

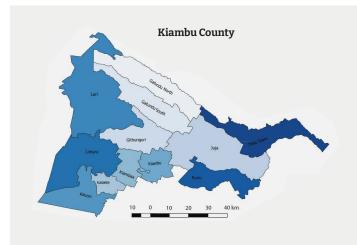
Strengthening Community-Based Health Services for Adolescents and Young People (AYP) Aged 15-24 years in Kiambu County, Kenya Through the Local Innovations Scaled Through Enterprise Networks (LISTEN) Process

Background:

Adolescents and young people (AYP) are being left behind in the HIV response, with high numbers of new infections and suboptimal diagnosis and treatment coverage outcomes.¹ This is further compounded by challenges such as teenage pregnancies, sexual gender-based violence, and alcohol abuse.

In Kenya, youth constitute 29% of the population, yet 52% of all new HIV infections occur among this population, with females faring far worse than males (eight out of ten new HIV infections occur among young women). The HIV epidemic among AYP is characterized by poor treatment outcomes, including loss to follow-up, low adherence to treatment, and low viral suppression. Kenya has categorized AYPs, especially adolescent girls and young women aged 15-24 years, as a priority population needing specific high impact interventions in addressing new HIV infections, related morbidity, and mortality.

In Kiambu County, there were 434 new HIV infections among 15-24 years old in 2019, and 228 in 2021. Teenage pregnancy is currently at 8,330 in 2022 and 211 cases of sexual gender-based violence were reported in 2021. The County has 303 secondary schools (227 public and 76 private), with an enrollment of 89,065 (44,777 males and 44,288 females), and a completion rate of 92.5%. The county also has one public and six private universities, expanding access to education for youth coming from Kiambu and across the country.



AYP are not just beneficiaries of programs, but are important stakeholders and agents of change. AYP leadership and partnership is an essential component of the design, delivery and evaluation of programs that affect them. AYP have the capacity to identify approaches and solutions that best respond to their needs, making programs more effective and helping to ensure increased uptake of services and better outcomes.³ Funded by the Bill and Melinda Gates Foundation, the Local Innovations Scaled through Enterprise Networks (LISTEN) process integrates the voice of the community in the design and testing of solutions to reach at-risk populations that are currently not being reached with conventional strategies. The process, which includes the use of human centered design (HCD) and continuous review of relevant data within communities of practice (CPs), expands engagement at the community level and supports linkages to the formal health system. In Kiambu County, the National Syndemic Diseases Control Council (NSDCC) is implementing the LISTEN process to address AYP priority needs for HIV prevention and other services.

Methodology:

Through a review of existing County data and the application of HCD approaches, AYP in Kiambu were segregated by the following characteristics: In school and out of school, urban and rural, vulnerability factors, service delivery and touch points. The NSDCC then established a CP composed of officers from the various County departments such as Health, Gender and Social services, Sports, Trade and a representative of the AYP. The CP met routinely and mapped naturally existing AYP structures (such as youth programs) for engagement. They then selected and prioritized two existing youth-led groups (Youth Advisory Champions for Health and Maisha Youth) for implementation of the LISTEN process. These groups were supported as CPs through the application of HCD principles to develop charters that identified their challenges (health and non-health), and their proposed solutions.

Results:

The two AYP CPs identified their priorities, which included HIV prevention, mental health, sexual and reproductive health, and economic welfare. They also developed proposed solutions to address their challenges, including those they could implement using their own existing resources, and those that required external support from the NSDCC and other government stakeholders. Fifteen Maisha Youth and Fifteen YACH CP members were then provided with HCD training and provided with ongoing mentorship to apply HCD as a problem-solving process. They were also provided with relevant data on health statistics to guide their decision making. The CPs proposed the following service delivery models to address their needs:

- · Integrated outreaches: To increase access to services, the AYPs facilitate outreach events to provide their peers with information and services (both health and non-health such as linking them to economic empowerment opportunities). The health services are provided by young service providers to whom the youth can relate. These providers are selected from other sub-counties where the outreach is not being undertaken to address privacy concerns.
- AYP friendly center: This is a one-stop center where services (health and non-health including linkage to funding opportunities) are provided. The Center is located at Ruiru level 4 Hospital and was established in December 2022 in collaboration with the Kiambu County government, which provided the infrastructure.
- School health clubs: In collaboration with the education sector, the AYP CPs engage with students in local high schools and colleges to provide information on sexual reproductive and mental health. This resulted in the establishment of a local school health club at the Alliance Girls High School, which focuses on providing health information to students.

The CPs now have representatives spread across the 12 sub-counties of Kiambu. These representatives meet routinely to exchange ideas and best practices and with the NSDCC-led county stakeholder CP. The CPs are also working closely with NGOs and other stakeholders in the community to integrate health services into activities (an example of CP collaboration with the Rotaract Club to integrate health services into community clean-up days). Through their efforts, the AYP CP members achieved the following in 2022:









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