

CHAP STAWISHA ANNUAL REPORT 2023

INTRODUCTION

CHAP Stawisha is a four-year project whose purpose is to continue acceleration of sustainable, high-quality, and comprehensive HIV prevention, care and treatment services, that achieve the 95-95-95 targets and HIV epidemic control, and transition to a sustainable service delivery model for FBO facilities in the 15 targeted counties of Meru, Laikipia, Tharaka Nithi, Embu, Kirinyaga, Nyeri, Muranga, Kiambu, Machakos, Kitui, Makeni, Kajiado, Narok, Nakuru and Nyandarua.

The project life span is September 30, 2022, to September 29, 2026.

Project results are measured on four intermediate and long-term outcomes that include:

1. Reduced HIV incidence in the target counties.
2. Virtual eMTCT of HIV.
3. Reduced HIV and TB related morbidity and mortality across all populations.

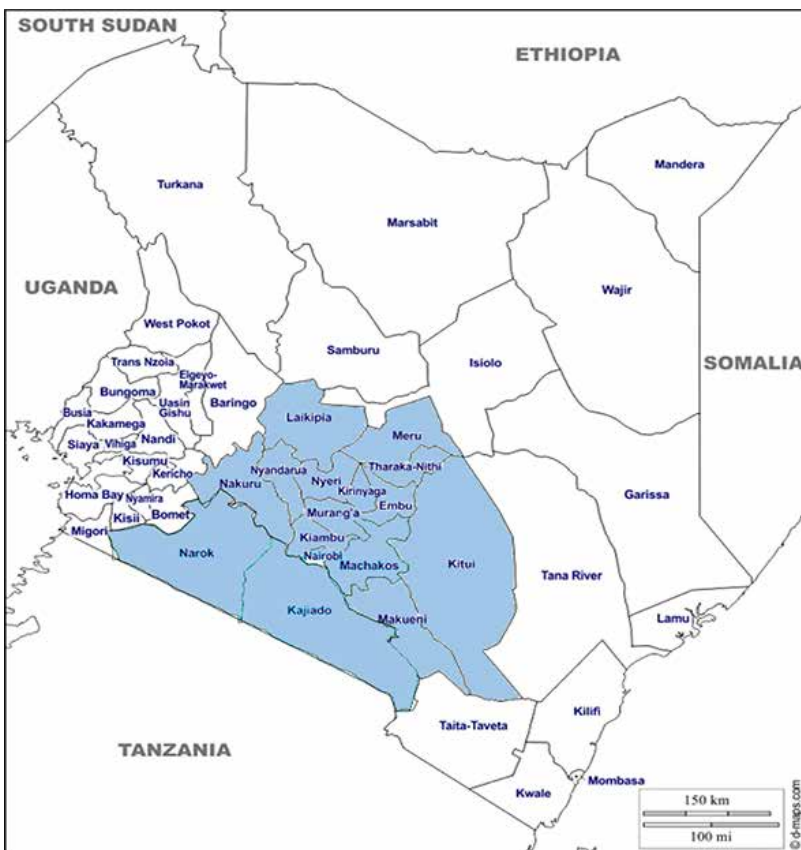
As of December 2023, CHAP Stawisha supported HIV care, treatment and support services to 41,516 PLHIV and 2,386 orphaned and vulnerable children.

4. Increased investment and accountability of FBOs and county government in HIV/TB program.

The CHAP Stawisha implementation strategy is rooted on four key pillars:

1. Strengthening FBO and county systems for incremental HIV/TB program ownership, oversight and sustainability.
2. Client-centered service delivery.
3. Strengthening of health and community systems, partnerships and collaborations.
4. Data-driven planning, continuous learning and program management.

As of December 2023, the project supported HIV care, treatment and support services to 41,516 PLHIV in 64 faith-based and affiliated sites spread across the fifteen project counties; as well as 2,386 orphaned and vulnerable children through the African Brotherhood Church Development Program in Machakos County and Apostles of Jesus Aid Ministries in Kajiado County.



CHAP Stawisha project geographical coverage

RESULTS BY PROJECT STRATEGY AND SERVICE DELIVERY COMPONENT

Implement innovative, efficient, effective, and patient-centered case finding approaches and linkage to treatment of PLHIV

CHAP Stawisha project continued to provide HIV counselling and testing support across 64 supported facilities to 33,472, persons, with 1,155 new HIV positive cases identified. This achievement is attributable to focus on high yield modalities such as index testing, social networking strategy and optimization of HTS services through use of machine learning, quality improvement initiatives to strengthen documentation, coupled with a stable supply of rapid test kits in the reporting period.

Index testing services were offered to all newly identified HIV positive cases, contributing 40 per cent of all new HIV positives cases identified and linked to ART. Support supervision was provided to all implementing sites to ensure adherence to core principles of HIV testing services and that index testing was offered in compliance with PEPFAR Guidance on Safe and Ethical Index services.

Social Network Services, a novel strategy that targets new HIV-positive and HIV-negative persons at high risk for HIV to recruit persons from their social, sexual, or drug-using network for HIV testing was offered to 1,198 clients in high volume facilities. The modality supported identification of 197 new infections, with 96 per cent of them started on ART. The project supported the distribution of 3,251 HIV self-test kits to sexual partners of ANC mothers, men, young adult clients in other service delivery points and sexual partners of index clients. There were no reported incidents of suicide or self-harm after a positive HIV self-test.

Men remain a target population due to high unmet treatment gap compared to females.

In the year, 10,779 men above 15 years were tested, identifying 423 (3.9 per cent yield) new positives, and successfully linking 96 per cent of the new cases to treatment. The strategies implemented to reach men included enhanced Peer Outreach Approach reaching out to young men, index testing of male sexual partners of female CCC clients, PMTCT clients and newly identified female clients, use of red-carpet community services with HIVST distribution. In addition, the project supported counsellors to conduct home based testing targeting men listed among the sexual contacts of index clients.

The overall linkage to care was 93 per cent. The

project is implementing intensified pre-and post-test counselling services, and case management approach using peer navigators to provide peer psychosocial support to newly identified positives to encourage them to start ART as well as facilitate follow up for those not immediately linked. To increase access to quality HIV testing and counselling services across the supported counties, the project supported HTS counsellor support supervision, virtual and onsite performance reviews in supported facilities. Continuous weekly facility review meetings are ongoing at facility level. The project is implementing family testing improvement project with a goal to increase testing uptake and documentation for eligible children in women of reproductive age from to over 95 per cent.

Implement comprehensive PMTCT interventions for pregnant and breastfeeding women (PBFW) and HIV-Exposed Infants (HEI)

A total of 9,287 women were served in ANC, with HIV status established on first contact for 99 per cent, and the remaining status established on subsequent visits due to rapid testing kits supply challenges. A total of 334 HIV positive pregnant women were identified and initiated on optimal ARV regimens. Early infant diagnosis was offered to 297 HIV exposed infants, four new positives identified, posting a 1.3 per cent Mother to Child Transmission of HIV rate. The MTCT rate is commendably below the national average of 8.9 per cent, with good results attributable to a robust program with patient centered interventions across the “triple elimination initiative”, which encourages facilities to simultaneously commit to EMTCT of HIV, Syphilis, and Hepatitis B Virus – further pushing the agenda for integrated service delivery.

Provide comprehensive HIV prevention and treatment services to target populations

(KP, PP, AGYW, OVC, high-risk men, sero discordant couples, and PFBW)

Population specific strategies

Population-centric strategies were deployed to address the unique needs of subpopulations served by the project. Men were targeted with Social Network Services, index testing, HIV self-testing and home-based testing targeting for men at high risk of HIV unwilling to come to facilities for HIV testing, as well as other prevention services such as condom distribution and demonstration and PrEP. A total of 10,779 men were reached with HIV testing services from the various modalities, 1,068 were started on PrEP. As part of AGYW-centric risk interventions, the project engaged peer mentors and PrEP champions to provide psychosocial support and positive modeling. A total of 9,318 adolescent and young women 15-24yrs were served with HIV prevention and treatment services including provision of condoms and PrEP (facility and community), targeted HTS, social network and sexual partner HIVST, linkage to OVC programming and OTZ, as well as intimate partner violence screening with first line response and appropriate referral.

Sexual and Gender Based Violence (SGBV) screening and management

A total of 327,971 people attending outpatient and inpatient departments were screened for SGBV, with 8,580 survivors identified (2,605 sexual violence, 5,975 physical and emotional violence).

There is a high prevalence of violence against children, with children and adolescent girls and boys aged below 18 years comprising 75 per cent of all SGBV survivors. Post violence care was provided to all survivors, with appropriate linkage to clinical services, trauma counseling, psychosocial support, STI screening, emergency contraception, and linkage to other services such as medico-legal, referral to the Department of Children Services, shelter and rescue, and economic support.

CHAP Stawisha supported enabling environments in the project facilities through HCW sensitization on rights-based service delivery, engagement of hospital administrative teams to support integration of SGBV services and veto service fee waivers for survivors of violence, establishment facility violence response committees to promote bidirectional community-facility referrals, adoption of child safeguarding

policies in all project facilities, and health care workers' mentorship on WHO first lives response.

Pre-Exposure Prophylaxis (PrEP)

A total of 2,148 clients were started on PrEP, with 409 men at risk started on Event-driven PrEP. The achievement by population type was as follows: five per cent for AGYW 15-19 Yrs, three per cent for AGYW 20-24 Yrs, 10 per cent for pregnant and breastfeeding women (PFBW), 48 per cent for other men at risk, and 14 per cent for discordant couples.

Behavior change and risk reduction counseling was provided to all PrEP users. Integration of PrEP services was supported in all the 64 supported facilities.

A total of 199 health care workers received virtual sensitization with follow on on-site mentorship focused on PrEP Differentiated Service Delivery, use of the Kenya EMR PrEP Module for documentation and PrEP Reporting.

Increased uptake of comprehensive evidence-based interventions among OVCs

During the reporting period, the CHAP Stawisha project implemented comprehensive OVC services in collaboration with local implementing partners (LIPs) African Brotherhood Church (ABC) and Apostles of Jesus Ministries (AJAM) in Machakos and Kajiado counties to 2,386 (1,189 Male, 1,197 Female) OVC enrolled from 1,259 households. A total of 2,333 (1,156 Male, 1,177 Female) OVC received direct services within the Healthy Domain including nutritional support, viral load confirmation, psychological support (PSS), support groups/OTZ meetings, transport provision for ART clinics, HIV risk assessment and referral for HIV testing services, HIV disclosure, and nutrition assessment (MUAC), and growth monitoring for children below five years.

A further 2,104 (1,027 Male, 1,077 Female) OVCs in schools (190 ECDE, 1,277 primary schools, 737 secondary schools, and 28 vocational institutions) were served.

A total of 30 active Village Savings and Loan Association groups, with 271 caregivers, and supporting 435 (232M, 203F) OVCs were monitored for consistent savings and access to loans, with a cumulative savings of Ksh. 517,740.

Provide quality, patient-centered optimal art, and prevention and treatment of co-morbidities, including TB

Paediatric care and treatment

A total of 1,144 children under 15 years were supported, with treatment optimization for recommended Dolutegravir based first line ART at 99 per cent. Viral load uptake and suppression was 97 per cent and 92 per cent respectively. Age disaggregated suppression was as follows: below 10 years – 91 per cent; 10-14 years – 93 per cent and 15-19yrs – 92 per cent.

The project continued to provide family centered care (Papa and Mama Care), peer asset model Operation Triple Zero (OTZ: zero missed appointments, zero missed pills, zero viral load) and intensified case management with initiatives such as 'Jua Mtoto Wako - Know Your Child', daily witnessed ingestions including the video directly observed therapy NimeCONFIRM approach, scaled up caregivers training and linkage to OVC programs for socio-economic support to all unsuppressed and at-risk children and caregivers.

A total of 3,243 Adolescents and Young People (AYP) were on ART, with an overall viral suppression of 92 per cent. Clients with detectable viral loads or adherence concerns were targeted with intensified case management including timely Enhanced Adherence Counselling (EAC), daily witnessed ingestion, Multi-Disciplinary Team review, and viraemic support groups. Age-appropriate support groups for the adolescents and peer support continued to be offered to all the AYPs 10-24 years.

Adult care and treatment

The project implemented comprehensive HIV care and treatment services supporting 41,516 PLHIV on ART. Viral load testing was conducted to 34,879 PLHIV, representing 85 per cent viral load uptake among the eligible. The suboptimal viral load was occasioned by inconsistent supply of testing supplies. The facilities currently maintain the missed viral load line-list to enable fast-tracking of clients once the supplies are available.

The project has strengthened the use of laboratory manifest, an application that ensures test results are relayed in real time, improving TAT and patient care decision making. Overall viral suppression was 98 per cent. An 86 per cent proportion of clients with detectable viral load above 200c/ml had at least EACI done, while 80 per cent underwent the full course of intensified counseling sessions, with a re-suppression rate of 78 per cent.

The program is placing emphasis on robust client level support and continued incorporation of the Undetectable=Untransmittable (U=U) messaging during enhanced adherence counselling and patient engagement.

Routine cervical cancer screening was provided to 5,878 PLHIV females through visual methods of VIA/VILI. Using the See and Treat approach, the positive lesions were treated the same day through thermocoagulation, while the clients with suspicious lesions were referred for gynecologist review.

Integration of non-communicable diseases screening,



Engaging adolescents and young persons through regional OTZ group activities

diagnosis, management and follow up was supported within all the project facilities, with a prevalence of hypertension and diabetes at 8.5 per cent and 1.8 per cent respectively. The high costs of appropriate medication, with low penetration of health insurance among PLHIV remains an access barrier to appropriate medication, with control on treatment at 76 per cent for hypertensive and 88 per cent for diabetic patients. The program is exploring partnerships with pharma access programs to improve treatment uptake and optimization.

TB/ HIV collaborative activities

Active case finding services were offered to all patients attending the outpatient and inpatient departments in supported facilities, with 1,345 TB cases identified and started on treatment. The cumulative TB Preventive Therapy uptake was 92 per cent. The program will continue to support facility and community active case finding, TB contact investigation and access to molecular WHO recommended diagnostics for increased TB case identification. The program intends to procure AI software to facilitate uptake of digital chest X-rays that enhance case identification.

Commodity security and commodity management systems strengthening

The CHAP Stawisha Project provided technical assistance to all 64 facilities, focusing on proper inventory management practices such as

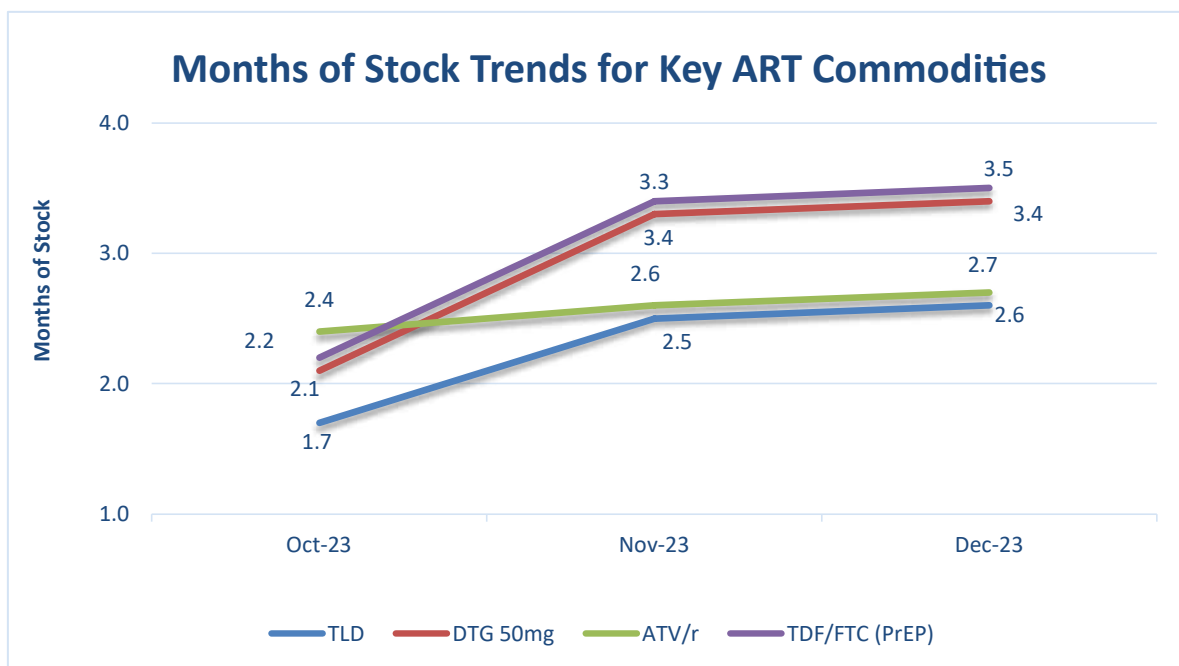
documentation, expiry tracking, and commodity reporting. A 100 per cent commodity reporting rate on KHIS was achieved throughout the last three months of the year.

Optimize HIV and TB Laboratory Diagnostics and Networks and Sustain Quality Systems And Biosafety Standards

The program supported an integrated lab referral network, collaborating with the counties and other implementing partners to optimize the diagnostic network for Early Infant Diagnosis, viral load monitoring and GeneXpert testing. Annual Proficiency Testing (PT), external and internal quality control mechanisms for CD4, TB microscopy, GeneXpert, and rapid HIV testing was supported through collaboration with the National Public Health Laboratory.

In conjunction with the Sub County Health Management Teams, the project teams undertook corrective and preventive actions for unsatisfactory round 24 PT performance.

Lab quality indicators such as turn-around times and rejection rates were monitored in the supported project labs to ensure high quality laboratory services and support maintenance of accreditation in collaboration with the sub/county and facility management.



Key ART commodities status as of December 2023.

Annual biosafety cabinet certification was carried out for 23 project supported cabinets. Rapid Tests Continuous Quality Improvement assessments and monthly data abstraction were carried out in the 15 supported counties.



Program Participation in County Commodity Allocation Meetings, Tharaka Nithi County

Strengthen Collection, Analysis, Reporting and Utilization of HIV data for Program Management

Reporting was enhanced through integrated on-the-job training, mentorship, and supportive supervision to data management staff to enhance capacity for data collection, analysis, interpretation, and utilization. The EMR point of care coverage is 98 per cent (63/64 supported sites), with one facility conducting retrospective data entry due to power challenges. The project supported greater utilization of updated eHTS, MNCH, PrEP and Lab Manifest KenyaEMR modules, and Ushauri mHealth applications by providing mentorship and on-job training to KenyaEMR users, technical backstopping, and troubleshooting, as well as collaboration with the national HIS partner and NASCOP to deliver capacity building webinars to facility staff. To harness the power of individual level data and other

repositories to solve programming needs, the project M&E staff participated in the Kenya HMIS Data Use Community of Practice (CoP) TWG to support resolution of current and emergent data problems encountered in the space. Data Use CoP will provide a structured mechanism for practitioners to collaborate and address data analytical problems and opportunities presented in COP planning, patient retention, prevention programs among others.

Strengthen Health Systems And Enhance Collaboration Of Faith Based Health Facilities With County Governments To Ensure Transition And Sustainable High-Quality Hiv Service Delivery

Integrated support supervision, mentorship and performance review was conducted in all the project counties. Further, follow up assessments were conducted on RTCQI, implementation of Differentiated Service Delivery, and implementation of the nationwide PMCTC-CALHIV rapid response initiative.

The project supported World AIDS Day celebrations in supported counties, with a call to “Let Communities Lead” in bridging the gap between essential health services and underserved groups, including People living with HIV and other key populations.

The project supported OTZ champions from supported counties to participate in the PEPFAR 20 celebrations, a great opportunity to celebrate the success, positive outlook and generational impact that the OTZ program has nurtured.

The project endeavors to strengthen collaborative partnerships towards program sustainability and cost-efficiency, engaging program managers and facility administrators on project priorities and sustainability approaches.

The project collaborated with the National Reference Laboratory to conduct Cycle I, 2023 proficiency testing to 406 testers.