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Accelerating Children's HIV/AIDS Treatment (ACT) ADOLESCENT PROJECT- KENYA

Incentives Intervention Summary Report



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Dr. Eliud Mwangi

Country Director, Elizabeth Glaser Pediatric AIDS Foundation, Kenya

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Introduction

In 2016, the Children's Investment Fund Foundation (CIFF) awarded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) a two-year project focused on HIV prevention, care and treatment for adolescents. This project, titled the Accelerating Children's HIV/AIDS Treatment (ACT) Adolescent Project, encompasses three separate projects in Kenya, Tanzania, and Zimbabwe, all focused on adolescent HIV services; including prevention, identification, treatment, and retention. The Kenya project includes provision of technical support at the national and county level, as well direct service implementation in 20 health facilities in Homabay County.

The Incentives Intervention is a non-monetary rewards and recognition intervention started in October 2016 recognizing and rewarding adolescents and health care providers (HCPs) within the 20 supported sites who had achieved great progress in key areas. These key areas included: improved adherence, retention, and viral suppression. The goal of Incentives Intervention was to improve adolescents' treatment outcomes by motivating them to commit to their own health through appointment keeping and adherence to medication, in order to ultimately achieve viral suppression. The HCP incentives were provided to motivate HCPs (including nurses, clinical officers, community health volunteers and peer educators) who worked tirelessly in the supported health facilities to ensure that adolescents received high quality health services in order to achieve viral suppression.

The objectives of the Incentives Intervention were:

1. To design an incentives-focused intervention and test the feasibility to implement the intervention in the project's supported health facilities.
2. To identify and recognize adolescents living with HIV (ALHIV) with improved treatment outcomes including adherence and viral suppression.
3. To identify and recognise HCPs who had contributed to the improved treatment outcomes through provision of high quality HIV care and treatment services for ALHIV.

Within the first and second quarter of project year one (PY1), the EGPAF-Kenya team developed an incentives handbook to guide the implementation of the Incentives Intervention. The handbook provided guidance to HCPs on the criteria for adolescents to receive incentives, the type of incentives, and the frequency and timing of incentive distribution. Focus group discussions were held with adolescents and HCPs to determine the types of incentives and their feedback was incorporated into the handbook. The handbook was made available in all 20 health facilities in Homabay County supported through the ACT Adolescent Project.

EGPAF provided both conditional and non-conditional incentives through this intervention; conditional incentives were provided upon meeting the set criteria described below, while non-conditional incentives were provided to all adolescents on antiretroviral treatment (ART) in the supported health facilities as well as to HCPs irrespective of outcomes on adherence, retention and viral suppression.

A comprehensive selection criteria was developed jointly with EGPAF team and HCPs in consultation with adolescents to determine which adolescents received conditional incentives. There were two separate selection criteria; for adolescents who had been on ART for less than six months and those who had been on ART for more than six months as shown in the tables below.

Table 1. Criteria for Adolescents in the Clinic for Over Six Months

Criteria	Means of verification	Weighted Score
Registered in a comprehensive care center (CCC) and actively on treatment for the last six months	ART Register	1
A member of a PSSG with active participation in PSSGs (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
Have a score of '0' in the Morisky medication adherence scale ¹ (MMAS-8)	Clinical notes	3
Be aware of their own HIV status	Clinical notes	2
Have had a viral load (VL) test done as per schedule and is <1000 copies/ml	Clinical notes	3
Signed up to join the OTZ Club	OTZ Register	2
	Total Score Possible:	15

¹ The Morisky scale is a validated scale designed to estimate the risk of medication non-adherence.

Adolescents who had been on treatment for more than six months had a total possible score of 15 points. Those who scored 12-15 points qualified for both conditional incentives, while those who scored less than 12 points did not.

Table 2. Criteria for Adolescents in the Clinic for Less Than Six Months

Criteria	Means of verification	Weighted Score
Newly identified HIV-positive, enrolled in care and treatment in the last three months, and regularly attending the clinic	ART Register	1
A member of a PSSG with recent active participation in PSSGs	PSSG Register	1
Adherent to scheduled appointments since enrollment	Appointment Diary	3
Have a score of '0' in the Morisky medication adherence scale (MMAS-8)	Clinical notes	3
Be aware of their own HIV status	Clinical notes	1
Signed up to join the OTZ Club	OTZ Register	1
	Total Score Possible:	10

Adolescents who had been on treatment for less than six months had a total possible score of 10 points. Those who scored 8-10 points qualified for both conditional and non-conditional incentives, while those who scored less than 8 points only qualified for non-conditional incentives. Feedback on the selection process and the scores attained was provided to all adolescents during the fun days and on subsequent clinic visits.

The specific conditional and non-conditional incentives are described in the table below. The incentive items were chosen by EGPAF based on feedback from adolescents as to what items would be most useful in supporting their well-being.

Table 3. List of Incentives

Adolescent Incentives	
Conditional	Non-conditional
School kit containing a pencil, pen, ruler, eraser, sharpener and pencil pouch	Pack of three panties for girls
Geometrical set	Four-packs of sanitary towels for girls
Water bottle	Pack of three boxers for boys
	Wrist watch
HCP Incentives	
Branded T shirt	
Branded water bottle	

Incentives Intervention Description

Rationale

Innovations in adolescent care and treatment are needed beyond clinical interventions, such as HCP training, site support and psychosocial support (PSS) mechanisms (i.e. psychosocial support groups (PSSGs) and Operation Triple Zero (OTZ) clubs²).

There is a dearth of data on the provision of financial and non-financial incentives for HIV care and treatment adherence and viral suppression. Small studies in Zimbabwe³ and the United States⁴ have shown small financial incentives to increase update of HIV testing, viral suppression and adherence to clinic appointments. A study on the provision of non-monetary incentives for HIV-positive patients on ART is underway in Uganda through the RAND Corporation and Mildmay Uganda⁵.

Incentives and special fun days for ALHIV offered a chance to test new ways to motivate and reward those with improved treatment outcomes. The incentives were given to adolescents and HCPs at these events.

i. Adolescent Non-Monetary Incentives

Incentives were used to motivate adolescents to take responsibility for their own health and initiate ART when diagnosed, and to attend health facilities for clinical care and PSSG appointments. Incentives were also given to strengthen adolescents' commitment to ART, stay in care, and manage their viral load as outlined in the criteria for incentives.

"In December 2016, I had a very high HIV viral load, which was more than a thousand copies per mL, so I only got the non-conditional incentives. I felt really bad because some of my friends walked home with the whole package. But it motivated me to work hard though and suppress, and sure enough I received both the conditional and non-conditional incentives in the next one."

— Stephen Otieno

ii. HCP Non-Monetary Incentives

The HCP incentives were given to motivate dedicated health facility staff and make HCPs feel valued, satisfied, and happier at work in order for them to provide better quality services to adolescents. The HCP recognition was easy to implement and low-cost, with an aim of motivating the HCPs.

"I feel nice to wear this EGPAP T-shirt. It is showing me that my work is appreciated. It also motivates me to continue working with and inspiring the adolescents. Finally, it also shows that you guys are concerned about us as well."

— Joshua Ochieng (adolescent peer educator, Mbita Sub-County Hospital).

² The Operation triple zero initiative (OTZ) was initially piloted at Kenyatta National Hospital and is being scaled up nationwide. The initiative is geared towards motivating adolescents and young people to take responsibility of their own health and commit to achieve zero missed appointments, zero missed drugs and zero viral load. Adolescents living with HIV on ART enrolled into OTZ clubs are offered comprehensive HIV treatment literacy information.

³ KSV Kranzer et al. Economic incentives for HIV testing by adolescents in Zimbabwe: a randomized controlled trial. *Lancet HIV* (2017). Published online November 20, 2017

⁴ El-Sadr, W.M. et al. Financial incentives for linkage to care and viral suppression among HIV-positive patients: a randomized clinical trial. *JAMA Internal Medicine* Volume 177, Issue 8, August 2017

⁵ www.hivplusmag.com. Simple Incentives Boost HIV Drug Adherence. Accessed October 18, 2018.



Emish Ondiek wearing his EGPAF branded T-shirt, he is with a ball for play therapy during Fun days.

Beneficiaries

The adolescents were the primary beneficiaries of the Incentives Intervention. They received both conditional and non-conditional incentives during the school holidays starting in April 2017. Additional beneficiaries were HCPs who were involved in the day-to-day management of adolescents in the Comprehensive Care Clinics (CCCs) in the 20 supported facilities. EGPAF gave incentives to HCPs once during the April 2018 school holidays. The incentives to the HCPs were non-conditional and were given to all those working with adolescents in the comprehensive care clinics.

Lucy's Story

Born to a carpenter father and farmer mother, Lucy Akinyi, 14, lives in Homabay County, a predominantly fishing community within the Nyanza Region of Kenya. Lucy is a motivated student and is eager to finish school and become an important figure in her community.

However, her journey hasn't been easy. She was diagnosed with HIV five years ago after being brought to the Kitare Health Centre for chest pains. Lucy did not adhere to her ART regimen and developed such a high HIV viral load she was almost placed on a second line regimen, which would limit her future treatment options.

Lencer Ouma, the adherence counselor at Kitare Health Centre, says, "When someone has a high viral load the first step is to do enhanced adherence counseling to identify barriers that are hindering the patient from good adherence. After identifying barriers, you have to plan how to maneuver around them. Only through this can a patient suppress the virus without switching to second-line regimen."

For Lucy, her biggest barrier was that her mother wasn't supportive of her treatment, and luckily this barrier was identified in good time and addressed.

Kitare Health Centre is one of the facilities supported by EGPAF through the ACT Adolescent Project. EGPAF provides technical and material support in the form of incentives to motivate HIV-positive adolescents like Lucy to suppress the virus.

Lencer acknowledges that patients like Lucy couldn't have achieved viral submission without the Incentives Intervention. Lucy had been struggling to suppress the virus for three years before the incentives began, but seeing her friends get rewarded for keeping their appointments with the doctor and adhering to medication and counseling gave Lucy the motivation to achieve suppression within three months.

"While it's true that I used to take drugs before this program came, most of the time I could run late. For instance, instead of taking them at 9 a.m. I could forget and take them later on. When I was given a wrist watch, things became a lot easier for me in that I would drop everything I was doing and run to take medicine every time the alarm went off," says Lucy.

According to Lucy, the impact doesn't stop at the clinical outcome, but stretches all the way to class. Before, lack of basic items such as sanitary towels, panties, and school items affected her psychologically. Now, however, she is doing well in her studies. "Before I could let a mark slip away during a mathematics exam because I did not have a geometrical set where one was required. Today I don't let that happen because I have a mathematical set thanks to EGPAF."

She told EGPAF that she was position 10 in class last December out of 26 pupils, but has since improved to position 3 in the last term's mid-term exam, and things can only get better from here.



Lucy after receiving her conditional and non-conditional incentives.

The virus in me doesn't define me

Looking at Vivian Onyango's outward appearance, nothing in it betrays the virus on the inside. She looks healthy, strong, peaceful, and wears a very contagious smile. Vivian is a 14-year-old girl from Ratanga Village in Homabay County. She is one of the HIV-positive adolescents under care at Got Kojowi Health Centre. In this neighborhood, EGPAF-Kenya through the CIFF-funded ACT Adolescent Project supports 63 adolescents.

Vivian has been on antiretroviral medication (ARVs) since the age of six; her mum died several years ago and Vivian doesn't know whether she was HIV-positive or not. Having lost her dad when very young, Vivian is now an orphan living with her elder brother who also takes care of two of her other siblings. The ACT Adolescent Project has connected her with a group in which they can share experiences and encourage each other. From time to time, the facility gets adolescent champions to motivate them during clinic days and fun days. This support has allowed her to embrace her condition and focus on her future.

"I take drugs well. I have never gotten late or missed a doctor's appointment and I have never defaulted on taking drugs. Consequently, I have not been taken ill since 2010". Hers is a classic example of what one could look like if they religiously adhered to their ART. In addition to keeping her healthy, this has ensured that she gets both the conditional and non-conditional incentives from EGPAF. Owing to her adherence, Vivian has managed to suppress the virus in her body from 20 copies per mL at the start of the incentives project to low detectable level (LDL) currently.

Vivian appreciates all the incentives. "They have come in really handy. The watch notifies me when it is time to take drugs. Before I could not afford panties, now I am glad I have some. You see, during the rainy season panties don't dry fast. So if you have just two, what would you do if both are wet, and one is not supposed to wear a wet panty, they have really assisted me."

She however hasn't mustered the courage to tell her friends about her HIV status as she fears they might refuse to play with her or even work together in class. Vivian is a talented football player who plays for her school's girls' team as a goal keeper. Evidenced by the jersey she is wearing, Vivian is also a great Manchester United fan, with a particular fondness for the team's goalkeeper David de Gea. "I love playing football. I am looking forward to term two which is predominantly a football games term." Vivian hopes to join Kisumu Girls High School next year to work toward her dream of becoming a nurse. "I want to help sick people, especially those suffering from AIDS. I also want to chip in and help my family with food, clothing and shelter," she says.



Vivian's love for football is evident.

Non-Conditional Incentives

Non-conditional incentives were given to all adolescents initiated onto HIV care and on ART in the 20 supported facilities. Non-conditional incentives included boy's boxers, girl's underwear and sanitary towels, and wrist watches. The boy's boxers and girls underwear were distributed twice; during the April 2017 and April 2018 schools holidays. Girls were given four-packs of sanitary towels during all school holidays. Due to an emerging need for an accessible reminder for when to take ARVs, EGPAF procured wrist watches for all adolescents in the 20 health facilities and distributed them during the August 2017 school holidays. The watches served to act as a reminder for the adolescents to take their ARVs on time to achieve adherence, and also to support adolescents in keeping clinic appointments.



Non-conditional incentives: Girl's underwear and Boy's underwear.

"It makes me feel healthy and fresh. These things are seriously expensive so I may not afford to have many. So when I have more than one I can change to a different one every time I take a shower."

— Relix Ouma

"Sanitary towels help us to go to school every day. If our parents do not have money to buy, and we get them here, we are now ready to go to school every day without missing. Before I started receiving the sanitary towels I could miss at least two school days every month and I could get an average grade of C-; I have since improved to a C+."

— Phybi Achieng, 15 years, Form Two student, Kitare Health Centre

“Sometimes one could be working late in the farm but when the alarm goes off they are made aware that it’s time to take medicine. Consequently, by indicating the date, the wrist watch reminds one when they are due for clinic.”

– Richard Onyango, 12, Class Five, VL – 177 copies per ml.

Conditional Incentives

Conditional incentives were given to recognize the adolescent’s effort in achieving the set scores as per the established selection criteria mentioned earlier. Adolescents who are in school received a school kit including a ball pen, pencil, eraser, sharpener, ruler, and a pencil pouch while those out of school received a water bottle; these were given during all school holidays. Geometrical sets were given to upper primary pupils (Classes Seven and Eight) and high school students (Form One to Form Four) to support them during the end of year examinations.

“I got a mathematical set when I was going to sit for my final exam in secondary school. It was really a godsend because that time I had neither means nor a source to get a geometrical set, also considering that one goes for Sh250, which sometimes is all the money you have as pocket money to last you a whole term in school. So for me it was a gift that came when I really needed it.”

— Emish Ondiek



Geometry set incentive for older adolescents in school

HCP Incentives

HCPs were given EGPAF-branded water bottles and T-shirts as non-conditional incentives. EGPAF gave these incentives to HCPs once during the April 2018 school holidays.

“I feel good. I am very happy today. It was once mentioned in a meeting that a health care worker who works hard and makes adolescents comfortable during clinic days will receive an incentive. So when I look at this T-shirt it gives me joy to know that I am one of those health care workers who really worked hard.”

— **Diana Onyango**

“We feel someone is appreciating our work because an adolescent may not be doing well without the health care worker. When you hear a health care worker like Diana Onyango say that she is very happy today, she means it, and I am very sure that the service that she is going to give the adolescents onwards is top notch.”

— **Slavy Mumbi, Facility-In-Charge, Got Kojowi Health Centre**



Branded water bottles — part of the health care provider incentives.



Health care workers Slavy and Diana showing off their branded t-shirts.

Process

Each health facility established an incentives committee to identify, develop, and implement the Incentives Intervention. The committees comprised of health facility staff, EGPAF project staff, and adolescent representatives. Representation from each group was important to the overall success of the incentives intervention. Each committee had a chairperson, a co-chairperson, and a secretary to oversee the implementation of the Incentives Intervention. A high level of objectivity, judgment, and integrity in determining the adolescents who were rewarded was maintained. The roles of the committee were to:

- Review adolescent files, appointment diaries, ART registers, OTZ registers, and PSSG registers to identify adolescents who met the selection criteria.
- Determine the fun day schedules and ensure the incentives are available in the health facility during the fun days.
- Provide feedback to adolescents who did not meet the selection criteria and encourage them to do better in the next round of incentives.
- Determine whether changes need to be made to the Incentives Intervention.

Incentive committee meetings were held four weeks prior to each school holiday. A line list was developed highlighting adolescents who qualified for conditional and non-conditional incentives per the established criteria. These data were used to facilitate distribution of incentives to the 20 supported health facilities. Fun day schedules and agendas were set, and packaging and dispatch of the incentives were completed as per the shared data.

“For the past few months that I have used these benchmarks to score my adolescents, I feel they are objective enough. This is because there are certain things I need to check as a Clinical Officer managing these clients and I find they are all covered in the assessment criteria. Thankfully, after scoring my clients, at the end of the day, I am able to point out the areas I am not doing well and need to improve on.”

— William Ochieng, Clinical Officer, Mbita Sub-County Hospital

Itemized/Incremental Conditional Incentives

During implementation of this intervention, EGPAF noticed that some adolescents were improving on their scores but not quite enough to receive the full package of conditional incentives. To acknowledge this improvement, EGPAF developed an additional incremental criteria to provide itemized conditional incentives for adolescents who improved by five or more points but did not qualify for conditional incentives. In December 2017, four adolescents received itemized incentives.

In April 2018, EGPAF further revised the incremental criteria to include adolescents who improved by two or more points, and a total of 17 adolescents received itemized incentives; a ball pen and a pencil pouch. Itemized incentives were meant to encourage adolescents to keep improving their scores to eventually qualify for the full package of the conditional incentives.

Fun Days

The project supported fun days during the school holidays in April 2017, August 2017, December 2017, April 2018, and August 2018 for all adolescents enrolled in the program at each of the 20 supported health facilities. A fun day runs from 9:00 a.m. to 4:00 p.m. and includes health talks on the importance of adherence to ART and clinical appointments, group therapy sessions, and social activities. During these fun days, HCPs expressed the need for play materials to facilitate fun-filled activities and increase attendance. EGPAF provided equipment such as footballs, hula hoops, and skipping ropes. These were distributed among all the supported facilities and were used in the subsequent fun days and during monthly PSSG meetings.



Fun Days

Under the shade of a tree, behind Mbita Sub-County Hospital, a group of young boys and girls break into a dance, following the rhythm of the music blaring from a music system next to the tree. It is the latest urban dance sequence in Kenya, the Odi Dance. They are all in high spirits, but the boys seem to be pulling better moves and giving their female counterparts a run for their money.

A couple of nurses and clinicians from this facility join in and in a matter of minutes the place becomes a spectacular scene to watch. Some other adolescents are playing football on a nearby pitch and some young girls are skipping rope on the sidelines. Such is what happens here every time ALHIV come for a fun day, culminating with a sit-down session when the ALHIV are issued incentives. There have been many such fun days held in each of the 20 facilities supported by the ACT Adolescent Project in Homabay County.

Sheila Okecha, a clinician who has just left the dance floor, looks at the group and says, “For some of them, this is the only place they find happiness; they are going through so much at home and it is a great relief for them.” To facilitate such an event, EGPAF provided sports equipment to each of the facilities. The ACT Adolescent Project also ensures that the adolescents receive refreshments like bread, soda, mandazi, and chapatti.

Timing and Frequency

The frequency and timing of the incentives are as follows:

Table 4. Frequency of Incentives

Type	Incentive	Frequency
Adolescent Conditional Incentives	School Kit containing a pencil, pen, ruler, eraser, sharpener and pencil pouch	Class 6 and lower: thrice per year (April, August, and December) Class 7-8 and high school: twice per year (April and December)
	Geometry set	
Adolescent Non-Conditional Incentives	Water bottle	
	Pack of three panties for girls	Once per year (April)
	Four-packs of sanitary towels for girls	Thrice a year (April, August, and December)
	Pack of three boxers for boys	Once per year (April)
	Wrist watch	Given once in August 2017
HCP Non-Conditional Incentives	Branded T-shirts Branded water bottle	Once per year (April 2018)

Results

The ACT Adolescent Project has made strides toward eliminating AIDS among the adolescents in Homabay County; the project has tested a total of 137,437 adolescents with a positivity of 0.4% (489 adolescents) and linkage to ART of 87% (427 adolescents). There were 1,956 adolescents currently on ART at the end of March 2018. The incentives intervention contributed to this positive performance.

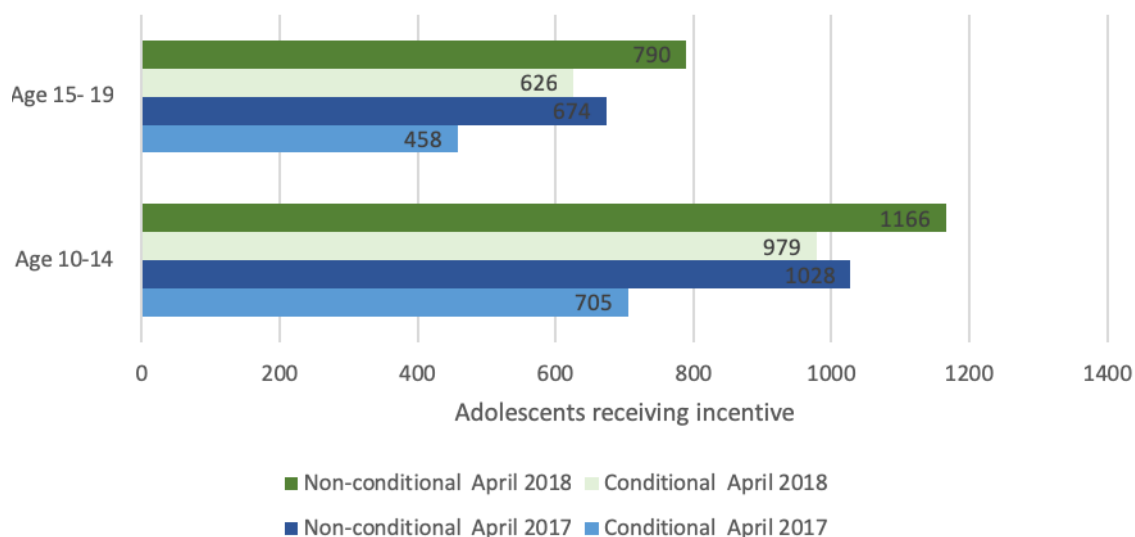


Figure 1. Adolescent incentives uptake by age, April 2017 and April 2018

In April 2017, the number of adolescents qualifying for and receiving conditional incentives varied by their age categories though the percentages were nearly identical; 69% (705) of the 10-14 age group qualified for and received conditional incentives, as compared to 68% (458) of the 15-19 age group.

The numbers were greatly improved by April 2018; 84% (979) of the 10-14 year olds on ART qualified for and received conditional incentives, and 79% (626) of the 15-19 age category.

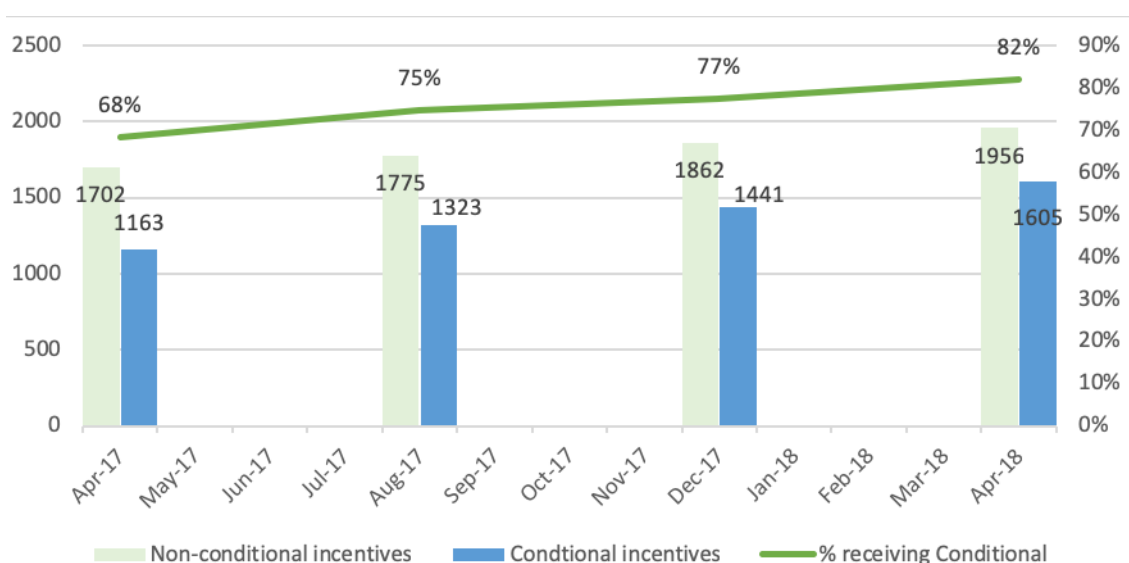


Figure 2. Overall adolescent incentives uptake, April 2017 through April 2018

The number of adolescents meeting the standard criteria steadily increased from 68% in April 2017 to 82% in April 2018, demonstrating feasibility and acceptability by both HCPs and ALHIV receiving care and treatment. This also reflects improvement in keeping appointments and adherence to ART, enrolment in PSSGs and OTZ clubs, and overall improvement in viral suppression. The increasing number of adolescents qualifying for and receiving conditional incentives therefore reflects better treatment outcomes (including viral suppression and adherence to clinic visits) across board. All active adolescents with a CCC number qualified and received non-conditional incentives.

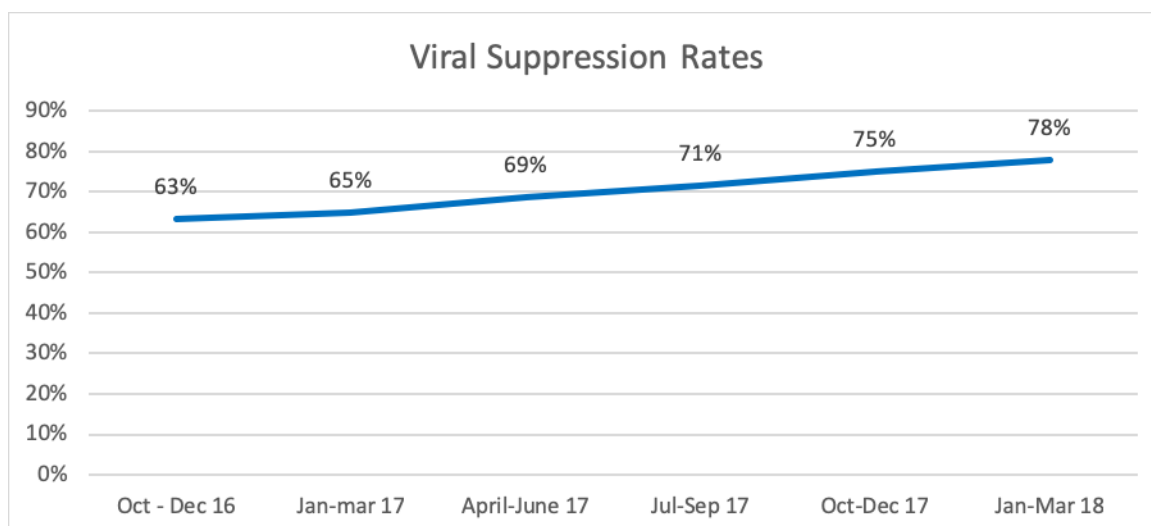


Figure 3. Percentage of adolescents on ART with viral load test taken, who are virally suppressed, October 2016 through March 2018

Aggregate viral suppression data in the ACT Adolescent Project facilities improved over time, from 63% in October-December 2016 to 78% in the January-March 2018 quarter. Adolescents in the 20 supported facilities have generally improved their viral suppression and adherence to clinic visits, though this can be attributed to many factors, including other project interventions, in addition to the Incentives Intervention.

“When we began giving incentives in April 2017, we had only 68 adolescents qualified for conditional incentives. The reason there were only 68 is because most had high HIV viral loads. That time our viral load suppression rate stood at 64%, so most of them realized that viral load was the problem and tried to work on their barriers. So when we were giving incentives again in August 2017 the number had risen to 85 and further to 94 in December the same year. Currently (April 2018) those who will receive conditional incentives are 105 and this can only mean one thing: viral load suppression is looking up.”

— **Joshua Ochieng (adolescent peer educator, Mbita Sub-County Hospital)**

“Before the incentives intervention started some of our adolescents were down and depressed. Most came for clinics because it was a routine and did not actually take the drugs as required when they went back home. But as we started this program we realized that they were getting motivated since most of the indicators were returning positive results. So these kids felt valued in the facility and thought of themselves as important people in the society for once and that has had a positive impact in their clinical outcomes.”

— **William Ochieng (clinician, Mbita Sub-County Hospital).**

Monitoring

Data collection and monitoring tools were developed to ensure accurate data collection, reporting, and documentation of the Incentives Intervention. These tools enhanced timeliness and clear data flow. The facility representatives acknowledged receipt of the incentives through the delivery note. During the fun days, adolescents and HCPs signed an acknowledgement form. All adolescents who received incentives were documented in the incentives tracking register. The summary report was generated from the incentives register through the aggregate reporting tool. These tools have been attached as Appendices to this report.

Incentives Intervention Process Review

What worked well?

- Incentives Committees reviewed adolescents' files in good time to allow for timely sharing of data and procurement of incentives
- All fun days were held within the stipulated time frame
- Timely procurement and delivery of incentives to the sites
- Teamwork; including support from different departments, partners, project team
- Most fun days were held on non-clinic days, allowing full involvement of all HCWs and a focus on incentives
- Adolescents who did not qualify for conditional incentives were given immediate feedback to help them understand the areas that need to improve in order for them to receive incentives in the next holiday
- Itemized incentives were provided for adolescents with improvement of ≥ 5 points, only a handful of adolescents received the itemized incentives initially, resulting in EGPAF lowering the criteria threshold to ≥ 2 points which allowed more adolescents to receive the itemized incentives and feel appreciated for small wins.
- Adolescent champions were involved in fun days as role models and group therapy leaders.

What didn't work as well?

- Initially not all Incentives Committees met in time to review the adolescent files; this was addressed during implementation
- In cases where data were not shared in time, delayed procurement process led to postponement of some fun days
- Facilities that use electronic medical records had difficulty reviewing patient files, as OTZ & PSSG enrolment are not captured in the electronic records
- Despite EGPAF's advice that fun days should not be combined with clinical patient review, some facilities combined these two activities, diminishing the focus on incentives distribution

- Some fun days were scheduled on the same day across facilities supported by the same Field Officer, complicating coordination and monitoring of the fun days
- Some fun days had $<100\%$ attendance due to unfavorable weather conditions (rains and flooding) or adolescents attending church services over the weekend
- Some adolescents reported feeling bad/sad/embarrassed when not receiving the conditional incentives, though this was noted as a motivational factor to improve adherence in order to receive conditional incentives in the next round.

What did we learn?

- Early disbursement of incentives facilitated better planning and overall fun day success
- Holding of fun days during non-clinic days facilitates full participation of the HCWs and interaction with the adolescents
- Targeted group therapy, treatment literacy sessions, and OTZ sensitization encouraged new enrolment into PSSGs & OTZ clubs
- Development and use of a standard criteria is essential and creates transparency. The criteria should be reachable, and the addition of an incremental incentive to recognize adolescents who are making improvements is useful in maintaining motivation.
- Involvement of sub-county health management teams promoted ownership
- Involvement of caregivers during the fun days provided opportunities to hold caregiver literacy sessions.

Lessons Learned

- Incentives should be of low monetary value in low income areas. Low value incentives are easier to sustain yet can still have a positive effect on project outcomes. At the start of the ACT Adolescent Project, EGPAF was concerned about using temporary incentives from an ethical and sustainability-focused standpoint. The use of low value incentives helped to alleviate these concerns while still contributing to improved treatment outcomes among adolescents.
- Though HCPs received incentives only once, an unforeseen “incentive” for HCPs was seeing a great number of adolescents improve their treatment outcomes. Many HCPs reported the improvement of adolescents under their care as a motivating factor.
- Tracking incentives requires specific systems and robust management for the implementing facilities, and the implementing partner/organization.
- The incentives criteria should not be so high that few adolescents receive them.
- There should be a method in place to recognize incremental improvements toward reaching the set criteria.
- ALHIV appreciated all the incentives, yet some had more impact on adherence than others, specifically wrist watches and sanitary pads which allowed for participation in clinic appointments and other activities.

Conclusion

This Incentives Intervention was successfully implemented within the 20 ACT Adolescent Project-supported health facilities in Homabay County. Review of data reveals improved treatment outcomes among adolescents in the supported health facilities. The number of adolescents who have met established standards and thus received conditional and non-conditional incentives has increased over time. A total of 1,702 adolescents qualified for and received non-conditional incentives in April 2017, compared to 1,956 in April 2018. For conditional incentives, 1,163 (68%) adolescents qualified in April 2017 and 1,605 (82%) in April 2018. The increasing number of adolescents who qualify for conditional incentives reflects better appointment keeping, adherence to ART, enrolment in PSSGs and OTZ Clubs, disclosure, retention in care, and viral suppression. The Incentives Initiative comes to an end in December 31, 2018 with the end of the ACT Adolescent Project. There is currently no identified funding for continuation of the Incentives Intervention, and there is concern about the sustainability of the gains made over the past two years. EGPAF will continue working with CIFF to identify any potential plans or resources toward sustainability of this intervention.

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