomplish the overall goals of the Lea Toto Adolescent program?
    - How good is it at accomplishing the goals?
9. How do adolescents respond to the life skills portion of the program?
    - What did you see before the Lea Toto Adolescent program as far as life skills?
    - What changes do you see in the adolescents as a result of the life skills portion of the program?
    - Are there differences between boys and girls? How would you describe those differences?
    - Are there differences between adolescents of different ages? How would you describe those differences?
    - Are there differences between adolescents of east versus west Nairobi? How would you describe those differences?
10. Tell me about challenges the Life Skills program deals with.

THEME 3: Sexual & Reproductive Health

11. Describe the goals of the Lea Toto Adolescent Program sexual and reproductive portion.
12. How does the sexual and reproductive health portion of the program help accomplish the overall goals of the Lea Toto Adolescent program?
    - In what ways is the program good at accomplishing these goals?
13. How do the adolescents respond to the sexual health program?
    - What did you see before the Lea Toto Adolescent Program as far as sexual and reproductive health?
    - What changes do you see in the adolescents as a result of the sexual and reproductive health portion of the program?
    - Are there differences between boys and girls? How would you describe those differences?
    - Are there differences between adolescents of different ages? How would you describe those differences?
    - Are there differences between adolescents of east versus west Nairobi? How would you describe those differences?
14. Tell me about the challenges the sexual and reproductive health program faces.
15. How do you feel the caregivers react to the sexual health program?

CLOSING QUESTIONS:

16. What challenges has the Lea Toto Adolescent Program faced?
17. How would you change the Lea Toto Adolescent Program to make it better?
18. Is there anything else that you would like to share that you haven't already?

Thank you so much for taking the time to talk with me. I so appreciate it and I know that Lea Toto will improve because of information you've told us today.

B. FOCUS GROUP DISCUSSION GUIDES (ADOLESCENTS AND GRADUATES)

Research Question: How has the Lea Toto education program influenced the life skills of adolescents in the program?
How has the Lea Toto education program influenced the reproductive health, psychosocial and economic well-being of adolescents in the program?

Study Population & Target Audience: Leo Toto adolescents and graduates of the program

Supplies: 2 boxes of colored markers, 8 packs of post-its, tape recorder, 2 AAA batteries, 1 pad of flip chart paper and tape

Total Participation Time: 60minutes

Hi everyone! I would like to thank you all for coming to this meeting today. My name is _____ and this is my colleague_____ who is here to help make sure everything runs smoothly and take notes. We are evaluating the Lea Toto program and would love to hear you all opinions.

I want to let everyone know that your participation in this study is completely voluntary and your identity will be kept confidential. If anyone would like to stop at any time, please do not hesitate to let me know if and when you feel uncomfortable answering a question or don't want to continue the conversation. We would like to take notes and tape-record our discussion so that we do not miss or forget anything that is discussed. Is it ok for us to record our conversation today? After the interview we will then transcribe the recording and this transcription will only be shared with members of my team.

Our interview will last about an hour. I will like this to be more of a conversation so feel free to interrupt or go back to any question that you may have any additional thoughts on. Do you have any questions or concerns for me before we start?

Focus group interview participants (younger)

WARM UP (5 minutes)

1. What are some of your favorite activities that you enjoy doing here at Lea Toto? (follow up prompt: football, fashion show, etc.)
2. What are some activities you engage in (you do) outside of Lea Toto during your breaks and weekends?

CONTENT

THEME 1: Economic/Social Structure (10 minutes)

3. How do you save your money?
4. How do you budget your money?
5. What do you want to be when you grow up?

THEME 2: Lifestyle/Self-Esteem (20 minutes) [Activity]

Toot Your Horn Worksheet

This worksheet can be an excellent way to assess attributes that they have learned to improve their for the young adolescents in the program to explore what makes them good or likeable, and help them to build a foundation of healthy self-esteem.

Completing this worksheet will assess the change in self-esteem/worth of adolescents based on what they have learned at Lea Toto. Adolescents will have the opportunity to list all of the good things about themselves without fear of being overly proud or self-absorbed.

It is important for adolescents to complete the worksheet but more important for them to participate in discussion.

The worksheet lists 16 sentence completion prompts that adolescents should fill in with something positive about themselves, something that "toots their own horn."

These prompts are as follows:

- I like myself because…
- I'm an expert at…
- I feel good about…
- My friends would tell you I have a great…
- I'm loved by…
- People say I am a good…
- I've been told I have pretty…
- I consider myself a good…
- What I enjoy most is…
- The person I admire the most is…
- I have a natural talent for…
- I know I will reach my goals because I am…
- I feel good when I…
- I've been successful at…
- The traits I admire myself for are…
- I feel peaceful when…

Discussion Questions

1. How did this activity, 'toot your horn' make you feel when completing the worksheet?
2. How has the Lea Toto adolescent program contributed to how you feel about yourself?
3. What challenges did you face when completing the worksheet?

THEME 3: Sexual and Reproductive Health (10 minutes)

7. What have you learned about HIV from Lea Toto adolescent program Adolescent Program?
8. How can a person protect themselves from HIV?
9. How would you describe the biggest challenges you face in relation to sexual health and being HIV+?
10. How comfortable do you feel disclosing your HIV status...?

- ...to your boyfriend/girlfriend?
- ...to your family member?
- ...to your teacher?
- ...to your friend?
- ...to your Pastor/Priest/Imam

THEME 4: Clinic (5 minutes)
What is your experience with the Lea Toto clinic visits?

- How are clinics adolescent friendly?
- What is challenging about going to the clinics as an adolescent?

Closing & Recommendations for the future of Lea Toto (5 minutes)

10. What are some things you would like to add to the Lea Toto Adolescent Program that you feel would help improve your life?
11. Where do you all see yourself in the next 10 years? (could be a warm up question)
12. Is there anything else that you would like to share that we didn't cover during our discussion?

Focus group interview participants (older)

Hi everyone! I would like to thank you all for coming to this meeting today. My name is _____ and this is my colleague_____ who is here to help make sure everything runs smoothly and take notes. We are evaluating the Lea Toto program and would love to hear you all opinions.

I want to let everyone know that your participation in this study is completely voluntary and your identity will be kept confidential. If anyone would like to stop at any time, please do not hesitate to let me know if and when you feel uncomfortable answering a question or don't want to continue the conversation. We would like to take notes and tape-record our discussion so that we do not miss or forget anything that is discussed. Is it ok for us to record our conversation today? After the interview we will then transcribe the recording and this transcription will only be shared with members of my team.

Our interview will last about an hour. I will like this to be more of a conversation so feel free to interrupt or go back to any question that you may have any additional thoughts on. Do you have any questions or concerns for me before we start?

WARM UP (5 minutes)

1. Tell me about some of your favorite activities that you enjoy doing here at Lea Toto Adolescent Program? (follow up prompt: football, fashion show, etc.)
2. What are some activities you engage in outside of Lea Toto during your breaks and weekends?

CONTENT
THEME 1: Economic/Social Structure (10minutes)

4. How has the Lea Toto program changed your perception of how you can meet your financial needs?
5. How has executing your business plan or business start up helped to make you more successful in life?
6. Please describe some things you have learned since implementing your business plan or business start up?
7. In your own words, what do you think have been the most valuable lessons learned from Lea Toto's program to help assist you with your business and future plans?
8. Do you know how to create a business plan?

THEME 2: Lifestyle/Self-Esteem (25 minutes) [Activity]

ACTIVITY
This group activity will assess the following: communication, interpersonal skills, decision making skills & critical thinking

"Create a Country"

When the founding fathers of Kenya first got together to form a government, they had many issues to agree on and many decisions to make. I'm sure discussion, compromise, problem solving and teamwork were a large part of the process when they tackled the tough task of forming a government. Creating a country wouldn't be an easy task, but in this activity it can be fun when the group pulls together and uses teamwork to solve the problems they face.

Objective: For people to get together as a group and participate in a group decision-making process.
Materials: Paper; pens or pencils; colored markers, colored pencils or crayons
Description: The group will be provided with the following information and the materials listed above:

"You and a group of people have claimed an uninhabited island as a new country off the coast of Kenya. You have been selected to be the new government. Your first assignment is to make the following decisions and accomplish the following tasks…

1) Name the country
2) Design a flag
3) Create any laws that you feel are necessary

The group must work together to complete the task and then present it to the leaders or to the rest of the group when finished.

Discussion Prompts:

1) How were decisions made in your group?
2) Is everyone happy with what was decided? Why or why not?
3) What things are important to remember when making group decisions?
4) What role do you usually take when making decisions with others?
5) How can you tell if a group has been successful when making a decision?
6) Why is it important to be able to make decisions as a member of a group?

THEME 3: Sexual and Reproductive Health (15 minutes)

9. (In what ways has)How has the Lea Toto Adolescent program impacted your ability to practice safe sexual behaviors?

10. How has your sexual behaviors changed from those of your friends who did not attend the Lea Toto Adolescent Program?

11. When engaging in sexual activities how have you practiced specific safe behaviors learned from the Lea Toto Adolescent Program?

12. What are some challenges you've faced when engaging in sexual activities?

- How difficult has it been to practice safe sexual behaviors or What are the barriers to practicing safe sexual behaviors (partner pressure, access to contraceptives, etc.)

THEME 4: Clinic (5 minutes)

What is your experience with the Lea Toto clinic visits?

- How are clinics adolescent friendly?
- What is challenging about going to the clinic as an adolescent?

Recommendations for the future of Lea Toto & Closing (10 minutes)

13. What are things you would like to change in the Lea Toto program that you think would make you more successful in life as you transitioned into adulthood?

14. Where do you all see yourself in the next 10 years? (could be a warm up question)
15. Is there anything else that you would like to share that we didn't cover during our discussion?

Focus group interview graduates

Hi everyone! I would like to thank you all for coming to this meeting today. My name is _____ and this is my colleague_____ who is here to help make sure everything runs smoothly and take notes. We are evaluating the Lea Toto program and would love to hear you all opinions.

I want to let everyone know that your participation in this study is completely voluntary and your identity will be kept confidential. If anyone would like to stop at any time, please do not hesitate to let me know if and when you feel uncomfortable answering a question or don't want to continue the conversation. We would like to take notes and tape-record our discussion so that we do not miss or forget anything that is discussed. Is it ok for us to record our conversation today? After the interview we will then transcribe the recording and this transcription will only be shared with members of my team.

Our interview will last about an hour. I will like this to be more of a conversation so feel free to interrupt or go back to any question that you may have any additional thoughts on. Do you have any questions or concerns for me before we start?

WARM UP (5 minutes)

1. What were some of your favorite activities, that you enjoyed doing at Lea Toto? (follow up prompt: football, fashion show, etc.)
2. What are some activities you engaged in outside of Lea Toto during your breaks and weekends?

THEME 1: Economic Empowerment (15 minutes)

3. How did the Lea Toto program change your perception of how someone in your community can be financially successful in life?

Potential follow up probe: How have you incorporated this change in perception, practically into your own life?

4. Who are the people in your community that should be business owners?
5. Based on what you learned during your time at Lea Toto program, how has your ability to do bookkeeping changed?

Potential follow up probe: Can you share instances where you have used this skill?

Do you know how to create a business plan?

THEME 2: Lifestyle/Self-Esteem (15 minutes)

6. Tell me about how you add value to your communities?
7. How did the Lea Toto program impact your self-esteem as an individual?
8. What are ways that you have seen yourself dealing with conflict in an appropriate manner as a result of being a part of the Lea Toto program?
9. What are some challenges you face post the Lea Toto program?
    - How have you been able to deal with these challenges in a positive manner based on what you have learned from Lea Toto?

THEME 3: Sexual and Reproductive Health (20 minutes)

<u>Hot seat scenario</u>

Using hot seating helps to:
• provide a lively way to explore sensitive and complex issues about HIV/AIDS
• identify what adolescents already do and don't do about HIV/AIDS based on
• explore how adolescents feel about issues relating to HIV/AIDS after graduating from the program

Activity Description
1.Prepare three case studies for graduates to explore, these should be real-life dilemmas. For example, if you are exploring HIV prevention a case study could read, 'I am a man who is pressurized to go to a brothel after work each day by my work colleagues.' Alternatively, ask participants to think of dilemmas.
2. Ask for a volunteer to sit in the 'hot seat'. This means to sit down in a chair or on the floor in front of all the other participants.
3. Ask the person to read out the case study as if they were the person in the case study.
4. Invite the rest of the participants to ask questions addressing the person in the case study as if they are that person's friend – for example, 'Why do you feel pressured to go to the brothel?'
5. Where questions require information that is not provided in the case study, encourage the volunteer in the hot seat to fill in the details.
6. Repeat the activity with other volunteers and other case studies.
7. When the activity is complete, encourage the participants to discuss what they have learned. For example, why was it easy or difficult to respond to the questions? What choices did the person have? What did the responses show about people's knowledge and attitudes? How do these affect a person's risk of HIV? Clarify any misunderstandings that people may have about HIV/AIDS.

Scenarios

- **Ashura**, 19 years old, has big plans to become a hairdresser. She received a grant from Lea Toto and is all set to execute her business plan. She and Beno, 29 years old, met at a club five months ago, he has been pressuring her to take their relationship to the next level. Beno shares that he is in love with Ashura and wants to show her how much. Ashura is torn, she doesn't know what to do, especially since Beno has shared that doesn't believe in using condoms, it makes him less than a man. Beno is Ashura's first boyfriend, unlike her other girlfriends at school. Ashura also has a secret that she has yet to share with Beno.

Themes: pressuring to have sex by boyfriend, doesn't like to use contraceptives, did not disclose she is HIV+

Discussion Questions:

1. How appropriate is this scenario to your life?
2. What are the major conflicts in this scenario? OR Please identify the major conflicts in this scenario?
3. What are some things you would advise Ashura to do?

- **Fanaka** meets Hali on a Saturday night; they get really drunk and she can't really remember exactly what happened the night before. She thinks she might have given Hali a blow job; there was certainly a lot of kissing and touching each other's genitals. She's fairly sure she didn't have sexual intercourse. She doesn't have his number.

Themes: drinking too much, unsafe sexual activities, unknown sexual partner

Discussion Questions:

4. How appropriate is this scenario to your life?
5. What are the major conflicts in this scenario? OR Please identify the major conflicts in this scenario
6. What are some things you would advise Fanaka to do?

- **Jatar** goes to a party with some of his friends downtown; there's a lot of drinking and some people are taking drugs. He has never used drugs and is hesitant when his friend Koffi suggests he takes a shot using an injection. He allows Koffi to inject him and has a hard time focusing. Koffi brings over a girl to sit on Jatar's lap and then takes him into a room for them to engage in sexual activities.

Themes: drug use with unsterile, drinking, engaging in sexual activity with unknown partner

Discussion Questions:

7. How appropriate is this scenario to your life?
8. What are the major conflicts in this scenario? OR Please identify the major conflicts in this scenario
9. What are some things you would advise Jatar to do?

THEME 4: Clinics (5 minutes)

10. What was your experience with the Lea Toto clinic visits?
    - How are clinics adolescent friendly?
    - What is challenging about going to the clinic as an adolescent?

Recommendations for the future of Lea Toto and Closing (10 minutes)

11. What are things you would change about the Lea Toto program that would help adolescents in Kenya successfully transition into adulthood?
12. Where do you all see yourself in the next 10 years? (could be a warm up question)
13. Is there anything else that you would like to share that we didn't cover during our discussion?

C. RELIGIOUS LEADERS INTERVIEW GUIDES

WARM UP: Thank you so much for taking the time out to meet with me today. The interview should take no longer than 45 minutes to 1 hour today. Please know that at any time you can choose to not answer any of the questions and you may end the interview whenever you please. There are no right or wrong answers, but we would like if you could answer the questions as honestly as possible.

1. What is your name and title here at Nyumbani?
2. Tell me about your role at Lea Toto?
3. Is there any relationship between your role and the Lea Toto Adolescent Program?

THEME 1: Program Specific

1. What do you understand the mission of Lea Toto to be?
2. How would you describe the needs of the children Lea Toto serves?
3. How does Children of God Relief Fund (COGRIF) use the Lea Toto program to address the needs of children?
4. What particular challenges does Nairobi bring for carrying the Lea Toto program? Nyumbani?

THEME 2: Sexual Health Specific

1. When did you start considering addressing sexual and reproductive health education for the children at Nyumbani and Lea Toto?
2. What do you believe to be healthy sexual behaviors for adolescents?
3. In what ways does Lea Toto's sexual health program prepare adolescents living with HIV to live within their community?
4. When it comes to sexual and reproductive health, are there challenges to preparing adolescents within Lea Toto to live in their communities?
6. Do you think there are challenges to carrying out an adolescent sexual health program? If so, what are those challenges?

<u>THEME 3</u>: Faith Specific

1. Tell us a little about your own faith background?
2. COGRI is a Faith Based Organization. How do you see faith informing the work at Lea Toto?
3. Does faith play a role in addressing the needs of adolescents living with HIV?
4. Are there any specific Catholic teachings that help you understand the needs of adolescents living with HIV?
    a. How do these teachings impact your understanding of the needs of adolescents living with HIV?
    b. Is there anything in Catholic teaching that has come into conflict with (or been a barrier to the) the work you are doing at Lea Toto and Nyumbani?
    c. What about when it comes sexual and reproductive health for HIV+ adolescents?
    d. How do you resolve this conflict between scripture and teachings with your understanding of adolescent sexual health?

<u>CLOSING</u>

1. What are the challenges you face in your role at Lea Toto?
2. What do you believe could improve the Lea Toto program?
3. Where would you like to see Lea Toto in the next five years?