

# The CQUIN Learning Network

## Annual Meeting

### What do Adolescents want from DSD: Results of a Survey in Kisumu, Kenya

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ICAP at Columbia University

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Maputo, Mozambique



**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery



# Outline

- Background
- Methods
- Results
- Conclusions

# Background

- ICAP provides support to the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu, Kenya
  - Center of excellence, innovation, training and learning
  - Comprehensive HIV prevention, care and treatment
  - Gender-based violence recovery clinic, Medication Assisted Treatment Center, and telementoring center for HIV distance learning
- There are 6243 adults and children currently on treatment\*
  - 422 adolescents (10-19 years) enrolled in care and on treatment
  - Viral suppression amongst 10-19 year olds (84%)\*\*

# Objective of the Survey

Identify service delivery needs and preferences of HIV-infected adolescents (10-19 years) receiving services at JOOTRH to inform the establishment of DSD models that will promote retention in care, and improve adherence and treatment outcomes

# Methods

- Anonymous electronic tablet-based survey using the SurveyCTO® platform
- Eligibility Criteria
  - Age 10-19 years
  - Aware of their HIV-positive status
  - Ability to read English and use a tablet
- Exclusion Criteria
  - Inability to read English
- Study implementation August 2017- November 2017
  - Target enrollment 300, enrolled 295
- Ethics approval from KEMRI and CU IRB
- Survey conducted during clinic visit, support group activities or monthly youth meeting

# Demographic Profile

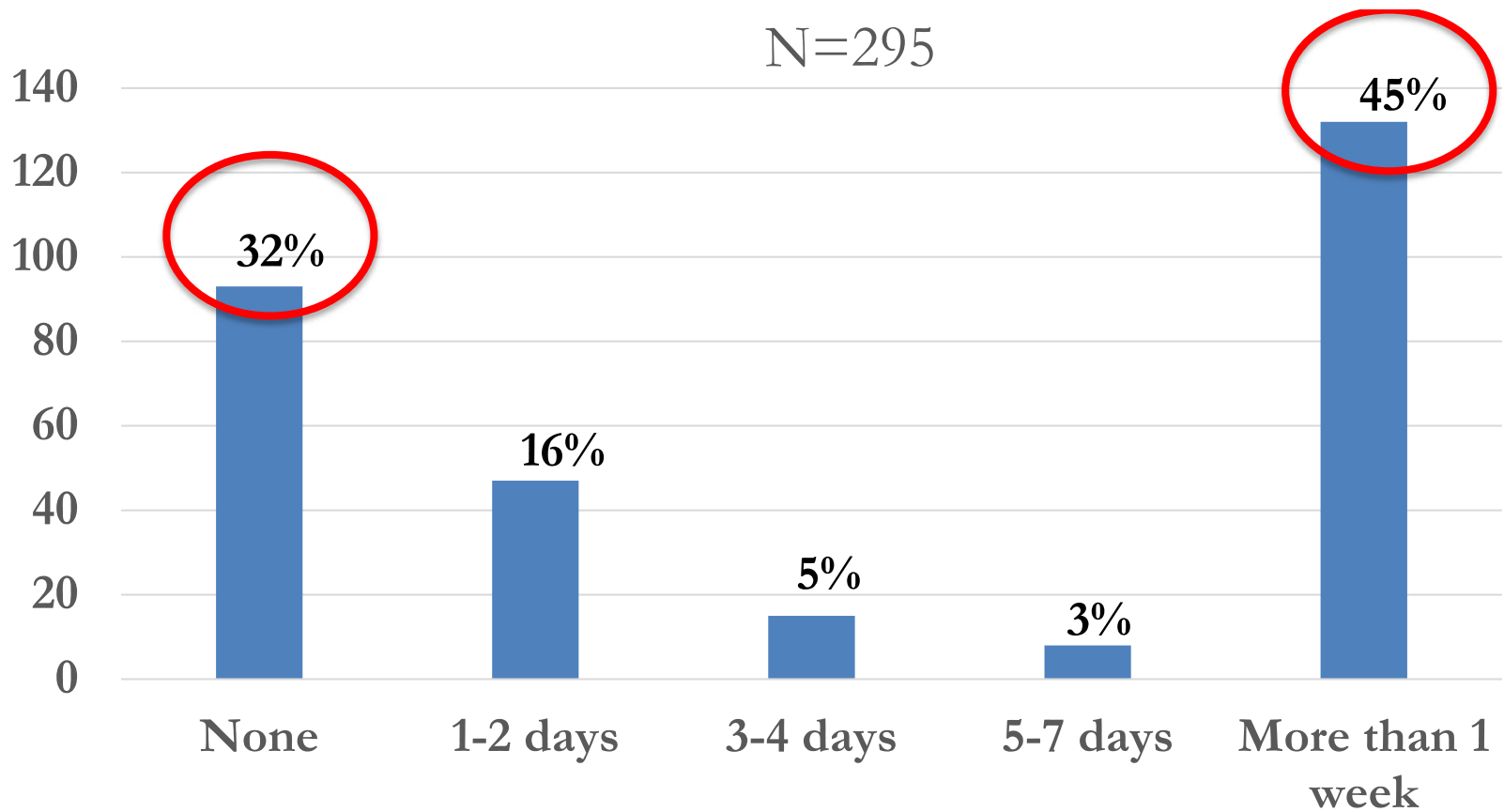
	N=295 (%)
Age, Median and (IQR)	<b>16 yrs (13-17yrs)</b>
10-11yrs	28 (9%)
12-13yrs	61 (21%)
14-15yrs	58 (20%)
16-17yrs	85 (29%)
18-19yrs	63 (21%)
Gender	
Male	160 (54%)
Female	135 (46%)
Pregnancy Status	
<b>Females- currently pregnant</b>	<b>20 (7%)</b>
Females-ever pregnant	21 (7%)
School	
Currently in school	<b>263(89%)</b>
Currently in boarding school	91(35%)

	N=295 (%)
Cell phone	
Yes	<b>168 (57%)</b>
No	127(43%)
Smart Phone	131(78%)
Internet Access	144(49%)
<b>Use internet daily</b>	<b>85(59%)</b>
Use internet weekly	44(31%)
Use internet monthly	15(10%)
Social media platform preference	
WhatsApp	102(35%)
Facebook	106(36%)
Instagram	57(19%)
Other	8(3%)

# ART Information

- 264 (89%) reported they were currently taking ART
  - Once daily regimen 96(36%)
  - Twice daily regimen 168 (57%)
- Pill burden
  - One pill 56(21%)
  - Two pills 144 (55%)
  - Three or more pills 64 (24%)
- Age at ART initiation
  - 0-4 years: 55(21%)
  - 5-9 years: 96 (36%)
  - 10-14 years: 64 (24%)
  - 15-19 years: 16 (6% )
  - Don't know: 33 (13%)

# Self-reported Adherence



# of days missed at least one dose of medication in last 30 days



# Reasons for Missed Doses in the Past Month

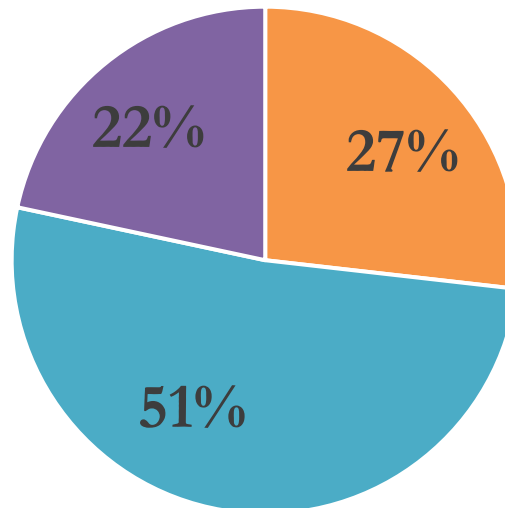
	N=295
Lost your pills/didn't have any left	23 (8%)
<b>Was busy with other things</b>	<b>43(15%)</b>
<b>Forgot</b>	<b>91(31%)</b>
I was tired of taking medications every day	19 (6%)
<b>I travelled</b>	<b>38(13%)</b>
I felt well	22(7%)
Did not want others to notice you taking medication	24(8%)
<b>I was in school</b>	<b>47(16%)</b>
Thought that the pills would still work even if a few were missed	13 (4%)
Felt sick/ill	17(6%)
My religion does not permit me to take my medication	4(1%)
Other	53 (18%)

# Self-reported Viral Suppression

- 194/295 (66%) reported getting a viral load (VL) in the past year

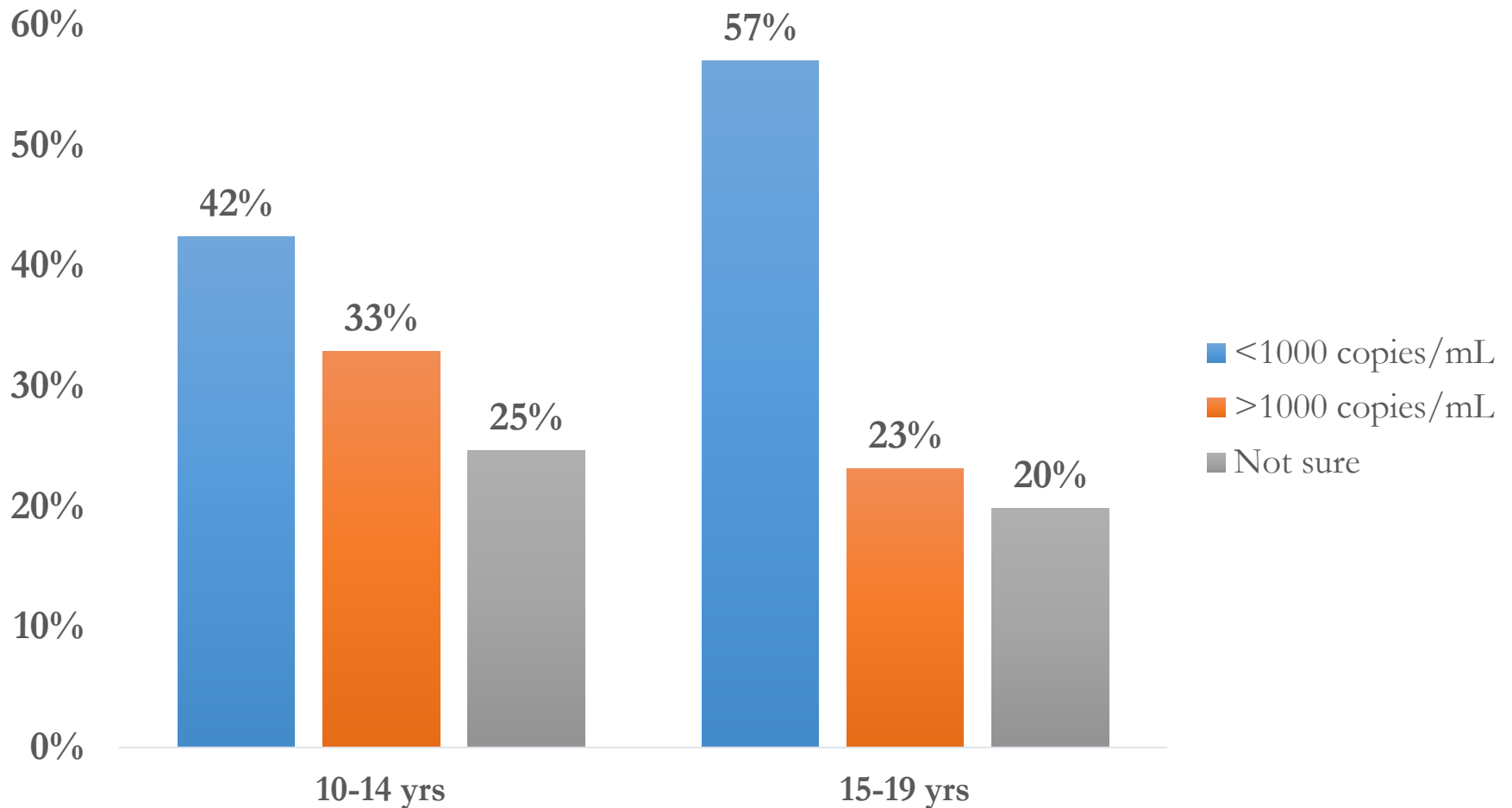
*N = 194*

■ >1000 copies/mL    ■ <1000 copies/mL    ■ Not sure



# Self –reported Viral Suppression by Age Group

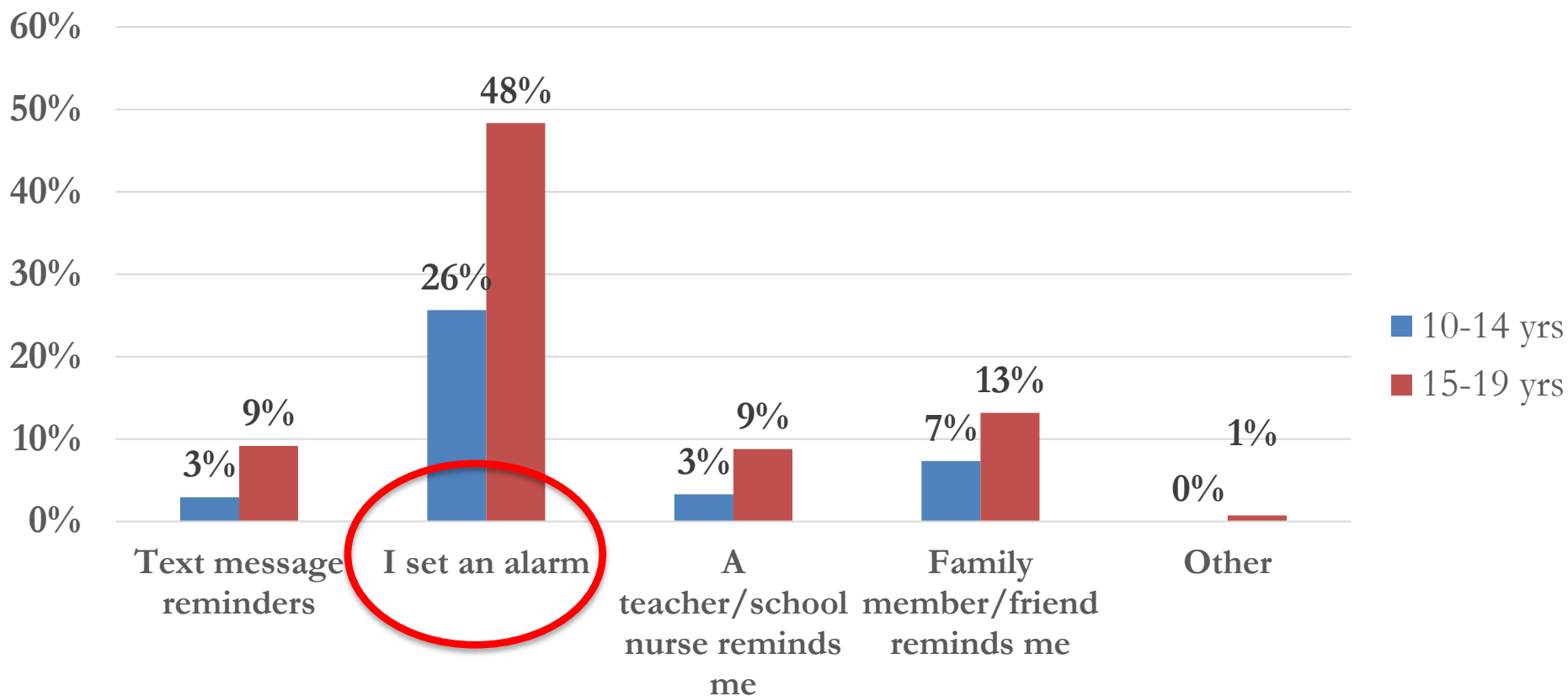
*N = 194*



# Use of Reminders for Medication Adherence

273 (93%) reported using a reminder for medication adherence

*N* = 273



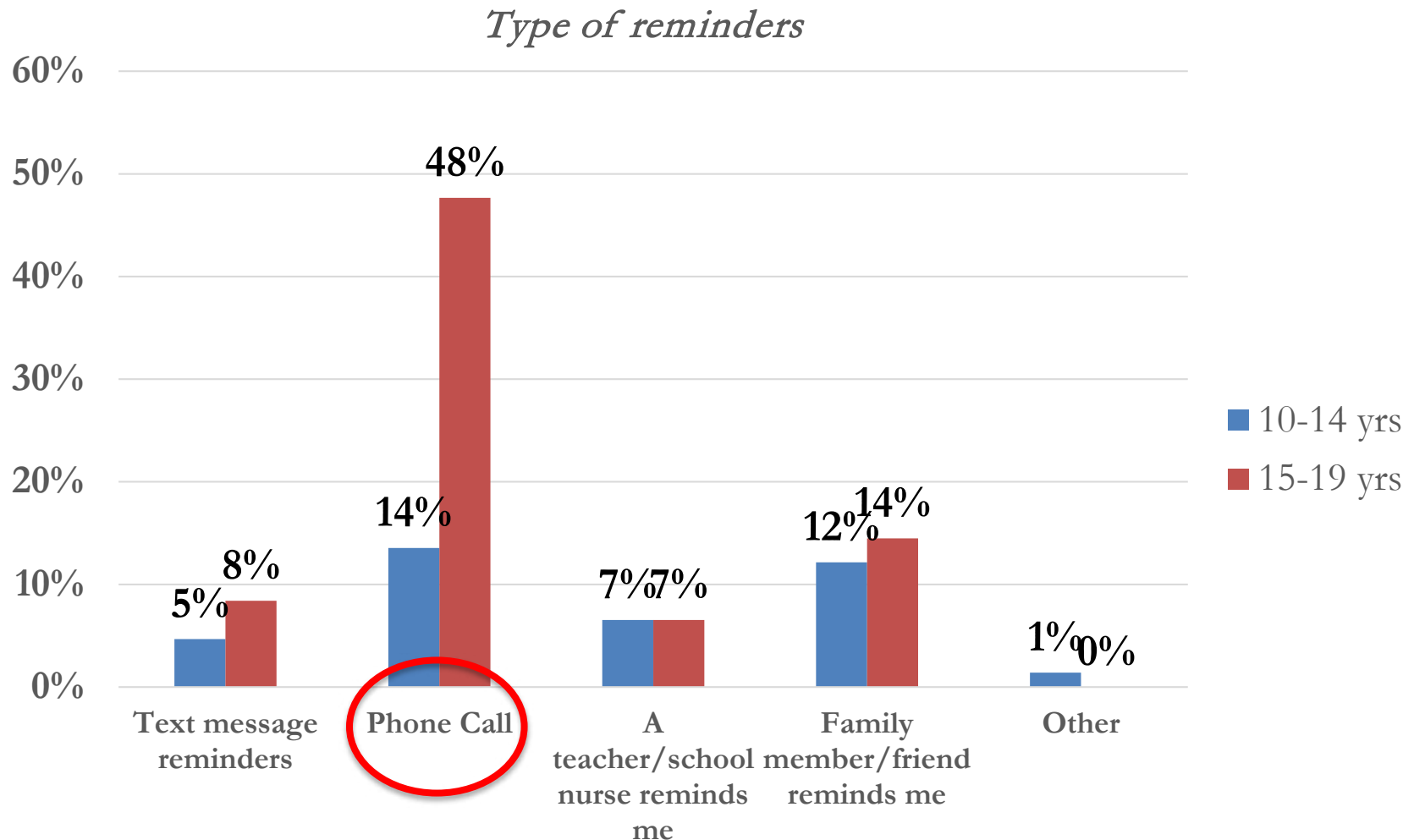
# Self-Reported Missed Clinic Visit

141 (48%) reported missing clinic at least once in the past year

Reasons for Missed Clinic Visits	N=141
<b>I didn't have a way to get to the clinic</b>	<b>25(18%)</b>
<b>I was at school/work</b>	<b>68 (48%)</b>
I had another social engagement	22(16%)
<b>I didn't have anyone to go with me and did not want to go alone</b>	<b>22(16%)</b>
<b>I didn't feel well enough to go to clinic</b>	<b>24 (17%)</b>
I felt healthy and didn't feel like I needed to go	11(8%)
I had a family commitment	8(6%)
I was afraid of being seen at the clinic (felt stigmatized)	1(1%)
Other	25(18%)

# Use of Reminders for Clinic Visit

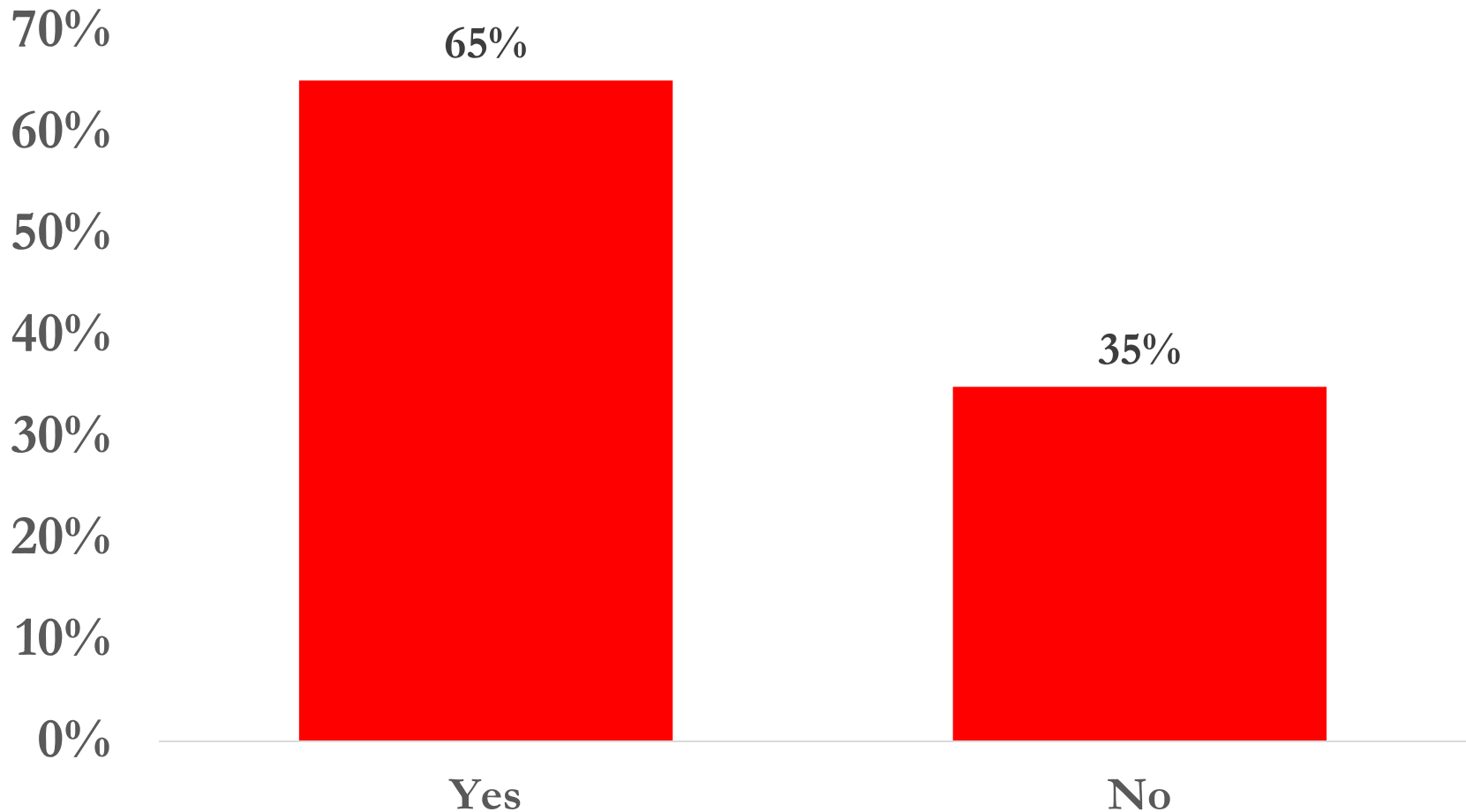
214 (73%) reported use of reminders for clinic visit



# **PREFERENCES FOR SERVICE DELIVERY**

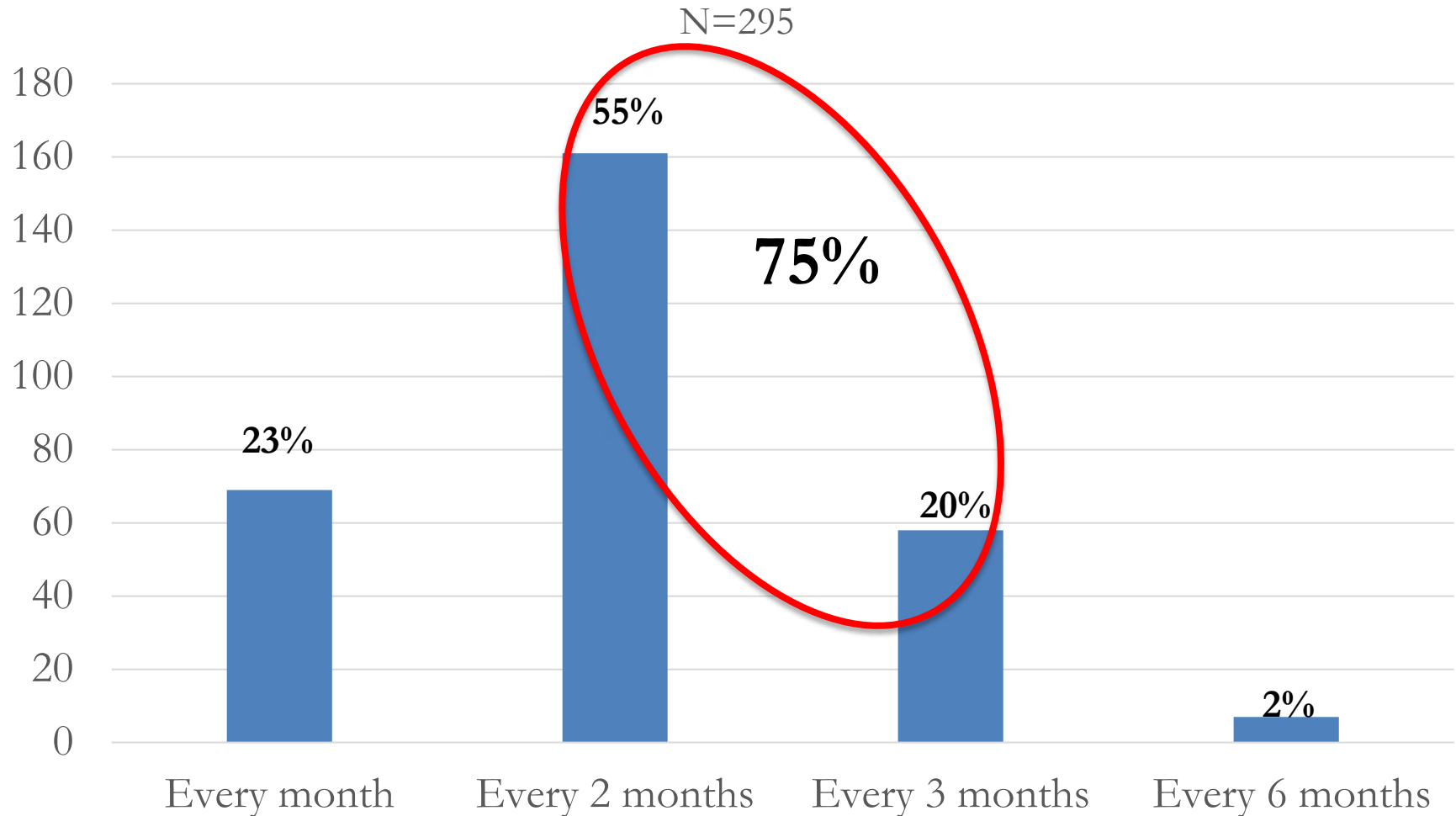
# Separate Clinic Visit from ART Pick up

*N = 295 responses*



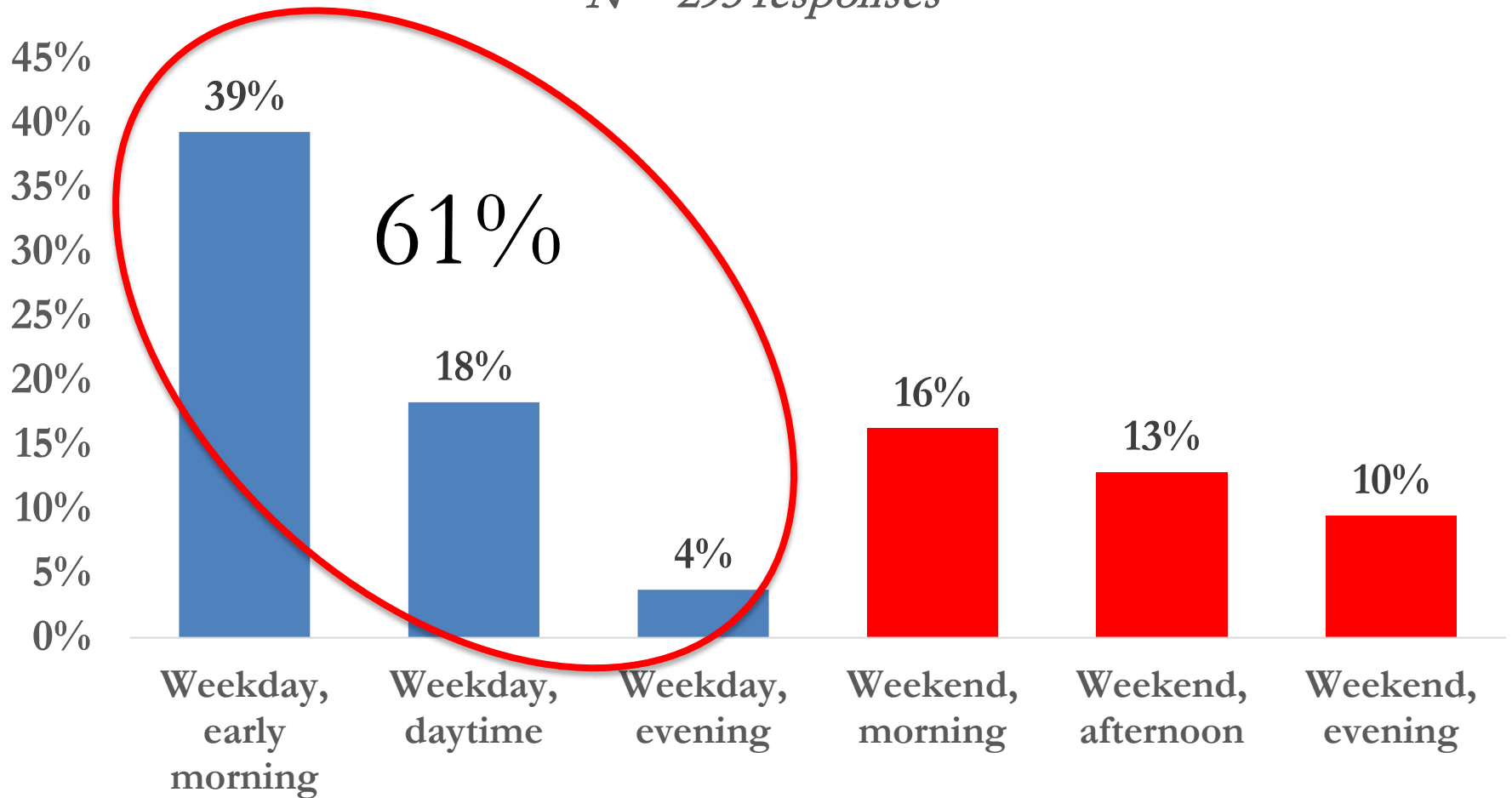


# WHEN: Frequency of Clinic Visit



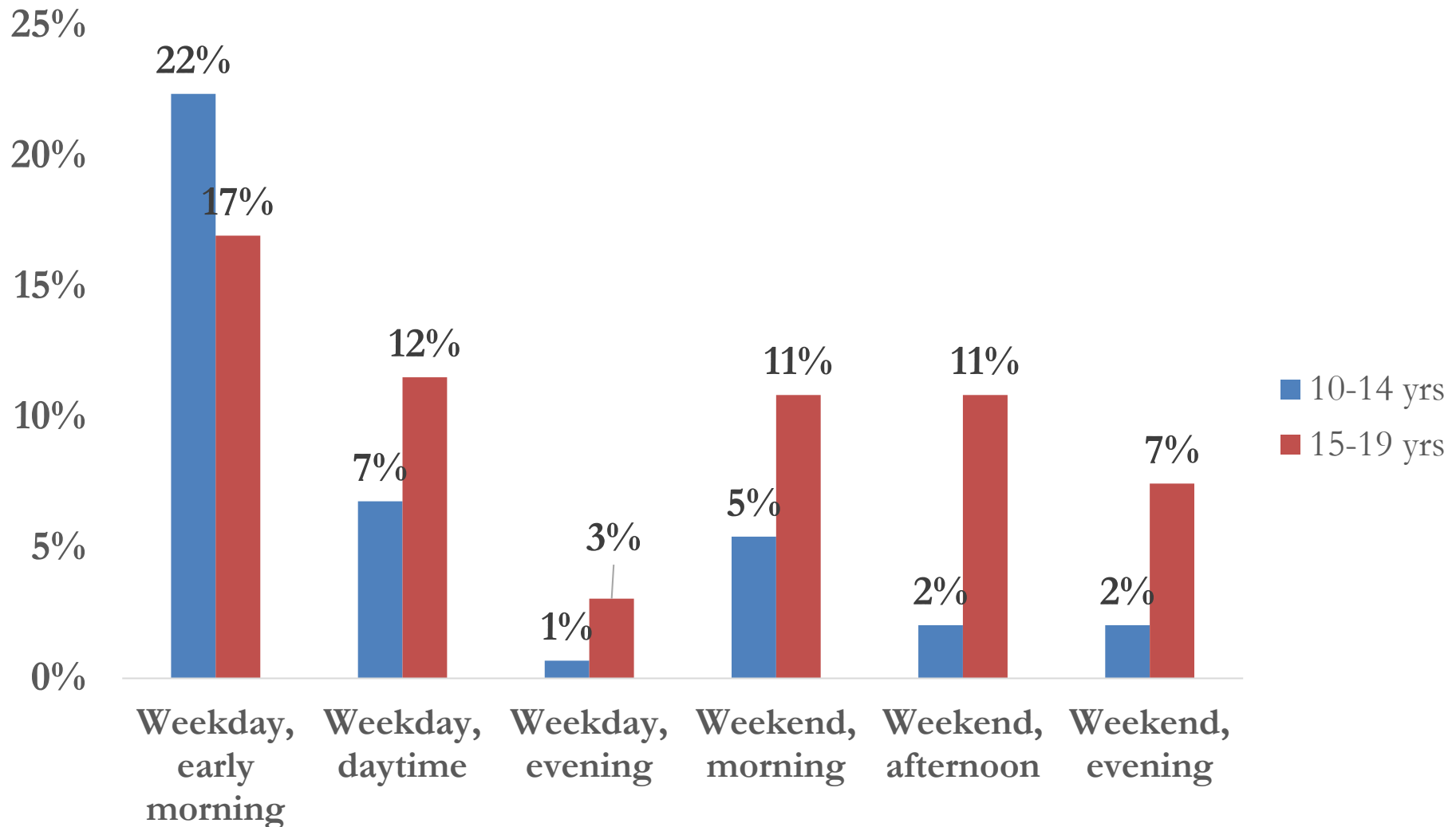
# WHEN: Day and Time for Clinic Visit

*N = 295 responses*



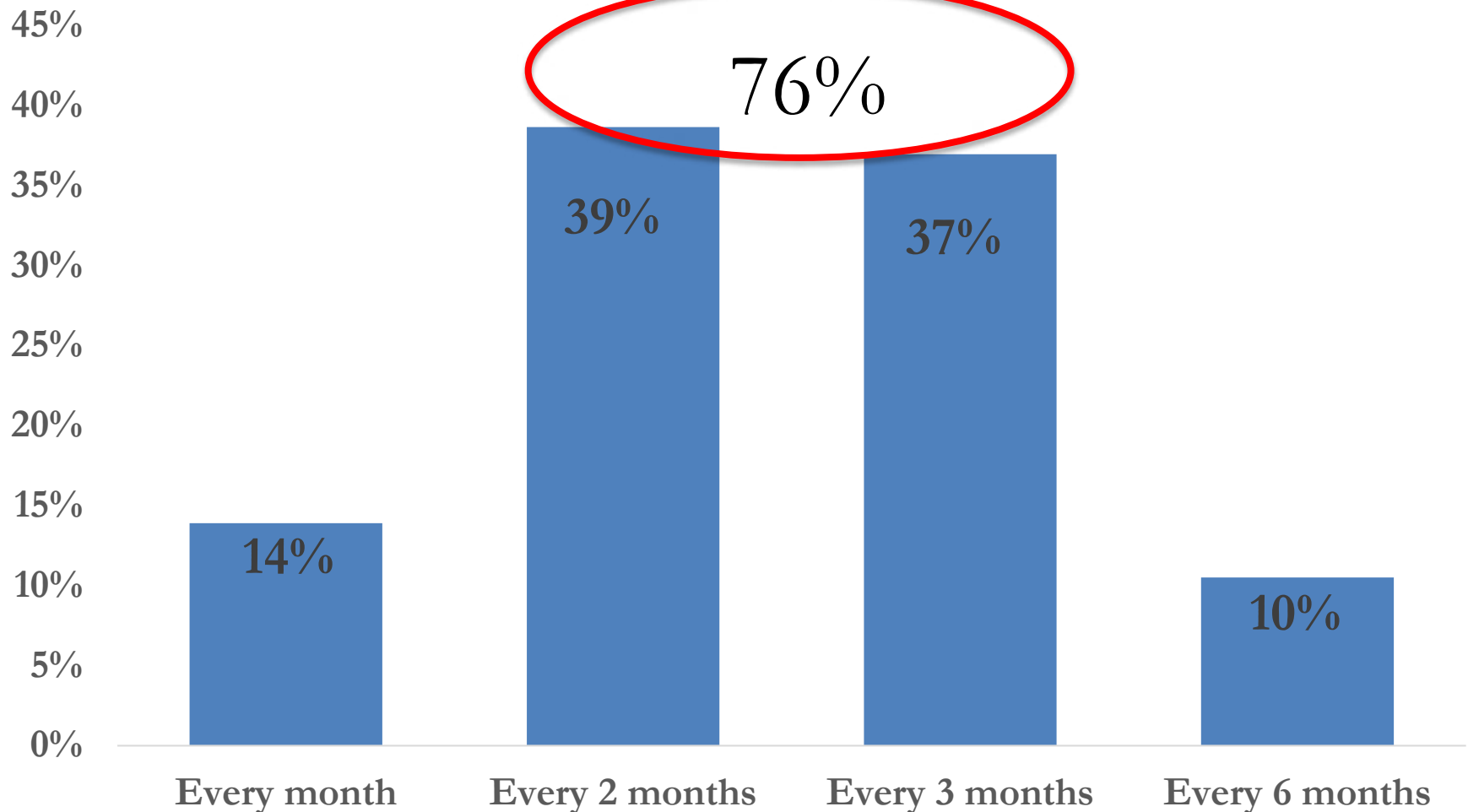
# WHEN: Day and Time for Clinic Visit

*N = 295 responses*



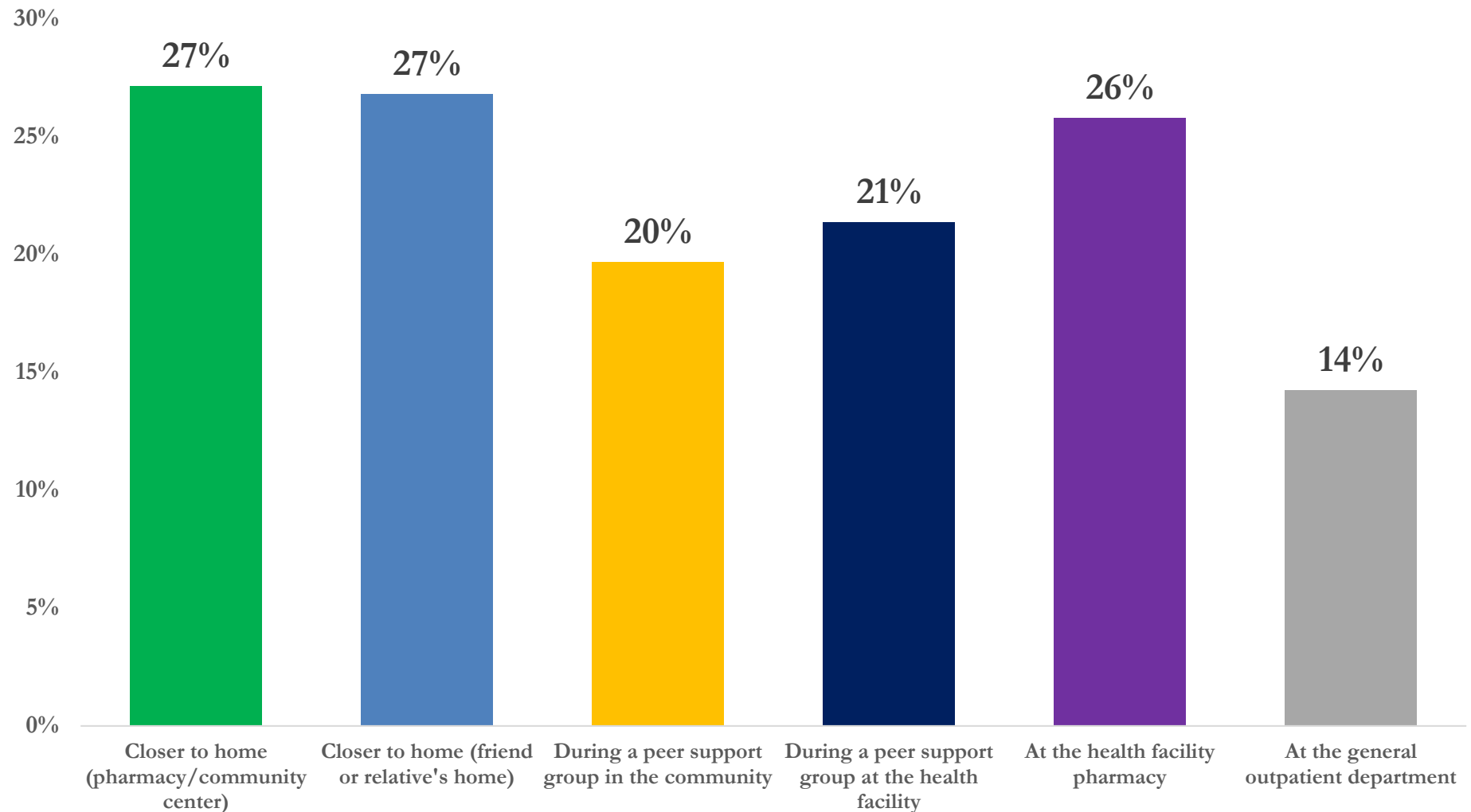
# WHEN: Frequency of ART Refills

*N = 295 responses*



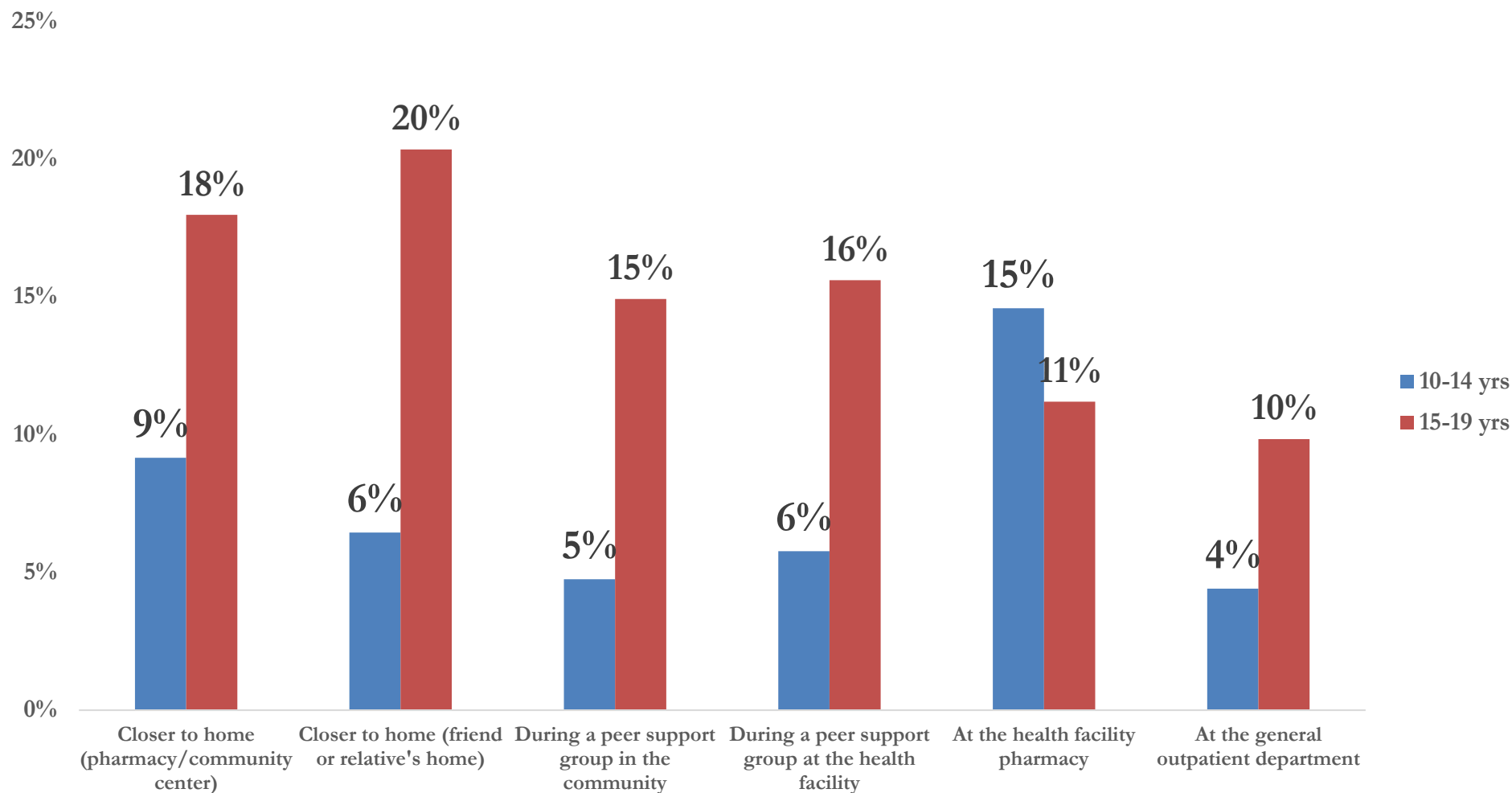
# WHERE: ART Refill Location

*N = 295 responses*



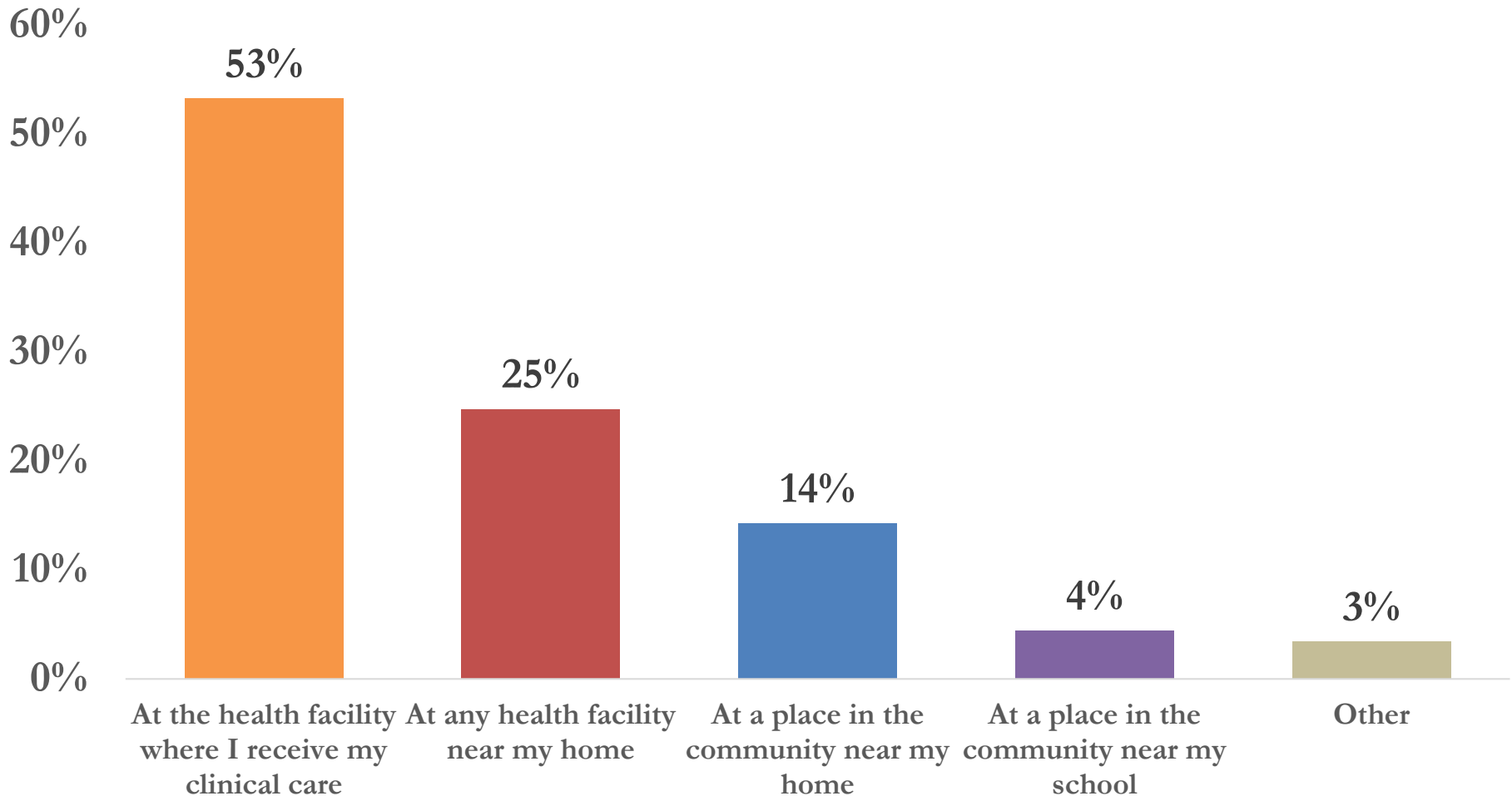
# WHERE: ART Refill Location

*N = 295 responses*



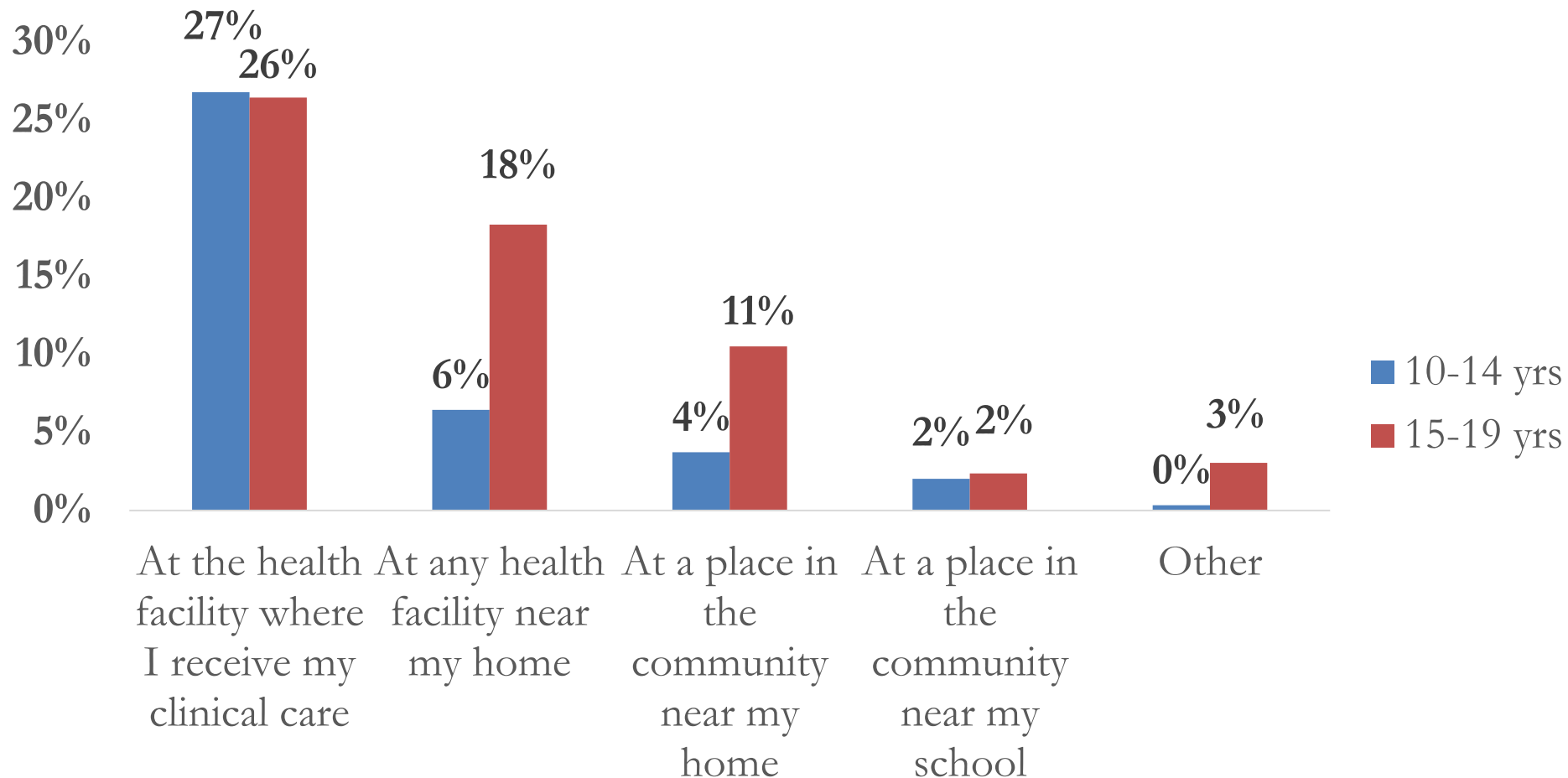
# WHERE: Support Group Activities

*N = 295 responses*



# WHERE: Support Group Activities

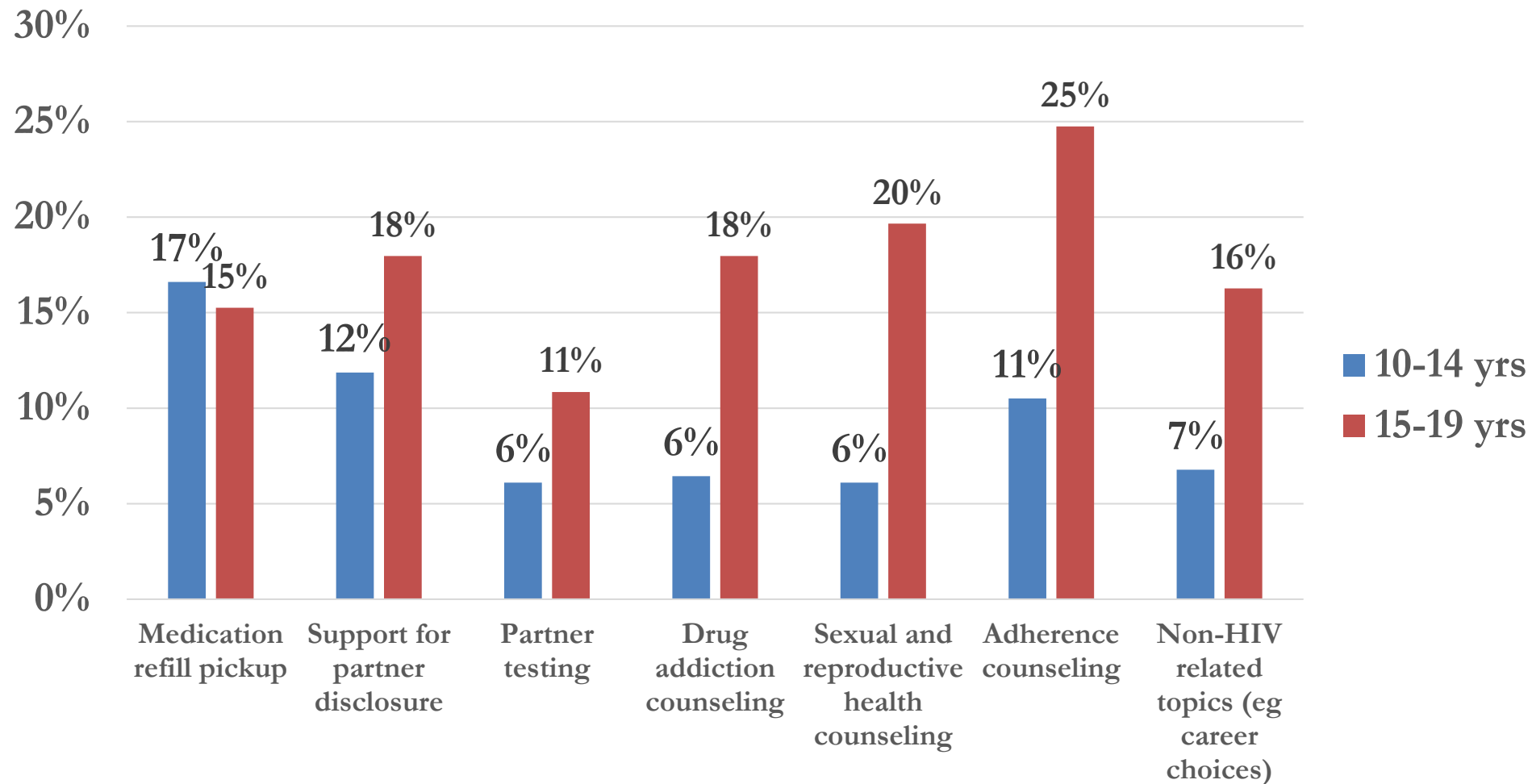
*N = 295*





# WHAT: Services to Provide

*N = 295*



# Conclusions

- A third of ALHIV did not want separate clinic visits from ART pick up
- Majority preferred to have clinic visits every 2-3 months
  - Preference was for weekday clinic visit
- Three quarters of the adolescents preferred ART refills every 2-3 months
- Three quarters preferred to have support group activities at a health facility
- Adolescents living with HIV are a heterogeneous group, and DSD should be tailored to meet the diverse needs of ALHIV

# Acknowledgements

- Staff, adolescent peers and ALHIV at JOOTRH
- Study Staff
- ICAP Kenya
- JOORTH Management
- NASCOP and Kenya MOH
- CQUIN Team
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