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

October 2017
Strategies Implemented with MOH

- PITC
  - Provider Initiated Testing and Counseling
  - Pediatric Screening Tool

- MIP
  - Mother Infant Pair Clinic

- KYCS
  - Know Your Child Status Days

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*
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%)

- **70%** of the HIV positive children were identified at KYCS interventions

- **75%** of those tested positive in KYCS were aged 6-14 Yrs
**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.

![Graph showing PITC and MIP achievements](image-url)
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