



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

INCENTIVES HANDBOOK FOR ADOLESCENTS AND HEALTH CARE PROVIDERS

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Acronym List

ACT	Accelerating Children's HIV/AIDS Treatment
ART	antiretroviral therapy
ASRH	adolescent sexual and reproductive health
CCC	comprehensive care center
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HCP	health care provider
MMAS-8	Morisky Medication Adherence Scale
OTZ	Operation Triple Zero
PSSG	psychosocial support group
UNAIDS	Joint United Nations Programme on HIV/AIDS
VL	viral load

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Background and Context

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is committed to contributing to achieving the Joint United Nations Programme on HIV and AIDS (UNAIDS) 90-90-90 targets for adolescents. At country level, EGPAF Kenya has developed an internal adolescent sexual and reproductive health (ASRH) strategy to guide EGPAF project implementation comprehensively around HIV. The EGPAF ASRH strategy includes the development and implementation of reward and recognition guidelines for both health care providers (HCPs) and adolescents to improve project outcomes. The definition of an incentive is something that can motivate or encourage improved outputs or results. Incentives can be applied to systems or individuals as relevant.

EGPAF Kenya is entering into Phase 2 of the Accelerating Children's HIV/AIDS Treatment (ACT) program which will take place from 2016-2018. Phase 1 ACT made gains to enable more adolescents to be tested for HIV and enter into care, but recognizes more could be done to improve provider and client satisfaction in HIV care. A systematic review of the effects of incentives on uptake of HIV services demonstrated higher rates of uptake in a rewarded group¹. There is potential for incentives to also play a role in HIV care. When providers are satisfied with their work, their attitude will be reflected in the services they provide to adolescents. At the health facility level, EGPAF Kenya envisions that the sensitized personnel in charge will put forth extra effort to keep staff motivated, so that they in turn will make the maximum effort for their adolescent Patients, especially those young and in lifetime care, can benefit from incentives which enhance access to supportive activities and recognize individual behaviors. It is hoped that adolescent will also be motivated by recognition for their own commitment to their health and achievement of improved outcomes.

¹Lee R, Cui RR, Muessig KE, Thirumurthy H, Tucker JD. Incentivizing HIV/STI testing: a systematic review of the literature. *AIDS Behav.* 2014;18(5):905–912. <http://doi.org/10.1007/s10461-013-0588-8>.

To optimize this project’s impact on the provision of quality adolescent HIV services, EGPAF–Kenya proposes to introduce activities which recognize and give incentives to both health care providers (HCPs) and adolescents in the 20 CIFF-supported facilities in Homa Bay County, as described below in this guidelines document. With the aim of ensuring optimal success, EGPAF consulted adolescents and HCPs in the design of this intervention through group discussions. This document incorporates helpful feedback from these key groups.

EGPAF–Kenya considered several kinds of rewards and incentives, both conditional and nonconditional and monetary and nonmonetary, to improve performance in health care delivery and adolescent HIV and health outcomes. While recognizing the value of monetary incentives in motivating HCPs, the design of the intervention these guidelines provide for nonmonetary incentives that EGPAF believes have potential for long term and replicable results. These incentives will be available to HCPs such as nurses, clinical officers, and peer educators; and to adolescents living with HIV. To help ensure sustainability, EGPAF–Kenya will also plan to provide nonmonetary rewards for health facilities that have demonstrated a commitment to adolescent-friendly services at a systems level.



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Incentive Objectives:

1. To identify and give incentives to HCPs with exemplary performance in the care and treatment of adolescents living with HIV to improve their outcomes along the 90-90-90 cascade.
2. To identify and recognize adolescents with improved health outcomes along the 90-90-90 cascade.

Rationale

Adolescent Nonmonetary Incentives

The project's incentive program for adolescents is based on the following rationale:

- Incentives to promote initiation into the care and treatment program. Incentives will be used to motivate adolescents to initiate antiretroviral therapy (ART) once diagnosed and to attend health facilities for clinical care and psychosocial support group (PSSG) appointments. It is expected that adolescents' taking ownership of their health outcomes and responsibility for their own health will increase their linkage to and initiation on ART for better health outcomes.
- Incentives can engage patients in routine care with non-health benefits. Incentives such as special camps, leadership opportunities, career development field trips, and service projects will be used to instill in adolescents there is a life outside of HIV and that staying healthy (adherence and PSSGs) can enable patients to fulfill their own potential. It is expected that a sense of belonging in the program will improve retention in care and viral suppression.
- Incentives actively associate viral suppression with achievement. Incentives are also expected to strengthen adolescent self-management of treatment, as well as long term commitment to ART, retention in care, and viral suppression.

²Mbindyo P, Gilson L, Blaauw D, English M. Contextual influences on health worker motivation in district hospitals in Kenya. *Implement Sci.* 2009;4:43. doi:10.1186/1748-5908-4-43.

Health Care Provider Nonmonetary Incentives

Although monetary rewards are important, it has been documented that recognition is even more important for professionals²

. High-performing HCPs expect to be recognized but do not necessarily expect to be rewarded financially. Therefore, small tokens of appreciation will go a long way toward motivating dedicated health facility staff. EGPAF proposes to use regular recognition and incentives to make HCPs feel valued, satisfied, and happier at work, so they will in turn provide better-quality services to adolescents. The HCP recognition program has been designed to be easy to implement and low in cost, with the aim of showing HCPs that their efforts are appreciated.

Incentives for HCPs have the potential:

- To track and review adolescent records, assess care on health outcomes, and create shared responsibility from a team of providers for each client in HIV care.
- To document and acknowledge exceptional HCPs and encourage even better performance.

²Mbindyo P, Gilson L, Blaauw D, English M. Contextual influences on health worker motivation in district hospitals in Kenya. *Implement Sci.* 2009;4:43. doi:10.1186/1748-5908-4-43.

Development and Oversight of Incentive Criteria

This guideline document is provided as a tool to assist health facility, project staff with the implementation of the recognition program. The program will include recognition and incentives for health facility staff working with adolescent; peer educators, and adolescents themselves. The recognition program will strive to be aligned with EGPAF's mission and core values to help create a positive work environment, increase performance, and improve morale. The overall goal of the recognition program will be to improve uptake of HIV services, retention in care, and viral suppression for supported adolescents in the HIV program.

Each health facility will establish an incentives/awards committee, whose role will be to identify, develop, and implement the recognition program. The committee will consist of health facility and EGPAF project staff, as well as adolescent representatives. Representation from each group is important to the overall success of the recognition program. After the committee members are selected, the committee will elect a chair and a co-chair to oversee the implementation of the recognition program.

The committee will do the following:

- Maintain a high level of objectivity, judgment, and integrity in determining who gets the reward and who does not
- Review adolescent files, appointment diaries, ART registers, and PSSG registers to identify ALHIV who meet the reward recognition criteria

- Determine how adolescent who do not meet the recognition threshold will be encouraged to do better in the next round of rewards and incentives
- Ensure that rewards/incentives are available in the health facility at the time of recognition and determine the timing and schedule of recognition and rewards
- Monitor the award program in its first year to determine its effectiveness and adolescents' satisfaction with the program
- Determine whether changes need to be made to the reward and recognition program

Types of Incentives

Adolescent Incentives

Incentives given to adolescents and adolescent peer educators will include both conditional and non-conditional incentives, according to criteria that will be detailed in sections below.

- Nonconditional incentives will be given to all adolescents initiated into HIV care and ART. These will include dignity kits that will have items for personal hygiene including panties and sanitary pads for girls and underwear for boys.
- Adolescents who achieve viral suppression or adhere to their ART appointments will qualify for conditional prizes such as mugs, water bottles, or school kits. To reduce the risk that withdrawal of conditional incentives may lead to service decline, we have carefully selected low-cost and minor incentives that are less likely to cause long-term motivation issues.

Other incentives will include the following:

- *Holiday clubs and camps:* During the school holidays (April, August, and November/December), EGPAF will support one-day holiday clubs and camps for all adolescents in the program in their respective facilities.
- *Incentives for families:* In addition to motivating adolescents to initiate and be retained in ART and to achieve viral suppression, it is important to engage their families. Family-friendly incentives will include family fun days, parent/guardian workshops, and access to program facilities using VIP express cards.
- *Certificates:* The project will issue annual award certificates to adolescents who have remained in care, continued on ART, and achieved viral suppression.

Health Care Provider Incentives

The HCPs will be conditionally rewarded based on their level of participation in adolescent HIV activities in the clinic and community. The rewards will include the following:

- *Certificates*: HCPs who achieve or surpass defined targets for adolescents living with HIV initiated and retained in care and treatment (as described below) will receive certificates labeled “Adolescent Champion.” These certificates will be provided at the facility level by the facility head, jointly with the EGPAF project team.
- *Trainings*: HCPs with outstanding performance will be prioritized for training opportunities in child and adolescent HIV care and support.
- *HCP of the Year awards*: With their photos displayed publicly at the facility, staff will be motivated by the annual practice of recognizing the “Adolescent Champion HCP of the Year.” The chosen HCP will receive
 - a trophy with the HCP’s name on it;
 - a medal branded “Adolescent Champion”;
 - a branded T-shirt; and
 - branded merchandise, such as a calendar with the HCP’s picture on it.

Selection Criteria for Adolescents and HCPs

The facility incentives/awards committee will follow a set of criteria to identify eligible adolescents and HCPs for rewards. To help define and develop these criteria, EGPAF–Kenya conducted two focus group discussions, one for adolescents (focused on defining adolescent recognition criteria) and another for HCPs (focused on defining HCP recognition criteria). The purpose of the focus group discussions was to gather information about the qualities or attributes that adolescents and HCPs should exhibit to be nominated for an incentive/award.

The purpose and criteria for the awards/incentives will be communicated to all adolescents attending the clinic and all the HIV clinic staff. The communication is expected to improve motivation to achieve the expected behaviors, and to ensure transparency to minimize any risk of perceived favoritism.

It is important to note that a formal recognition program does not take the place of informally appreciating or recognizing HCPs and adolescents. The formal recognition program will serve to supplement informal, day-to-day recognition of adolescents and staff. The following criteria will be used to determine eligible adolescent, HCPs, and adolescent peer educators.

Conditional Incentives

All adolescents in the health facility will be eligible for the incentive program, including peer educators, in recognition that adolescent peer educators also need to be adherent to their medication, keep their clinic appointments, and achieve viral suppression.

Adolescents in the clinic for more than six months

Criterion	Means of verification	Weighted score
Registered in a comprehensive care center (CCC) and actively on treatment for the last six months	ART register	1
Member of a PSSG with active participation (to share experience and help others) for the last three months	PSSG register	1
Adherent to scheduled appointments for the last six months	Appointment diary	3
Score of 0 on the Morisky Medication Adherence Scale (MMAS-8)	Clinical notes	3
Aware of own HIV status	Clinical notes	2
Has had a viral load (VL) test done as per schedule, with a result of < 1,000 copies/mL	Clinical notes	3
Signed up to join the Operation Triple Zero (OTZ) Club ³	OTZ register	2
Total possible score:		15

³ **Operation Triple Zero (OTZ)** was initially piloted at Kenyatta National Hospital and is being scaled up nationwide. The initiative is geared toward motivating adolescents and young people to take responsibility for their own health and commit to achieving zero missed appointments, zero missed drugs, and zero VL. Adolescents living with HIV on ART enrolled into OTZ clubs are offered comprehensive HIV treatment literacy information.

Adolescents in the clinic for more than six months

Criterion	Means of verification	Weighted score
Newly identified as HIV-positive, enrolled in care and treatment in the last three months, and regularly attending the clinic	ART register	1
Member of a PSSG with recent active participation	PSSG register	1
Adherent to scheduled appointments since enrollment	Appointment diary	3
Score of 0 on MMAS-8	Clinical notes	3
Aware of own HIV status	Clinical notes	1
Signed up to join the Operation Triple Zero (OTZ) Club	OTZ register	1
Total possible score:		15

Adolescent peer educators

In addition to the conditional and unconditional incentives outlined above for all adolescents, peer educators will also receive conditional incentives for their role as peer educators based on the criteria outlined below:

Criterion	Means of verification	Weighted score
Actively running a PSSG at both facility and community levels	PSSG work plan	3
Has a support group work plan	Work plan	2
Actively engaged in other peer leadership roles in the community, school, or other arena (e.g., anti-stigma campaigns; mobilizing peers for HIV testing, prevention, and other sexual and reproductive health messaging)	Reports	3
Innovations (e.g., WhatsApp groups, other information-sharing platforms)	Reports and physical verification	2
Total possible score:		10

HCP incentive/reward criteria

Criterion	Means of verification	Weighted score
Has facilitated/organized fun days and life skills days in the past year	Activity reports	2
Has developed a work plan for adolescents, including fun days, PSSGs, and so on	Work plan	2
Participates in adolescent PSSGs, fun days, and life skills days	PSSG register	2
Nominated as the facility adolescent champion by the adolescents	Nomination forms	2
Nominated as the facility adolescent champion by the facility staff	Nomination forms	2
Organizes monthly or quarterly parent/caregiver forums	Minutes of the forums, schedule of meetings	2
Actively participates in adolescent clinic days	Clinic schedule	2
Documents interventions in patient files	Clinical notes	2
Introduces/utilizes strategies to increase VL testing uptake and clinics/support groups	VL line list, reports	2
Introduces/utilizes innovations to changes how things are done (e.g., initiatives to improve viral suppression and retention in care, community ART distribution programs, differentiated care model, transition programs, and other innovations)	Reports	2
Total possible score:		20

Nonconditional incentives: *all adolescents*

All adolescents who are enrolled in the health facility will receive the nonconditional incentives. The criteria for nonconditional incentives are not intended to exclude anyone but instead to ensure that those who receive the rewards are enrolled and receiving HIV care in the 20 supported health facilities.

Criterion	Means of verification
Registered in the CCC and has attended at least two clinical appointments	PSSG work plan
Has a support group work plan	Work plan

Frequency of Incentives

Incentives will be awarded on the following timetable.

Adolescents

Type	Incentives	Frequency
Conditional incentives	School kit pouch containing pencil, pens, ruler, eraser, sharpener	Lower primary students: twice per year (April, August during school holidays) Upper primary / high school students: once per year (April)
	Geometrical set	Once per year (August), only for those in upper primary (classes 7–8) and high school
	Water bottle / mug	Twice per year for those not in school (April, August)
Nonconditional incentives	Pack of three panties for girls	Once per year (April)
	Sanitary pads for girls	A four-month supply three times per year (April, August, and December during school holidays)
	Pack of three underwear/boxers for boys	Once per year (April)

Health care providers and adolescent peer educators

Type	Incentives	Frequency
Conditional incentives	<ul style="list-style-type: none">• Trophy with the HCP's name on it<ul style="list-style-type: none">• Medal branded "Adolescent Champion"<ul style="list-style-type: none">• T-shirt• Calendar with the HCP's picture on it<ul style="list-style-type: none">• Certificates	Once per year (November/ December)
Conditional incentives	<ul style="list-style-type: none">• Bags• Badges / name tags<ul style="list-style-type: none">• T-shirts• Certificates	Once per year (November/ December)

Assesment Tools

The following tools will be used to help facility and project staff determine eligible adolescent and peer educator participants for the incentives. The tools will be placed in the patient files.

Conditional Incentives

Incentive tool: adolescents in the clinic for more than six months

Patient Name	
CCC No.	
Reviewer Name(s)	
Date Reviewed	
Rating	Key: 14–15: Excellent 12–13: Good 10–11: Fair ≤ 9: Needs Improvement
Total Score	
Scores Rewarded	Good and Excellent scores only
Qualifies for Incentive (Tick Yes or No)	Yes No
Reward Received	<i>(Tick if yes)</i>
Feedback Given to the Adolescent	<i>(Document)</i>

Incentive package: adolescents in the clinic for more than six months

School status	Incentive	Eligible (tick if yes)	Received (tick if yes)
In school	School kit pouch or geometrical set		
Out of school	Water bottle / mug		

Incentive tool: peer educators

Peer Educator Name	
CCC No.	
Reviewer Name(s)	
Date Reviewed	
Rating	Key: 9–10: Excellent 8: Good 7: Average ≤ 6: Needs Improvement
Total Score	
Scores Rewarded	Good and Excellent scores only
Qualifies for Incentive (Tick Yes or No)	Yes No
Reward Received	<i>(Tick if yes)</i>
Feedback Given to the Adolescent	<i>(Document)</i>

Incentive/reward package: peer educators

Incentive	Tick when received
Bag	School kit pouch or
Badge/nametag	Water bottle / mug
Certificate	

Nonconditional Incentives

Adolescent nonconditional incentives tool

Patient Name	
CCC No.	
Reviewer Name(s)	
Date Reviewed	
Total Score	
Feedback Given to the Adolescent	<i>(Document)</i>

Incentive/reward package: dignity kits

Gender	Incentive	Tick when received
Girls	Pack of three panties Sanitary pads	
Boys	Pack of three underwear/boxers	

Conclusion

This recognition and incentives criteria guideline document has been developed to guide the implementation of the incentive program in the 20 supported health facilities in Homa Bay County. Program staff will conduct a baseline assessment of the adolescent HIV program along the 90-90-90 cascade in the 20 health facilities to determine the starting point in order to objectively review achievements. The implementation of the incentive program will be assessed periodically through routine data review as well as an end-term assessment near the end of project, to determine its effectiveness in improving adolescent outcomes along the 90-90-90 cascade. The key outcomes of interest will be appointment keeping, presence of PSSGs, disclosure, retention in care, and viral suppression. The findings will be used to determine whether the criteria will continue as initially designed or will require further revision in response to the feedback.

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