

Engaging adolescents in care: Experience from MSF, India



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MSF DRTB Clinic

- *Since 1999: Médecins Sans Frontières (MSF) collaborates with National TB & HIV Programme, Mumbai, India.*
- *MSF clinic in Mumbai treats patients free of cost with complex clinical profile and limited treatment options available under programmatic conditions*
- *A **multi-disciplinary team** provide medical care and psycho-social support including **palliative care** from the start of the treatment.*
- *MSF clinic has **contributed to evidence generation for certain key WHO recommendations** on usage of newer drugs like Bedaquiline and Delamanid as a combination regimen for FQ resistant eligible patients*
- *Till date MSF clinic has catered to 833 DRTB patients (since 2006) : Adults (>19 yrs) = 632 , Adolescent (11 – 19yrs) = 168, Paediatric <10 = 33)*





“I used to spent hours watching my friends from the window. Every evening they gathered in ground to play. I was not able to go out, as I was on the treatment and also experienced some side effects, like change of skin color, rashes. I thought better to minimize my socialization and stay inside house”

- Nishchaya, An Adolescent on XDR TB Treatment in M

Engaging adolescents in care...

- *Common issues shared by adolescents during counselling sessions are as follows:*
- ***Stigmatization and body image issues: skin discoloration, PICC line in-situ leading to lack of confidence***
- ***SRH issues***
- ***Acceptability of PICC line is not easy in this group***
- ***Lack of family support.***
- ***Discrimination: blaming them for the financial burden and discrimination of the whole family by neighbours and relatives.***
- ***Difficulty to maintain romantic relationships***
- ***Gaps in studies and future insecurity in career***
- ***Fear of death, hospitalization and guilt looking at the family suffering.***
- ***Lack of entertainment***

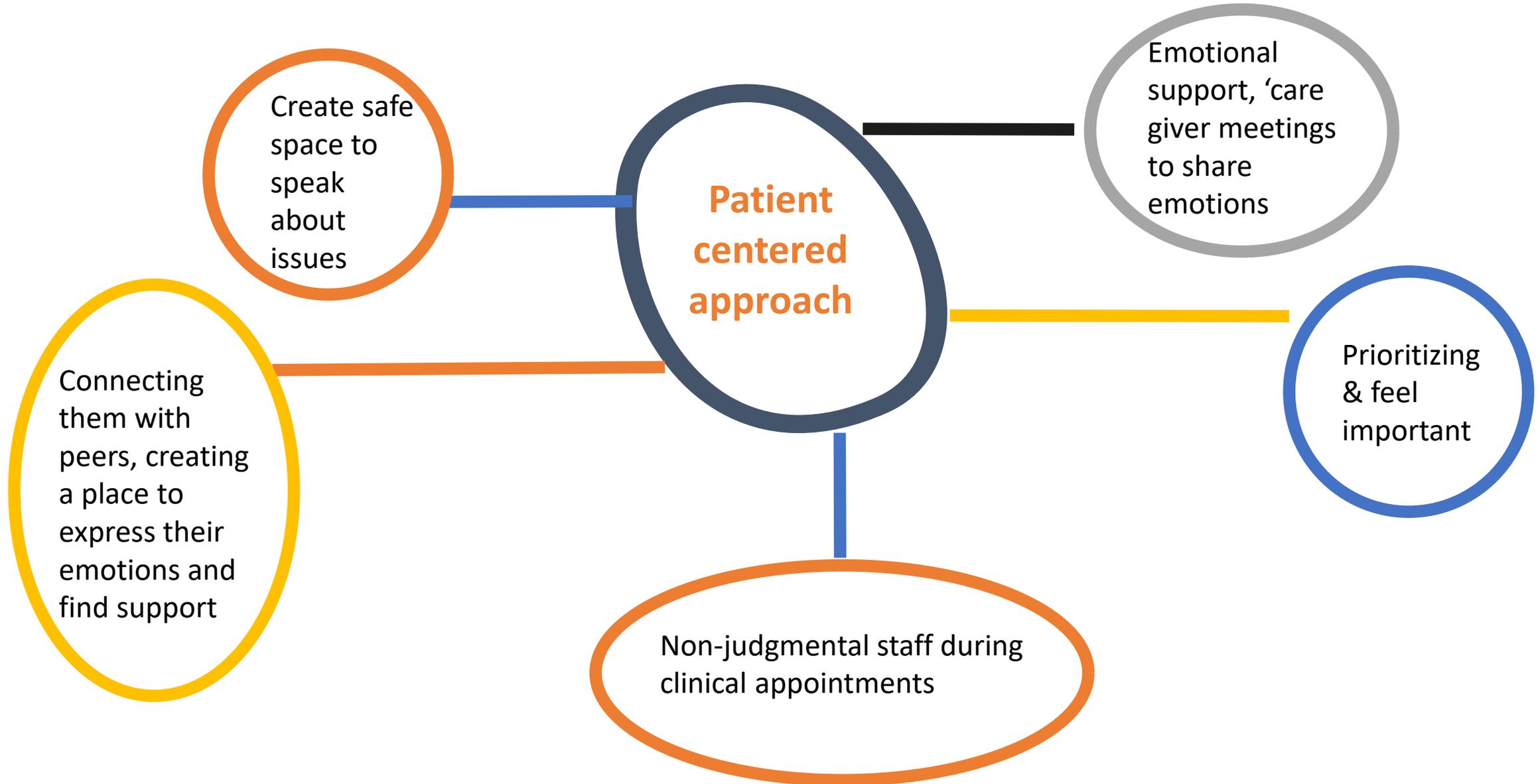


Engaging adolescents in care...

- *Adolescent cohort is unique and vulnerable considering the physiological, social, psychological changes taking place in this period*
- *Engagement of adolescents was done through:*
 - *Individual counselling sessions*
 - *Support group meetings*
 - *Group Health Education sessions*
- *Since 2016: 172 Support group Meetings, 14 Focus group Meetings, 160 Group Health Educations were conducted.*
- *Frequency- twice a month, 60-70% patients attended these*



Patient centered approach :



Solutions :

Some other services provided in MSF Clinic...

- *Separate clinic spaces with more inviting décor*
- *Vocational rehabilitation activities:*

Eg: Basic nursing course , driving course , basic administration course.

- *Training to empower caregivers to more effectively support and communicate with adolescents*
- *Linkages to family planning services as needed*

Future initiatives planned...

- *Community- and school-based campaigns to increase TB awareness*
- *Linkages to post-TB care and palliative services*

Recommendations for way forward:

1. *Adolescents require a holistic care package customised to their unique needs including individual and group counselling, life skills capacity building, vocational guidance etc*
2. *Platforms for peer based emotional support and recreation - adolescent TB champions can act as peer support and be included in strategic decision making*
3. *Caregiver counselling and engagement is important for them to understand the challenges faced by patients and to address caregiver fatigue*
4. *Sensitisation of key stakeholders including teachers in schools/colleges is very essential to support to avoid stigma /discrimination*

Acknowledgement and Thanks

- *To all the patients and caregivers*
- *To the MSF team for all the care and support offered*
- *To WHO for giving this wonderful opportunity*

