

# USAID Tujenge Jamii

Issue 02  
July 2022

## Newsletter

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"The year has certainly not been an easy one, but thanks to the collective contribution by all of you, we are truly making an impact that matters."

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The number of adults and children currently receiving ART target achievement was 100% of set annual target, compared to 94% in previous year.

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The project identified 1,632 HIV positive clients in the four counties, translating to a positivity rate of 2.6 % with Baringo achieving a positivity at 2.9 %, Laikipia at 1.9%, Nakuru 2.8%, and Samburu at 1.5%.

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## Building Communities



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# ABBREVIATIONS

AGYW	Adolescent Girls and Young Women	PLHIV	People living with HIV
ANC	Antenatal care	PMTCT	Prevention of mother to child transmission
ART	Antiretroviral therapy	PrEP	Pre-exposure Prophylaxis
CASCO	County AIDS and STI Coordinator	PSSG	Psychosocial Support Groups
CCC	Comprehensive Care Centers	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
CCM	Champion Community Model		Sub County Health Management Team
CECM	County Executive Committee Member	SCHMT	
CHMT	County Health Management Team	SDA	Small Doable Actions
CLTS	Community Led Total Sanitation	TA	Technical Assistance
COVID-19	Coronavirus Disease 2019	TAT	Turnaround Time
CTLC	County Tuberculosis Leprosy and Lung Disease Coordinators	TPT	TB Preventive Treatment
CXCA	Cervical Cancer	TWG	Technical Working Group
EmONC	Emergency Obstetric and Newborn Care	UTJ	USAID Tujenge Jamii
EMR	Electronic Medical Records	VL	Viral Load
EPOA	Expanded Peer Outreach Approach	WASH	Water Sanitation and Hygiene
GBV	Gender-based Violence	WLHIV	Women Living with HIV
HRH	Human Resources for Health	WRA	Women of Reproductive Age
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		
PEPFAR	President's Emergency Plan for AIDS Relief		

# FOREWORD

“The year has certainly not been an easy one, but thanks to the collective contribution by all of you, we are truly making an impact that matters. The project implementation approach is anchored on county leadership and health system strengthening (HSS).”

Welcome to the second edition of the USAID Tujenge Jamii (UTJ) project newsletter. 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 on our technical support and collaborative activities conducted in Nakuru, Baringo, Laikipia, and Samburu counties.

Allow me to start by thanking all of you for the great team you truly are. The passion, vitality, and commitment you have shown since we started the project in March 2021 is amazing.

The year has certainly not been an easy one, but thanks to the collective contribution by all of you, we are truly making an impact that matters. 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 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.

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.



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



Samburu County NHIF representative makes a presentation on EduAfya to the CHMT to ensure quality services. Photo by Teddy Chanya Alenga/UTJ

KEY NUMBERS

63,476

Clients tested for HIV (HTS\_TST)

1,632

Clients tested HIV positive (HTS\_TST\_POS)

2.6%

Positivity rate

1,668

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

100%

ART linkage rate

57,452

Clients currently on ART (TX\_CURR)

95%

Viral load suppression (TX\_PVLS)

1,058

TB patients diagnosed with TB and put on treatment

19,783

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

541

(100%)  
PMTCT clients initiated on ART

2.5%

EID positivity (PMTCT\_EID\_POS)

\*Numbers for January 1-March 31, 2022

# Key Achievements

During the reporting period, HIV positivity was 2.6%, a slight drop from the 2.8% achieved in Quarter 1, for the four counties. Linkage to HIV treatment remained high at >99%. The number of adults and children currently receiving ART target achievement was 100% of set annual target, compared to 94% in previous year. Overall, the percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/ laboratory information systems (LIS) within the past 12 months remained at 95%.

Viral load sample collection had not resumed due to the prolonged national VL testing reagents and sample collection commodities stock outs and this greatly affected the viral load coverage. Some reagents were availed at the testing labs but priority was given to critical populations such as PMTCT recipients of care, pediatrics targeted for pDTG optimization, recipients of care with previous high viral load undergoing enhanced adherence counselling.

VL uptake dropped from 35% among eligible clients to 13% by end of the quarter and the semiannual review period. A total of 47,136 eligible individuals have not had VL done, an increase from 35,874 eligible in previous quarter. All clients eligible for VL testing are on a live line list waiting for sample collection when supplies

distribution resumes. Viral load uptake by age and gender was as follows: Adult Male -12% (1,891 / 15,365), Female -13% (4,491 / 34,667); Adolescent Male - 20% (317 / 1,625), Female - 23% (377 / 1,667); Pediatric Male - 21% (123 / 585), Female - 20% (119 / 594). Of the 7,318 individuals accessing the viral load test during the period under review, 6,965 (95%) were virally suppressed.

To improve pediatric suppression rates, the project implemented personalized care for the children and adolescents through the "personal touch model of care". In addition, the project is working with partners to strengthen the Jua Mtoto Wako Initiative. Joint plans commenced in Nakuru while targeted suspected treatment failure (STF) client review, individual case management, ART optimization and targeted home visits continued in all counties. Caregiver literacy

training was conducted for health care workers (HCWs) to improve their knowledge and skills in supporting adherence and retention for CALHIV while bringing on board other stakeholders such as children's department and Ministry of Education to strengthen treatment outcomes for CALHIV. OTZ and OTZ-plus clubs were strengthened culminating in planning of a safe space holiday camp to bring together OTZ and youth champions from the four counties together to discuss issues affecting them.



USAID's Office of Health, Population and Nutrition Child Health and Nutrition Team Lead, Ruth Tiampati, makes a presentation to the Nakuru County Health Management Team and UTJ technical staff after the routine Site Improvement through Monitoring System (SIMS). Photo by Teddy Chenya Alenga/UTJ.

# SUB PURPOSE ONE

## INCREASED ACCESS AND DEMAND FOR QUALITY HIV PREVENTION SERVICES

### INCREASED REPORTING AND PREVENTION OF SEXUAL AND GENDER BASED VIOLENCE (SGBV)

During the reporting period, post gender-based violence (GBV) clinical care service provision continued to improve across the four counties. HCWs were mentored 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 during routine screening to improve flagging out (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 of post GBV clinical care. Deep dive analysis of service provision for sexual assault survivors was done to ensure comprehensive response including HTS, PEP, STI screening and treatment and provision of other related support as needed by individual clients and the SGBV clinical algorithm

Further support and mentorship were focused on facilities that identified and documented increased numbers of survivors to align the response to available protocols and standard operating procedures. Flow charts depicting the sequence and pathways of the GBV response were adopted to map the survivor referral pathway detailing specific services offered at each level and identifying the providers. During these mentorship sessions, providers noted the possibility of personal values creating barriers to service provision for survivors; being gender alive to this, improves awareness about the sensitivities that surround survivors thus allowing providers to better respond.

The project worked with facilities to map out different sectors and contacts of relevant players (law enforcers, children's department, social services, legal, education, and religious) for improved referral pathways for multi-sectoral response. In collaboration with the gender department, the project supported GBV wide sector technical working group to discuss the referral tool across sectors, follow up and documentation. The ongoing support supervision and review of GBV data is continuously providing information on areas where additional training is required. Wall charts with visual screening questions and protocols were distributed to sites as visual reminders, used during interactions with survivors.

There was remarkable performance across all the four counties following the intense HCW mentorship described above. GBV screening has been integrated in service provision with increased capacity of clinical inquiry at various service provision points. During the semi-annual period, 14,629 survivors received post GBV clinical services, which translates to 86% achievement against annual target. Nakuru had the highest program target, managed to reach 11,845/12,425 (95%) of its annual target; Samburu reached 623/627 (99%) clients; Baringo 1,077/1,638 (66%) clients, and Laikipia reached 1,084/2,381 (46%) clients. Continuous Medical Education (CME) sessions and mentorship on LIVES will also be conducted in the next quarter, with greater engagement of the different service provision points in the health facility for improved identification and support to survivors.

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### INCREASE ACCESS TO AND DEMAND FOR PREP FOR DISCORDANT COUPLES AND POPULATIONS AT HIGH-RISK OF ACQUIRING HIV INFECTION INCLUDING AGYW

UTJ project has supported PrEP services across 115 sites in the four counties (Baringo 12, Laikipia 19, Nakuru 71, and Samburu 13) through mentorship of HCWs, and facilitation of the CHMT to conduct site-level support supervision and forecasting, quantification, and reporting of commodities.

The project did not experience any stock out of PrEP commodities directly. However, stock out of RTKs affected PrEP eligibility screening and thus indirectly affecting uptake. PrEP implementation was enhanced through integration of PrEP screening at

HTS eligibility screening desk and screening at the HIV service delivery points including MCH clinics, OPD, and CCC targeting populations at risk.

The project continued sensitizing and offering PrEP to specific targeted populations exposed to HIV including sexual contacts who tested HIV negative in index testing, HIV negative partners in a discordant relationship with high viral load, sexually active adolescent girls and young women (AGYW) repetitively seeking emergency contraception, newly tested negative women in antenatal care (ANC), and clients with recurrent use of post-exposure prophylaxis (PEP).

The project provided continuous mentorship to HCWs to enhance

identification of HIV negative individuals at a substantial risk of acquiring HIV infection linking them to PrEP. To strengthen reporting, the project printed and distributed PrEP registers and daily activity registers (DAR) and MOH 731 PrEP Plus on needed basis.

A total of 3,812 individuals were newly offered PrEP, representing 216% of the quarterly target. Cumulatively the project initiated 5,687 clients on PrEP, which is 80% of the annual target.

The project attended to 1,250 clients visiting the facilities for refill and restarting of PrEP. The program offered all clients who came for refill and restart a test, adherence support counselling, and STI screening as a package.



PREP\_NEW Uptake



An illustration of the Maai Mahiu hotspot map at the North Star Alliance Drop-in Center at the Truck Park in Nakuru. Photo by Teddy Chinya Alenga/UTJ



Catherine Bonde, UTJ Laboratory Senior Technical Officer leads a training session on HIV Rapid Testing Continuous Quality Improvement (RTCQI) implementation for 15 champions from Laikipia and Samburu counties. The healthcare personnel gained competency, efficiency, and productivity during the training, to ensure reliable and accurate HIV testing results. The sessions covered supervision and Continuous Quality Improvement (CQI), Orientation to the Standard Operating Procedures and job aids, recency surveillance reporting, research ethics and informed consent and site level HIV Testing Services (HTS) planning. Photo By Teddy Chenya Alenga/UTJ



Samburu CHMT during a HTS training session and performance review meeting at Archers Post. Photo by Teddy Chenya Alenga/UTJ

**INCREASED UPTAKE OF TARGETED HIV TESTING SERVICES**

The project supported 201 sites that provide targeted HIV testing services (Baringo 24, Laikipia 34, Nakuru 122, and Samburu 21). The support included capacity building of the HTS providers through trainings, on-job training, mentorship, observed supervision, counselling debrief support, and Continuous Medical Education (CME) towards building counselor capacity. HTS services were offered through Provider-Initiated Testing and Counseling (PITC), client initiated counselling and testing and testing of index clients including biological children.

The project together with the county and sub-county medical lab technologists supported the counties with redistribution of rapid test kits, transportation of lab samples, and quarterly site visits. To improve HIV testing quality, the project also supported counsellors, observed practice debrief supervision meetings, proficiency testing (PT) panel distribution, sensitization of health care workers on enrollment of PT testers on the online PT platform for submitting and receiving results feedback, provision of job aids and equipment, observed practice sessions, mentorship on data recording reporting and use, DQAs, and provision of support for monthly facility continuum of care meetings.

PREP_New	Q1	Q2	APR FY2022
County	Result		
<b>Baringo</b>	205	161	366
<b>Laikipia</b>	46	317	363
<b>Nakuru</b>	1,343	2,920	4,263
<b>Samburu</b>	30	221	251
<b>Total</b>	<b>1,624</b>	<b>3,619</b>	<b>5,243</b>

PREP\_NEW achievements by county

Through the Health Commodity Management Platform (HCMP), the project worked through the county to support HIV testing-related commodities including rapid HIV test kits, requisite materials like lancets capillary tubes, proficiency testing samples and materials, and other HIV diagnostic commodities.

The project identified 1,632 HIV positive clients in the four counties, translating to a positivity rate of 2.6 % with Baringo achieving a positivity at 2.9 %, Laikipia at 1.9%, Nakuru 2.8%, and Samburu at 1.5%. During the quarter, the project experienced erratic supplies of HIV test kits with HCWs prioritizing testing ANC clients, TB clients and targeted index testing. Out of the 1,632 positives identified, 1,668 were linked to ART, a 102% proxy linkage. The project continued implementing screening and testing services while observing COVID-19 prevention measures. The project continued

with daily situation room meetings alongside weekly county specific review meetings. Gaps identified during the meetings formed the focus of the mentorship activities for each site. The target population for HIVST included men, especially those in ages 25-40 years, AGYW and their partners, male partners of PMTCT mothers, partners of sex workers and known positives, using a peer-led distribution model with structured linkage to their preferred facilities for confirmation of HIV positive results. The project implemented both assisted and unassisted HIVST distribution strategies. To improve uptake, self-testing was offered to the self-selected high-risk groups seeking HTS services in the facilities. To encourage reporting, the project customized the HIVST register to capture longitudinal HIVST outcomes. Tracking of proxy indicators (such as referral for PrEP and confirmatory HIV tests) can help gather more data on outcomes of HIV self-testing.

HTS_POS	Quarter 1			Quarter 2			APR FY2021		
County	Target	Result	Percent	Target	Result	Percent	Target	Result	Percent
<b>Baringo</b>	134	168	126%	134	155	116%	535	323	60%
<b>Laikipia</b>	166	152	92%	166	165	100%	662	317	48%
<b>Nakuru</b>	729	983	135%	729	1,203	165%	2,914	2,186	75%
<b>Samburu</b>	55	63	115%	55	68	124%	220	131	60%
<b>Total</b>	<b>1,083</b>	<b>1,366</b>	<b>126%</b>	<b>1,083</b>	<b>1,591</b>	<b>147%</b>	<b>4,331</b>	<b>2,998</b>	<b>68%</b>

Number of individuals who received HIV Testing Services (HTS) and received their test results achievements by county

# SUB PURPOSE TWO

## INCREASED ACCESS AND DEMAND FOR QUALITY HIV TREATMENT SERVICES

### INCREASED ACCESS AND DEMAND FOR QUALITY HIV TREATMENT SERVICES

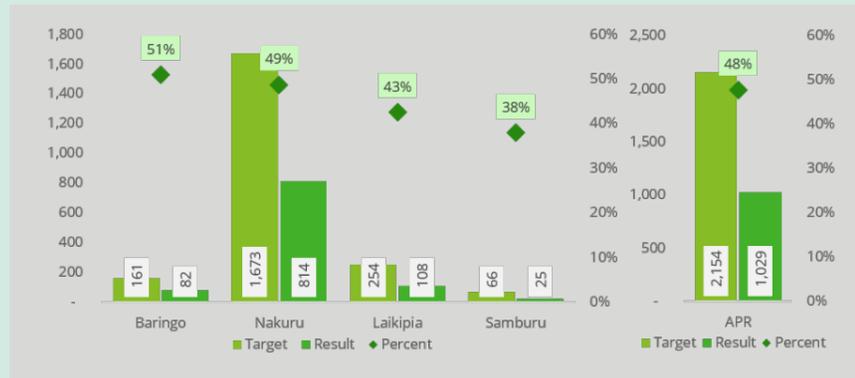
Between January and March, a total of 19,891 pregnant women attended 1st ANC services in supported health facilities. Of the 19,891 women who received 1st ANC services, 19,783 (99.5%) had their HIV status established (including those who presented with a known HIV positive status). Approximately 70% of all pregnant women identified with HIV had a known HIV positive status at entry to 1st ANC; of these, 81% were older women aged 25+ years.

### INCREASED ACCESS AND DEMAND FOR QUALITY ART SERVICES

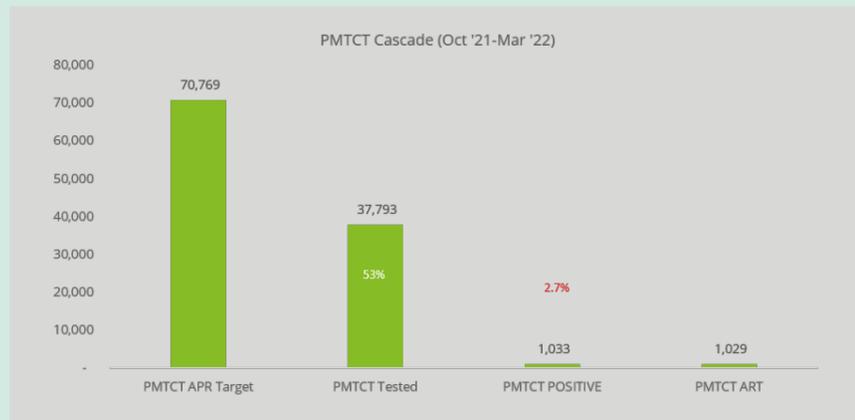
The project, working jointly with the county department of health across the four counties supported activities to increase ART uptake by patients newly diagnosed with HIV. A total of 1,668 clients newly diagnosed with HIV were started on ART with 100% linkage attributed to the line listing, case management, and initiation of treatment of those unlinked in the previous periods. The daily follow up and review of facility level data during the situation room meetings at project and county level contributed to this high linkage rate.

The projects' mentorship teams continued working with the county and sub-county department of health, focusing on treatment preparation and literacy, and case management to enhance care and treatment adherence, mental health assessment, and support for recipients of care (RoCs). Routine health talks at facility level and during targeted outreaches were conducted to improve client literacy, disclosure, adherence, and retention on treatment. The project had an uptake of 57,452 clients on ART.

Working closely with health facilities, county and sub-county teams, the project will improve retention, linkage to ART,

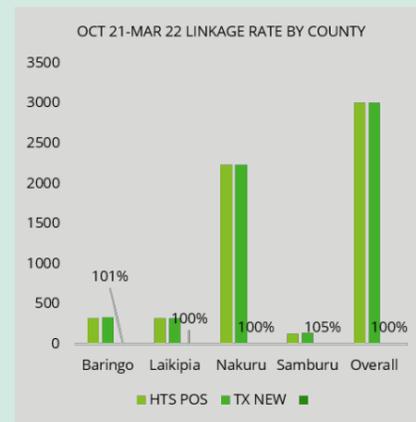


Percentage of HIV positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy achievements by county



PMTCT Overall Cascade

expand services through differentiated service delivery models including outreach service delivery, community ART groups, and decentralized drug delivery through partnership with community spaces and pharmacies to meet the clients' needs. The project is also working to improve data quality, patient characterization, and tracking of all patients interrupting treatment, to establish men adherence clubs (MACs) and more community ART outreaches where viable, while re-scaling up 3-6 multi-month dispensing (MMD) to improve quality and access to services.



Linkage rates by county

### INITIATION OF TREATMENT AND ART OPTIMIZATION

The project worked with the South Rift Valley technical working group (TWG) and NASCOP in training HCWs in Baringo, Laikipia, and Samburu counties to support roll out of pDTG10mg to the eligible CLHIV. Nakuru had already started roll out of pDTG in previous quarter. This resulted in 88 HCWs (Baringo-35, Laikipia-29, and Samburu-24) trained on pDTG10mg transition targeting 248 CLHIV (Baringo-89, Laikipia-108, and Samburu-51). DTG-based regimen among children was 79.3% among the total active clients on 1st line by end of March 2022 compared to 74% in December 2021. 98.8% of adults were on optimized DTG-based regimen including 92.6% of PMTCT mothers. The transition has been slowed down due to lack of viral load reagents as this is needed to inform decision making. The eligible pediatrics have been identified for prioritization once VL sample collection resumes.

### INCREASE CERVICAL CANCER SCREENING AND TREATMENT FOR WOMEN LIVING WITH HIV

Cancer is a significant cause of morbidity and mortality worldwide, with approximately 14 million new cases diagnosed in 2012. In Kenya, cancer is the 3rd leading cause of death after infectious and cardiovascular diseases. In 2012, there was an estimated 37,000 new cancer cases and 28,500 cancer deaths in Kenya. The project continued strengthening systems to scale up cervical cancer screening amongst women living with HIV across the four counties. The project supported capacity building sessions for 118 HCWs in the four counties on cervical cancer screening and treatment, among them 30 TOTs were trained on the

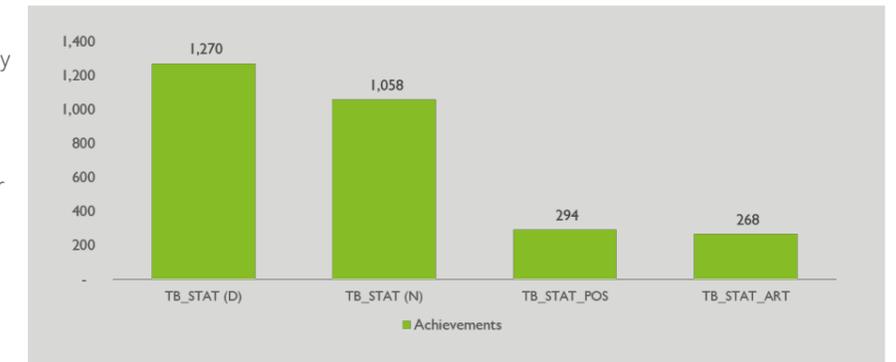
### INCREASED UTILIZATION OF TB/HIV COLLABORATIVE SERVICES

Tuberculosis (TB) is a serious public health issue in Kenya. About 120,000 people a year develop TB (48,000 of them being HIV positive) and 18,600 people die from it. The UTJ project is supporting TB/HIV activities in 200 sites in partnership with the County Department of Health in Baringo, Nakuru, Laikipia, and Samburu. In the last quarter, the project supported the counties to identify 1,270 individuals with active TB through intensive case finding and a total of 1,058 had a documented HIV status.

community module and expected to train the community health volunteers (CHVs).

The project continued to create demand at facility level through health talks and amplification of human papilloma virus (HPV) prevention messages to scale the vaccination for adolescent girls on care at the comprehensive care centers. The project continued to track referrals for clients identified as CxCa screen positive who were ineligible for single visit approach (SVA) facilitating necessary referrals. In addition, the project procured the screening reagents and equipment to support screening. The project, working closely with the county department of health, distributed the standard data collection and reporting tools in the four counties. The project also supported transport, consultation, and some laboratory costs for those clients who were unable to meet the treatment costs

Following these activities, 59% (7,669) women recipients of care were screened for cervical cancer against an annual target of 13,093, in which 91% (6,971) were women



PMTCT Overall Cascade

The project has so far conducted a training reaching 84 county and sub-county TB and HIV coordinators and mentorships teams. The training sessions focused on new 2021 tuberculosis guidelines, ART guidelines, intensified case, nutrition among TB patients, and integration of TB and HIV at the facility level. The project will continue to support joint mentorship and on job training on intensified and active case finding, strengthen integration of TB screening and management in community ART groups, and tracking of TB indicators during data review meetings. All clients with presumptive TB will have their investigations expedited to

aged 25-49 years. A total of 125 screened positive resulting in 1.6% positivity rate. Of the 7,669 women screened in the review period, a total of 58% (4,480) had an initial screening test, 42% (3,186) had been screened before while the remaining three were screened post-treatment.

The project provided training, mentorship, and coaching to reproductive health champions on treatment of precancerous lesions in the counties of Baringo and Samburu. 58 HCWs were trained on cervical cancer single visit approach. In addition, four high volume sites of Eldama Ravine School, Marigat School, Baringo County Referral Hospital, and Baragoi were reactivated to support the services. Assembling of the equipment, replacement of the equipment accessories, replacement of gas for cryotherapy machines, and overall checking of equipment functionality was done in Baringo and Samburu counties.

confirm or rule out TB disease diagnosis. The project supported the counties to conduct World TB Day activities, where counties conducted roadshows, prison visits, and shared TB messages with the community. They also conducted TB screening and clients who tested positive for TB were linked to facilities for further screening and investigations. Joint mentorship visits were supported with a focus on intensive case finding at all entry points, strengthening use of TB/HIV stamps, use of ICF cards, green cards and EMR, and documentation of TB outcomes in registers.

# SUB PURPOSE FOUR

## INCREASED ACCESS AND DEMAND FOR QUALITY FP/RMNCAH, NUTRITION, AND WATER SANITATION AND HYGIENE SERVICES

### FAMILY PLANNING

Family Planning (FP) plays a key role in enhancing quality of life among women of reproductive age, which leads to prevention of unintended pregnancies and reduction of maternal mortality. The project in collaboration with the Nakuru County Health Department supported 486 service delivery points to offer FP services. Further, the project will continue to promote demand creation and expansion of access to FP services in the county.

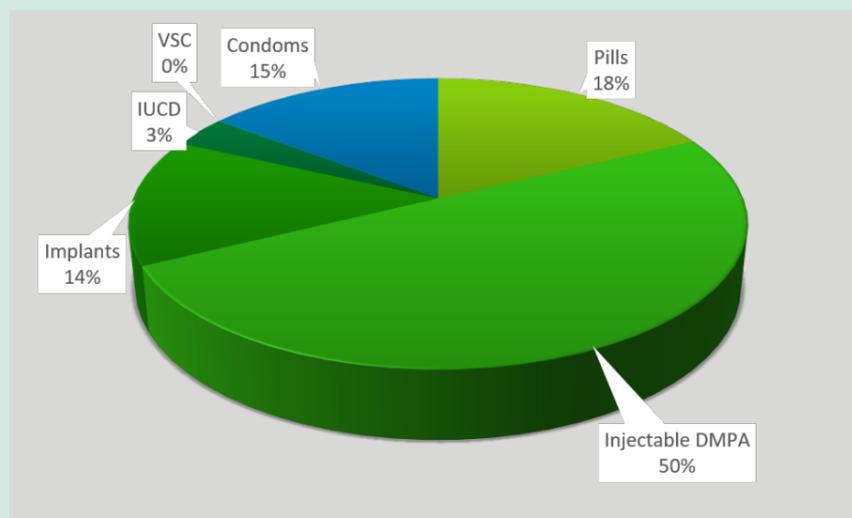
A total of 85,504 women of reproductive age received FP services with 42,792 new clients in Nakuru, translating to 50.1% of the total clients. The method mix for the contraceptives in the period under review was injectable contraceptives-DMPA (40,068), contraceptive pills (14,358), condoms (11,685), implants (11,440), IUCDs (2,771), and voluntary surgical contraceptives (92).

To enhance service delivery in sub-counties previously reporting high teenage pregnancies (Njoro, Kuresoi North, Molo, Nakuru West, Gilgil, Naivasha, and Subukia), the project supported to scale up Binti Shujaa Initiative and targeted youth sensitive service delivery.

### CHILD HEALTH

To improve the quality of care in management of childhood illnesses, the project supported the Integrated Management of Newborn & Childhood Illnesses (IMNCI) service delivery. Quality immunization services were enhanced through accurate data capture and reporting, cold chain maintenance, integrated outreaches, and defaulter tracking. The project conducted onsite capacity building through mentorship, reaching a total of 286 HCWs.

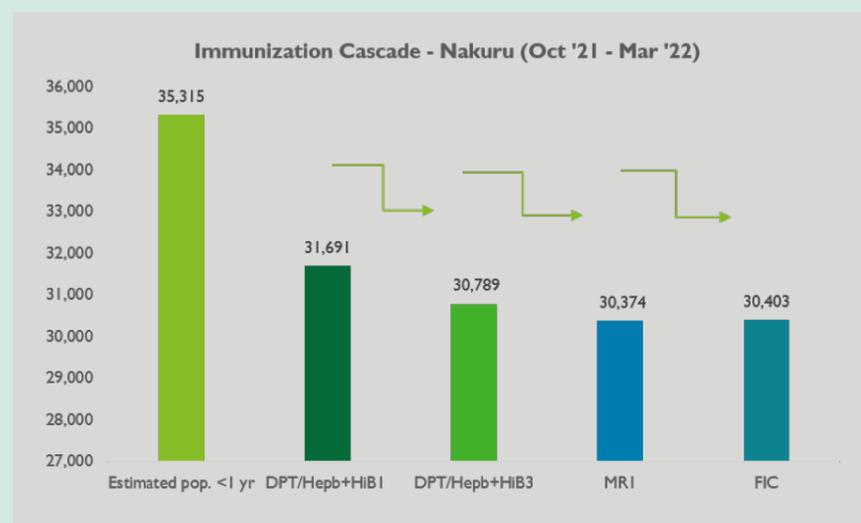
The areas of focus included immunization



FP method mix achievements

data tracking using monitoring charts and forecasting, quantification of vaccines, and other related commodities. The project continued to support extension of immunization services to the hard-to-reach and underserved populations through integrated outreaches. The project has

supported nine integrated outreaches and vaccinated 853 children, enabling 222 to attain fully immunized status while 986 received vitamin A supplementation.



Immunization achievements

### NUTRITION

The project continued to support Nakuru Health Management Team to improve nutrition service delivery and integration of nutrition services in other areas. The support included enhanced capacity to conduct structured mentorship to HCWs, off-site trainings on targeted nutrition packages, mainstreaming of Baby Friendly Community Initiative (BFCl) intervention, supportive supervision, and performance review meetings.

The project supported interventions that strengthen the community health strategy through intensification of community-level nutrition by targeting pregnant, lactating women and children aged under two years (0-23 months) to help address maternal and child nutrition practices. The activities included training of HCWs and CHVs on BFCl, the bi-monthly community support group meetings, monthly mother to mother support groups, teenage support groups, father support groups, as well as quarterly community baby friendly meetings, which entailed cooking demonstration sessions, screening for pregnant mothers, and household visits to pregnant and lactating teens.

### SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

UTJ project's Social and Behavior Change (SBC) interventions aim at galvanizing community action to promote adoption of healthy behaviors and improve uptake of preventive health services. The interventions and activities primarily focus on enhanced community engagement through well-defined structures such as health units, community-based organizations, religious leaders, and the National Government Administration Officers (NGAOs) by strengthening their technical skills in health promotion and effective referral for facility-based services. In addition, it promotes community group dialogue to spur FP/Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH), Nutrition and WASH Accelerator Behaviors to key audiences, such as pregnant women, parents, youth, adolescent girls, and young women.

### WASH

Training of WASH service providers both HCWs and community own resource persons ensures provision of quality services with the overall goal of sustaining

the gains and impact of the interventions. In collaboration with department of health, the project conducted targeted trainings at the county and sub-county levels to accelerate the attainment of open defecation free status. The project trained 246 health volunteers and natural leaders from Njoro, Subukia, Kuresoi South, and Nakuru North sub-counties. The participants were drawn from wards within sub-counties lagging in implementation of Community Led Total Sanitation (CLTS), an innovative methodology for mobilizing communities to eliminate open defecation (OD). The trainings enabled the wards declare some villages OD free (ODF), two months after the trainings.

The project aims at improving county ODF coverage to 50% by end of the year. Currently ODF coverage is at 42% with only three sub-counties above 60% ODF coverage. The project is working closely with county department of health at the county and sub-county level by supporting the CLTS process and integrating it into SBC approach. So far, a total of 151 villages have been verified as ODF, enabling 34,355 people to have access to basic sanitation facilities.



Champion Community Model (CCM) activities in Kuresoi North. The sub-county has recorded poor Maternal and Newborn Health (MNH) outcomes especially in ANC and skilled birth attendant (SBA) service uptake. The CCM innovation targets motivating pregnant women, lactating mothers, and their partners/husbands as families and communities to carry out Small Doable Actions (SDAs) that promote healthy behaviors.

# SUB PURPOSE FIVE

## STRENGTHENED CAPACITY OF COUNTY HEALTH SYSTEMS, LOCAL PARTNERS, AND COMMUNITIES TO DELIVER QUALITY HEALTH SERVICES

### STRENGTHENED HRH SYSTEMS TO PROVIDE QUALITY HEALTH SERVICES

The project supported the department of health in the four counties to recruit, retain, and deploy Human Resources for Health (HRH) to provide quality HIV/AIDS services. The project sustained optimal levels of staffing based on the numbers of the patient receiving care and treatment in a total of 200 sites, where a total of 643 (438 clinical and 205 CBWs) are deployed to increase the efficiency of services provision and reporting.

The project continued to manage the HRH payroll, reporting in iHRIS while the counties took lead in contracting, supervision, and management of staff. To ensure quality services, the project technical team endeavored to build the capacity of the staff through training and sensitizations, mentorship, and supportive supervision to keep staff updated with the current HIV/AIDS service provision.

### STRENGTHENING COMMODITY LOGISTICS AND INVENTORY MANAGEMENT

The project continued to provide enhanced support on commodity documentation, inventory management, and reporting while tracking closely facility ART commodity orders, stock receipt, and stock status. UTJ provided oversight on risk mitigation for commodity distribution and management working very closely with CHMTs. The commodity oversight operation activities included conducting targeted mentorship on inventory management reaching 78 facilities, ensuring timely and accurate reporting, Kenya Health Information System data verification, monthly forecasting, and quantification aligning to ARV optimization

Cadre	Baringo	Laikipia	Nakuru	Samburu	Total
<b>Clinical Staff</b>					
Adherence Counsellor	3	3	27	3	36
Clinical Officer	5	15	51	6	77
Health Records & information Technician (HRIT)	4	3	13	2	22
Health Records & information Technician-Lab Hub	1	1	3	0	5
Health Records & Information Officer	4	4	11	2	21
HTS Counsellor	17	17	62	5	101
HTS Supervisor	1	1	4	0	6
GENGBV Counsellors (Social workers)	0	0	6	0	6
Laboratory Technologist	2	2	5	3	12
Nurse	14	5	40	3	62
Nutritionist	1	1	1	1	4
Pharmaceutical Technologist	3	2	11	1	17
Clinical Mentor	1	0	7	0	8
HRIO Roving	1	1	7	0	9
HRIO Roving	0	0	3	0	3
<b>FP/RMNCAH/Nutrition and WaSH</b>					
HTS sessional counsellors/screeners	7	4	38	0	49
<b>Subtotals</b>	<b>64</b>	<b>59</b>	<b>289</b>	<b>26</b>	<b>438</b>
<b>Volunteers /Non-Clinical staff</b>					
Community health volunteers	4	6	11	3	24
Adolescent /Youth Champion	4	3	25	2	34
Expert Client	9	5	44	5	63
Mentor Father	3	1	19	1	24
Mentor Mother	6	12	39	3	60
<b>Subtotals</b>	<b>26</b>	<b>27</b>	<b>138</b>	<b>14</b>	<b>205</b>

demand landscape in each facility and national order management planner.

The Sub-County and county pharmacists in the four counties were supported to track, report, and allocate ARVs on the ART allocation tool. The project sustained engagement with the county pharmacists on commodity management activities anchored

on Health Products and Technologies unit (HPTU) that included county commodity security technical working group (TWG) meetings, commodity support supervision, continued technical support, and facility mentorship in all the supported counties.

### STRENGTHENING STRATEGIC INFORMATION SYSTEMS FOR QUALITY IMPROVEMENT, PLANNING, COORDINATION, MONITORING AND LEARNING

The project continued to strengthen use of Ministry of Health (MOH) and project tools by ensuring availability of the correct versions of tools for HIV and Family Health program for facilitating proper documentation of services provided at the supported facilities.

Working jointly with the county, the project reviewed the stocks available, informing a procurement plan that was developed, and approvals done for client level tools, MOH registers, key population registers and reporting tools, Performance Monitoring charts (PMC), and facility targets.

### TEAM MEMBER OF THE YEAR

In December 2021, the UTJ project conducted a survey with the project staff in all departments to identify the team member of year for an award. Team member of the year was for the dedication, resourcefulness, teamwork, creativity, and commitment in achieving UTJ results.

The table shows the officers who were awarded.

Category	Winner
<b>Driver/Logistician</b>	Charles Njuru
<b>Administration</b>	Catherine Gitahi
<b>Finance</b>	Edwin Omwenga
<b>Monitoring &amp; Evaluation (M&amp;E)</b>	Emmanuel Maingi
<b>Technical and Clinical</b>	Wilson Opudo
<b>Senior Technical</b>	Denice Juma

### BEST PERFORMING SUB-COUNTY

The project also ranked the overall performance for the eight mentorship teams on four indicators to receive the most prestigious award category. The team used seven parameters including percentage of HIV tests that were positive (HTS\_POS), number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period (PREP\_NEW), TX\_NET\_LOSS/GAIN, Viralload (VL) Suppression, and M&E timely and accurate reporting. The ranking was county specific for the indicators and the top three best performing sub-counties were selected in each county.

A sum rank for the performance vs targets for the indicators by sub-county was done and the three sub-counties that had the lowest sum rank were selected. Most improved ranking was based on comparison against targets for quarter three and four, the top three sub-counties that had the highest change in improvement in that county were selected.

Category	Award	Winners
<b>Best performing sub-county</b>	<b>Winner</b>	Baringo: Mogotio; Laikipia: Laikipia East; Nakuru: Kuresoi North; Samburu: Samburu East
	<b>1st runners up</b>	Koibatek: Laikipia North; Samburu: Samburu Central
	<b>2nd runners up</b>	Baringo: Baringo Central; Laikipia: Laikipia West; Molo: Molo; Samburu: Samburu North
<b>Most improved sub-county</b>	<b>Winner</b>	Koibatek: Laikipia West; Naivasha: Naivasha; Samburu: Samburu East
	<b>1st runners up</b>	Mogotio: Laikipia North; Kuresoi: Kuresoi North; Samburu: Samburu Central
	<b>2nd runners up</b>	Marigat: Laikipia East; Njoro: Njoro; Samburu: Samburu North

Category	Award	Winners
<b>M&amp;E Reporting best performing mentorship team</b>	<b>Winner</b>	Naivasha-Gilgil
	<b>1st runners up</b>	Molo-Kuresoi North & South
	<b>2nd runners up</b>	Samburu North
<b>Best performing mentorship team</b>	<b>Winner</b>	Molo
	<b>1st runners up</b>	Nakuru North
	<b>2nd runners up</b>	Naivasha

# SUCCESS STORY

## BRAVE GIRLS CHAMPION FOR REPRODUCTIVE HEALTH SERVICES AMONG PEERS

“I help link up girls with my peers and advise them on the importance of seeking reproductive health services, and family planning,” says Scollar, now a well-known advocate for young people’s reproductive health rights. “I champion for the teenage mothers in our minority Ogiek community to understand how to take care of their children and find ways to earn livelihood,”

Scollar Cheptoo Naibai gave birth to her child, Patience Leila, during her teenage years and like many teens, she did not have the knowledge and skills to protect herself from early pregnancy. She had been admitted to a local university to study Public Administration and the pregnancy also affected her pursuit for higher education. There are many girls from Scollar’s village of Mariashoni in Nakuru, who get pregnant in their teens. In Kenya, roughly one in every five teenage girls between the ages of 15-19 get pregnant, according to the Demographic and Health Survey. The rate is much higher in Nakuru’s Njoro, Kuresoi North, and Subukia sub-counties reporting 36%, 27%, and 22% respectively (KHIS, 2021). Supported by UTJ program, the Binti Shujaa initiative, which translates to ‘brave girl’ in Swahili, focuses on adolescent girls (15-19 years old) who are pregnant or with babies up to 24 months old. It works with both peers and mentors to provide services to adolescent girls with health information, life skills, referral to health services, economic empowerment opportunities, and return to school program. Through the initiative, Scollar and other Binti Shujaa members have been linked to county health officers and now mentor other girls to apply for small business loans, start businesses, and earn a livelihood to support their families. The project also works closely with the national and county governments



Scollar Cheptoo with her daughter, Patience Leila during a Binti Shujaa training session in Molo, Nakuru. Photo by Teddy Chenya Alenga/UTJ

to strengthen coordination and promote sustainability of adolescent and youth interventions. She is among a cadre of youth volunteers that USAID has trained to provide health education to the local community. Teenage pregnancy denies girls a good quality of life and the chance to realize their full potential. Due to the stigma and other reasons, many of the adolescent girls who become pregnant do not receive quality health care. UTJ project has provided technical support to the CHMT to implement comprehensive youth programs geared at improving ANC and modern contraceptive uptake among adolescent girls and young women. The model also strengthens interpersonal relationships between the targeted girls and their parents/guardians as a measure to provide support and a safety nest needed

for their health and wellbeing and that of their children. The project supported 110 Binti Shujaa mentors to implement the model and each mobilized, recruited, and maintained a cohort of 879 adolescent girls with whom they conducted monthly dialogue sessions focusing on life skills, modern contraception, importance of skilled birth attendance (SBA), ANC and Postnatal care (PNC), HIV prevention and management; nutrition, immunization, and menstrual hygiene. By March 30, 2022, the project followed up on 94 groups, which included 203 pregnant and 676 lactating with children under 24 months. A total of 205 adolescent girls with young children received family planning services and 301 pregnant teens had SBA deliveries. Additionally, seven were linked to entrepreneurship opportunities and eight returned to school.

# PICTORIAL



**PICTORIAL HIGHLIGHTS**

1. Laikipia CHMT and mentorship team receive a trophy during the Annual Performance Review Meeting in December 2021.
2. UTJ team building session in progress during the performance review meeting. Photo by Teddy Chenya Alenga/UTJ.
3. UTJ Annual Performance Review Meeting in December 2021.
4. Samburu County Health Management team during a Human Resources for Health Sustainability Meeting in Maralal. Photo by Teddy Chenya Alenga/UTJ.



Baringo HCWs pose for a group photo during a Cervical Cancer capacity building sessions on cervical cancer screening and treatment. The officers have trained on the community module and are expected to train the CHVs. Photo by Teddy Chenya Alenga/UTJ.



A doctor conducting a Bilateral Tubal Ligation (BTL) operation at Kiptagich Health Center in Nakuru, LAMP in-reaches were supported with the aim of expanding FP access and to address the unmet FP needs among women living in areas where surgical contraception is not easily accessible. Photo by Teddy Chenya Alenga/UTJ.



Samburu HCWs during a training, mentorship, and coaching session for reproductive health champions on treatment of precancerous lesions. Photo by Teddy Chenya Alenga/UTJ.



The project handed over IT equipment and accessories worth 9 million to the Nakuru County Department of Medical Services and Public Health that have been financed by U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through generous contribution of the American people. The equipment and accessories will be used to support implementation of digitization of health services in health facilities in Nakuru. These items have been distributed, delivered, and installed by UTJ team to ensure their optimal use in furtherance of PEPFAR COP 21 agenda. Photo by Teddy Chenya Alenga/UTJ.

This newsletter is made possible by the generous support of the American people through the USAID Tujenge Jamii project. The contents of this newsletter are the sole responsibility of its authors and do not necessarily reflect the views of USAID or United States Government.

### **USAID TUJENGE JAMII PROJECT**

Westside Mall, 5th Floor  
Kenyatta Avenue, Nakuru  
[Infor@usaidtujengejamii.org](mailto:Infor@usaidtujengejamii.org)



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