

USAID JAMII TEKELEZI PROGRAM - UJTP

ANNUAL REPORT 2023

INTRODUCTION

The USAID Jamii Tekelezi Program (UJTP) is a five-year (2021-2026) health program funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, as part of its Kenya Health Partnerships for Quality Services (KHPQS) initiative.

UJTP is implemented in the counties of Embu, Meru, Nyandarua, and Tharaka Nithi by a consortium spearheaded by the Christian Health Association of Kenya (CHAK) and incorporating the Mission for Essential Drugs and Supplies (MEDS).

The primary objective of UJTP is to support the four county governments in achieving national HIV/AIDS response goals, with a focus on epidemic control through realization of the UNAIDS 95:95:95 targets. Additionally, the program is dedicated to safeguarding the rights and welfare of children and adolescents impacted by HIV/AIDS, while ensuring equitable access to high-quality primary healthcare services for key and vulnerable populations. UJTP implements robust health systems mentorship in 200 health facilities across the four counties.

Through collaborative partnerships with the county governments of Embu, Meru, Nyandarua and Tharaka Nithi, UJTP endeavours to strengthen the capacity of county health and social systems to provide sustainable comprehensive care and support to their respective populations.

ACHIEVEMENTS BY SUB PURPOSE

Increased access and demand to quality HIV prevention services including targeted HIV testing services, reporting and prevention of sexual and gender-based violence (SGBV) including among key populations

In 2023, UJTP made notable advances in HIV prevention and care for key populations (KPs)

reaching 7,816 individuals through collaborative activities with Ministry of Health facilities, strategic partnerships with Key Population (KP)-led civil society organizations such as Empowering Marginalized Communities (EMAC) and Men in Action Supporting Men (MIASM), and by deployment of innovative service models.

The program emphasized pre-exposure prophylaxis (PrEP), initiating 875 KPs on PrEP and establishing community PrEP clubs, despite challenges in continuation rates. Efforts to integrate PrEP into broader health services, improve the supply of water-based lubricants and enhance reproductive health care contributed to this success.

UJTP's strategies included targeted outreach, flexible service delivery, and strengthening the capacity of KP-led organizations. The program also tackled low PrEP uptake, provided continuous medical education on sexually transmitted infections (STIs) and family planning, and implemented data-driven approaches to identify and address STI hotspots.

Through social network strategies, index testing and virtual mobilization, UJTP facilitated HIV case finding, ensuring same-day linkage to treatment and prioritizing viral load testing and suppression. UJTP's comprehensive approach also included activities targeting violence prevention and stigma reduction.

This demonstrates UJTP commitment to reducing HIV transmission and improving health outcomes for marginalized communities.

UJTP significantly enhanced the reach and efficiency of HIV Testing Services (HTS) across four counties, testing 205,057 people out of which 3,278 HIV positive individuals were identified.

Emphasizing county-led planning, mentorship, and innovative testing strategies, such as targeted testing and HTS optimization through eligibility screening, UJTP achieved higher testing efficiency in Embu and Meru compared to Nyandarua and Tharaka-Nithi. To increase the effectiveness of HTS, UJTP

plans to leverage machine learning for eligibility determination.

Targeted deployment of provider-initiated testing and counselling (PITC) in high-yield departments and mentorship significantly contributed to case identification as did index and partner testing conducted in adherence to PEPFAR's safe and ethical guidelines.

Social network testing and HIV self-testing were scaled up to identify more HIV-positive individuals and encourage PrEP initiation among those at ongoing risk. However, the HIV self-testing was hampered by kit supply issues. UJTP plans to improve distribution focusing on high-risk populations and key community settings.

HIV recency testing was expanded to more facilities to better understand transmission dynamics, although performance was affected by recency kit shortages and denial of consent. Quality assurance measures were implemented to maintain high standards in HTS.

Additionally, UJTP successfully initiated 95 per cent of newly identified HIV-positive clients on ART, emphasizing same-day linkage, personalized support, and community-based services.

Going forward, the program aims to close the linkage gap for the remaining five per cent of clients, particularly addressing the needs of those with concurrent health conditions or readiness concerns for ART initiation.

In 2023, UJTP expanded pre-exposure prophylaxis (PrEP) services across 164 health facilities in Embu, Meru, Nyandarua, and Tharaka-Nithi contributing to the initiation of 4,772 clients on PrEP.

This performance was attributed to improved HIV risk screening, integration of PrEP services into maternal and child health (MCH) departments, outreach to at-risk groups, and the formation of community PrEP clubs.

Despite the high initiation rates, the program faced challenges with PrEP continuation, achieving only 29 per cent (1,361) of its continuation target. UJTP plans to enhance this through strategies including community refills, virtual adherence counselling,

and improved appointment management, aiming to maintain PrEP use among those at continued risk of HIV acquisition.

UJTP intensified efforts to report and prevent Sexual and Gender-Based Violence (SGBV), achieving significant milestones. UJTP provided post-GBV clinical care and support to 7,973 survivors. Physical and emotional violence accounted for 83 per cent of these cases with sexual violence contributing 17 per cent.

Through collaboration with county GBV focal persons, UJTP enhanced post-GBV care services through data-driven mentorship, online and LIVES training for healthcare workers, and integrating routine GBV inquiry into various service delivery points like HIV testing, PrEP, and maternal health services.

This integration was supported by monthly progress reviews and adhered to key principles such as “do no harm,” ensuring privacy, confidentiality, and informed consent. Educational initiatives targeted at KP peer educators, community health volunteers, and OVC case workers aimed to improve community-level GBV case reporting. Joint mentorship sessions with GBV focal persons equipped healthcare workers to improve their handling of intimate partner violence (IPV) cases, providing first-line support and necessary referrals.

Community engagement efforts included sensitization of chiefs, health promoters, police officers, and religious leaders on GBV identification and handling, alongside the use of the revised GBV register for better reporting and follow-up. UJTP plans to strengthen GBV services further by improving the usage of the GBV register, integrating GBV inquiries into more health services, and ensuring the completion of online training for healthcare workers.

Increased access and demand for quality HIV treatment services including quality PMTCT services, adult care and treatment, Differentiated Service Delivery, TB/HIV collaborative services and cervical cancer

In 2022, Kenya joined the Global Alliance for Ending AIDS in Children by 2030, committing to eliminating mother-to-child transmission (MTCT) of HIV. UJTP has played a pivotal role in this initiative by

supporting comprehensive PMTCT programs in 158 facilities across Embu, Meru, Nyandarua and Tharaka Nithi counties, aligning with the universal four prongs of PMTCT. The program's achievements in PMTCT included surpassing its first antenatal clinic visit HIV testing targets and maintaining a high uptake of maternal ART among identified HIV-positive pregnant and breastfeeding women.

Despite challenges such as erratic supplies of HIV rapid test kits affecting the identification of HIV-positive clients, UJTP remained committed to improving PMTCT services through strategies like client education, and best practices in PMTCT commodity management. Further, UJTP worked to enhance viral load monitoring and suppression among PMTCT clients, address supply challenges and implementing strategies to reduce MTCT rates for clients with high viral loads through treatment literacy sessions, assisted disclosure, and client-centered services like multi-month dispensing.

Overall, UJTP focus remained on building healthcare workers' capacity, supporting PMTCT client support groups, and linking clients to essential services to address barriers to ART uptake and adherence, all which contribute to the global goal of ending AIDS in children by 2030.

UJTP made progress towards PMTCT of HIV, with notable achievements in early infant diagnosis (EID) and follow-up of HIV-exposed infants (HEI). A total of 51,349 pregnant women received a HIV test representing 96 per cent of women attending antenatal clinic with 1,196 being HIV positive. Of these, 1,179 were initiated on ART.

The program collected 1,651 initial EID samples while the EID positivity rate was two per cent, with 89 per cent of HIV-positive children initiated on ART. Audits conducted to understand HEI seroconversions highlighted challenges such as late ART initiation and treatment interruptions.

UJTP's strategies to improve outcomes include capacity building for mentor mothers, supporting psychosocial support group meetings, and coordinating with PMTCT coordinators for mentorship and service integration.

Furthermore, UJTP's involvement in the Kenya Plan to End AIDS in Children by 2027 includes training healthcare workers on PMTCT and children

and adolescents living with HIV (CALHIV) Rapid Results Initiative (RRI), emphasizing operation triple zero psychosocial groups for CALHIV to improve treatment adherence and viral suppression. UJTP also advocated for structured follow-up of mother-baby pairs and routine screening at immunization and child welfare clinics.

In 2023, UJTP continued to make advancements in HIV care and treatment markedly improving accessibility and quality of services for adults, children, and key populations. **The program initiated 3,177 individuals on antiretroviral therapy (ART) with a commendable proxy linkage rate of 95 per cent.** Emphasizing the 'test and treat' policy, UJTP facilitated prompt treatment initiation and adherence, optimizing ART regimens predominantly with DTG-based treatments for 96 per cent of patients.

To further enhance ART continuity and expansion, UJTP supported 37,146 individuals on ART. The program focused on minimizing treatment interruptions and efficiently re-engaging clients, employing strategies such as same-day ART initiation and multi-month dispensing (MMD). Special attention was given to differentiated service delivery (DSD) models, successfully enrolling 72 per cent of ART recipients in such programs, thereby improving clinic efficiency and patient experience.

UJTP in collaboration with partners, enhanced the skills of healthcare workers and mentor mothers through mentorship. The implementation of the "First 180 Days" care package addressed barriers faced by new ART clients, ensuring sustained and uninterrupted treatment.

In 2023, UJTP placed emphasis on early detection and integration of services to improve outcomes for individuals affected by HIV and TB. The program achieved notable success in TB/HIV collaborative services by adopting an integrated clinic approach, enhancing TB case finding among PLHIV, and ensuring effective TB prevention and treatment.

A total of 6,015 new or relapsed TB cases were identified with 5,463 of these receiving a HIV test. A total of 902 were HIV positive with 313 being new HIV positive and 589 being known positive. A total of 834 were placed on ART. Special emphasis was placed on Differentiated Service Delivery (DSD) models to cater to diverse patient

needs, improving access and adherence to treatment. The program's comprehensive strategies, including TB preventive therapy and monitoring of adverse events, underscored its dedication to reducing TB incidence and improving the health and well-being of those living with HIV and TB.

UJTP focused on cervical cancer prevention among HIV-positive women, screening 7,244 women. This achievement was made possible through awareness campaigns, capacity building for healthcare workers, consistent supply of screening commodities, and improved data management. The program's commitment to preventing cervical cancer included key operational priorities such as increasing awareness, enhancing patient care, and screening accuracy.

A total of 157 women were screened positive for precancerous lesions, with 98 per cent successfully referred for treatment. Different treatments were used such as freezing therapy (cryotherapy), heat treatment (thermocoagulation), and loop electrosurgical excision procedures (LEEP), tailored to each patient's needs. UJTP supported facilities with various treatment options, ensuring an efficient system for referral process and seamless continuity to care. The program's approach to cervical cancer in HIV-positive women underscored its dedication to providing comprehensive reproductive health care and improving outcomes through targeted prevention and treatment strategies.

Increased access to quality health and social services for Orphans and Vulnerable Children

In Meru County, UJTP provides comprehensive and preventive services for orphans and vulnerable children (OVC), achieving outcomes across four domains namely healthy, schooled, stable and safe. **In partnership with local government and stakeholders, the program delivered services to 3,678 OVC.** The approach focused on ensuring OVC health, education, safety, and stability with a complement of services comprising health services, educational support (school fees and levies) for continued schooling, safety interventions and stability efforts focussed on household economic strengthening.

Key interventions included HIV prevention, testing, and treatment adherence for OVC with known HIV status, with a special focus on children living with HIV (CALHIV). The program also facilitated access

to psychosocial support, legal documentation, and social safety nets, significantly enhancing the well-being of OVC and their households.

This integrated approach to health and social services underscores the program's commitment to improving the lives of OVC and HIV-positive individuals in Meru County, showcasing a model for holistic care and support within the community.

Strengthened capacity of county health systems, local partners, and communities to deliver quality health services including commodity management, quality laboratory services, human resources for health and strategic information systems

In 2023, UJTP strengthened the supply chain and laboratory systems for HIV & TB commodities, achieving key milestones in enhancing commodity management, laboratory services, including through collaboration with other USAID-funded mechanisms. UJTP enhanced commodity management at various levels through on-the-job training, mentorship on electronic and paper-based tools, and facilitating monthly quantification and allocation meetings to ensure accurate and timely commodity distribution.

This resulted in improved documentation standards and reporting rates, with an impressive average annual reporting rate of 99 per cent and 96 per cent in the national platforms i.e., Health Commodities Management Platform (HCMP) and in Kenya Health Information System (KHIS) respectively.

UJTP supported integrated approaches to laboratory services, including strengthening the sample transport system, enhancing laboratory workforce skills through quality assurance processes, and improving biosafety and biosecurity standards. Collaboration with county and sub-county coordinators and partnerships with national supply chain partners improved the commodity cycle and commodity security.

Significant efforts were directed towards addressing challenges in CD4 testing, optimizing the use of GeneXpert hubs for TB case finding, and implementing quality improvement initiatives like RTCQI. Collaboration with Afya Uwazi for site assessments and other partners like MEDS/

KEMSA and KEMRI/KNH referral labs facilitated improvements in supply chain efficiency, commodity accountability, and laboratory service quality.

UJTP invested in supporting the deployment of 501 healthcare providers comprising both technical and non-technical staff across health facilities in Meru, Nyandarua, Tharaka Nithi, and Embu counties to enhance HIV service delivery. This workforce comprised various cadres, including pharmaceutical technologists, nurses, medical laboratory technologists, health records and information officers, case managers, clinical officers, social workers, HIV testing services counsellors, and others specialized in direct patient care and community outreach. In collaboration with county health departments and public service boards, UJTP facilitated timely staffing replacements to prevent service interruptions. Additionally, the program ensured the completion of annual performance evaluations for these professionals, aiming to improve motivation and effectiveness in delivering quality HIV healthcare services.

Through collaboration with county health management teams (CHMTs), UJTP expanded digital platforms for patient care, including the rollout of the Ushauri application for SMS reminders to

clients and the KenyaEMR lab manifest module for efficient sample management, significantly reducing turnaround times for lab results. The program successfully increased ART directory usage for better patient tracking and implemented WebADT in 48 facilities, improving data accuracy for drug dispensing. Training and capacity building activities were intensified to address documentation gaps.

UJTP expanded the implementation of KenyaEMR to additional care and treatment sites, elevating the total patient coverage on KenyaEMR to 97 per cent across 117 of 143 sites. This expansion was made possible by providing necessary computer equipment and working closely with local health teams.

The program ensures regular data uploads to the National Data Warehouse (NDW) across various health service areas, supported by data bundles and remote assistance. A significant upgrade to KenyaEMR and DWAPI enhanced integration with ART directories, introduced a HTS machine learning risk score, and aligned reports with the latest PEPFAR MER guidelines while addressing known system issues. Additionally, UJTP, in partnership with Palladium, initiated a pilot of OpenMRS 3.X at Meru Teaching and Referral Hospital, marking a crucial step towards broader adoption of this more advanced system across the county.

IMPACT STORIES



Joanina Gateti (middle) with her two grandsons - Edwin Murithi (left) and Vincent Karuni (right). Both are beneficiaries of the UJTP apprenticeship initiative.

UJTP, as part of household economic strengthening for eligible OVC and their caregivers, supports an apprenticeship initiative, aimed at equipping them with vocational skills for job market success or entrepreneurship. Vincent and Edwin, raised by

their grandmother after their mother's passing, are among the beneficiaries. Through the program, they received mentorship from Silas Mugambi, an automotive technician who owns and operates a vehicle repair business. The brothers have, over a

six-month apprenticeship period, gained proficiency in automotive repair specializing in automotive electrical systems. UJTP equipped them with business start-up kits with which they can carry out basic automotive repairs. Their grandmother, Joanina, expresses immense gratitude for the program's intervention, seeing her grandsons thrive and pursue a brighter future.



Sophia, a resident of Abothoguchi West, Meru County and caregiver to her three grandchildren, was one of the beneficiaries of the UJTP household economic strengthening initiative.

Since her training and with the help of a business start-up kit from UJTP (in the form of improved kienyeji chicks) Sophia has built a sustainable source of income, that involves the sale of chicken and eggs.

The business has helped her fund her granddaughter's high school education. She also uses chicken manure to grow vegetables and arrowroots in her kitchen garden, generating additional income.

Sophia's success has made her a role model and mentor in her community.