

**HIV Learning Network**

The **CQUIN** Project for Differentiated Service Delivery

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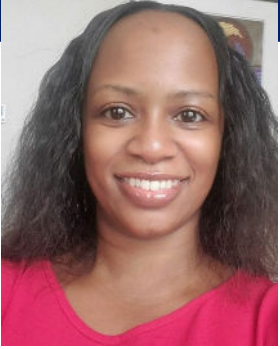
# DSD for Adolescents & Young People

## A CQUIN Webinar | March 7, 2023

**HIV Coverage, Quality, and Impact Network**

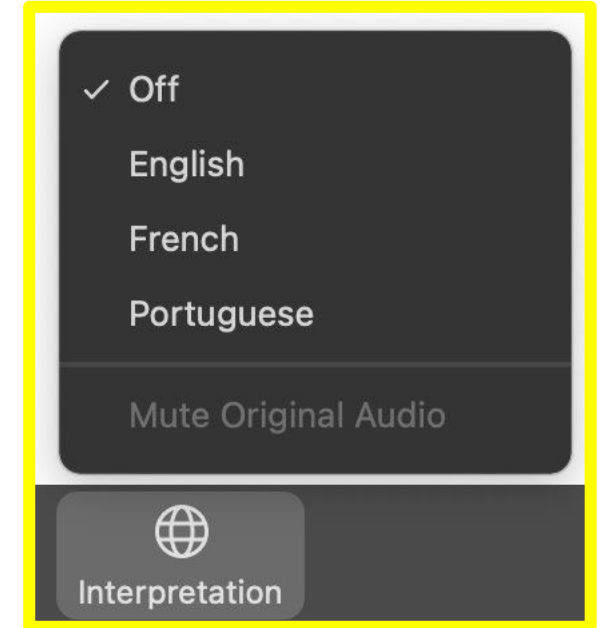


# Welcome/Bienvenue



Maureen Syowai  
Deputy Project  
Director, Technical  
ICAP/CQUIN

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



# Housekeeping

- 60-minute webinar with framing presentations followed by a panel discussion with Q&A
- Slides and recording will be available on the CQUIN website ([www.cquin.icap.columbia.edu](http://www.cquin.icap.columbia.edu))
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you are a French speaker, please ask your question in your language of choice and the interpreters will translate as needed



# Agenda

- **Welcome and Introductions**

- Maureen Syowai, CQUIN Deputy Director, Technical, ICAP Kenya

- **Presentations**

- DSD for adolescents and young people– Grace Rabut, Pediatric and Adolescent ART Manager, NASCOP Kenya & Immaculate Mutisya, Public Health Specialist, CDC Kenya
- Operation Triple Zero– David Lakoni, OTZ Lead and Adolescent Advocate, Kenya

- **Panel Discussion**

- **Closing Remarks**

- Maureen Syowai, CQUIN Deputy Director, Technical, ICAP at Columbia University

# Presenters



Grace Rabut  
Pediatric and Adolescent  
ART Manager  
Ministry of Health (NASCO), Kenya



Immaculate Mutisya  
Public Health Specialist  
Division of Global HIV/AIDS  
and Tuberculosis  
CDC, Kenya



David Lakoni  
OTZ Lead  
Riruta Health Center, Kenya

# Implementing Differentiated Service Delivery (DSD) Models for Adolescents & Young People Living with HIV (AYPLHIV), KENYA

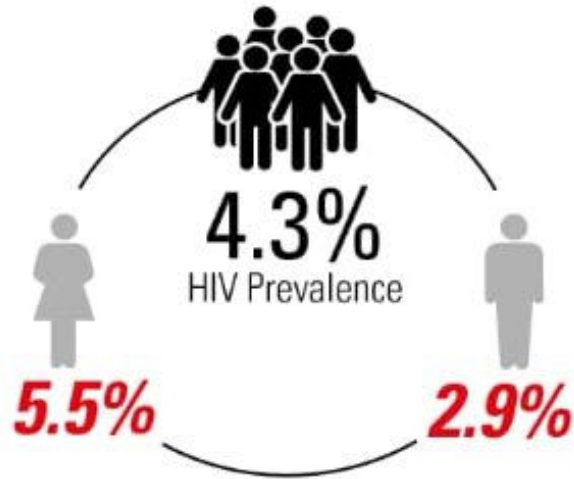
Dr Grace Rabut

Dr Immaculate Mutisya

**HIV Coverage, Quality, and Impact Network**



# Epidemiology of HIV in Kenya



County	HIV Prevalence
Homa Bay	17.2%
Kisumu	15.6%
Siaya	14.7%
Migori	10.9%
Mombasa	5.7%
Busia	5.4%
Nairobi	5.1%
Uasin Gishu	5.1%
Kisii	4.6%
Vihiga	4.1%
Nakuru	4.1%

## Adolescent and young people

**42%** adult new HIV infections occur among Adolescents and Young People (15-24 years)



**Adolescent (10-19yrs)**

PLHIV

**99,159**

New Infections **5,294**



**Young adults (15-24yrs)**

PLHIV

**173,228**

New Infections **11,229**

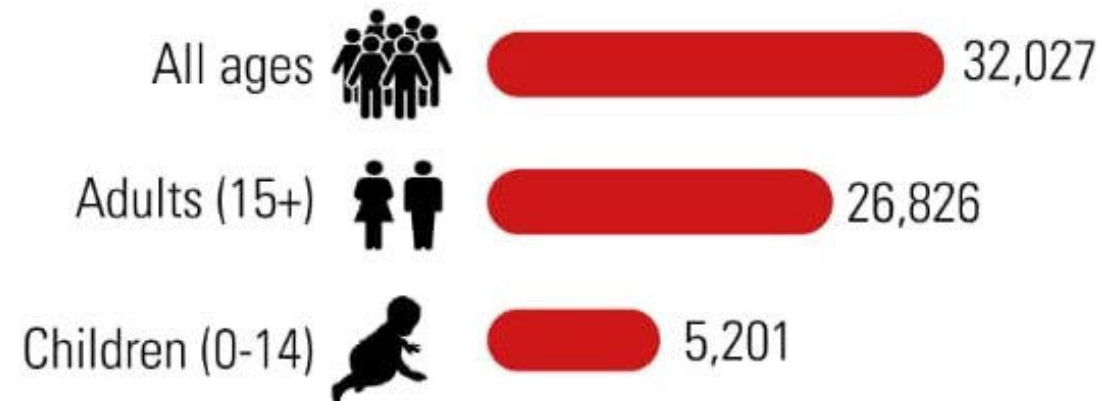


**78,465**  
Children living with HIV (0-14)



**1,356,806**  
Adults living with HIV (15+)

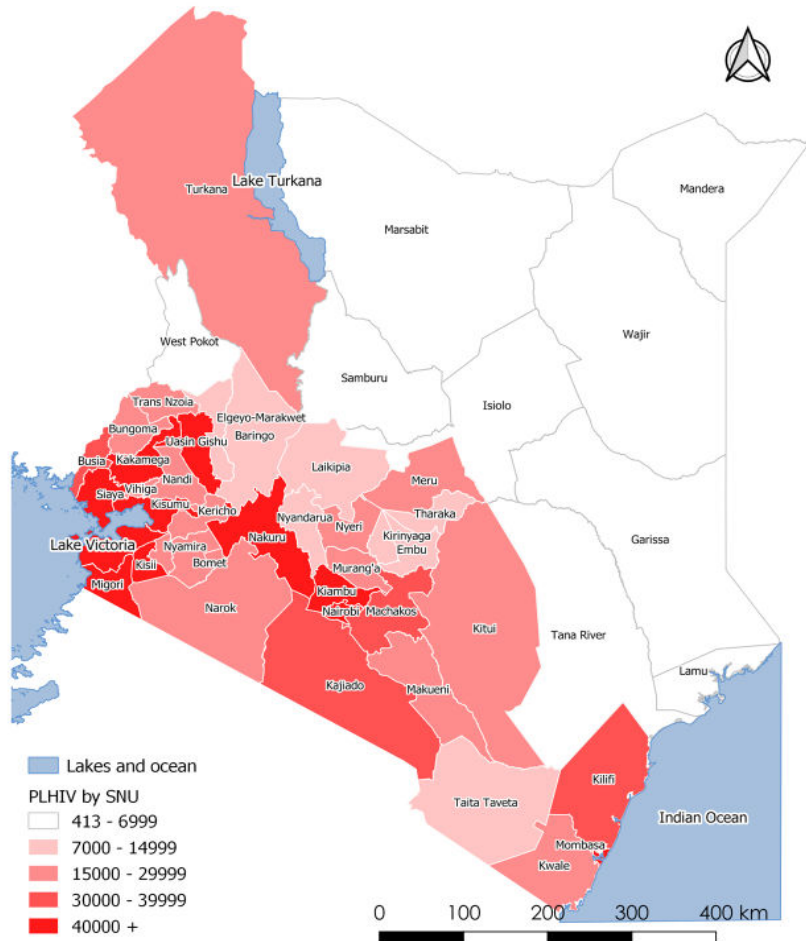
## New HIV Infections



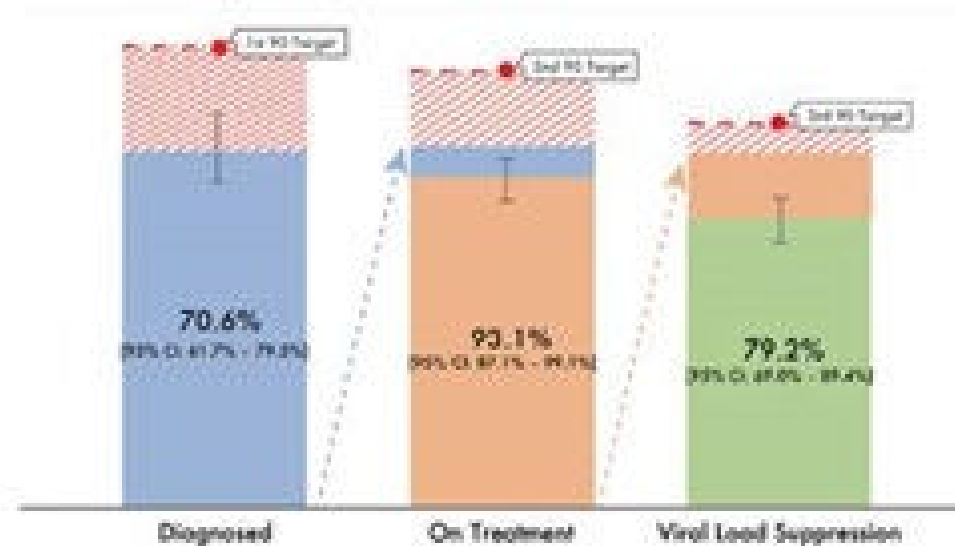
# Background

PLHIV: 1.4 Million

KENPHIA : AYPLHIV Clinical cascade



HIV Estimates 2020



Legend:

- 100% target
- 95% confidence interval (CI)
- People living with HIV diagnosed
- People living with HIV on treatment based on self-report and self drug resistance test
- People living with HIV on treatment based on self-report and self drug resistance test and viral load suppression

YOUNG PEOPLE | 41

Figure 14.A  
Young people 15-24 (laboratory-  
adjusted ARV data among older  
adolescents and young adults aged 15-24  
years), KENPHIA 2018



# Kenya's Response to Adolescent HIV Prevention and Treatment



1. **National HIV Policy framework\_KASF II**

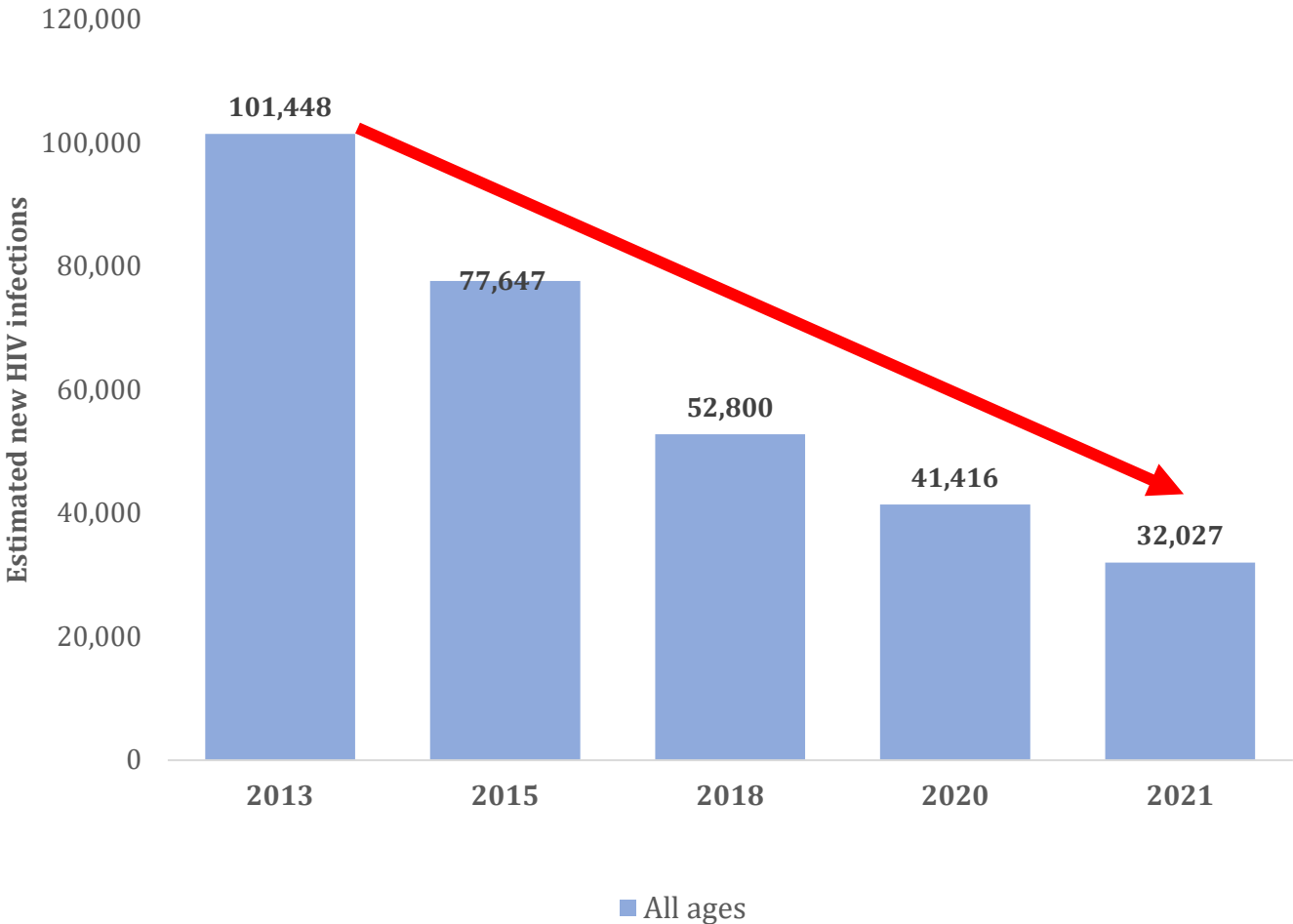
2. **Leadership support and commitment**

3. **Capacity building**

- Training manuals
- APOC guidelines for HCW
- Caregiver training manual
- Training of peer mentors/educators

4. **Implementation and monitoring**

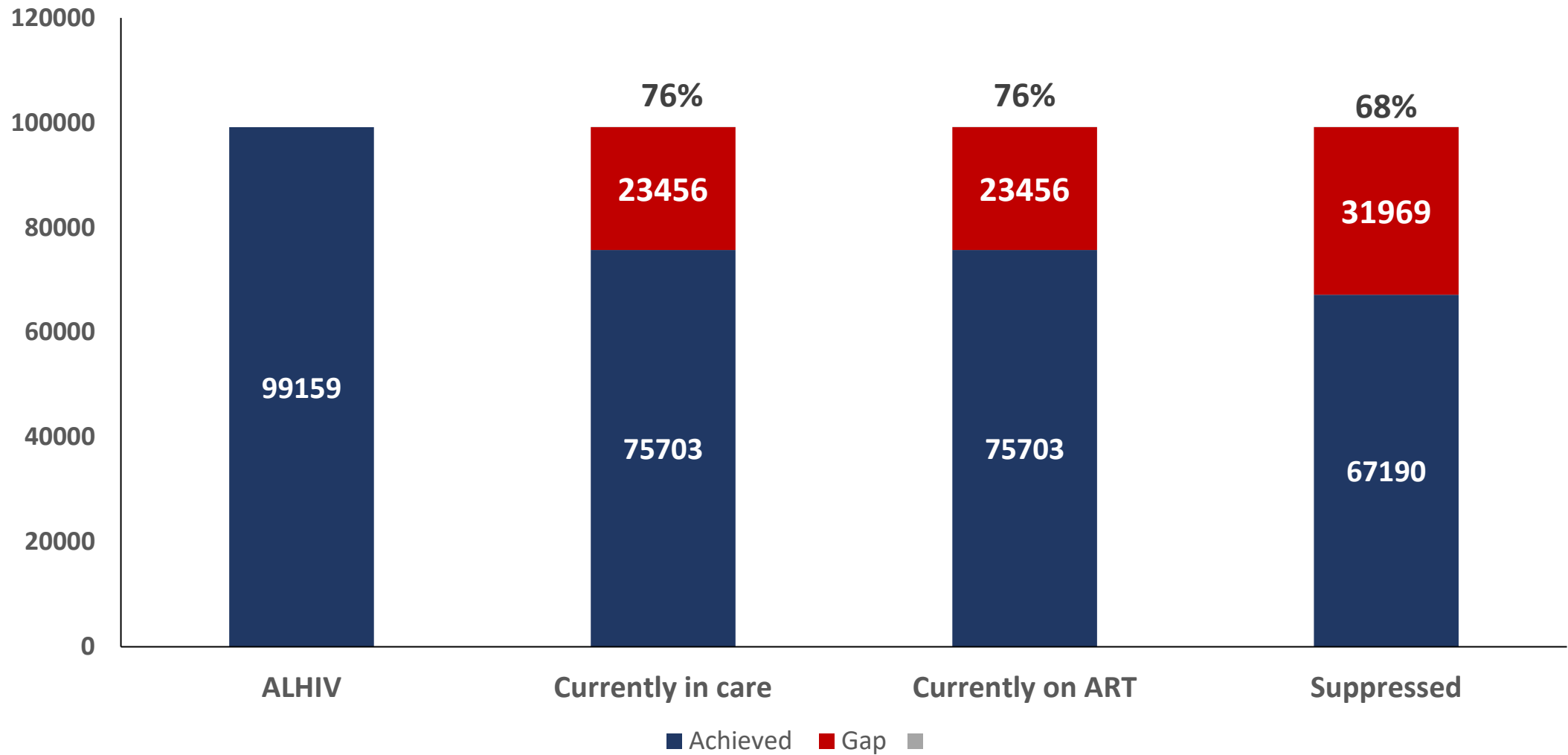
# New HIV infections trends



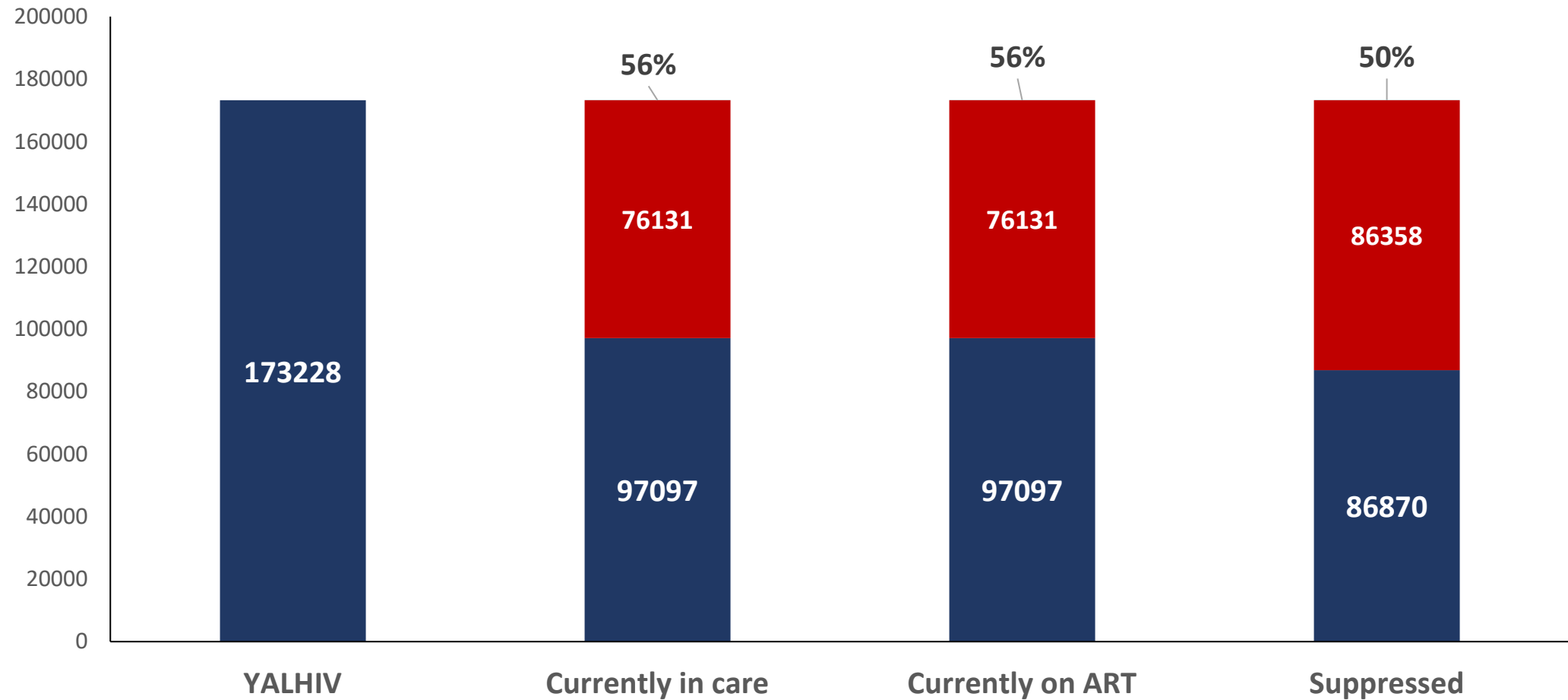
**The country missed target of reducing new HIV Infections by 75% across the various populations**

	2013	2021	% Decline
Total new HIV infections	101,448	32,027	68.4%
Children (0-14) new HIV infections	12,826	5,201	59.4%
Adults 15+ new HIV infections	88,622	26,826	69.7%
Adolescents (10-19) new HIV infections	18,004 ****2015	5,294	70.5%
Adolescents and Young People (15-24) new HIV infections	35,776 ****2015	11,229	68.6%

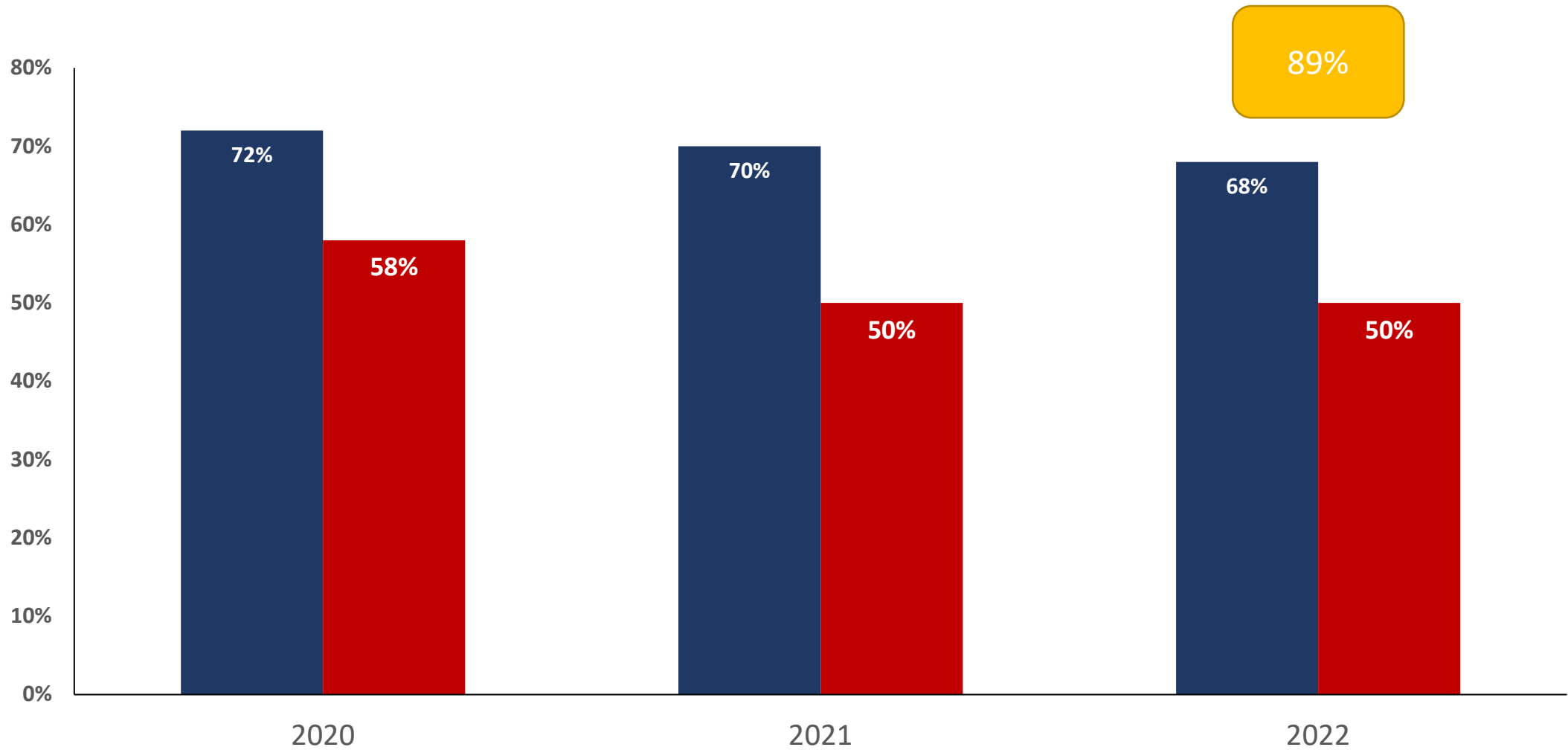
# Adolescent cascade, 10-19yrs



# Young Adults cascades, 15-24 yrs



# Viral load suppression trend adolescents 10-24 yrs, 2020-2021



# Overarching program focus areas

- Triple threat-early pregnancies, SGBV and new HIV infections
  - Responsive program strategies to address adolescent-specific gaps
  - Review of HIV testing strategies
  - Psychosocial support groups to improve viral suppression
  - Training of healthcare workers on adolescent care: APOC
- Nationwide cascading of evidence-based strategies( E.g operation Triple Zero )

# Implementation of the adolescent package of care (APOC)

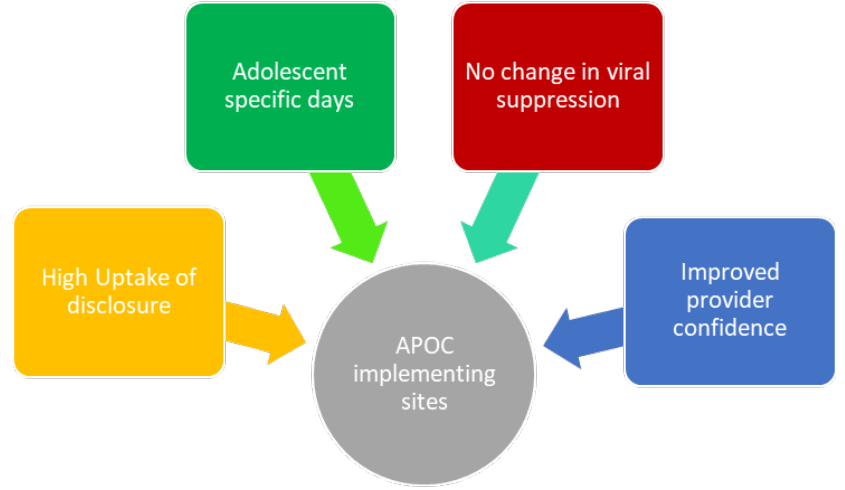
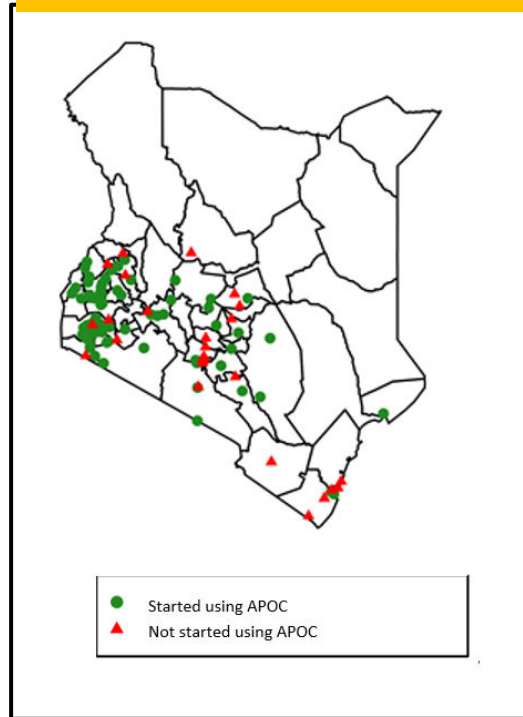
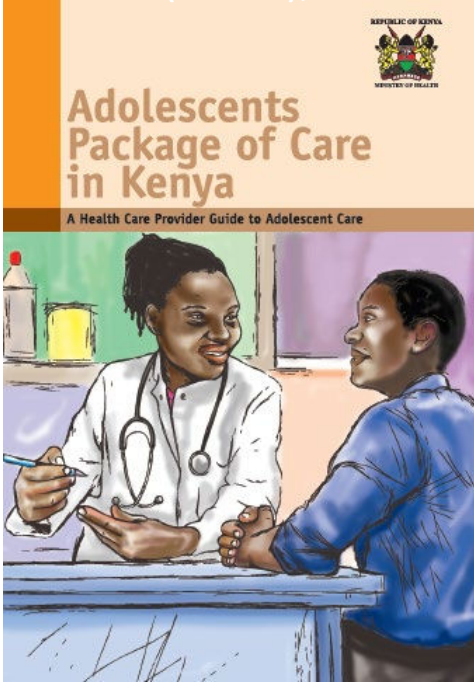
APOC

Implementation science 2015-2016

Results

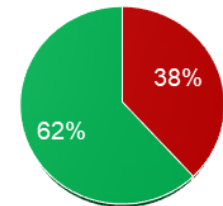
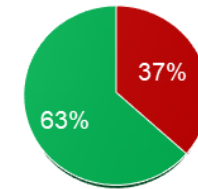
Adolescent Package of Care (APOC), 2014

PHASE Study 2015-2016



APOC (N=2,286)

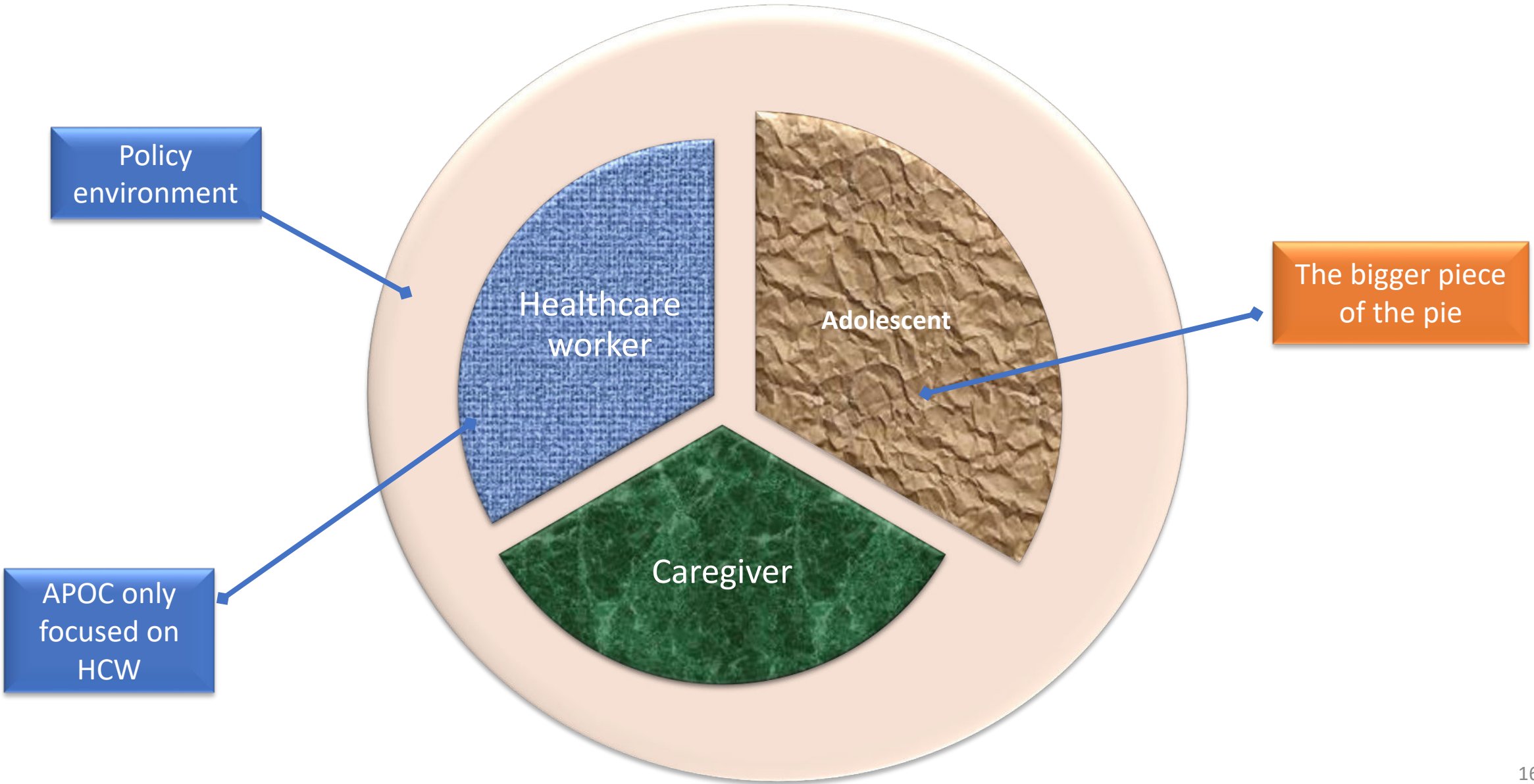
Non-APOC (N=277)



■ Viral non-suppression  
■ Viral suppression

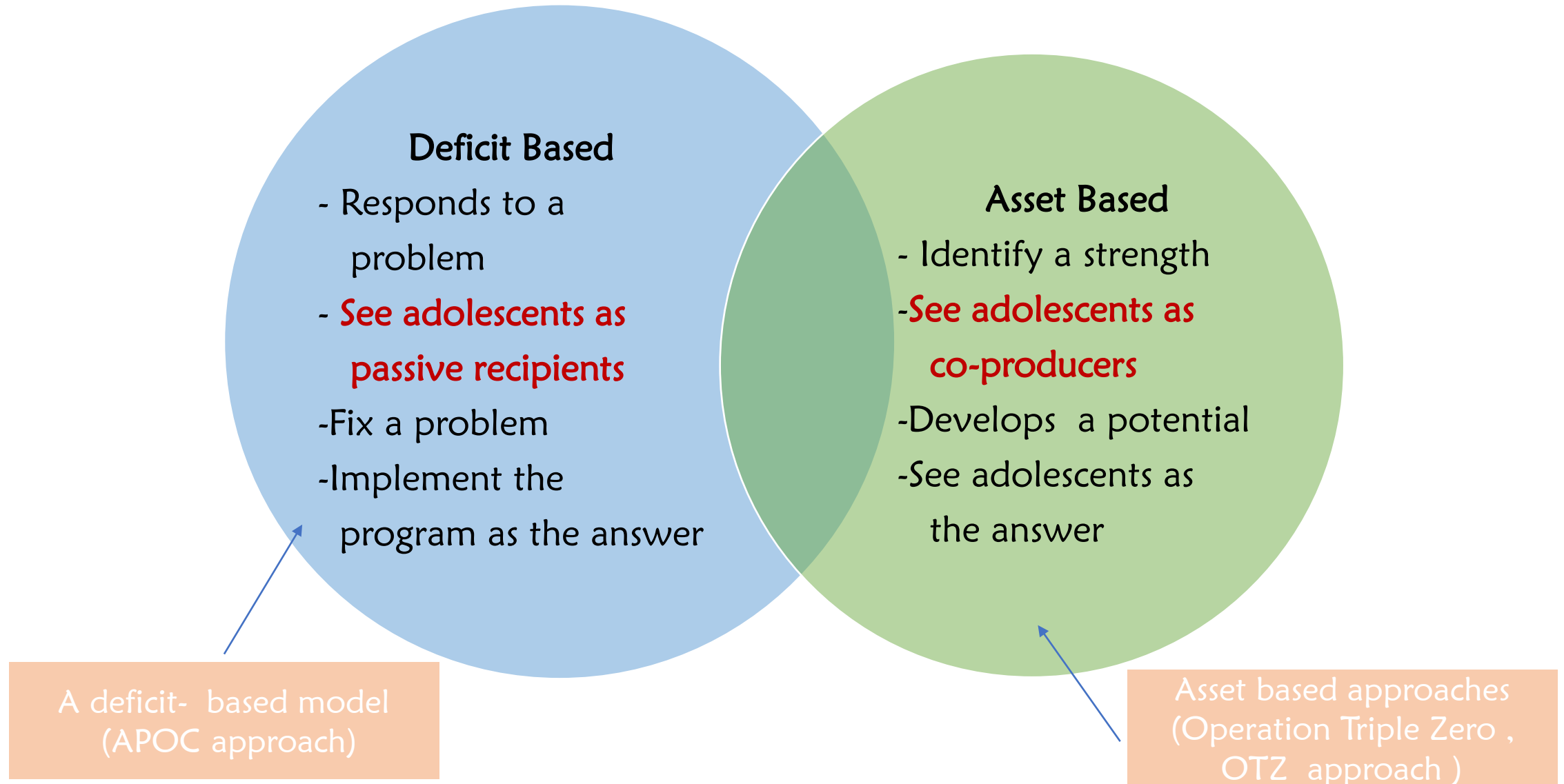
■ Viral non-suppression

# What determines outcomes for adolescents living with HIV?





# Why Asset based-programming approach?



# Operation triple zero (OTZ)

## Operation triple zero

Zero missed appointments

Zero missed drugs

Zero viral load

## Other zeros

**Zero MTCT**

Zero Stigma

**Zero Deaths**

**Zero Tuberculosis**

Zero new infections

Zero missed school



#iamahero

## Motto

Heroes for zeros and zeros for heroes, it takes a hero to be a zero and a zero to be a hero

# Asset based training using OTZ Modules

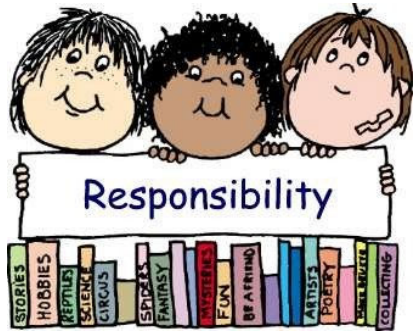
Common  
goal



Leadership



Connectedness ,  
Positive outlook



Responsibility

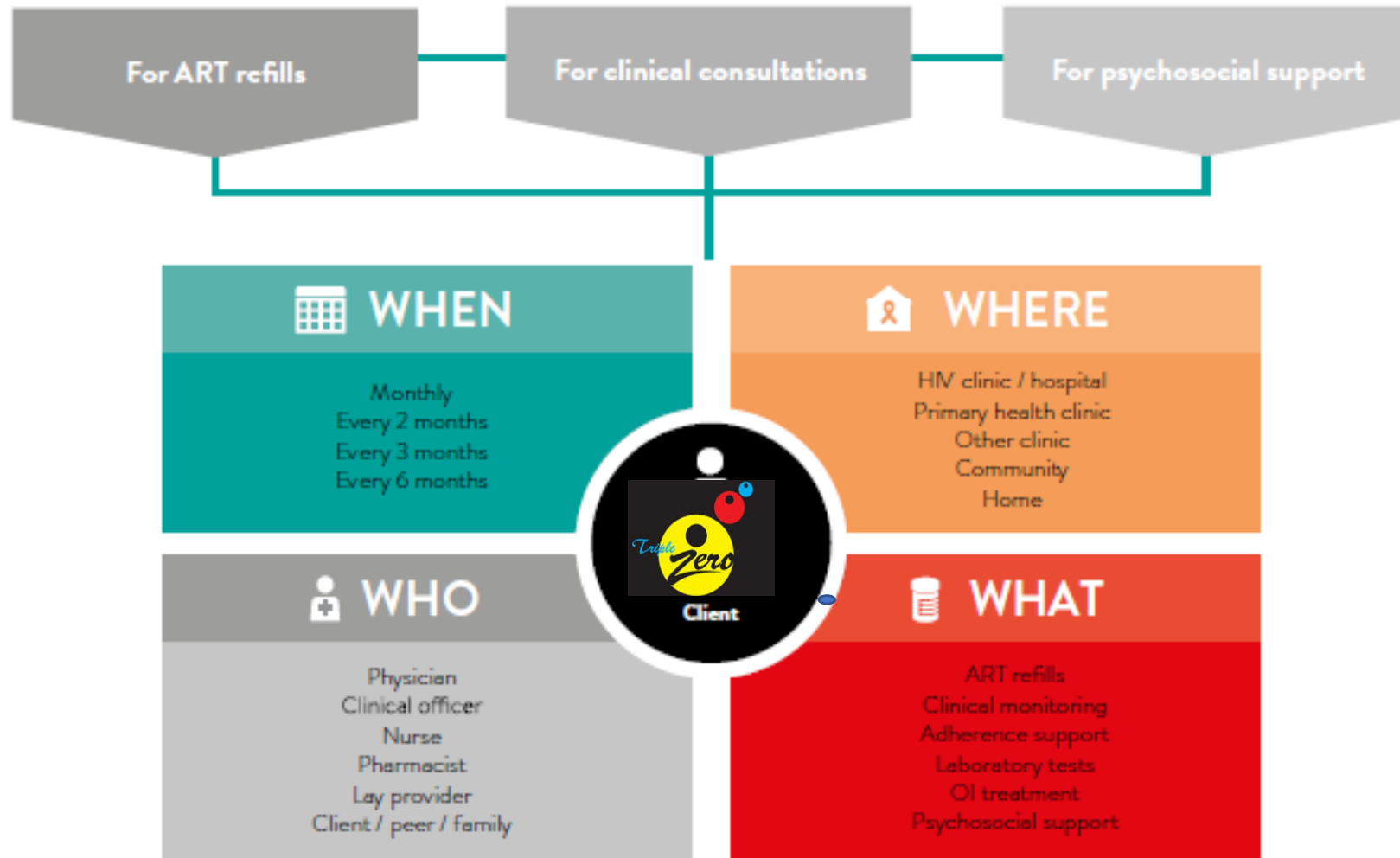


Effective  
Participation



Positive health  
outcomes

# How does OTZ fit in the DSD



# What ? The OTZ package

---

- ART refill
- Adherence counselling
- Goal setting ( Health, treatment, school, relationships, life)
- OI screening, prevention and treatment
- Connectedness : Quarterly clubs and annual open days



# WHERE ? OTZ DSD Models fast track and community ART distribution



## OTZ Clubs

- Held during weekdays or weekends hence good retention
- Peer & HCW led by OTZ Champions
- OTZ Modules Coverage Sessions
- Aligned with clinic visits
- Involves Expressive art therapy
- OTZ Plus for PMTCT



## Facility ART Groups (HCW-led or peer-led)

### Fastrack Model

- OTZ Peer Led or HCW led
- Preferred by ALHIV in urban areas
- Refill meeting is done at a convenient place within the facility grounds
- Membership is 6-20 members



## Community ART Distribution Points

### Community ART groups

- AYP Peer Led / HCW Led
- Use of bicycles to deliver ART
- Avenue for positive peer pressure
- Preferred by ALHIV in rural settings
- Advocacy through Caregivers



# WHO IN OTZ ? :caregivers, adolescents and HCW

Adolescents



Caregivers



Health Care workers



Caregiver speak up! 'Alikuwa anasumbua kumeza dawa lakini tangu aingie hii OTZ nimiona mabadiliko

Caregiver speak up! 'He used to Disturb a lot when taking medication. But since he joined this OTZ , I can see a change

# Results





# OTZ trainings, HCW engagement and facility recognitions activities



Caregiver literacy sessions



Viraemia clinics for adolescents with high VL



IGA Activities

Hi guyz st. Merceline Roo suppression rate.  
10-14 =100%  
15-19 =100%  
20- 24=100%  
The only age band lagging me behind is 0-9 which is am working on it. This is after my two adolescent suppressed to LDL from 234000 copies and the other one from 62131 to 112 copies and I like it.

4:59 PM

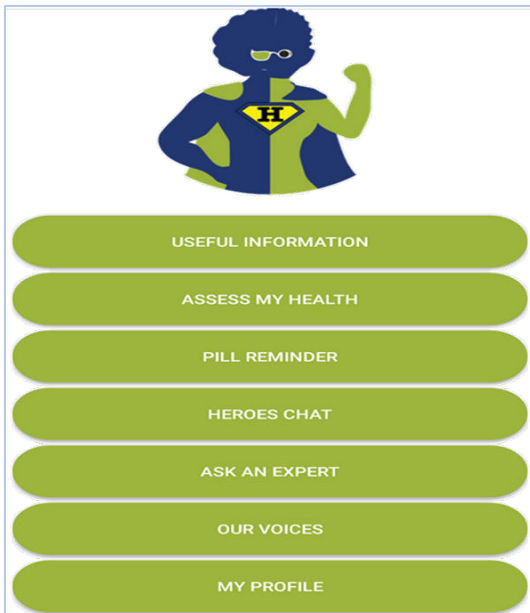
A total of 5 children who have been having high viral load for > 1year at Nangina achieved viral suppression today.

4:59 PM

Hi team I wish to share this with you that I have received seven results for my kids who have suppressed  
nos 995 from 6237 to Idl  
No 1074 from 3592 to Idl  
No1641 from15558 to Idl  
No 641 from 7346 to Idl  
No2071 from14570 to Idl  
No 1199 from 1597 to Idl  
No 1790 from 7926 to Idl

4:59 PM

HCW interact among themselves



Online platforms: ALHIV interact with peers and HCW



Awards for achievers

# Adolescents actively participate in goal setting and facility activities

AYP owned , AYP Led facility activities



OTZ clubs are facility based

HCW leading OTZ are drawn from facility

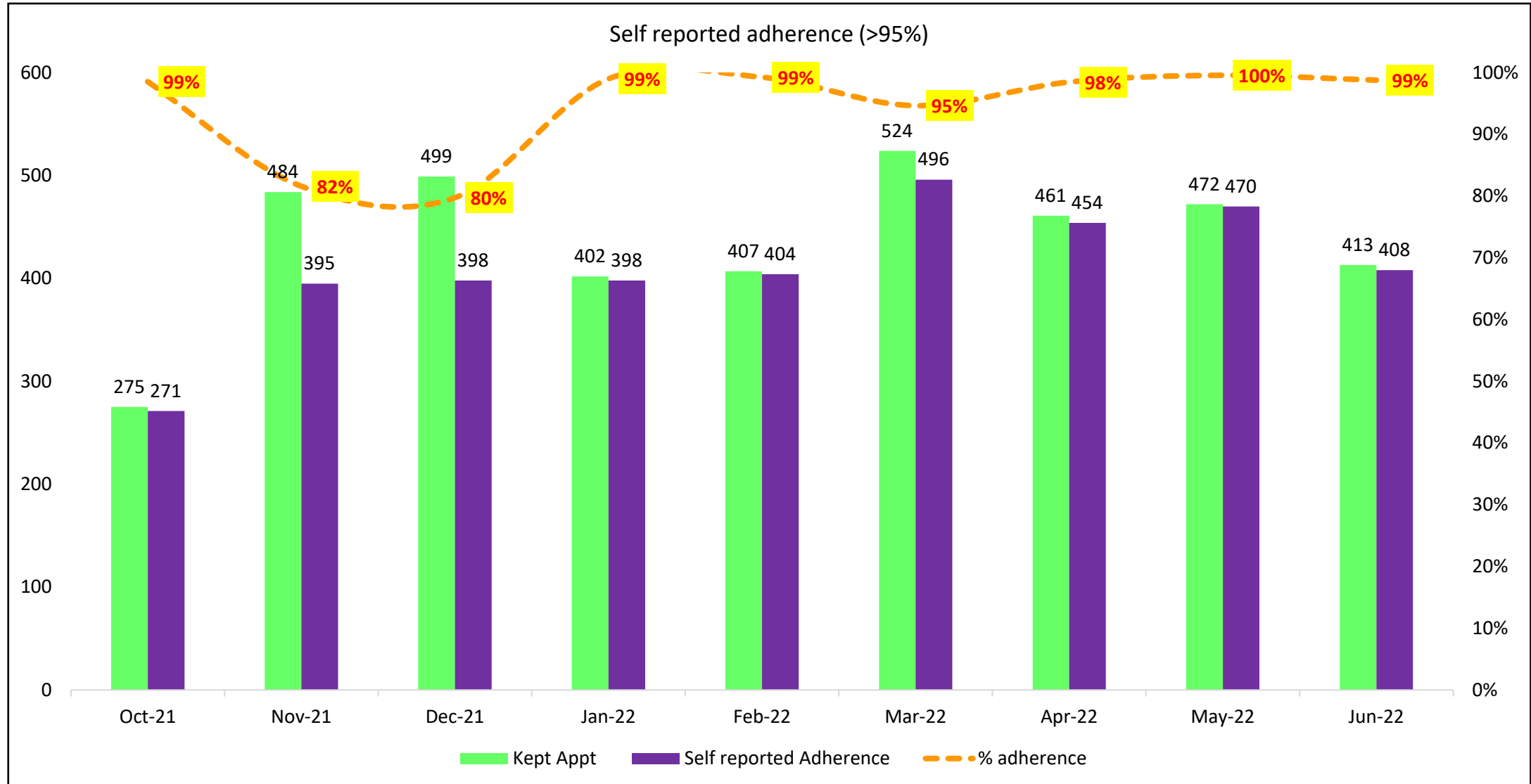
OTZ Champions lead the OTZ agenda

Clubs do not receive specific funding

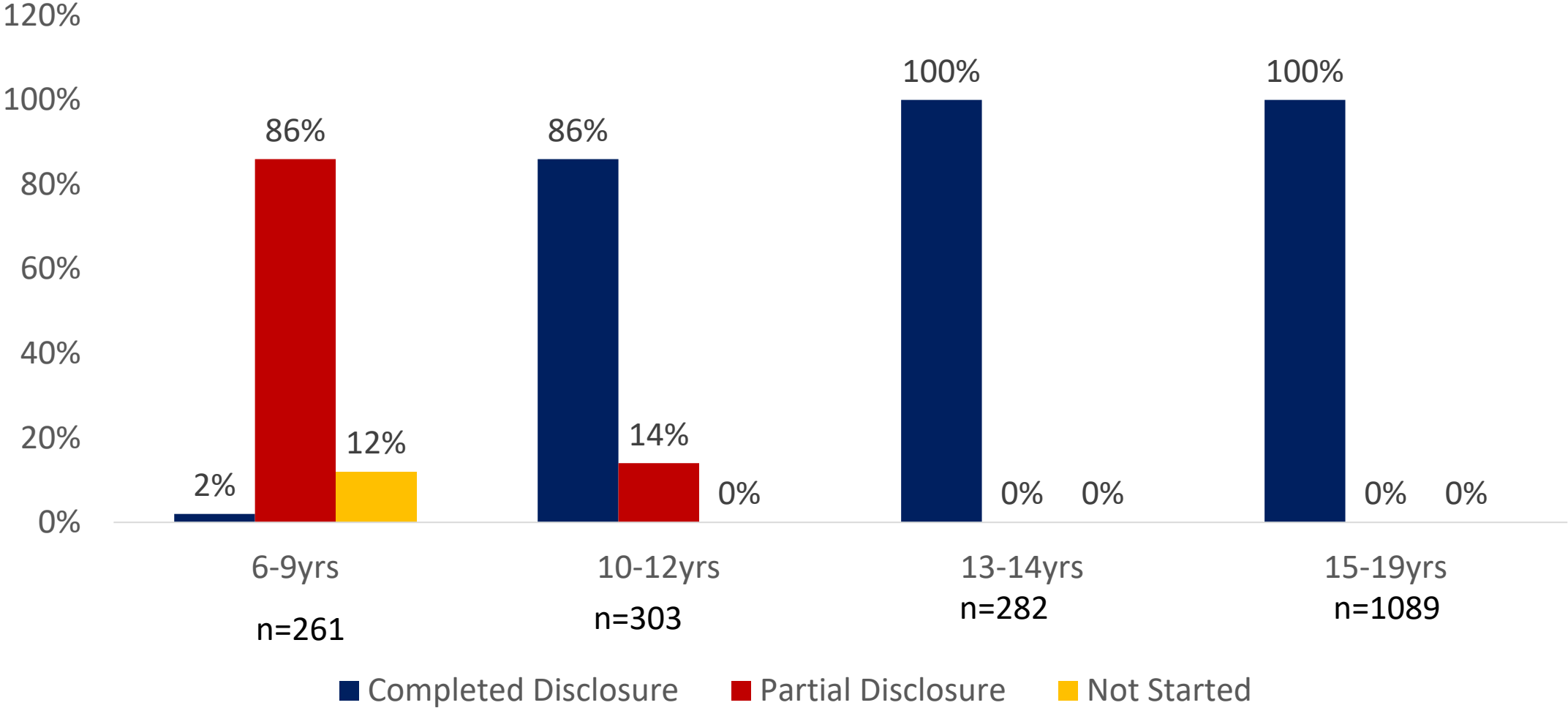
Less of printed material and more of adolescent hand-written charts / declarations

OTZ approach is geared towards sustainability

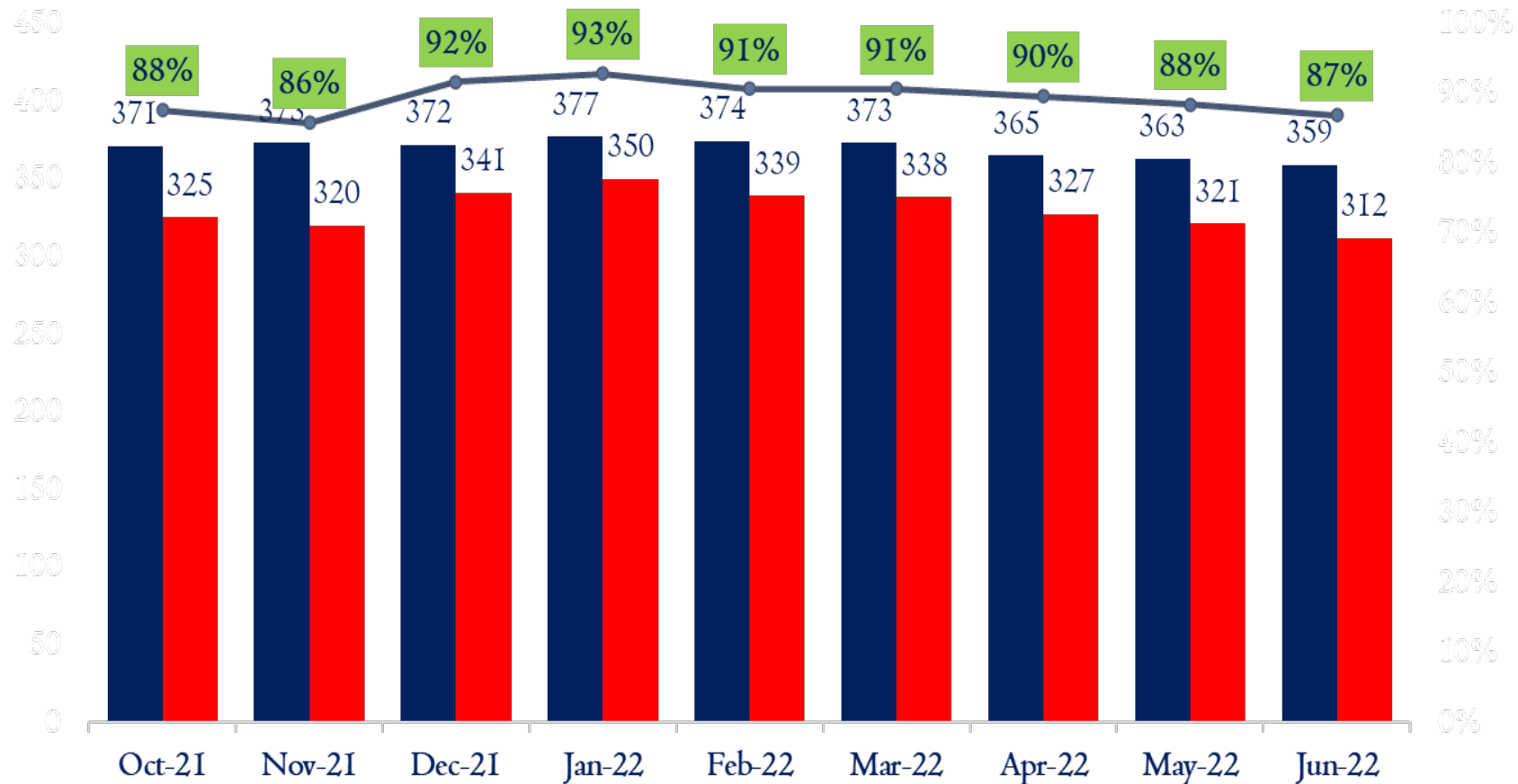
# OTZ Zeros : Appointment keeping & Self reported Adherence



# Disclosure Status by Age Group



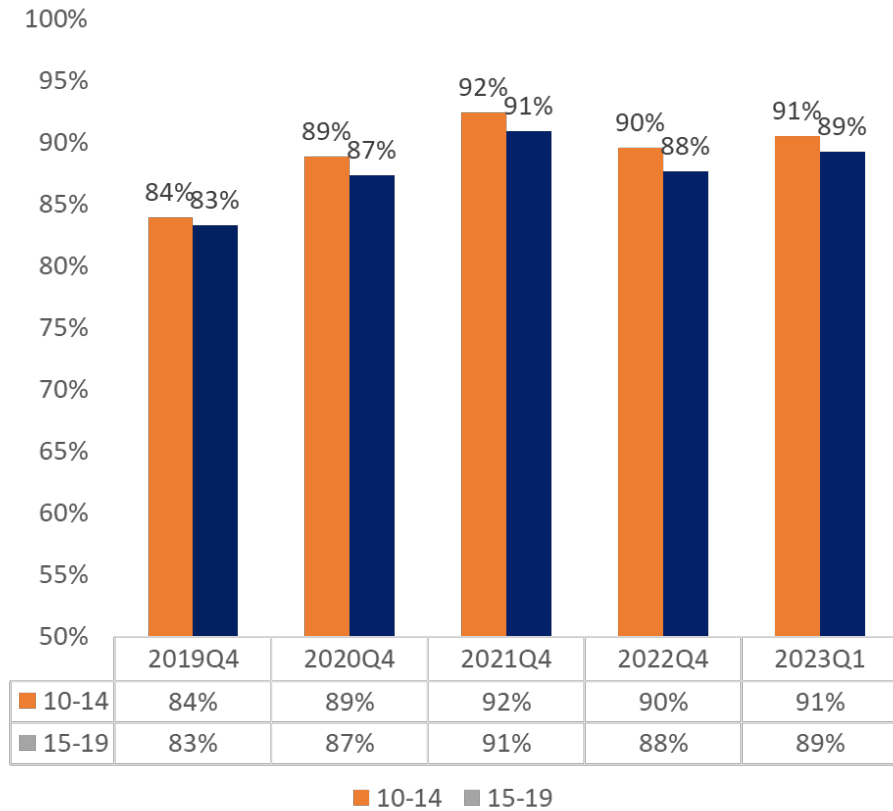
# MMD > 3 months appointment (10-19 years)



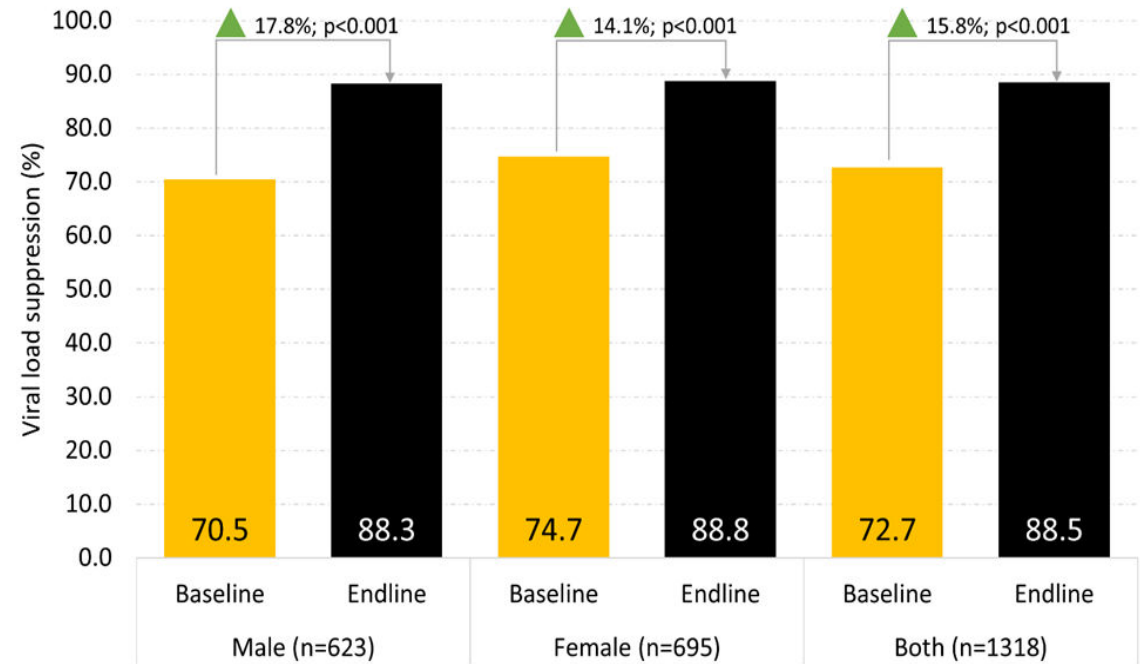
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Active	371	373	372	377	374	373	365	363	359
On MMS	325	320	341	350	339	338	327	321	312
% on MMS	88%	86%	92%	93%	91%	91%	90%	88%	87%

# Viral suppression improvement over time

Program data Viral suppression 2019-2023[1]



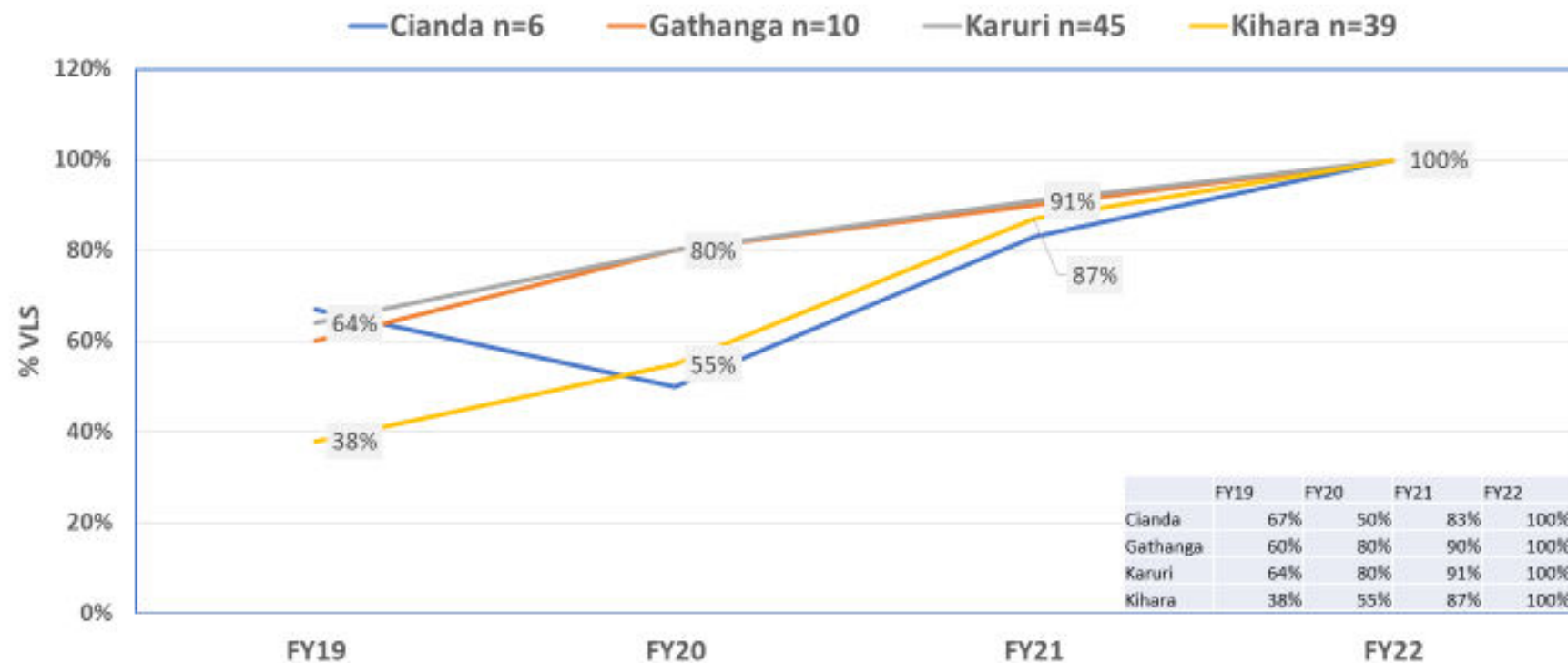
Retrospective patient level data of OTZ members 2017-2021[2]



Source: 1] DATIM , CDC, 2]OTZ evaluation

# It all begins at the facility : A sub-county at 100% viral suppression sept 2022

## Kiambaa Sub-County CALHIV Suppression Trends









Cross Country learning visit 2018

Thank you!



# Implementing OTZ Services at Riruta HC, Kenya



David Lakoni  
OTZ Lead  
Riruta Health Center, Kenya

# Panel Discussion



Maureen Syowai  
CQUIN Deputy Director,  
Technical  
ICAP Kenya



Grace Rabut  
Pediatric and Adolescent  
ART Manager  
Ministry of Health  
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Immaculate Mutisya  
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CDC, Kenya



David Lakoni  
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**Slides and recordings from today's session will be posted on the CQUIN website:**

**<https://cquin.icap.columbia.edu/>**

**Join us on April 4<sup>th</sup> for the next CQUIN webinar:  
Recipient of Care Satisfaction**

**HIV Coverage, Quality, and Impact Network**

