



Evaluating Impact: Turning Promises into Evidence

HIV IMPACT EVALUATION AMONG YOUTH IN NYANZA, KENYA

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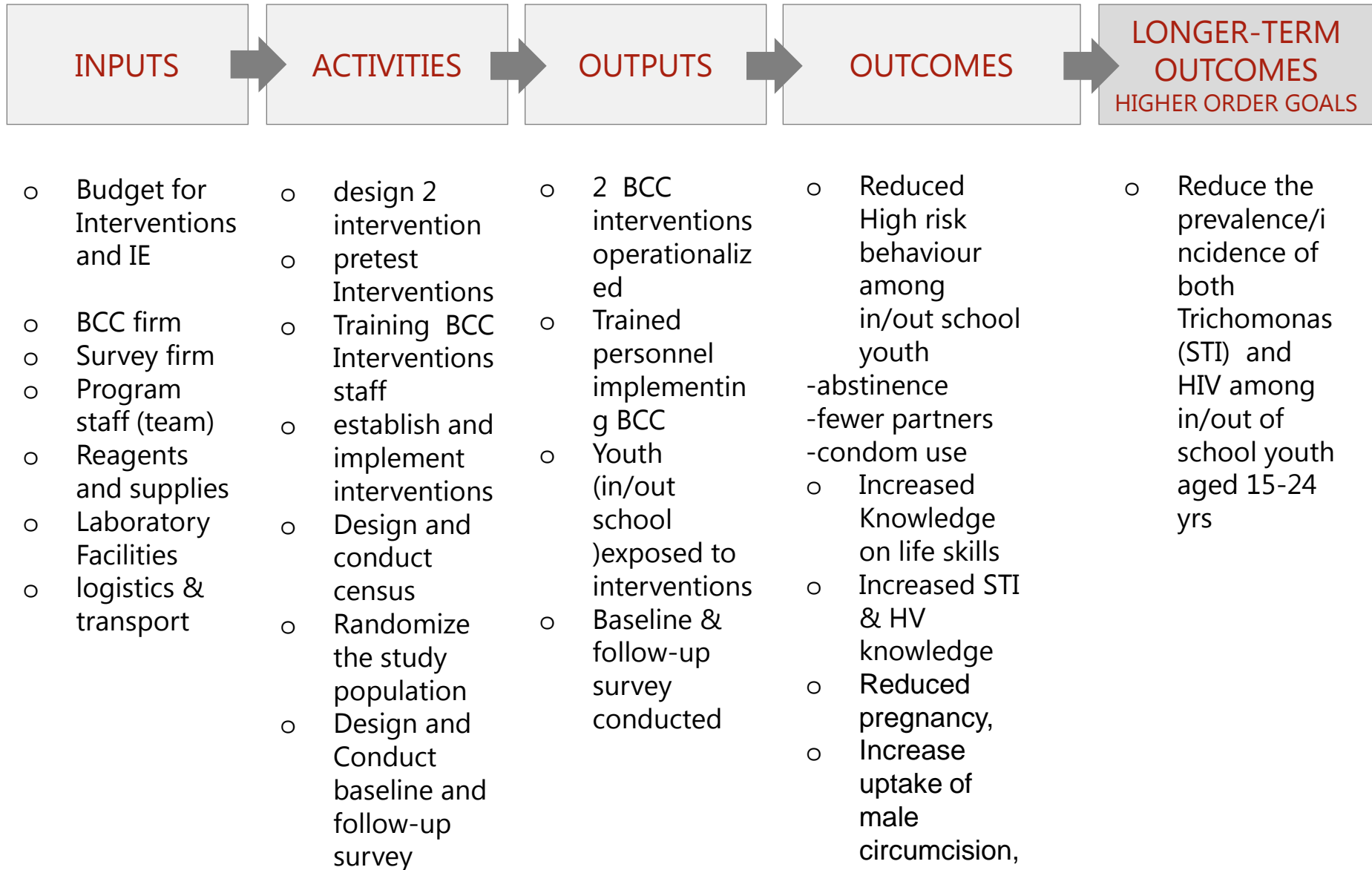
Addis Ababa, Ethiopia

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1. Background

- ❑ This study targets youth 15-24 years who are highly vulnerable to HIV and AIDS.
- ❑ Nyanza bears the highest HIV burden 13% against 6.3% nationally.
- ❑ Young women and men 15-24 years from Nyanza have relatively higher HIV infections (7.5 percent) against national 2.9% than all other regions young women in Nyanza had at 11.5 percent against 4.5% and young men at 3.1 against 1.1 percent.
- ❑ NACC proposes to test the impact of model Intervention among youths in 2012-2013
- ❑ The intervention will introduce 2 types of BCC among the youth (in-school and out-school) in 3 districts in Nyanza region to achieve the following goal:
To reduce the incidence of both Trichomonas (STI) and HIV among youth aged 15-24 years living in three districts of Nyanza

2. Results Chain



3. Primary Research Questions

- ...What is the impact of model BCC interventions on the incidence of STI and HIV among the in/out school youth?
- What is the prevalence of HIV and trichomonas among youths aged 15-24 years?
- What is the incidence of HIV and trichomonas among youths aged 15-24 years?
- What are the socio-economic and behavioural risk factors associated with HIV and STI infections among youths?
- What are the patterns and coverage of HIV care and STI treatment services among women and men aged 15-44 years in the three district public and private health care facilities?
- What are the changes in HIV and trichomonas incidence among youths aged 15 -24 years and women and men aged 15-64 years.
- What are the changes in reproductive health and HIV and STI behavioural risk factors among youth 15-24 years

4. Outcome Indicators

- Proportion of youth 15-24 who report condom use during last sex intercourse(regular/nonregular)
- % youth 15-24 who are abstaining from sex
- Life skill preventive and Knowledge indicator...
- % of male youth 15-24 circumcised
- Knowledge of STIs, reported STI, treatment of STI
- Percent of female reporting ever/current pregnant

5. Identification Strategy/ Method 1

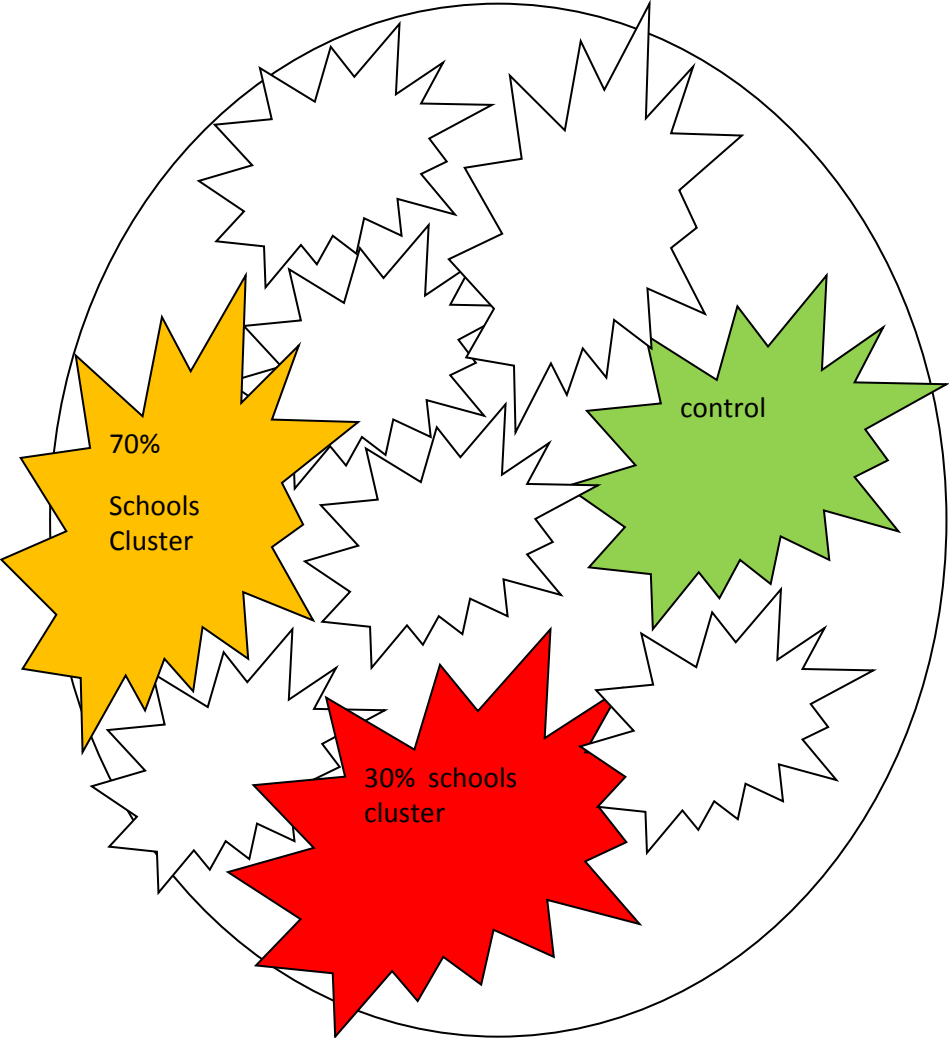
In school youth strategy(Life skills based intervention)

- School listing,
- cluster of schools according to distance,
- random assignment of intervention to clusters(control,30% treatment and 70% treatment)
- Random selection of sample of youth for baseline survey(1500) using PPS

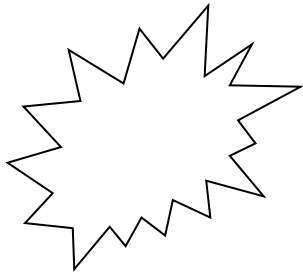
Note: Unit of randomization is schools

Intervention intensity assignment for In-school based on 1 Interv.

District



Key



Cluster

5. Identification Strategy/ Method 2

Out of school youth strategy (Life skills based & shuga{ magnet theatre} intervention)

- ❑ Household listing and census of youth,
- ❑ cluster of villages according to distance,
- ❑ random assignment of intervention based on intensity (to clusters: **i)control,**

ii)Intervention 1: 30% & 70% treatment

iii) Intervention 2: 30% &70% treatment

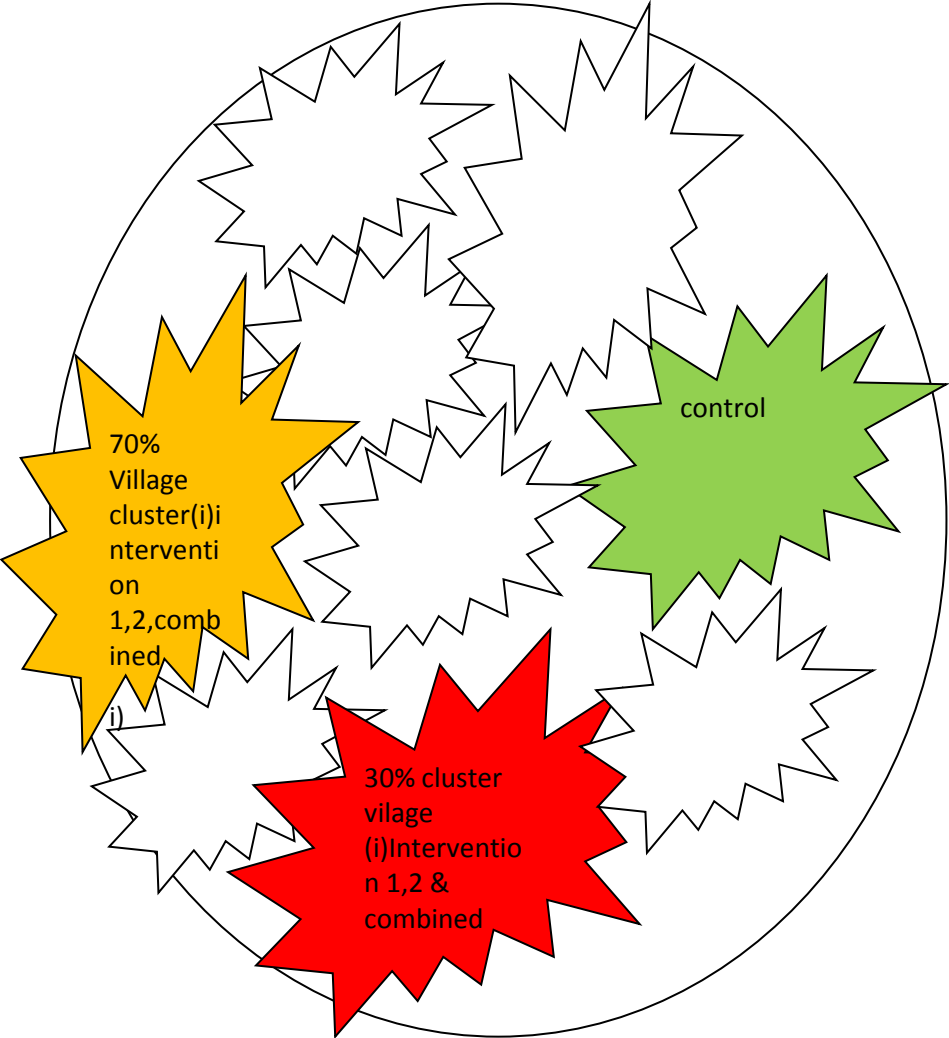
iii) Intervention 1 & 2: 30%& 70%treatment

- ❑ Random selection of sample of youth for baseline survey from sample villages(3500) using PPS

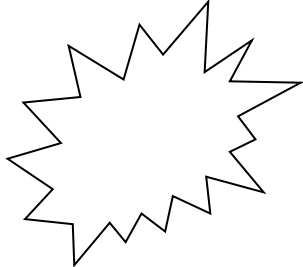
- ❑ **Note: Unit of randomization is villages**

Intervention intensity assignment for out of school

District



Key



Cluster

6. Sample and Data

- ❑ Experimental design-participation is randomized difference –in difference approach
- ❑ Sample size determination was estimated based on expected change in STI incidence (in school-1500 and out school 3500 both for baseline and endline)
- ❑ Counterfactual based on control villages and schools for out- school and in-school
- ❑ Assessments of behavioral and HIV and STI indicators protocol and intervention shall undergo review of both Scientific and Ethical approval at KEMRI

7. Time Frame / Work Plan

Activity	2012							2013											
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Census and household listing		■																	
2 Baseline			■	■															
4 Training for intervention team					■														
5 intervention						■	■	■	■	■	■								
6 STI Monitoring												■							
Follow up and monitoring												■	■	■	■	■	■		
7 End line																		■	■

8. Sources of Financing

- World Bank (TOWA)
- Looking for further funding from SIEF