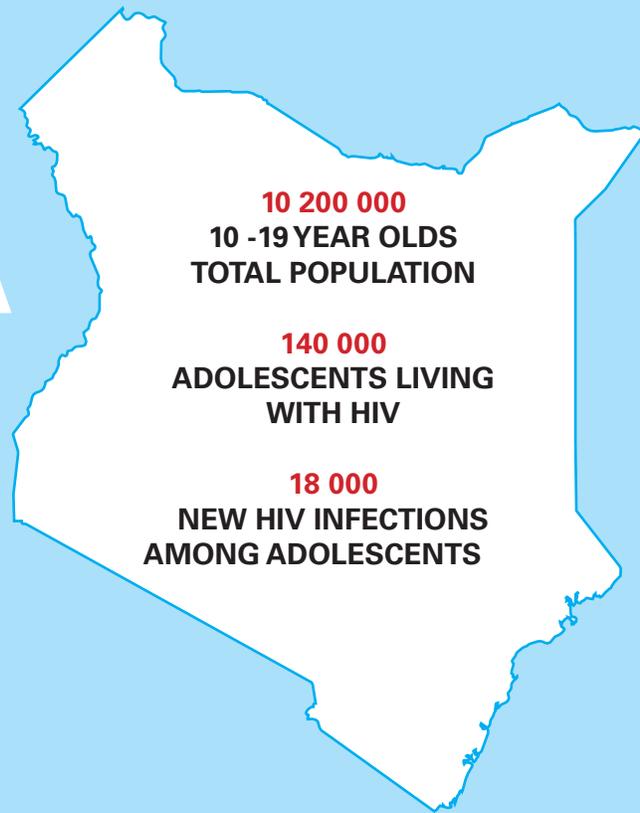


# STRENGTHENING ADOLESCENT STRATEGIC INFORMATION: REVISING TOOLS/SYSTEMS FOR DISAGGREGATION



# KENYA



## BACKGROUND

Kenya is one of five countries – alongside India, Nigeria, South Africa and the United Republic of Tanzania – that are home to nearly half of all adolescents worldwide living with HIV.<sup>1</sup> Adolescents (10 –19-year-olds) account for 22.4 per cent of Kenya’s total population of 44 million.<sup>2</sup> An estimated 1.5 million Kenyans currently live with HIV, including some 133, 000 adolescents.<sup>3</sup>

In recognition of both the large number of adolescents living with HIV and the importance of their health and development to the larger society, Kenya is committed to addressing the gap in adolescent HIV programming. The *All In to End Adolescent AIDS (All In)* initiative convened by UNICEF and UNAIDS provides a platform to do so.

*All In* was created in response to growing global concern that the HIV response has left adolescents behind. With the aim of accelerating progress towards ending the AIDS epidemic by 2030, *All In* promotes the use of evidence to support development of more effective strategies, policies, programmes and services for adolescents living with or affected by HIV.<sup>4</sup> One of the initiative’s key action areas is to sharpen adolescent components of the national AIDS programme through improved data collection and analysis. This was to be achieved through a three-phase country assessment: 1) rapid assessment of the adolescent programming context, 2) in-depth analysis of bottlenecks and 3) evidence-informed planning.<sup>5</sup>

<sup>1</sup> United Nations Children’s Fund, ‘ALL IN to End the Adolescent Aids Epidemic: A Progress Report’, UNICEF, New York, 2016. <[https://childrenandaids.org/UNAIDS-UNICEF\\_all-in-progress-report\\_2017](https://childrenandaids.org/UNAIDS-UNICEF_all-in-progress-report_2017)>

<sup>2</sup> Kenya National Bureau of Statistics 2015 Population Projections (see <http://nacc.or.ke/kenya-hiv-county-profiles/>).

<sup>3</sup> Ministry of Health, Kenya HIV Estimates 2015.

<sup>4</sup> United Nations Children’s Fund and UNAIDS, ‘ALL IN to End the Adolescent Aids Epidemic,’ Launch Document. UNICEF and UNAIDS, New York, 2016. <<https://childrenandaids.org/all-in-to-endadolescentAIDS>>

<sup>5</sup> United Nations Children’s Fund, ‘Guidance on Strengthening the Adolescent Component of National HIV Programmes through Country Assessments,’ UNICEF, New York, 2016. <<https://childrenandaids.org/guidance-on-strengthening-adolescent-component>>

*All In* was launched in Kenya in February 2015 by President Uhuru Kenyatta. Since then, a key focus has been on improving strategic information relating to adolescents living with HIV. In Kenya, this process revealed that information on adolescent health was woefully incomplete. The way in which data are collected and analysed can mask differences for sub-populations (especially age and sex), and differences across provinces within countries. This lack of data presents a major obstacle to designing and or implementing programmes that are urgently needed to improve outcomes for adolescents.

*All In* addresses this gap through country assessments, which help to identify whether and where disaggregated data are available. Once the gaps are highlighted, a plan can be created for addressing them, including sustained advocacy for more permanent measures to ensure ongoing availability of granular data.

## RESPONDING TO THE CHALLENGE: HOW THE PROCESS WORKED

Led by the Kenyan Ministry of Health and working with other partners, Kenya adapted the *All In* process to the national context. Given the country's decentralized health system, the approach to *All In* focused directly on provinces, prioritizing six counties with the highest HIV prevalence: Homabay, Kisumu, Mombasa, Nairobi, Siaya and Turkana.

Using the guidance materials and a tool specifically designed for *All In* (Adolescent Assessment and Decision-Makers' Tool, AADM), Government and partners in Kenya decided to adapt the assessment process by combining the data tool and key components of the analysis designed to identify bottlenecks to scaling-up services that meet adolescents' needs.<sup>6</sup> Both steps helped to define target populations, interventions and geographic settings for priority actions to improve the effectiveness of the HIV response for adolescents.

The resulting sub-national adolescent assessments highlighted the limited availability of disaggregated data for key indicators. Several data systems provided age and sex disaggregation nationally, whereas others offered sub-national data without age group or sex. Additionally, while disaggregated denominators were readily available, numerators were not. For indicators that are not routinely collected – for example, correct knowledge of HIV - the number of adolescents was too small to allow age disaggregation. To produce sub-national age-disaggregated HIV estimates additional data was extracted from health facilities using electronic medical records and registers and Estimation and Projection Package (EPP) Spectrum modelling<sup>7</sup>.

### SUB-NATIONAL ADOLESCENT ASSESSMENTS

#### Actions taken:

1. Established technical working groups to provide guidance and support
2. Decided which key indicators to assess across the HIV cascade and within other key sectors
3. Conducted desk review of reports to identify and map out available denominators and numerators (for key indicators)

#### Additional actions to address data gaps:

4. Extracted data by age proportion from facility electronic medical records and registers to estimate age-disaggregated numerators
5. Calculated sub-national adolescent HIV estimates using EPP Spectrum modelling by using proportions from larger (regional) geographical data to estimate smaller (county level) area/population data.

<sup>6</sup> United Nations Children's Emergency Fund, 'Guidance on Strengthening the Adolescent Component of National HIV Programmes through Country Assessments', UNICEF, New York, 2016. <<https://childrenandaids.org/guidance-on-strengthening-adolescent-component>>

<sup>7</sup> For more information on EPP Spectrum modelling see <[http://www.unaids.org/en/dataanalysis/knowyourresponse/HIVdata\\_estimates](http://www.unaids.org/en/dataanalysis/knowyourresponse/HIVdata_estimates)>

These additional steps were critical to gaining a clearer understanding of which adolescents are most affected, where service uptake and coverage gaps exist, which actions and interventions need to be prioritized and where they should be targeted.

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*We didn't have the data we needed – so we went and looked for it! We utilised primary level data and tools. Knowing how to programme for adolescents is critical, we couldn't afford to be lazy."*

--- Adolescent focal person

## RESULTS

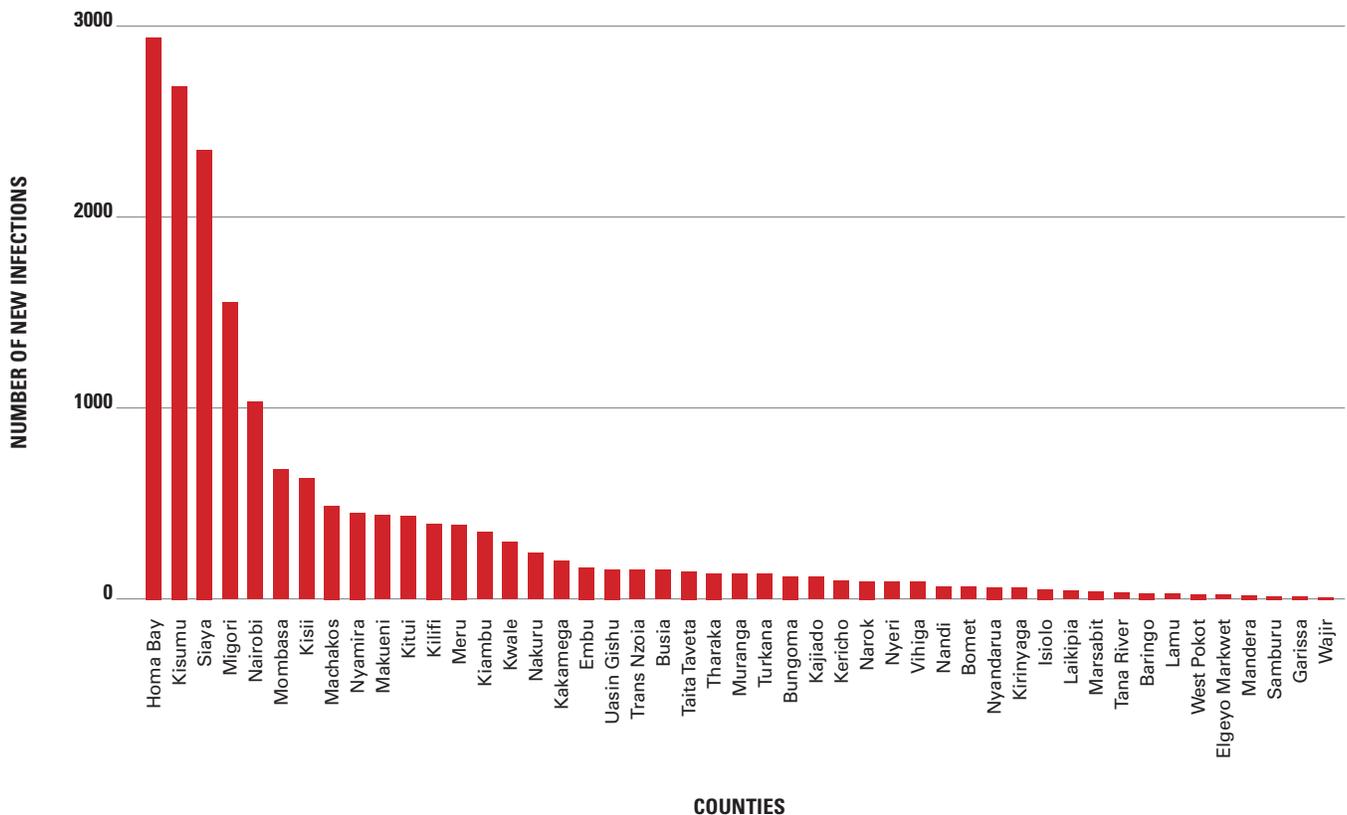
The results highlighted an alarming increase in the number of new HIV infections among adolescents. Nearly a quarter of all new infections were among those aged 10–19 years, 62 per cent of which took place in six of Kenya's 47 counties. The assessments also indicated low uptake for HIV testing and low ART coverage. Nonetheless adolescent HIV-related deaths since 2010 appear to have declined by 14 per cent in Kisumu and 40 per cent in Nairobi.

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*We now have data that speak. We are able to utilize the data to plan...to see what we need to do for adolescents."*

- County-level adolescent focal person

**FIGURE 1** New adolescent HIV infections by county, 2015



These findings led to important discussions and a Government commitment to review and scale-up targeted programming for adolescents, and work to address programmatic gaps that were identified. The process and results point to the critical need to strengthen and use strategic information to better understand the needs of this population. As a result, the national Health Management Information System (HMIS) data collection tools for HIV were revised to include age disaggregation. Training sub-national personnel on the revised tool was undertaken by the national government, in preparation for national roll-out in 2018.

The adolescent assessments and changes to the HMIS also served as a catalyst for disaggregating sub-national age and sex data in other data collection tools, including:

- 1) EPP Spectrum estimates
- 2) Kenya Population-based HIV Impact Assessment (KEN-PHIA)
- 3) New viral load monitoring systems.

## LESSONS FROM KENYA'S ALL IN PROCESS

- **Political will and leadership by the Ministry of Health is critical for driving the assessment process.**
- **Conducting sub-national data assessments increases ownership and accelerates the assessment process.**
- **Working with a range of stakeholders – local governments and facilities, partners supporting HIV efforts, adolescents and service providers – strengthens support at the sub-national level.**
- **Collaboration between national and subnational HIV programming, monitoring & evaluation and HMIS staff builds capacity.**
- **Data gaps can be addressed by actively seeking data from alternative sources to generate new, comprehensive data sets.**
- **The AADM tool can be adapted to data availability and country context.**
- **Aligning timelines with other data or programming processes provides opportunities to share and advocate for robust data collection on adolescents.**
- **Allocating time and flexibility to allow for competing priorities is necessary when undertaking assessments.**
- **The data have limitations, in particular regarding the use of estimates. However, future use of the newly revised data collection tools, allowing age disaggregation, will reduce these limitations.**
- **Sharing assessment results is a critical advocacy tool for improving programmes and strategic information related to adolescents.**

The revised tools will ensure routine availability of adolescent-specific data to support targeted programming for this population. Many of the data challenges and limitations experienced in the assessments will now be mitigated, facilitating interpretation and use of the data. The revised data collection tools should enable responsive programming and tracking of implementation by providing an ongoing mechanism to measure indicators and outcomes among adolescents over time.



*The closer to the ground the assessment, the easier it is to obtain the information needed and to act upon it accordingly."*

**– County level adolescent focal person**

## NEXT STEPS FOR STRENGTHENING STRATEGIC INFORMATION ON ADOLESCENTS IN KENYA

- Review progress with the data generated from the revised HMIS tools and the subnational adolescent assessments
- Utilize HMIS disaggregated outputs to inform future EPP Spectrum modelling estimates for Kenya. Additionally, this data will help strengthen Spectrum outputs for adolescents in the region, and globally
- Support upcoming data quality assessments to ensure that they adequately cover adolescents
- Conduct special data reviews to generate new insights, focusing on the adolescent HIV/AIDS cascade
- Advocate for sub-national age and sex disaggregation in other areas affecting adolescent health and well-being

### KEY RESOURCES

#### **UNICEF, 'Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level', 2016.**

This document guides countries through the process of collecting and reporting sub-national data on adolescents to inform programme planning and implementation efforts. It was developed with the specific aim of identifying data gaps for adolescents and informing immediate programme planning needs at the sub-national level.

<https://childrenandaids.org/collecting-reporting-sex-age-disaggregated-data>

#### **UNICEF, 'Guidance on Strengthening the Adolescent Component of National HIV Programmes through Country Assessments', 2015.**

This guidance document and its accompanying AADM Tool were devised to facilitate country assessments aimed at strengthening the adolescent component of national HIV programmes. The purpose of country assessments is to: (1) support country teams in the identification of equity and performance gaps affecting adolescent HIV programming, and (2) define priority actions to improve the effectiveness of the national adolescent HIV response.

<https://childrenandaids.org/guidance-on-strengthening-adolescent-component>

#### **Ministry of Health, Kenya HIV Estimates Report 2015**

This 2015 HIV Estimates Report is a document published biennially by the Ministry of Health, Government of Kenya. Its aim is to provide an improved understanding of the HIV epidemic in the country amongst various sub-populations. The estimates are derived from several data sources including the Kenya Demographic and Health Surveys, Kenya AIDS Indicator Survey, HIV Sentinel Surveillance among pregnant women, programmatic data and the national census.

<http://nacc.or.ke/kenya-hiv-county-profiles/>

This case study is the first in a series on ALL IN from UNICEF's Eastern and Southern Africa region and was supported by the work of Alice Armstrong.