A data-driven holistic health intervention for adolescents and young people in Kenya: innovation and lessons from Mombasa



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Rationale

- Adolescents and young people in Kenya face numerous challenges to their health and well-being
- Key challenges include unintended pregnancy, substance abuse, HIV and other sexually transmitted infections, and sexual violence
- Challenges are particularly pronounced among 'key populations', including sexual minorities (e.g., men who have sex with men), trans and gender diverse people, sex workers, and people who use drugs

Need

- In 2021, 15 focus group were conducted with community, clinical, religious, and government stakeholders (n=120 total)
- Analyses identified some services for young people, but highlighted gaps: most focused exclusively on HIV and few engaging key populations
- Multilevel stigma was identified as primary barrier to health (i.e., individual, interpersonal, structural), especially for key populations



Health is not a priority with the harsh living conditions many are facing. Their number one request was a safe space to be able to feel safe and at the same time seek care.

Innovation

Collaborate

- In 2022, an intervention responding to identified need was launched targeting young people aged 10-24 years old, especially key populations
- The intervention uses a reflexive design-implementation-research loop to continually identify gaps, evaluate impact, and suggest new opportunities

Fig 1. Dedicated 'youth friendly health service for clinical care, mental health care, and health promotion (Photo credit: Fredrick Otieno Omollo)

Research

Design

Reflexive: durational feedback and evaluative mechanisms

Qualitative 'key population' cohort interviews (n=10, every 3 months)

Healthcare worker stigma survey (n=200, every 4 months)

Community survey of health & impact (n=3,000, every 18 months)

Holistic: addressing physical, mental, social, and community elements of health

Sexual & reproductive health care

Mental health care & social support

Anti-stigma programming

Health and wellness promotion

Flexible: multiple modes of operation to reach diverse youth populations

Peer-lead health promotion and antistigma initiatives

3 buildings at hospitals outfitted as 'youth friendly' clinics (fig 1)

74 outreaches at key venues (e.g., brothels); 54 for key populations

Established referral network of more than 20 services to support linkage

Engagement: Year 1

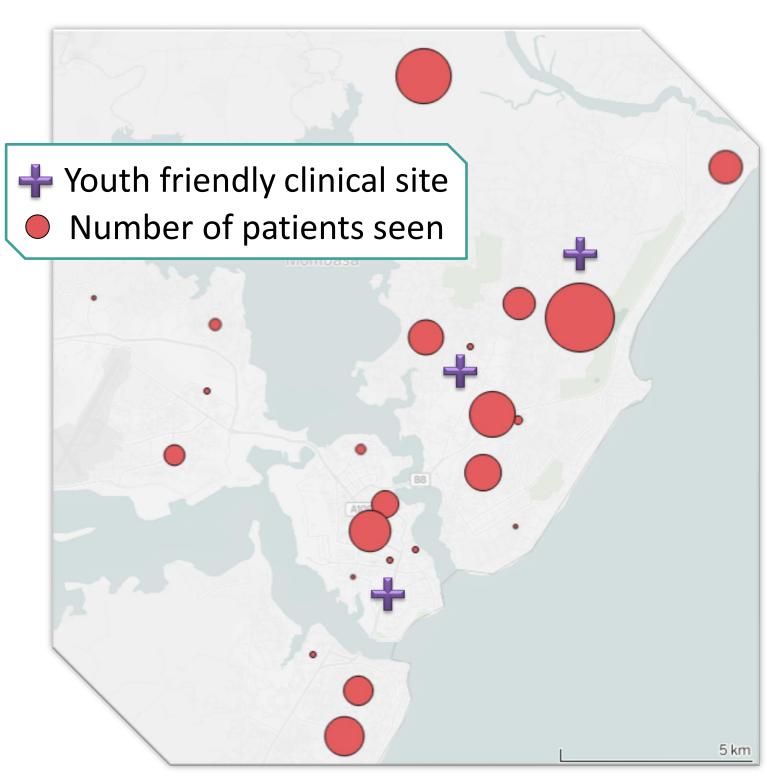


Fig 2. Outreach patient distribution and clinical sites across Mombasa, Kenya (Map credit: TableauTM)

• 3,376 young people seen at youth friendly clinical sites

Implement

- 1,420 young people seen at outreach events from across Mombasa (fig 2)
- 3,462 young people engaged in health promotion activities
- 337 referrals activated
- 93% of patients would recommend services to others

Case study: data-driven & collaborative approach

- In Quarter 2, only 46.2% of outreach patients were from target population
- Established collaborative networks (3 health departments, 12 community-based organisations) were accessed to propose solutions
- Solutions included renewed education of peer mobilisers and the use of public data to identify geographic population 'hotspots'
- Target population increased to 81.4% and 77.6% in Quarters 3 & 4
- Interventions plans to further this kind of data-driven collaborative problem solving, accessing expanding research capacities in Year 2

Conclusions

- This unique intervention started filling healthcare gaps for young people in Mombasa, with mental health services being expanded in Year 2
- It presents an exciting framework for integrating social, spatial, and medical data directly into intervention design and delivery

