



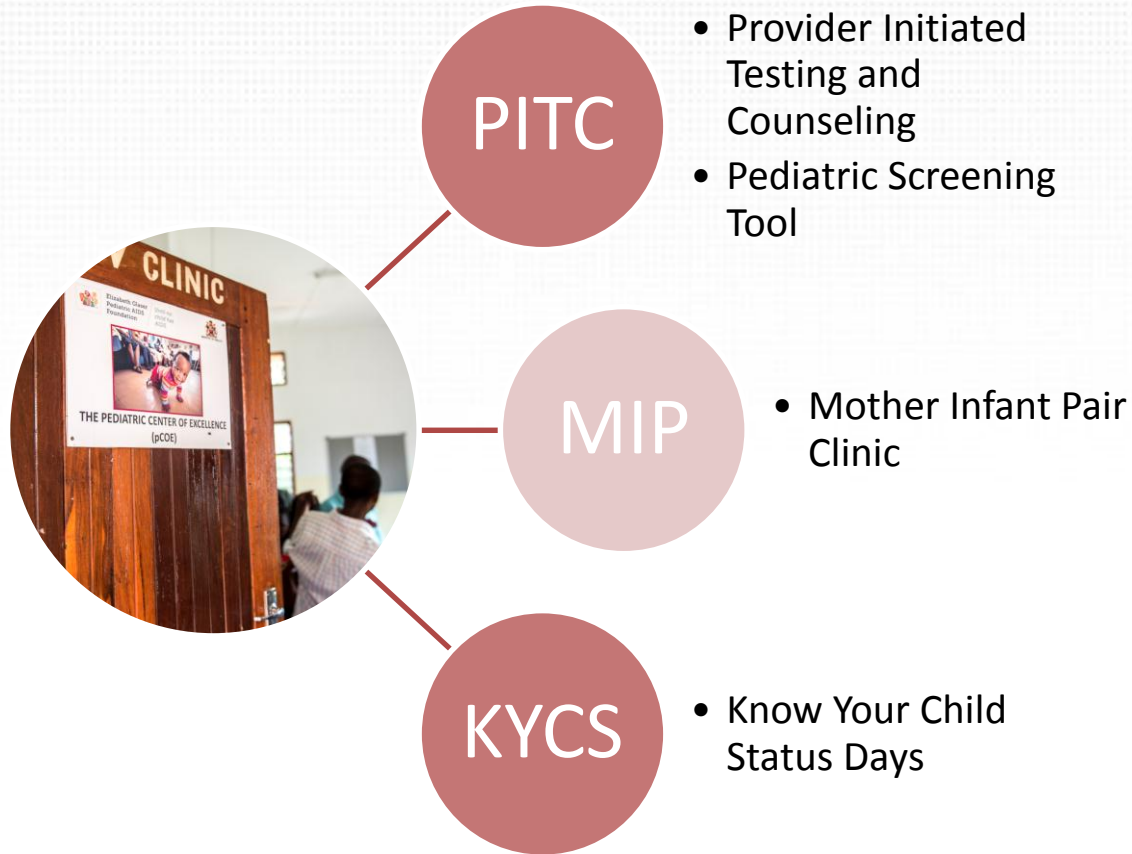
Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

**Using differentiated service delivery models to
scale up testing and case identification among
children and adolescents**

October 2017

Strategies Implemented with MOH



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Pediatric AIDS
Foundation

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Supported by HIV Diagnostic Assistants, Expert Clients and Mentor Mothers

Strategies Implemented

KYCS

Expert Clients conducted health talks during ART clinics

Families booked for KYCS days in Family Book Register

Identify eligible children for testing

MIP

Oriented HCW, Establish MIP clinic – multi-disciplinary approach

Developed MIP register, forms and tools

Follow up missed appointment by m2m/EC of HEI due for DNA/PCR

PITC

Developed Pediatric Screening Tool
Oriented HCW in use

Identified eligible children to be tested after screening

HDA placed in pediatric ward, clerks captured info in HTC registers
Also used stickers



Challenges

KYCS

Erratic supply of the HIV test kits especially at the facility level

Low turn up in some facilities during rainy season

Missed opportunity for family testing

PITC

No dedicated staff to screen patients-Clinicians busy

Takes time for screening and recording

MIP

Delay in getting DNA-PCR results

MIP register not originally used

Self Transfer outs

INFRASTRUCTURE – HUMAN RESOURCE



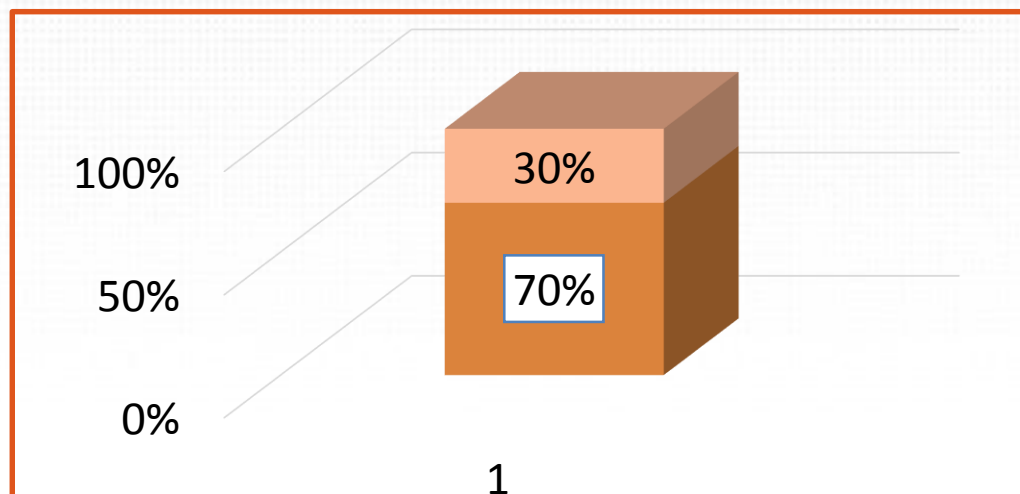
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Achievements – KYCS

- **90%** of families booked brought their children for testing
- **179,163** children were tested Over 18 months, from July 2016 – March 2017
- **5160** tested HIV-positive (Yield 2.9%)

% of positives contributed by KYCS



■ Contributed by KYCS ■ Other interventions

- **70%** of the HIV positive children were identified at KYCS interventions
- **75%** of those tested positive in KYCS were aged 6-14 Yrs



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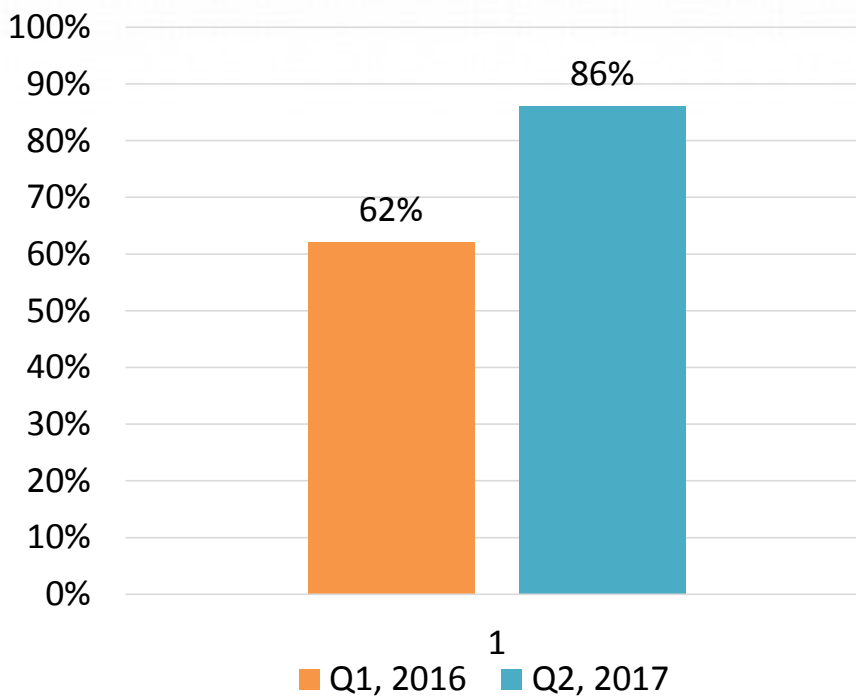
Achievements – PITC & MIP

PITC

- PITC saturation increased from **48%** to **90%** in Pediatric Wards
- **21,100** children were tested Over 18 months, from July 2016 – March 2017
- **599** tested HIV-positive (Yield 2.8%)

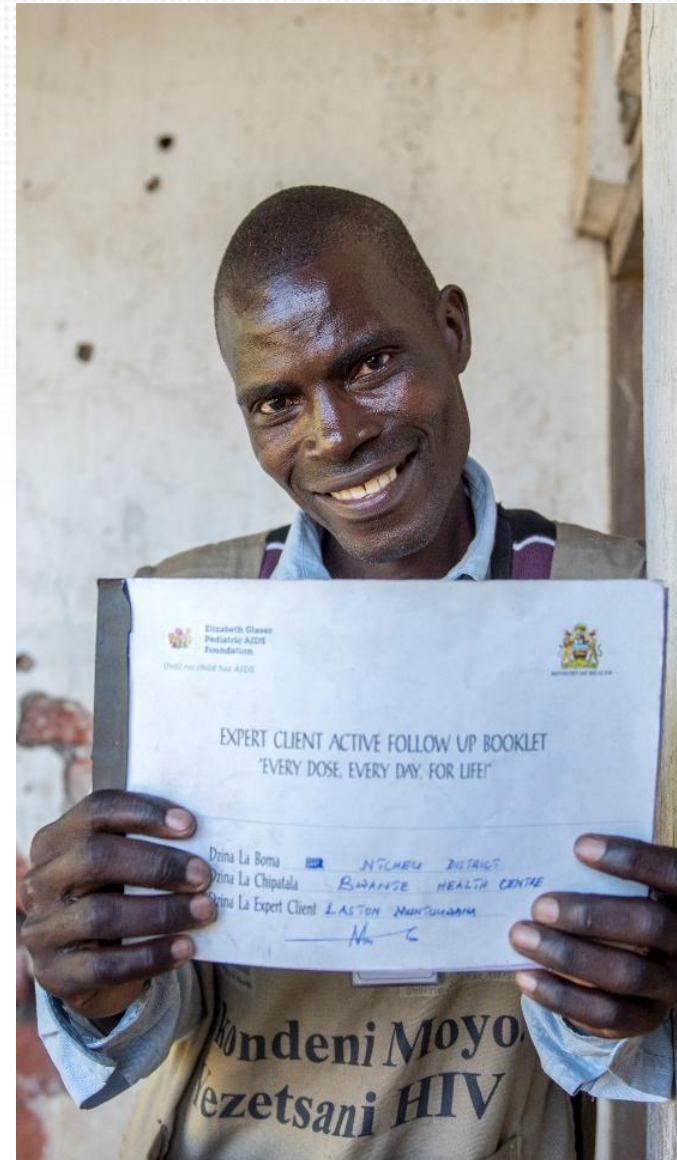
MIP

Retention of HEI improved. Testing of HEI increased by **24%** between Q1, 2016 and Q2, 2017.



Tools Used

- Family Book [here](#)
- PITC -HIV screening data collection tool [here](#)
- PITC – Screening algorithm [here](#)
- PITC - reporting tool [here](#)
- MIP register [here](#)
- MIP Monthly Report [here](#)
- Sticker [here](#)



Lessons Learned

- KYCS is feasible and highly acceptable among care givers
- Children who missed the full benefits of the PMTCT program were identified during KYCS
- High rates of linkage to treatment and care on KYCS days
- Dedicated lay providers i.e. HDAs and ECs were key for the campaigns



Lessons Learned

- Routine screening and PITC can be feasibly integrated in Pediatric wards, OPD and U5 settings
- Need dedicated cadres to remind MIP before they miss appointment or for active follow-up /tracing of HEI who missed appointment.
- Counselling and retention efforts within PMTCT services need to be strengthened



Scalability

- Recruit lay providers (testers) from the nearby communities
- Engage communities including ECs where feasible
- Opportunity for family centered approach
- Need necessary SOPs and M&E tools to track performance
- Conduct analysis of EID cascade to establish the root cause and institute QI projects
- Roll-out of POC EID test platform
- Work closely with facility staff to improve documentation, reporting ,forecasting and share with facilities and MOH Supply Chain Coordinating Unit(logistics unit) the targets for mitigation of stock-outs

