



Improving Enrollment and Retention of Youth into HIV Services: Lessons Learned from Kisumu, Kenya



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Issues

- Nyanza province has the highest burden of HIV in Kenya: prevalence 13% (national average 5.1%)
- Prevalence of HIV among 12-21 yr-olds in Kisumu is 17.1% (21% females, 11% males)
- Only a small proportion of this age group was accessing care and support services, and retention in care was low (5.3% of patients enrolled at the HIV care clinics within Kisumu City are aged 13-21)
- Services at most of the ARV clinics are not youth friendly
- Prevention programs are often separate from treatment programs

Components of youth friendly services

Services

- Integration
- Participatory
- Individualized
- Short waiting times
- Minimally invasive procedures

Physical Environment

- Confidential location
- Recreation facilities
- Clinic that does not look like a "clinic"

Staff attitudes

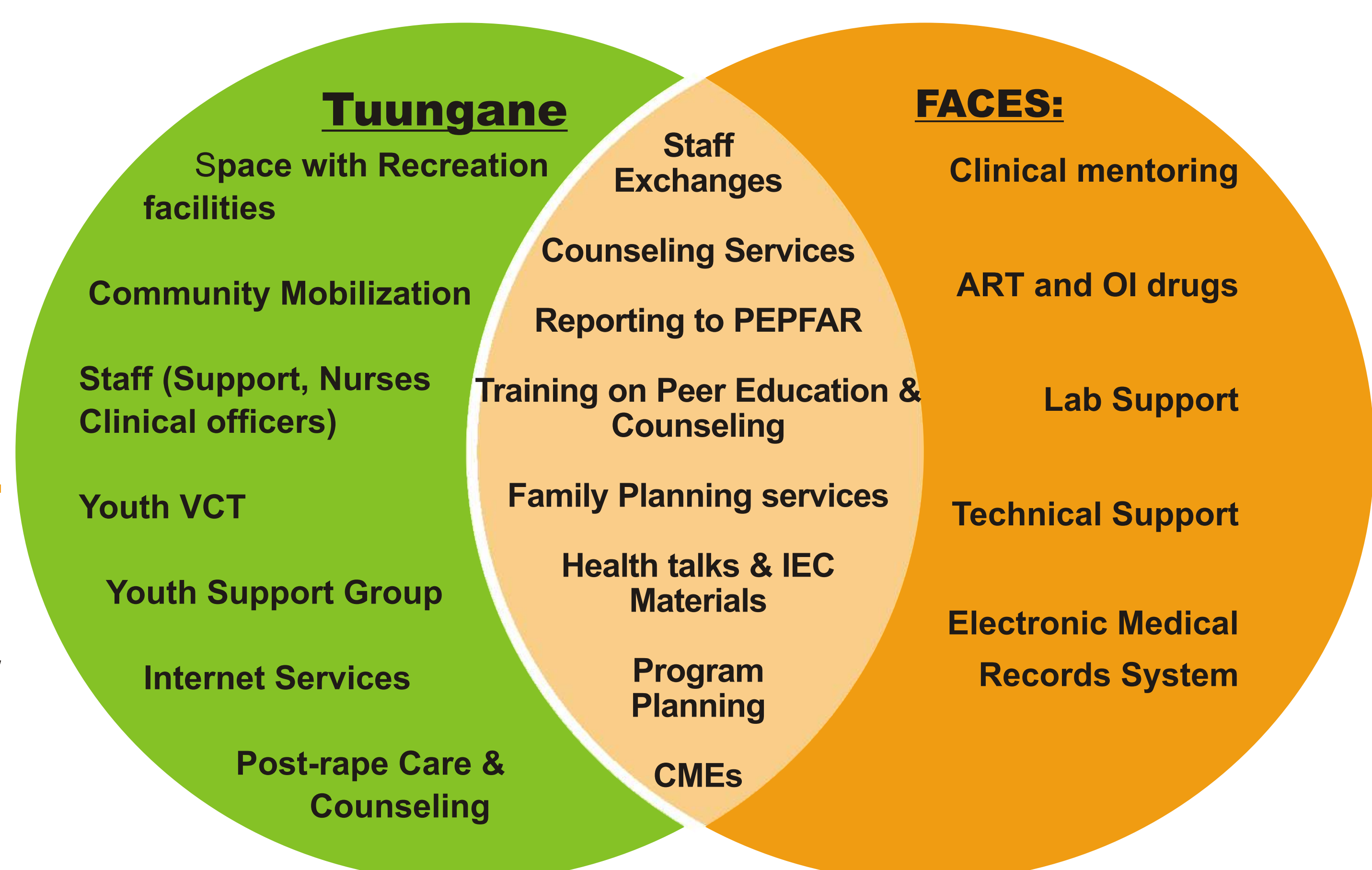
- Youth friendly
 - language
 - dressing
- Non-judgmental
- Confidential

Accessibility

- Low cost of travel
- Low cost of services
- Convenient location
- Convenient hours

Approach

- Partnership between a youth organization (Tuungane) undertaking HIV prevention activities provision of VCT and STI treatment and a family - focused HIV prevention, care and treatment program (FACES), to provide "youth-friendly" HIV care and treatment
 - Comprehensive youth-centered HIV program started November 2005
- Girls' only day started to improve utilization of the services by young women and their children
 - Only female staff are on duty this day
- PMTCT and Pediatric ART services were also introduced to cater for children of young mothers



Youth engaging in recreational activities while awaiting service at Tuungane



A training session on peer education and counseling



A FACES clinician attending to a mother and child at Tuungane Youth Center

Goals of the collaboration

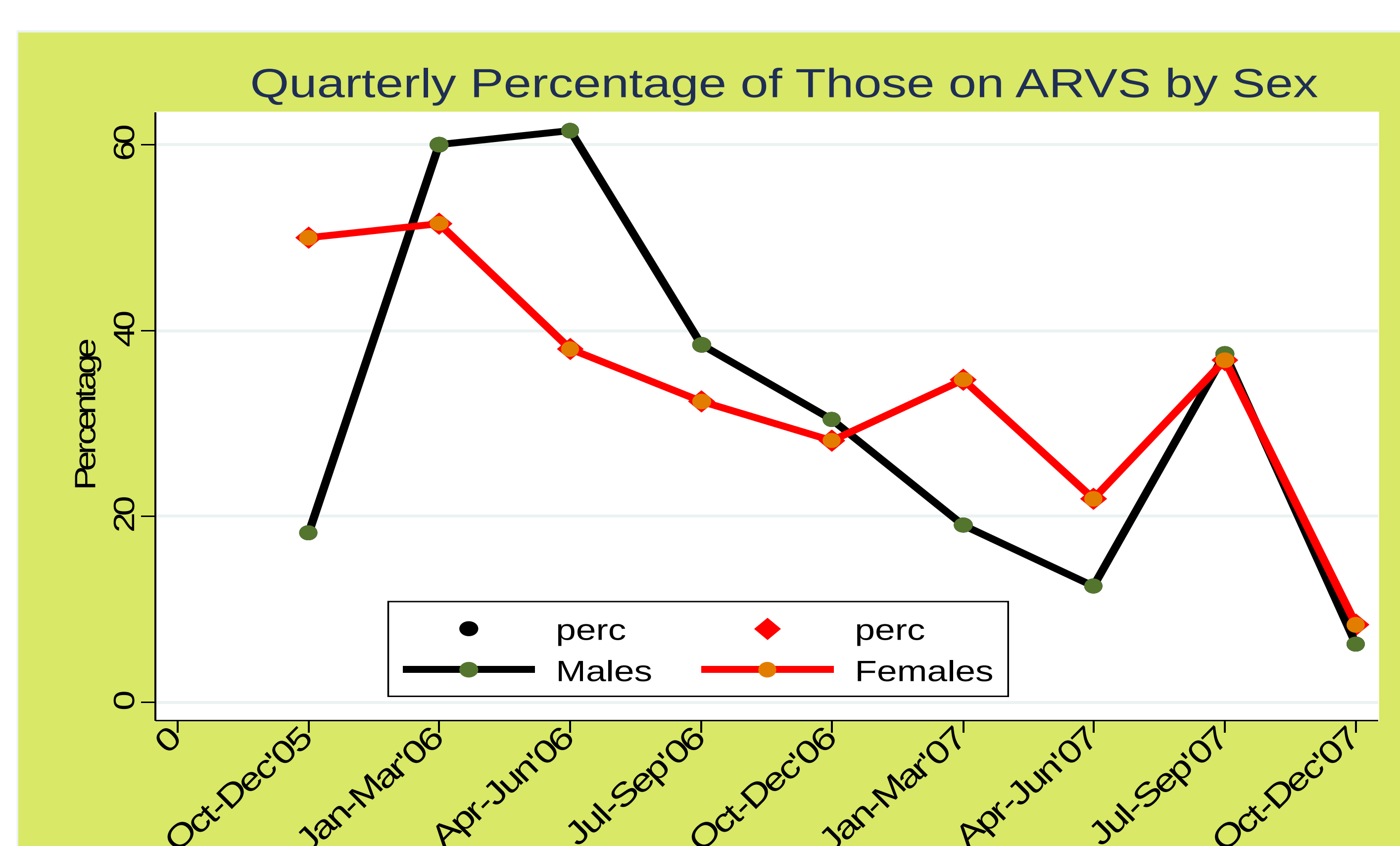
- Improve HIV care for youth aged 13-21 years in Kisumu
- Increase the number of youth enrolled in HIV care in Kisumu
- Increase uptake of VCT among youth in Kisumu

Results

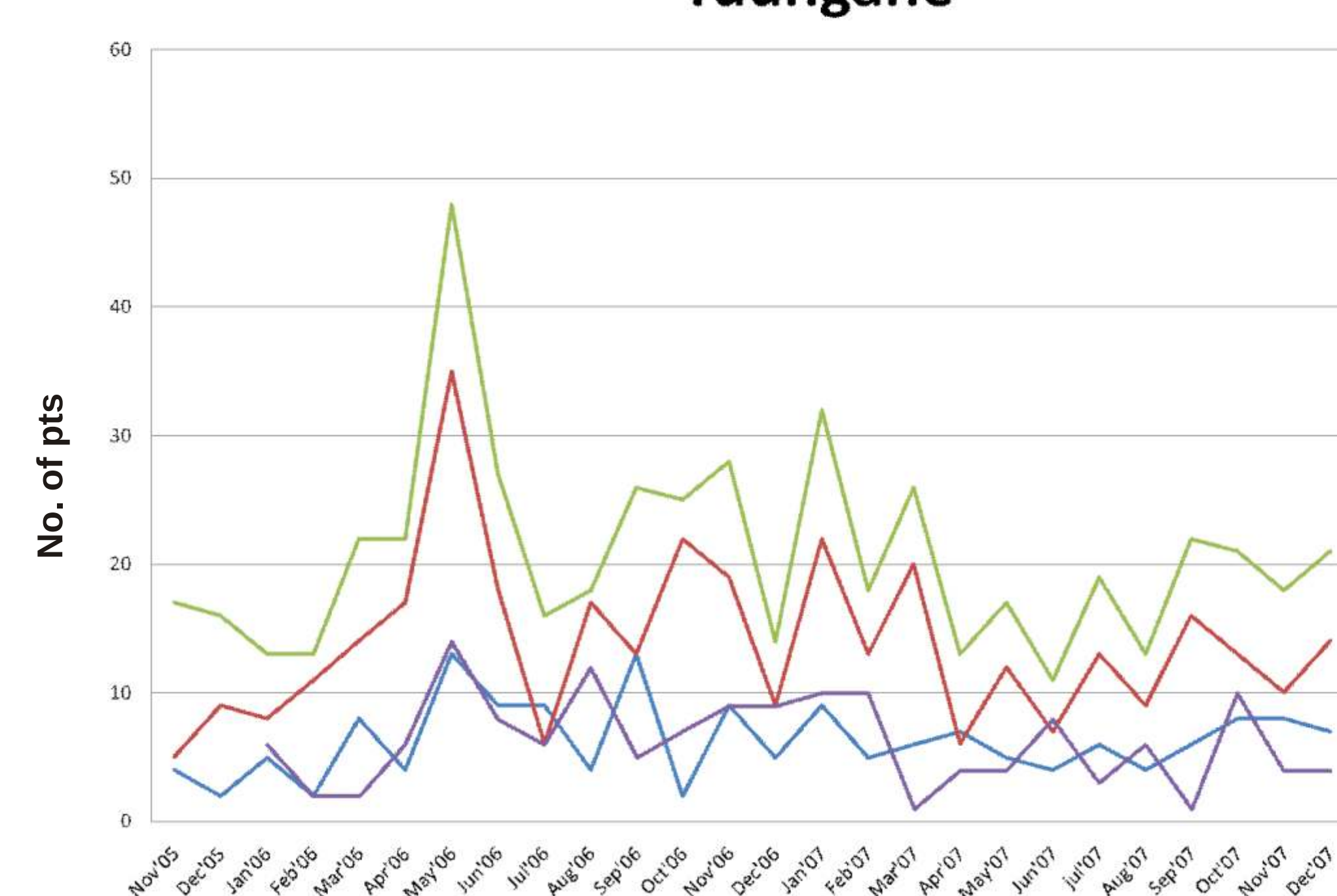
- Youth enrollment is substantially higher at Tuungane (November 2005 –Feb 2008)
 - ✓ Note: youth comprise just 3% of the patient population at Lumumba Health Centre
- WHO stage at ART initiation has not varied much between the two sites
- There's sex disproportion in enrollment at both sites (more females than males)
- A higher proportion of clients are on ARVs at Tuungane
- Youth retention is much higher at Tuungane
 - ✓ Note: Majority of defaulters occurred within the first three months of enrollment at both clinics

Results

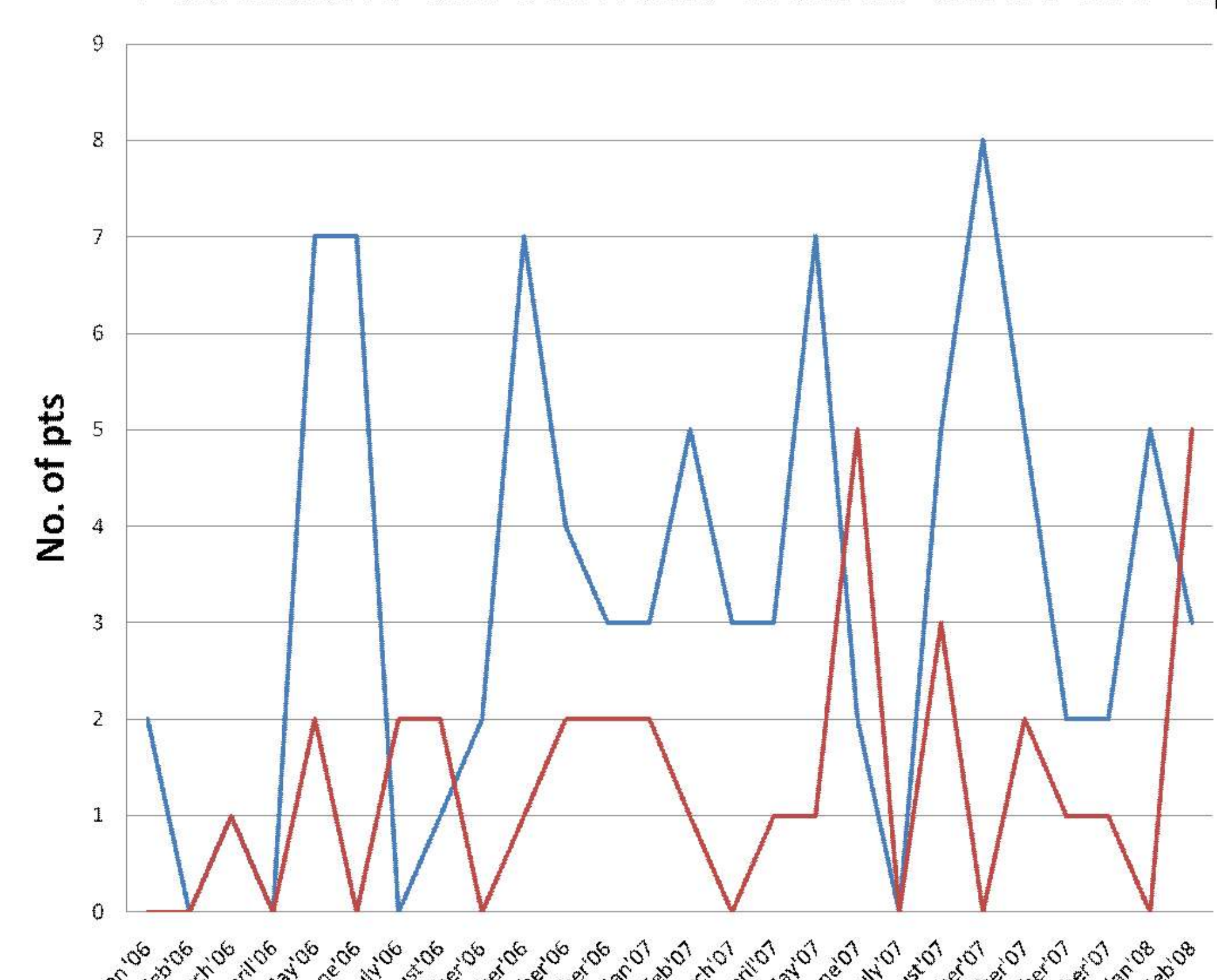
	Tuungane (Youth-focused Site)	Lumumba (Non-youth focused Site)
Youth Enrollment		
Males	537 N (32%)	212 N (12%)
Females	N (68%)	N (88%)
WHO stage 3 or 4 at ART initiation	124 (23%)	52 (25%)
Clients on ARV	181 (34%)	54 (25%)
Retention	376 (70%)	118 (55%)



Enrollment trends and ARV uptake at Tuungane



Pediatric enrollment trends and ARV uptake



Lessons Learned

- Youth-centered sites catering to health and lifestyle needs – including quality HIV services are a good option for increasing access to HIV prevention, care, and treatment for youth
- Youth-centered sites may draw and enroll higher volumes of youth than non-youth targeted sites
- Although youth remain a challenge for HIV care retention, youth-centered sites may be better able to retain patients
- Youth centers whose primary goal is prevention can also serve as a care and treatment centers with proper support

Recommendations

- HIV programs should seek to provide services tailored to fit the unique needs of youth
- Youth HIV programs should focus on retention strategies during the enrollment process
- Ongoing evaluation of such programs is needed in order to come up with replicable best practices