

## Newsletter

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## Reaching Adolescents and Youth



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# Abbreviations

AGYW	Adolescent Girls and Young Women	PSSG	Psychosocial Support Groups
ANC	Antenatal care	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
ART	Antiretroviral therapy		
CASCO	County AIDS and STI Coordinator	SCHMT	Sub-County Health Management Team
CCC	Comprehensive Care Centers	TPT	TB Preventive Treatment
CECM	County Executive Committee Member	UTJ	USAID Tujenge Jamii
CHMT	County Health Management Team	VL	Viral Load
CLTS	Community Led Total Sanitation	WASH	Water Sanitation and Hygiene
COVID-19	Coronavirus Disease 2019	WLHIV	Women Living with HIV
CTLC	County Tuberculosis Leprosy and Lung Disease Coordinators		
CXCA	Cervical Cancer		
EmONC	Emergency Obstetric and Newborn Care		
EMR	Electronic Medical Records		
GBV	Gender-based Violence		
HRH	Human Resources for Health		
HSS	Health System Strengthening		
HTS	HIV Testing Services		
HVF	High-volume Facility		
ICF	Intensified TB Case Finding		
IIT	Interruption in Treatment		
JMW	Jua Mtoto Wako		
JWP	Joint Work Plans		
KHIS	Kenya Health Information System		
ODF	Open Defecation Free		
OTZ	Operation Triple Zero		
pDTG	Pediatric dolutegravir		
PEP	Post-exposure prophylaxis		
PLHIV	People living with HIV		
PMTCT	Prevention of mother to child transmission		
PrEP	Pre-exposure Prophylaxis		



# Foreword

“UTJ is a United States Agency for International Development (USAID) funded five-year project being implemented with a consortium of partners led by Deloitte. Other partners include FHI 360 and GoldStar Kenya. This newsletter provides key highlights of our technical support and collaborative activities conducted in Nakuru, Baringo, Laikipia, and Samburu counties”



**Dr. Moses Kitheka**  
Chief of Party  
USAID Tujenge Jamii

Welcome to the third edition of the USAID Tujenge Jamii (UTJ) project newsletter. In this edition, you will learn more about how the project is collaborating with partners to improve pediatric suppression rates through the “personal touch model of care” for the children and adolescents and strengthening of the Jua Mtoto Wako initiatives. Joint plans commenced in Nakuru County while targeted suspected treatment failure (STF) client review, individual case management, antiretroviral therapy (ART) optimization, and targeted home visits continued in all counties.

The project has also strengthened the Operation Triple Zero (OTZ) clubs culminating in planning of a safe space holiday camp during the quarter. Adolescents and youth are a special group of health service recipients whose advocacy is low amidst health planning and implementation activities. Providing an avenue for this special group to voice

out their health needs will ensure good representation in their care planning. The camp provided a rich ground to hear from adolescents about their health.

The camp brought together youth champions from the four counties to discuss issues affecting them. Our young people have what it takes to live a healthy life and face the future with confidence. The project will support the adolescents in the journey using the lessons learnt from the symposium for young people to access all reproductive health services and how they should be treated when visiting health facilities.

The project provided technical assistance and supported the Nakuru County Department of Health Services to mark the World Menstrual Health and Hygiene Day celebrations through promotion of good menstrual health and hygiene (MHH) for all women and girls. The day highlighted the importance of menstrual care

and raised awareness about the social issues faced by women during menstruation and limited access to sanitary products. The overarching goal is to create a world where no woman or girl is held back because of menstruation. In Nakuru, we have supported the county department to enhance access to clean water and dignified sanitation facilities. This includes 354 villages that now have an open defecation free status in the last one year. This means that girls can now access proper sanitation for proper menstrual hygiene.

I invite you to read on and hope you will enjoy the newsletter as much as we have cherished every minute in serving our communities.



Youth champions from Samburu County pose for a photo with their health management team during the youth symposium in Nakuru. Photo by Teddy Chenya Alenga/UTJ





# Key Numbers

**53,341**

Clients tested for HIV (HTS\_  
TST)

**1,196**

Clients tested HIV positive  
(HTS\_TST\_POS)

**2.2%**

Positivity rate

**1,217**

Newly initiated on  
antiretroviral therapy (ART)  
(TX\_NEW)

**102%**

ART linkage rate

**57,752**

Clients currently on ART (TX\_CURR)

**94%**

Viral load suppression (TX\_PVLS)

**229**

TB patients diagnosed with TB and put on treatment

**16,708**

Prevention of Mother to Child Transmission (PMTCT) clients with known HIV status (PMTCT\_STAT)

**488**

(100%)  
PMTCT clients initiated on ART

**2.5%**

EID positivity (PMTCT\_EID\_POS)

\*Numbers for April 1-June 30, 2022 period

# Key Achievements

Since April, the project identified 1,196 HIV positive clients in the four counties, translating to a positivity rate of 2.2 % with Baringo achieving a positivity at 2.8 %, Laikipia at 1.8%, Nakuru 2.3% and Samburu at 1.8%. The project experienced low stocks of HIV Rapid Test Kits in most facilities with some experiencing complete stock-out. Health care workers prioritized testing antenatal care clients, TB clients and targeted index testing.

Out of the 1,196 positives identified, 1,217 were linked to antiretroviral therapy (ART), a 117% proxy linkage. The project implemented screening and testing services while observing COVID-19 prevention measures. The project continued with daily situation room meetings alongside weekly county specific review meetings. The gaps identified during the meetings formed the focus of the mentorship activities for each site.

The Viral Load (VL) coverage negatively impacted by erratic supply of VL testing reagents and sample collection commodities. Some reagents were availed at the testing labs, but priority was given to critical populations such as Prevention of Mother to Child Transmissions (PMTCT), recipients of care (RoC), pediatrics targeted for Paediatric Dolutegravir (pDTG) optimization, adolescents, and recipients of care with previous high VL undergoing enhanced adherence counselling.

A total of 46,517 eligible individuals have not had VL done, a slight drop from 47,136 eligible in previous quarter. With the VL sample collection supplies received, UTJ is mobilizing the RoC for VL testing to reduce the gap. VL uptake by age and gender was as follows: Adult Male, 9% (1,360/15,210), Adult Female, 13% (4,483/34,167); Adolescent Male, 26% (415/1,585), Female, 29% (465/1,603); Pediatric Male, 36% (179/500), Pediatric Female, 32% (166/520). Of the 7,068 individuals accessing the VL test during the quarter, 6,618 (94%) were virally suppressed.

To improve pediatric suppression rates, the project has implemented personalized care for the children and adolescents through the “personal touch model of care” and the project is working closely with USAID4Better Health Project to strengthen the Jua Mtoto Wako initiative. Joint plans commenced in Nakuru County while targeted STF client

review, individual case management, ART optimization and targeted home visits continued in all counties.

UTJ focused on building the skills of HTS providers towards offering safe, ethical index testing while observing the 5Cs (consent, confidentiality, counselling, correct test results, and connections to care, treatment, and prevention services). Safe index testing services were integrated with other community services including ART distribution, HIVST, home visits and PrEP services. The project continued to scale up ethical and safe index testing as per the PEPFAR and World Health Organization (WHO) guidance with quarterly safe index assessment done in all sites. The project continues to work with USAID4 Better Health in testing of biological children and reaching families with children who require testing by prioritizing children of newly diagnosed women, children whose mothers are sickly or died recently, and sick children.

HTS_TST	Quarter 1			Quarter 2			Quarter 3			APR FY2022		
County	Target	Result	Percent	Target	Result	Percent	Target	Result	Percent	Target	Result	Percent
Baringo	7609.75	4829	63%	7609.75	5455	72%	7609.75	5355	70%	30439	15639	51%
Laikipia	8752.75	6343	72%	8752.75	8913	102%	8752.75	8494	97%	35011	23750	68%
Nakuru	37366.5	32666	87%	37366.5	44727	120%	37366.5	35691	96%	149466	113084	76%
Samburu	3872	4337	112%	3872	4392	113%	3872	3801	98%	15488	12530	81%
<b>Total</b>	<b>57601</b>	<b>48175</b>	<b>84%</b>	<b>57601</b>	<b>63487</b>	<b>110%</b>	<b>57601</b>	<b>53341</b>	<b>93%</b>	<b>230404</b>	<b>165003</b>	<b>72%</b>





*The project has implemented personalized care for the children and adolescents through use of music and theatre performance to reach out to the youth. Photo by Teddy Chenya Alenga/UTJ*

## INCREASED UPTAKE OF QUALITY HIV TREATMENT SERVICES FOR ADOLESCENTS AND YOUTH

AIDS is the leading cause of death and morbidity among adolescents and young people in Kenya. Approximately 51% of all new HIV infections in Kenya are among adolescents and youth. The Kenya AIDS Strategic Framework, 2020/21 – 2024/25 identifies adolescents and young people as a priority population for the HIV response. Adolescent girls and young women (AGYW) aged 15-24 years contribute to 30% of the 34,610 new adult HIV infections in the country (HIV Estimates 2020).

Factors such as intergenerational sex, teenage pregnancies, sexual and other forms of gender-based violence (GBV), discontinuation of school specially during transition from primary to secondary school and prevailing gender norms have largely led to the high HIV incidence among AGYW compared to boys and young men of the same age group. The AGYW also have limited access to HIV and Sexually Transmitted Infections (STI) education..

The project is working closely with facility teams to reach the sub populations targeting men, children and AYP. Flexible hours allowed early morning, evening, and weekend clinics to address, adherence to appointments, improved access, ART adherence, retention, psychosocial support, treatment literacy, mental health screening, and alcohol and drug abuse screening.



*Baringo County Youth Champion, Jepkemoi Kipruto, makes a presentation during the youth symposium camp in Nakuru. Photo by Teddy Chenya Alenga/UTJ*



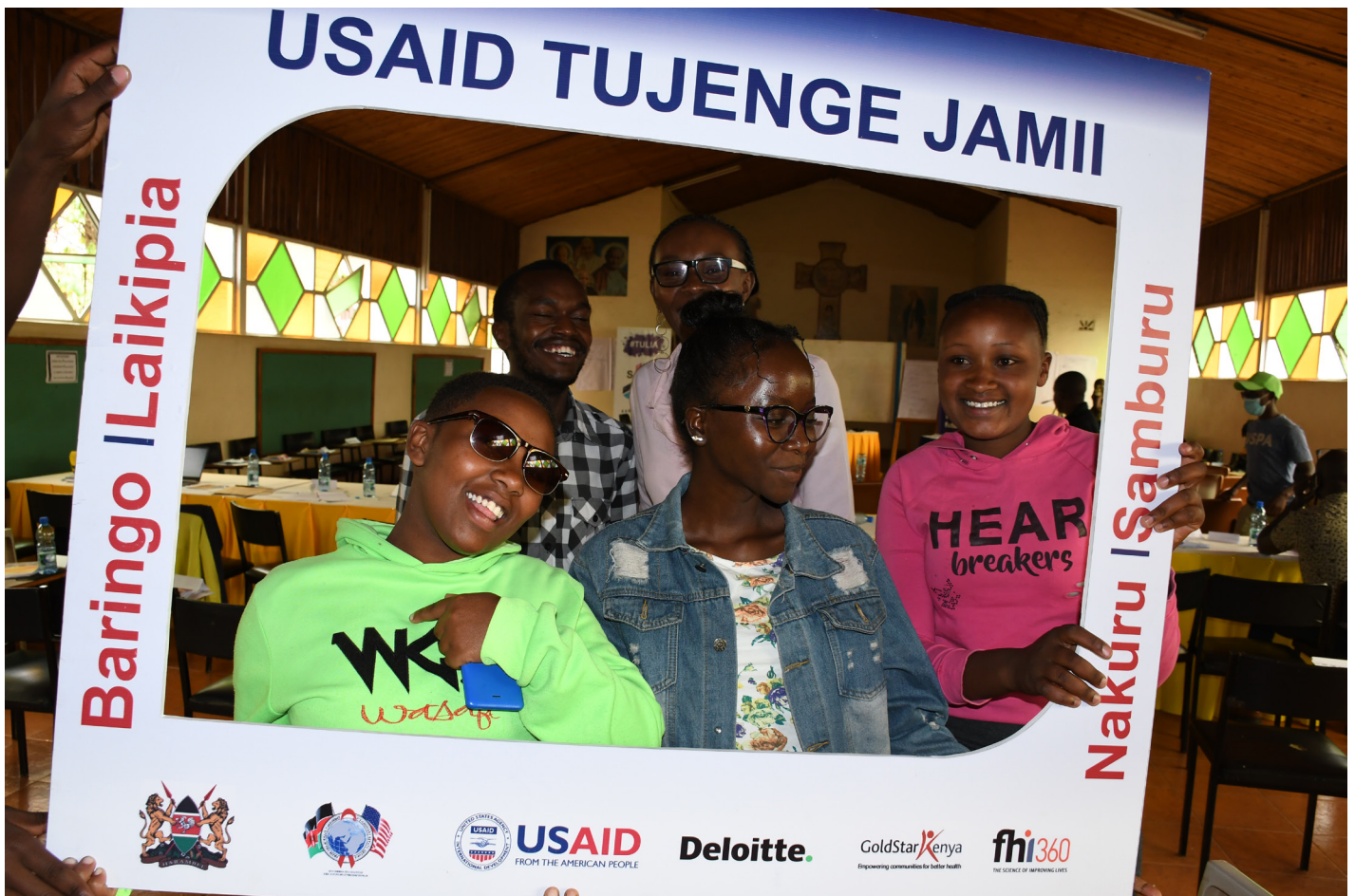
The project provided technical and financial support to the departments of health from Nakuru, Baringo, Laikipia, and Samburu counties and conducted a two-day annual youth symposium camp for 85 adolescents during the school holiday. The event focused on topics identified by the adolescents and young persons regarding their health, chronic care, sexual and reproductive health, social well-being, and transition through chronic care. In addition, modular sessions and focus group discussions were held on mental health, nutrition, sexual and reproductive health, and general knowledge of HIV care.

Adolescents and youth are a special group of health service recipients whose advocacy is low amidst health planning

and implementation activities. Providing an avenue for this special group to voice out their health needs will ensure good representation in their care planning. The symposium provided a rich ground to hear from adolescents in matters concerning their health under the theme "Sexual and reproductive for a brighter future among youths and adolescents".

"This has been a very good forum and will go a long way to ensure that the champions will take lead in their communities. The youth will be treated with respect in youth-friendly health facilities," said the Acting Health County Executive Committee Member Dr Immaculate Maina during the closing ceremony.

The project has also had discussions with Kabarak and Egerton Universities about crafting messages on HIV and Sexual and Reproductive health aiming at improving health seeking behavior and adoption of healthier lifestyles among adolescents and young persons in these institutions.



Youth champions pose for a photo during the symposium in Nakuru. Photo by Teddy Chenya Alenga/UTJ



## ENHANCING UPTAKE OF REPRODUCTIVE HEALTH SERVICES IN AREAS WITHOUT COMMUNITY HEALTH UNITS IN NAKURU COUNTY

Nakuru County records high 4th ANC and SBA coverages at 56.4% and 88.4% compared to national coverages of 52.5% and 78.8% respectively, according to Kenya Health Information System (KHIS) 2021 data. However, Kuresoi North is one of the poorly performing sub-counties in the two indicators with 4th ANC and skilled birth attendant (SBA) coverages at 39.7% and 52.3% respectively (KHIS 2021).

The sub-county has teenage pregnancy rate at 27% compared to the county average of 18.3% with Nyota ward recording over 30%. There are 29 Community Health Units (CHUs) that account for 70% of geographical coverage with most of the CHUs being semi-functional due to lack of support

and motivation for Community Health Volunteers (CHVs). This leaves 30% uncovered with active structures and limits demand creation activities in such areas. There is need to support the County Health Management Team (CHMT) to compliment efforts of the County Health Strategy (CHS) activities by implementing alternative cost-effective approaches to accelerate demand for maternal and new-born health services.

The county department of health emphasizes engaging CHVs for demand creation activities. However, the low coverage and functionality of CHUs in Kuresoi North Sub-County is due to the high cost of implementing the CHS. CHVs'

sustainability is also a challenge due to lack of defined motivation package and there is need to compliment efforts of CHS activities by increasing coverage through engaging active Community Based Organizations (CBOs). The organizations will accelerate demand creation for MNH services. This has the potential to not only increase uptake of MNH services but also to establish continuity of services beyond the life of the project.



Teenage mothers during a Binti Shujaa training session in Molo Sub-County, Nakuru. Photo by Teddy Chenya Alenga/UTJ

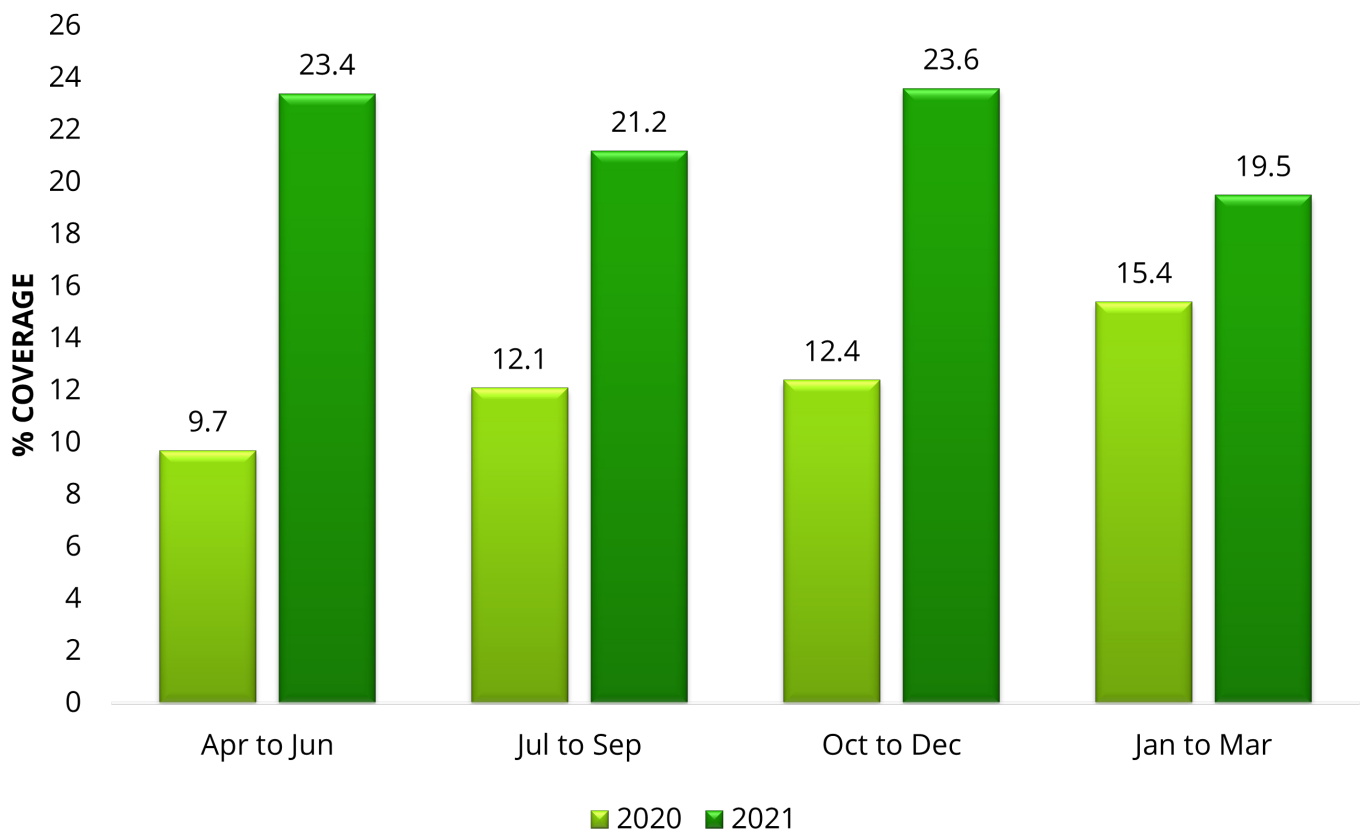
The UTJ has supported CHMT to coordinate Tasame, a CBO, in demand creation activities through trained catalysts in three wards of Kiptororo, Nyota, and Kamara. Technical assistance included training on pregnancy identification and counselling, use of referral tools, and appropriate documentation and follow up. The CBO catalysts also distributed condoms and referred women for modern contraceptives. The CHMT coordinated and expanded use of pregnancy assessment checklist to enhance early detection of pregnancy for early initiation of ANC. The sub-location was the unit of work and observation for CBO volunteer activities

and the link facilities were the referral points for the clients. The monitoring framework included well-defined and easily measurable indicators, tools for collecting data, and persons responsible for monitoring. Data on outputs was mainly collected through the pregnancy mapping and follow up tool.

By April 2022, 555 pregnant women had been referred for ANC services, 254 for SBA services while 167 pregnant women were still under follow-up. The analysis was done to compare performance in key indicators against project indicators (1st ANC, 4th ANC, SBA, and PNC), pre and post

implementation of the innovation indicating improved performance in all the indicators in the respective wards as shown below.

Engaging active CBOs for demand creation activities in areas without CHUs complements the efforts of CHS activities in such areas. This accelerates demand creation for health services leading to increased uptake of RMNCAH services.



4th Antenatal (ANC) Coverage (%) - Kamara Ward, Kiptororo Ward, Nyota Ward, Kuresoi North Sub-county



## MENSTRUAL HYGIENE DAY: MAKING MENSTRUATION A NORMAL FACT OF LIFE BY 2030

The subject of menstruation is still considered taboo and shameful, hence we need to help break the silence, raise awareness, eradicate period poverty, and change negative social norms surrounding menstrual hygiene so that women and girls feel empowered to manage their periods hygienically with confidence.

On May 28th each year, the world celebrates Menstrual Hygiene Day, which rallies in raising awareness about menstrual health. This calls for a world free of period poverty and stigma and recommitment to building the future through urgent investment and a call for action.

This year, the project provided technical assistance and supported the Nakuru

County Department of Health Services to mark the World Menstrual Health and Hygiene Day celebrations at Kiptenden Primary School. The project is supporting the county to promote good menstrual health and hygiene (MHH) for all women and girls and the 2022 theme was 'Making menstruation a normal fact of life by 2030'.



Kiptenden Primary School pupils entertain guest during the World Menstrual Health and Hygiene Day celebrations. Photo by Teddy Chenya Alenga/UTJ

The overarching goal is to create a world where no woman or girl is held back because of menstruation. The day highlights the importance of menstrual care and raises awareness about the social issues faced by women during menstruation and limited access to sanitary products.

In Nakuru, the department of health has been supported to enhance access to clean water and dignified sanitation facilities. This includes moving more than 354 villages from open defecation to open defecation free status in the last one year. This means that girls can now access proper sanitation for proper menstrual hygiene. The county has distributed more than 2,000 hand wash facilities in schools to ensure proper hand hygiene among learners.



The Acting County Director of Public Health, Elizabeth Kiptoo handing over sanitary packs to girls at Kiptenden Primary School. The County has distributed over 50,000 sanitary packs to the school going girls to ensure proper menstrual hygiene. Photo by Teddy Chenya Alenga/UTJ



## CHILD HEALTH AND NUTRITION

UTJ provided technical support to the Nakuru County Department of Health during a training session to integrate the champion community model into baby friendly community initiatives (BFCI) reaching health care workers and more than 3,500 community members monthly. The training helped promote, protect, and support breastfeeding at the community level. The health care workers will be involved in training

volunteers and establishment of baby friendly spaces within the community and linked health facilities. The participants included public health officers, nutrition officers, community health and extension workers, and sub-county strategy focal persons. Breastfeeding is one of the most cost-effective health interventions, with a myriad of health and economic benefits for mothers and children.



*Bonden Maternity Public Health and Nutrition Officer, Lord Arthur Gichuru, demonstrates the importance of nutrition to mothers during a community outreach program. Photo by Teddy Chenya Alenga/UTJ*

## STRENGTHENING COMMODITY LOGISTICS AND INVENTORY MANAGEMENT

To strengthen antiretroviral (ARV) commodity security and inventory management, UTJ supported 50 pharmacists and health management teams from Baringo, Laikipia, Nakuru, and Samburu counties during a performance review meeting. The officers were empowered on commodity management and pharmacovigilance with an emphasis on forecasting and quantification.

The project is working in partnership with the Mission for Essential Drugs and Supplies (MEDS), National AIDS and STIs Control Programme (NASCOP), and Kenya Medical Supplies Authority (KEMSA) to support timely submission and the use of web-based ARV Dispensing Tool

(ADT) systems. This is to help strengthen commodity logistics and inventory management for improved accountability.

The sub-county and county pharmacists were supported to track, report, and allocate ARVs on the ART allocation tool. The KHIS on-time reporting rates averaged 95.8% on MOH729B and 93% on MOH730B with overall reporting rates above 98% up from 97% the previous quarter. Inter-County and facility redistribution of pDTG10mg was done during the period under review in response to stock out from the national warehouse resulting in overall sustained ARV availability. There was no pharmaceutical services interruption, however, children weighing less than

20kg were given appointments at short intervals to ration pDTG10mg due to decreased supply.

The project also sustained tracking of ART optimization among CALHIV on weight-based bands as stipulated in the guidelines. DTG-based regimen among children was 83% among the total active clients on the 1st line by the end of June 2022 compared to 79.3% in March 2022. 99.5% of adults were on an optimized DTG-based regimen including 93.4% of PMTCT mothers. The project jointly with lead mentors in all supported counties are tracking pDTG10ng ART optimization progress. The resumption of viral load testing will improve optimization.



County pharmacists and health management team from Baringo, Laikipia, Nakuru and Samburu counties pose for a group photo during a meeting to strengthen antiretroviral (ARV) commodity security and inventory management. Photo by Teddy Chenya Alenga/UTJ



# Pictorial



The project supported the Nakuru County Public Health Officers to conduct community mobilization on uptake of COVID-19 vaccines through a radio talk show, which aired on Radio Yetu FM. The forum provided information on current COVID-19 vaccination status in the county and urged the listeners to ensure they adhere to the doses being provided. The public health officers were able to demystify myths and misconceptions about COVID-19 vaccines while receiving feedback and questions from the community on Adverse events following immunization (AEFI). Photo by Teddy Chenya Alenga/UTJ



The project worked with partners and the Ministry of Health National Vaccines Program and Health Promotion to conduct COVID-19 vaccination demand creation during the Mimi Mkenya townhall meetings in Nakuru County. Part of the media engagement included collaboration with the Nation Media Group on their Mimi Mkenya initiative to layer COVID-19 vaccine messaging in their programming package to foster patriotism and national cohesion. The initiative in Nakuru included two town hall meetings in Naivasha and Nakuru Central Business District. The forum, which hosted around 200 participants, was aired live on TV reaching approximately 800,000 viewers and streamed on NTV digital platforms with three million impressions. During the two meetings in Nakuru, a total of 185 people were vaccinated, including those receiving their first dose, second dose, and booster shots. Photo by Teddy Chenya Alenga/UTJ





The project conducted a three-day annual joint work planning and co-creation meeting with about 60 County Health Management Team (CHMT) members from Baringo, Nakuru, Laikipia, and Samburu counties. The purpose of the meeting was to produce a joint work plan for the Departments of Health from which partners will build activities to ensure a harmonized approach towards strengthening and increasing access and demand for quality HIV, FP/RMNAH, nutrition, and WASH services. The team reviewed performance and has set out key sector priorities, targets, and objectives for the coming year. Photo by Teddy Chenya Alenga/UTJ



The project supported 50 Nakuru County Tuberculosis (TB) Coordinators and Health Management Team members to review performance and increase the utilization of TB and HIV collaborative services in health facilities. The participants identified gaps and proposed action plans to intensify active TB case findings at the community level through targeted outreach services to the hotspots and involve private sector and other stakeholders in case findings at all service delivery points for the detection of tuberculosis cases among high-risk groups and general population. Photo by Teddy Chenya Alenga/UTJ

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