

USAID Tujenge Jamii

Issue #01

May 2022

Newsletter

Content

Page 02

Foreword

"I invite you to read on and hope you will enjoy reading through the pages as much as we have cherished every minute in service of our communities..."

Page 04

Key achievements

The program has tested over 346,820 clients tested for HIV out of which 6,582 clients tested HIV positive representing a 1.9% positivity rate

Page 06

Sub purpose

"The program continued to engage 233 volunteers (82 MSMs 151 FSWs) comprising outreach workers, peer educators and peer navigators to mobilize beneficiaries for improved access to services..."

Page 12



Strengthening Health & Human Capacity



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Content



01

Foreword



03

Key numbers



05

Scope



8

Key achievements



10

Sub purposes



21

Success stories

FOREWORD



Welcome to the inaugural United States Agency for International Development (USAID) Tujenge Jamii project newsletter. USAID Tujenge Jamii (UTJ) is a five-year USAID-funded project being implemented by a consortium of partners led by Deloitte. It began in March 2021 with a core vision to create a county-owned, county-led, and county-managed integrated platform for delivery of HIV, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), Water Sanitation and Hygiene (WASH) and nutrition services.

This newsletter provides key highlights on our technical support and collaborative activities conducted in Nakuru, Baringo, Laikipia and Samburu counties: In Nakuru County, the project is implementing HIV Prevention, Care and Treatment Services, Key Populations, RMNCAH, WASH and Nutrition, while in Baringo, Laikipia and Samburu counties, the project is implementing HIV Prevention, Care and Treatment services only.

Since launch, the project targeted HIV service delivery where it is most needed, using epidemiological and program data to focus support on high-volume facilities, high HIV-yield locations and on areas lagging. Using data, the project targeted finance, technical assistance and human resource support and scaled up evidence-based interventions and innovations.

In this issue, you will also learn about our continued assistance to build county ownership and sustainability by mentoring County, Sub-County, and facility Health Management Teams to lead and manage the HIV response; and v) leveraged resources of other actors. The project supported 200 facilities across the four counties to provide HIV prevention care and treatment services.

The results described in this issue were achieved through a collaborative process of co-implementation, joint review, and support between the implementing partners and the four county departments of health. The co-implementation applied lessons learned as guided by data driven reviews across the counties.

I invite you to read on and hope you will enjoy reading through the pages as much as we have cherished every minute in service of our communities.

Dr Moses Kitheka
Chief of Party, USAID Tujenge
Jamii Program.







KEY NUMBERS

The numbers are as at September 30, 2021

346,820

Clients tested
for HIV (HTS_
TST)

6,582

Clients tested
HIV positive
(HTS_TST_POS)

72,767

(104%)

PMTCT clients
with known HIV
status (PMTCT_
STAT)

56,223

Clients
currently
on ART (TX_
CURR)

6,496

Newly initiated
on ART (TX_
NEW)

2,103 (100%)

PMTCT clients
initiated on ART

3,391

TB patients
diagnosed with
TB and put on
treatment (TB_
STAT_N)

94%

Viral load
suppression
(TX_PVLS)

2.2%

EID positivity
(PMTCT_EID_
POS)

1.9%

Positivity rate

99%

ART linkage rate

SCOPE

The project implementation approach is anchored on county leadership and health system strengthening (HSS). The leadership engagement activities included co-creating and co-implementing a joint workplan contextualized to the unique needs of each of the four counties.

The project works closely with the County Departments of Health, led by the County Directors of Health and the County HIV and STI Coordinators (CASCOs) representing the County Health Management Team (CHMT) for executing strategies to reach project and county deliverables. The County, Sub-County and site level mentorship teams led by a Senior Technical Officer and comprising of Technical Officers, Monitoring and Evaluation (M&E) Associates, and a driver are co-located with the Sub-County County Health Management Team (SCHMT) to provide day to day site level support, and mentorship working closely with the SCHMT mentors. At the county level, the CASCO, Reproductive Health coordinator and the County Health records, and Information Officers (CHRIO) supported the mentorship teams, working closely with the Senior Technical Officers across the main program areas.

The health system strengthening activities included sustaining current human resource investment, supporting initiatives to increase county health financing allocation, technical and financial support to improve annual work planning and resource mobilization.





The Chief of Party, Dr Moses Kitheka held a project inception meeting with the incoming Samburu County Executive Committee Member (CECM) for Health on the USAID Tujenge Jamii project scope and joint work plan. The meeting helped to start integrating the project and county teams to enhance communications and realize project results. The project is implementing HIV Prevention, Care and Treatment Services in Samburu County. Others present during the meeting included the Department of Health Chief Officer, Director of Health and Sub County AIDS and STI Coordinator (CASCO).

KEY ACHIEVEMENTS

By December 2021 there was notable performance improvement across select indicators. In the first 95 (HIV-infected individuals to be diagnosed), HIV positivity improved from 1.8% in Q1 to 2.2% in quarter four while linkage to HIV treatment improved from 98.6% to 99.4%. The number of adults and children currently receiving antiretroviral therapy (ART) target achievement improved from 88% in Q1 to 94% in Q4.

Overall, percentage of ART patients with a suppressed viral load (VL) however, reduced marginally from 95% to 94%. Viral load testing had not resumed due to the prolonged national VL testing reagents and sample collection commodities stock outs and this greatly affected the viral load uptake. VL uptake dropped to 49% among eligible clients in Q4 from 80% achieved in Q1 of FY21.

A total of 24,855 eligible individuals have not had VL done while 4,763 samples were still awaiting processing at the various testing labs. 20,092 clients were on a live line list waiting for sample collection when supplies resume. Overall eligible individual accessing viral load by gender for male was 46% and 57% among females with adult males with VL test being 42% and 56% for adult females.

The project prioritized pediatrics and adolescents viral load uptake achieving the following results: adolescent male-75%, adolescent female-75%; pediatric male-69% and pediatric female-74%.





USAID Tujenge Jamii supported Operation Triple Zero (OTZ) initiatives in Nakuru County and offered mentorship to over 30 adolescent and youth living with HIV during the launch of the Kabazi Sub County Hospital OTZ Club, dubbed 'The Achievers'. The club members had an opportunity to hear testimonies from four adolescents and two youth champions including Nakuru County OTZ President and a female OTZ youth leader from Homa Bay County who offered motivation. OTZ empowers participants to take charge of their health, take control of their decisions, receive support from fellow peers, and identify with peers who are doing well. Similarly, the program offers a comprehensive HIV treatment literacy package and life skills that empower them to be their own health managers. They commit to a simple treatment goal of zero missed appointments, zero missed drugs and zero viral load.

SUB PURPOSE ONE

Increased access and demand for quality HIV prevention services

Increased access to and demand for targeted HIV prevention services among key population, AGYW and men

USAID Tujenge Jamii has sub granted five local implementing partners: Nakuru Youth Development & Education Support Organization (NYDESO); North Star Alliance (NSA); Kenya National Outreach Counselling & Training Program-(K-NOTE); National Organization of Peer Educators (NOPE); Kenya Muslim Youth Alliance (KMYA) to provide a comprehensive package of prevention services to 22,231 KPs (5408 MSMs 16823 FSWs) in 11 sub counties (Nakuru East, Nakuru West, Nakuru North, Suzuki, Naivasha, Gilgil, Rongai, Molo, Njoro, Kuresoi North and Kuresoi South) in Nakuru County.

The program continued to engage 233 volunteers (82 MSMs 151 FSWs) comprising outreach workers, peer educators and peer navigators to mobilize beneficiaries for improved access to services in identified sites and outreaches. Online mobilization of hidden & high end KPs continued to compliment the peer outreach model.

Key achievement up to December 2021 include 11,656 (2,346 MSMs and 9,310 FSWs). The project is prioritizing case identification and improved utilization of HIVST and PrEP among the KPs.

Cumulatively, a total of 9,008 (5,105 MSMs and 3,903 FSWs) KPs were reached with testing services. RTK stock out affected testing even among the KPs. 111 KPs were identified as HIV positive (41 MSMs and 70 FSWs). 562 (131 MSM 395 FSWs) were initiated on PrEP and 1,025 (590 MSM 435 FSWs) were offered post GBV clinical services, an increase on reported cases that can be attributed to the Violence Prevention and Reporting training.



UTJ Project team technical visiting the National Organization of Peer Education (NOPE) clinic site at Mai Mahiu township. The center is targeting Key population communities. Targeted mobilization for young female sex workers (FSWs) and Men who have sex with men (MSM) was intensified during this reporting period with 913 FSWs below 24 years mobilized.

Increase access to and demand for prep for discordant couples and populations at high-risk of acquiring HIV infection including AGYW

UTJ supported pre-exposure prophylaxis (PrEP) services across the 200 supported sites through facility mentorship of health care workers, provision of PrEP registers, and facilitation of the county health management teams to conduct site-level support supervision and forecasting, quantification, and reporting of commodities. During the reporting period the project did not experience any stock out of PrEP commodities. PrEP implementation was enhanced through integration of PrEP screening with HTS eligibility screening through thorough HTS risk assessment.

The project continued sensitizing and offering PrEP to specific targeted populations exposed to HIV including sexual contacts who tested HIV negative, HIV negative partners in a discordant relationship, partners of patients with high viral load, sexually active adolescent girls and young women repetitively seeking emergency contraception, newly tested negative women in antenatal care (ANC) and clients with recurrent use of post-exposure prophylaxis (PEP). The project continuously did mentorship to HCWs to enhance identification of HIV-negative individuals at a substantial risk of acquiring HIV infection and linkage to PrEP. To strengthen reporting, the program printed and distributed PrEP registers and Daily Activity Registers (DAR) on an as-needed basis.



Progress Review meeting at the Naivasha Sub-county hospital in Nakuru County. The project team participated in granular data driven review and planning meetings including the daily Situation Room Meetings (SRM) to review and monitor progress/ results to inform implementation strategic shifts.

SUB PURPOSE TWO

Increased access and demand for quality HIV treatment services

Increased access and demand for quality prevention of mother to child transmission (PMTCT) services

A total of 73,917 pregnant women attended 1st ANC services in supported sites achieving 101% of the annual target; 72,767 (104% of the 70,194 target) had their HIV status established (including those who presented with a known HIV positive status at entry to ANC). Pregnant women who missed testing during the first ANC visit due to RTK shortage received testing in subsequent visits.

During the year, 2,110 pregnant women with positive HIV status were identified and 2,103 were initiated on ART representing a 96% achievement of the annual target. However, the seven (7) missed opportunities for ART are on active follow-up for initiation of ART in the subsequent month. The HIV positivity rate among pregnant women was 2.9% by end of FY21. The proportion of women with known HIV positive status at 1st ANC was 68%. Known positives were highest among older women >24 years at 78%.



This year's World AIDS Day theme for Kenya was "Reduce Teenage Pregnancies". The project collaborated with the National AIDS Control Council (NACC) in support of this theme and provided information, education and communication materials to the youth during the national celebrations in Nakuru County presided over by the President on December 1. The Head of State noted that new HIV infections in the country had declined by 68.4% while disease prevalence fell by 6% between 2013 and this year. He decried the rising cases of teenage pregnancies in the country saying the sad state of affairs undermines the country's transformation agenda and progress made to end HIV as a public health threat. The project is supporting to increase demand and supply for quality HIV prevention and treatment services in Nakuru, Laikipia, Baringo and Samburu counties.

Increased access and demand for quality ART services

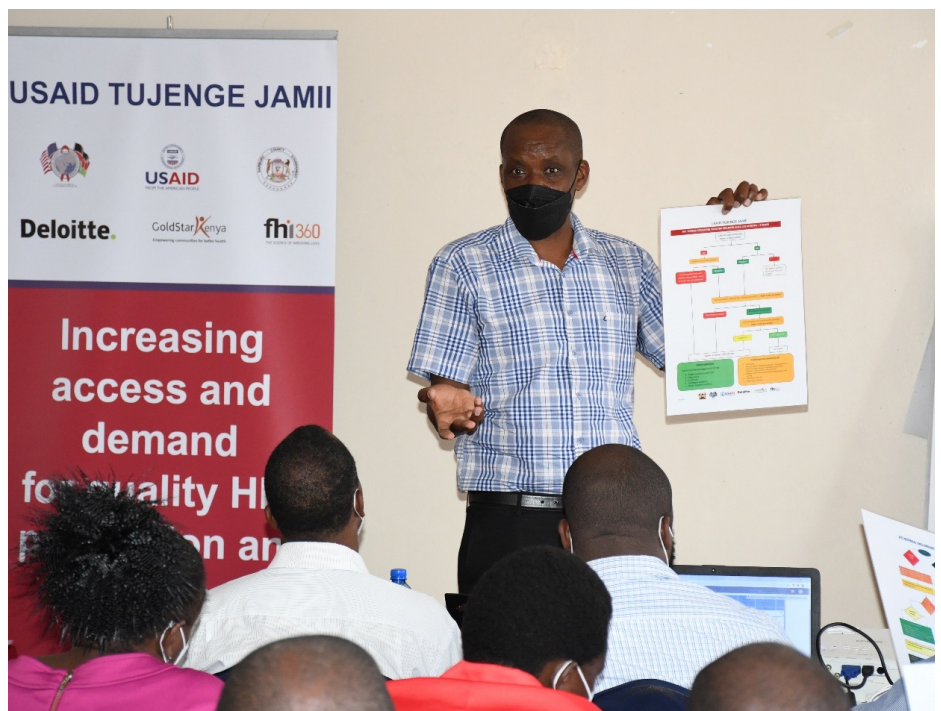
The project continued to support activities to increase ART uptake by PLHIV where a total of 6,496 out of the 6,582 newly HIV diagnosed clients were started on ART translating to a 99% linkage rate. Through case management, all newly identified clients were linked to case managers to enhance adherence to treatment. The project mentorship teams working with the county and sub county teams continued with virtual and facility level CMEs on treatment preparation and literacy, and case management to enhance care and treatment adherence, mental health assessment and support for PLHIV. Routine health talks at facility level and during targeted outreaches were conducted to improve client literacy, disclosure, adherence, and retention on treatment.



Demand creation for improved utilization of services continued among the outreach team where services including HIV testing services, ART treatment, Family Planning, STI screening & treatment, cervical cancer screening, PrEP services, and psychosocial support were offered to clients during the World AIDS day celebrations.

Initiation of treatment and ART optimization

The overall linkage rate to ART for the project was 99%. There was a total of 6,582 clients newly diagnosed with HIV infection, 6,496 were started on ART. The high linkage rate was attributed to better contact time with facilities availing much needed mentorship and coaching and augmented by the daily review of performance with immediate follow up on any gaps identified. Any unlinked clients were assigned a case manager for follow up.



Provision of HIV testing tools and training to the Samburu County Health Management Team in Archers Post, Samburu.

Differentiated service delivery

Mentorship and On Job Training (OJT) on differentiated service delivery (DSD) was carried out jointly with the health management teams during the site mentorship visits with the aim of scaling up DSD models of care. With DSD, it is possible to decongest health facilities, improve retention in HIV care and ensure sustained viral suppression. The project mentorship teams continued mentoring HCWs on case management for CALHIV with unique and special challenges for follow up and individualized care in the personal Children and adolescent people living with HIV

(CALHIV) touch model of care to address the treatment and suppression barriers. CALHIV in boarding schools were booked during the short holidays where they had pediatric and adolescent specific support group activities and special individualized clinical review. Barriers to adherence, disclosure and school progression and career developments goals were discussed targeting the ages that transitioned from primary school to high school and from high school to college.



The project provided technical assistance and support to the Nakuru health management team and County AIDS and STI Coordinators during the HIV Testing Services (HTS) site-level training and activation on HIV Recent Infection Surveillance. The two-day session led by the National AIDS and STI Control Programme (NASCOP) was provided to 30 HTS officers from Nakuru East and West sub-counties. The sessions were also covered supervision and Continuous Quality Improvement (CQI), orientation to the Standard Operating Procedures and job aids, recency surveillance reporting, research ethics, informed consent and site level HTS planning.

Increased reporting and prevention of sexual and gender based violence (SGVB)

Post gender-based violence (GBV) clinical care service provision continued to improve across the four counties. Efforts were made to enhance understanding of the minimum package of post GBV clinical care and the preparedness of the health facility to provide such services to survivors. The project scaled up Listen, Inquire, Validate, Enhance Safety and Support (LIVES) training for improved soft skills by providers to routinely screen and flag (and providing services for) hidden GBV survivors. Mentorship was done at individual provider level to scale up good practices and reduce any identified gaps in identification, response, and

documentation post GBV clinical care. Efforts were made in further analysis of service provision of sexual assault survivors to ensure comprehensive response including HTS services, PEP, STI screening and treatment and other related support as needed by individual clients. Integration of this service in the various service delivery points has contributed to the improved performance of this indicator. There is a remarkable improvement in performance following intense health care worker mentorship described above. GBV screening has been integrated in service provision with increased capacity of clinical inquiry at various service provision points.

Family planning

World Contraceptive Day Commemoration: World contraceptive day is celebrated worldwide with the objective of commemorating the gains made in health care sector towards improving family planning uptake in the communities. In Nakuru County, World Contraceptive Day was observed at Sachagwan Dispensary in Molo Sub- County through accelerated FP services. The community was sensitized prior to the date of celebration using both community strategy modalities and social media. This was meant to sensitize the public and clients coming for various services in the facility and health facilities (HF) to accelerate service delivery on the actual day of the celebration.

During the day, a total of 116 clients accessed FP and other RH related services including screening for cancer of the cervix, breast examination and HIV testing and counselling services. A total of 89,359 clients have received family planning services in Nakuru County with 44,999 being new acceptors (Apr-Sept 2021). Clients inserted implants and IUCD in the year were 36,802 and 9,072 respectively. Other methods offered in the year included DMPA 54,816 clients, oral contraceptive pills 32,592 clients. Further, 48,445 clients received condoms, 190 underwent voluntary surgical contraception (185 BTLs and 5 vasectomy) while 4,108 used natural FP methods. A total of 18,555 adolescents were offered FP services of their choice.



We supported the Nakuru County Department of Health to conduct baby friendly community initiatives (BFCl) reaching a total of 30 community health volunteers from Kiratina attached to Lanet Health Center. The training helped promote, protect, and support breastfeeding at the community level and establishment of baby friendly spaces within the community and linked health facilities. Breastfeeding is one of the most cost-effective health interventions, with a myriad of health and economic benefits for mothers and children.

Maternal and newborn health

Life-saving obstetric and newborn care is critical in determining the outcome of pregnancy, labor and delivery. The project supported emergency obstetric and newborn care (EmONC) training for 32 health care workers (HCW) from selected health facilities across the county. The training was in response to maternal and perinatal death review surveillance and response (MPDSR) audit findings which revealed inadequacy of knowledge and skills in identification and management of obstetric and perinatal emergencies as one of the contributory factors to maternal and perinatal morbidity and mortality. As a result, the trained participants were empowered with requisite knowledge and skills on obstetric emergency preparedness, management, and effective referral to improve maternal and infant survival during labor and delivery. This is expected to reflect improved quality of care during labor and delivery thus reduced maternal and perinatal mortality.



We supported the Nakuru County Department of Health to conduct baby friendly community initiatives (BFCI) reaching a total of 30 community health volunteers from Kiratina attached to Lanet Health Center. The training helped promote, protect, and support breastfeeding at the community level and establishment of baby friendly spaces within the community and linked health facilities. Breastfeeding is one of the most cost-effective health interventions, with a myriad of health and economic benefits for mothers and children.

Child health

Integrated Management of Newborn and Child Illnesses (IMNCI) was supported by the project as a strategy to reduce childhood morbidity and mortality. Routine immunization was also enhanced to promote good coverage against vaccine preventable diseases. Technical assistance during onsite mentorship on cold chain management, immunization coverage strategies and use of amoxicillin DT for pneumonia management and ORS/Zinc use for diarrhea management was emphasized. The project supported S/CHMTs to undertake supportive supervision for improved quality of care, reaching 105 health facilities. To enhance quality of IMNCI services, 25 health officers were sensitized on correct classification and management of children presenting with pneumonia and diarrhea. As result, they mentored 268 HCWs on classification, management, and documentation of childhood illnesses.



USAID Tujenge Jamii supported the Nakuru County Department of Health in improving Vitamin A supplementation coverage and participated in the Malezi Bora activities across the county.

Nutrition

The project's mandate in supporting nutrition interventions aims at ensuring increased access and demand for quality family planning, reproductive maternal newborn and adolescent health, nutrition and WASH through systems strengthening. This ensures gaps in nutrition service delivery are addressed which results to improved quality services and timely interventions. The project supported capacity building of the health management teams who in turn mentor the health facility staff.

Growth monitoring promotion: To ensure the facilities are offering growth monitoring services in line with the WHO standards, the project offered online mentorship sessions to 15 nutrition officers from the County and Sub-County on High Impact Nutrition Interventions (HiNi) and who in turn offered structured mentorship

sessions to health care providers.

As a result of the support offered, 212,575 children were reached by nutrition specific interventions. This translated to 323% achievement of the against an annual target of 65,744 children. Mid-Upper Arm Circumference (MUAC) assessment was also conducted on 130,987 children of these 125,597 were normal, 3,961 moderately malnourished (yellow) and 1,429 severely malnourished (red). Nutrition messages were reinforced as part of the nutrition counseling package. Vitamin A supplementation to children continued as a routine immunization exercise and a total of 212,575 children received Vitamin A translating to 323% achievement of the annual target of 65, 744 children.

Water sanitation & hygiene (WASH)

The project strives to empower communities on self-sustainability by promoting access to the most appropriate improved sanitation method depending on price and availability. Continuous mentorship of natural leaders and public health officers who are directly linked to open defecation free community initiatives, sustains the gains of Community Led Total Sanitation (CLTS) and avoids slippage to open defecation (OD). The officers are trained on various improved sanitation options available in the market and are encouraged to sensitize the communities on the same. In order to sustain the gains of CLTS activities, the project trained natural leaders who are the main gate keepers in villages declared Open Defecation Free (ODF) on various WASH approaches applicable in the implementation of rural WASH and improved sanitation options available in the market.



Nakuru county community health volunteers demonstrate hand washing techniques during the World Toilet day in November 2021 at Lanet Primary School.

Expand and sustain comprehensive school health program

Schools offer a unique opportunity to implement effective health programs for children and adolescents (those aged 5–19 years). This age set experience a range of preventable health issues, including unintentional injury, interpersonal violence, sexual and reproductive health problems, communicable diseases, non-communicable diseases, and mental health issues. In addition, they have positive physical, sexual, psychosocial, and neurocognitive health and development needs as they progress from childhood to adulthood. Formation and strengthening of school health clubs is essential as it is an entry point to health programs in schools since children spend on average eight hours per day in school with their peers who are likely to influence positive healthy behavior. In collaboration with the County Department of Health and Ministry of Education (MOE), the project has formed 27 schools' health clubs and reactivated 27 others. The club members are sensitized on proper WASH practices like hand washing with soap and water at critical times, proper personal hygiene, environmental hygiene, water safety among others. Girls were also sensitized on menstrual hygiene management. A total of 33,222 (16,746 Males, 16,476 Females) were reached with the messages.



Mary Mucheru, Nakuru County School Health Coordinator demonstrates hand washing technique and sensitized pupils on the importance of observing proper sanitation and hygiene practices all times and especially during the COVID-19 pandemic at Mercy Njeri Primary School in Nakuru. The 2021 theme was "Our Future is at Hand-Let's Move Forward Together". The Global Handwashing Day is a world advocacy day that seeks to increase understanding about the importance of washing hands with soap to prevent diseases and save lives.



SUB PURPOSE THREE

Strengthened capacity of county health systems, local partners and communities to deliver quality health services

Strengthen documentation in MOH data systems (paper registers & data tools) through continuous targeted mentorship:

The project ensured a smooth transition and adopting the health information and reporting system and infrastructure and worked jointly with health management teams to develop a comprehensive procurement plan for MOH M&E tools and registers for the HIV program and Family Health (FP/RMNCAH, nutrition and WASH) program to ensure there is consistent supply of tools in all the 200 supported sites.



The Project Chief of Party Dr Moses Kitheka hands over a computer and IT equipment to the Samburu County Executive Committee Member for Health Vincent Learaman. The computers will support on health data entry in the county.

Scale-up EMR implementation and use leading to a functional and robust EMR system (tools) through continuous targeted mentorship:

The project continued to strengthen implementation of Electronic Medical Records (EMR) activities in the 56 existing EMR sites across the four counties. EMR was rolled out to 7 additional sites bringing the total EMR sites to 63 sites. Of the 63, 62 (98%) EMR health facilities had fully functional EMR systems (i.e., six months' retrospective data fully updated in the EMR system) with 100% EMR sites using EMR systems to generate accurate and complete MOH 731 reports. The 63 EMR sites contributes to about 46,135 patients currently on ART (82%) out of the total 56,223 patients having their record well updated and used to report number of adults and children currently receiving antiretroviral therapy (ART) from the EMR systems.

County	Current on ART EMR	Reported TX_CURR	% TX_CURR Reported From EMR
Baringo	3,810	5,035	76%
Laikipia	6,413	8,525	75%
Nakuru	23,471	40,745	58%
Samburu	1,677	1,918	87%
Grand Total	46,135	56,223	82%

Summary of EMR sites generating number of adults and children currently receiving antiretroviral therapy (ART) from the system



Deloitte team handed over tents and furniture to the Baringo County Health CECM and management. The tent will support HIV testing services in the county.

SUCCESS STORIES

Improving treatment outcomes for adolescents and young people living with HIV



Brian Muriuki, Nakuru OTZ Club President addressing the OTZ 'Achievers' club members for Kabazi Health Center during a club team building meeting in Bahati in September 2021.

For Brian, a 23-year-old college student, his journey living with HIV has been full of surprises and struggle since birth. Having lost his mother to HIV at a tender age, Brian was left under the care of his grandmother who, in the early 2000s, was living in denial and could not follow through the doctors instructions on medication for the young Brian.

On many occasions, the granny resulted to consult with doctors for a solution to get healing of the opportunistic infections that Brian contracted due to poor immunity. No family members could be able to support his journey and the interventions from the medical team to convince the caretakers fell on deaf ears due to the stigma involved. Brian only came to understand his situation at 12 years of age after a doctor went through past records and got to know what the mother had suffered years back.

It is from this grueling experience that after joining a psychosocial support group

for the adolescent youth, Brian is working to ensure that the parents and youth do follow their prescribed medications.. In Nakuru County, the overall HIV suppression has improved but it has remained low amongst pediatric (83%) and adolescent (86%). As children and adolescents age, disclosure remains a challenge, with associated fear and concerns on the part of parents and guardians and limited capacity in counselling skills among health care workers (HCWs). Brian has been able to follow through his medication and suppress the virus for the last 7 years. This has earned him respect among his peers who elected him as a champion representative and president to use their platform to reach more youth on the importance of taking their medication.

Brian has been consistent with antiretroviral medication for the last seven years with viral suppression. To better characterize the challenges faced by AYP and respond to their situations,

USAID Tujenge Jamii is working through Operation Triple Zero (OTZ), where Brian Wanjiru Muriuki is a Nakuru Champion, and adolescents are considered as resources with potential answers to their challenges. They are empowered to take responsibility and action for their health.

"There are no shortcuts if you are HIV positive, you have to take your antiretroviral medication," he says during an psychosocial club meeting with adolescents in Nakuru. The club encourages open sharing of information and asking questions regarding their journey living with HIV. The adolescents and young people living with HIV (AYPLHIV) tend to have lower suppression rates compared to adults. This is often due to lower treatment adherence and other factors such as lack of access to age-appropriate care, provider bias, insufficient information about HIV and the importance of treatment adherence, and self-stigma. OTZ's strategy revolves around a commitment to the three zeros: zero missed appointments, zero missed



Nakuru County HIV Coordinator Rachel Kiuna addressing a s section of the adolescent youth during a team building event on the importance of treatment adherence in Nakuru North.

medication, and zero viral load. USAID Tujenge Jamii has introduced OTZ in health facilities and currently there are 8,431 adolescents active in OTZ adding to the 12,059 currently on ART in Nakuru, Samburu, Laikipia and Baringo.

“We are grateful to the USAID Tujenge Jamii Project for supporting out department in targeting the high-risk adolescents and youth so that they can benefit from the OTZ initiative,” explained Rachel Kiuna, the county HIV Coordinator during an OTZ club forum in for Kabazi health center in Nakuru County. The county health department has participation in OTZ club activities to offer guidance and motivate the youth.

The project is supporting creation of peer groups called “OTZ Clubs.” Where members regularly meet to share challenges, receive peer support, and come up with their own solutions, including sharing best practices for adhering to treatment. Members who achieve three zeros in the OTZ clubs are recognized as “achievers” in front of their peers. They speak up and encourage other OTZ members to commit to the three zeros. The graduates of OTZ are ‘champions’

at the facility-level and are tasked with enrolling new members, providing psychosocial support to newly identified HIV-positive adolescents and young people, providing support to members with high viral loads through pairing, coordinating OTZ clubs, and overseeing various OTZ activities. There is a total of 39 adolescent champions supported to provide support to CALHIV in the four USAID Tujenge Jamii supported counties. The champions have been mentored on life skills and disclosure among teenagers, meaningful involvement of adolescent leadership to recruit more OTZ enrolments and initiate more OTZ clubs. The OTZ initiatives recorded successful outcomes with 88 % appointment keeping, 98% adherence to treatment and 88 % viral load suppression. “We are continuously engaging the youth on social media platforms and WhatsApp where their concerns regarding medication are addressed,” says Brian Muriuki, an OTZ champion and president of the Nakuru OTZ Clubs. Brian engages AYPLHIV in designing numerous aspects of the OTZ initiative, including defining the mandate of OTZ clubs; developing content for OTZ modules; and participating in OTZ talent shows and activities. The champions support enroll

new members, provide psychosocial support to newly identified HIV-positive AYP, provide support to AYPLHIV with high viral loads through pairing, coordinate OTZ clubs, and oversee various OTZ activities.

The project supports adolescent and youth responsive services across sites with high numbers of AYP. The interventions focus on appropriate disclosure, mental health, sexual and reproductive health, relationship management and transition pathways through life, age, and school. The project is to scale up OTZ enrolments, train and mentor more adolescent champions and conduct refresher continuous medical education to enhance the care and treatment outcomes among adolescents.

The youth responsive services encourage access, affordability, privacy and acceptance by health care workers and peers. Gender-Based Violence response is incorporated in the interventions aimed to transition to self-care with sustained Viral Load suppression and optimal mental health. The clubs are facilitated to hold quarterly meetings and activities with provision of the stipends for the adolescent champions.

Drop-in center to enhance HIV service delivery to key populations

Key populations — female sex workers (FSWs), men who have sex with men (MSM), and transgender people (TG) — are disproportionately affected by HIV. At the same time, the stigma, discrimination, violence, and threat of criminal prosecution faced by key populations in Kenya pose serious barriers to their ability to access high-quality health care.

To improve access to quality health services in the context of HIV in Nakuru County, USAID Tujenge Jamii project is providing support to civil-society, community-based, and key-population led organizations and networks to provide quality comprehensive package services. In Nakuru County, the project is targeting to reach more than 22,000 female sex workers and men who have sex with men through the peer outreach model to enhance hotspot level demand creation for services.

USAID Tujenge Jamii is providing technical assistance to accomplish the interventions through collaboration and grants to five local implementing partners including the Kenya National Outreach, Counselling and Training Program – (K-NOTE); National Organization of Peer Educators (NOPE); Kenya Muslim Youth Association (KMYA);

Nakuru Youth Development and Education Support Organization (NYDESO) and North Star Alliance (NSA).

The community-based organizations are well placed to create trusted, safe platforms for service delivery through the drop-in centers like the one launched at Gilgil Sub County Hospital, which is respectful of, and safe for, key populations. The key populations will be engaged to conduct routine mapping of hotspots to get the current size estimation to precisely locate members including the different typologies. This will increase the accuracy of location, numbers, and types of key populations within the area and prioritize programming to saturate coverage in areas with the large concentrations of members with highest risk.

The integrated case management approaches are being implemented to link KP from community to public health systems to facilitate same-day ART initiation for KPs who test positive for HIV. The clinicians at the center have specialized sensitization and clinical competency training to work with all key populations. When providers respect confidentiality and demonstrate good communication

skills, and when they are knowledgeable, sensitive, nonjudgmental, and supportive, key population service users are more likely to seek services and to benefit from the prevention, treatment and care interventions they need.

“The DICE will provide affordable, integrated and essential services not accessible before to all patients and also embrace everyone equally to avoid stigmatization. The Department of Health will use this to sustain the gains made,” said Dr Daniel Wainaina, the Nakuru County Department of Health Chief Officer during the launch of a drop-in center in Gilgil. He said the new center, dubbed Sasa (now) Center, will provide the full range of HIV prevention, diagnosis, treatment, care and support services for key populations and will improve access to services and retention in care, as well as provides safer, discreet and more accessible health care options. The project is also working in close collaboration with the county key populations focal person to strengthen the county health department to leverage opportunities through enhanced networking with stakeholders.



Nakuru County Chief Officer for Public Health, Dr Daniel Wainaina (left) shares a collaborative agreement with the NOPE Program manager, Peter Njuguna during the launch of the drop in center at Gilgil.

PICTORIAL

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Nakuru County Department of Health Chief Officer Dr Daniel Wainaina with the USAID Tujenge Jamii team Chief of party and officials during the launch of a Drop-in Center clinic being run by the National Organization of Peer Education (NOPE) at Gilgil, Nakuru.



USAID Tujenge Jamii project team handing over tents to the Baringo County Department of Health management team. The tents are to be used to provide Comprehensive Care Services at the health facilities



Kabazi Health Center adolescent youth club gathered for a team building event on Operation Triple Zero (OTZ) on the importance of treatment adherence in Nakuru North.

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