Project Title: TEGEMEZA (Swahili for ‘sustain’)

Funding Agency: US President’s Emergency Plan for AIDS Relief (PEPFAR) through Centers for Disease Control and Prevention (CDC)

Project Period: October 2011 – March 2017

Project Goal: To implement and expand high quality HIV prevention, care and treatment services in Central Kenya.

Project Partners: Central Province – Provincial Medical Office (before devolution) County Health Departments - Laikipia, Kiambu, Murang’a, Nyandarua and Nyeri (after devolution)
HIV TESTING SERVICES (HTS)

Target: 1,289,825 people

Achievement: 1,590,054 people tested (128%)

29,706 people living with HIV identified Including 2,065 children

CARE AND TREATMENT

Target: 26,202 adults and children living with HIV initiated on antiretroviral therapy

Viral Suppression Rates:
- Children under 14: 78%
- 15-19 years of age: 73%
- Adults: 93%

Achievement: 23,349 (89%) adults and children (21,174 adults and 2,175 children) living with HIV initiated on antiretroviral therapy

- 34,087 people living with HIV active on antiretroviral therapy
- 100% of TB patients testing positive for HIV initiated on ART
- 87% of people living with HIV placed on Isoniazid Preventive Therapy (IPT) to protect them from developing Tuberculosis

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

- 260,310 pregnant women tested for HIV
- 9,521 pregnant women with HIV identified
- 7,981 pregnant women with HIV provided with antiretroviral therapy
- 7,077 infants provided with antiretroviral therapy

Mother to child transmission of HIV down to 4%

2011: 12%
2017: 4%

When Charity considered having a child in 2011, she was uncertain whether her baby would survive given her HIV positive status. Charity learnt of her HIV status in January 2008 and was started on medication the same year. However, in 2009 her condition deteriorated and she was admitted in hospital for six months.

Charity received significant support from Vision Garden, a CHS supported Community Based Organisation (CBO) that promotes adherence among people living with HIV, and is now living a healthy life as she devotedly adheres to her medication.

Through her support group and advice from health care workers, Charity learnt that through prevention of mother to child transmission (PMTCT) interventions, she could not only give birth to a HIV negative child, but she could also get to enjoy the most intimate bond between mother and child by breastfeeding without passing the virus to her child.

In 2011, Charity’s son was born HIV negative.

Despite her HIV status, Charity exclusively breastfed her son for six months. During this period, she ensured that she adhered to the mother and child antiretroviral therapy interventions recommended at the hospital.

She speaks proudly of her son and acknowledges CHS support that has impacted her life in a significant way, by making information on how to prevent mother to child transmission of HIV available to HIV positive women.
CHS LINKAGE MODEL

CHS developed and piloted a model to optimize linkage of people living with HIV (PLHIV) from testing to enrolment into care and treatment. The model was shared at national level through the HIV Testing and Counselling technical working group and was useful in development of a similar linkage model that was adopted and rolled out nationally.

RESIDENTIAL MENTORSHIP PROGRAM

Hosted at Murang’a County Referral Hospital where health care workers of various cadres involved in providing HIV services were twinned with Ministry of Health mentors for a week-long rapid skills and learning process to help them initiate HIV service provision.

Over 185 HCWs mentored

“Since the CHS (residential) mentorship program began, we have witnessed improved competence among staff, increased dedication to work, delivery of quality health services and better client reviews.

As a Mentorship Coordinator, I have witnessed significant advancement in care giving and leadership skills and consequently high quality services at the comprehensive care centre.

At an individual level, I feel knowledgeable and more empowered to offer the best services, my skills and confidence have improved, I am a better leader and I believe this program has been a great catalyst in my career development.”

- Alice Njagi, Registered Clinical Officer, Murang’a County Referral Hospital

E-LEARNING

The project provided e-learning support to 13 health facilities (Thika Level 5, Ruiru Sub-County and Gatundu Sub-County Hospitals in Kiambu County; Murang’a County, Kangema Sub-county and Muriranjas Sub-County Hospitals in Murang’a County; Nyeri Country Referral, Karatina County, Mukurwe-ini Sub-County and Othaya Sub-County Hospitals in Nyeri County; Ol Kalou and Engineer Hospitals in Nyandarua County; and Nyahururu County Hospital in Laikipia County). This support comprised of equipment (computers, speakers, projectors, printers, internet modems), data, as well as linkage to various learning opportunities such as University of Washington Courses and TB ECHO sessions.

Over 170 HCWs trained via e-learning

INFLUENCING POLICY AND PRACTICE

Through the relevant technical teams, the TEGEMEZA project was represented in various technical working groups (TWGs) of the National AIDS and STI Control Program (NASCOP), the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program), and the Reproductive Health and Maternal Services Unit (RHMSU); the HIV Inter-Agency Coordinating Committee (ICC) of the National AIDS Control Council (NACC); and the national ART task-force.

Key contributions included participation in development of various tools, documents and curricula such as the HIV Treatment Guidelines 2011, 2014 and 2016, 3rd Line ART Toolkit, PMTCT Guidelines, Elimination of Mother to Child Transmission (eMTCT) Framework, HTS Guidelines, viral load testing scale-up strategy, HTS Guidelines 2015, among others. CHS was also involved in the development of the National HIV Integrated Training Course curriculum (NHITC).
The TEGEMEZA project was highly dependent on health care workers supported through sub-grants to the counties, and there was need to mitigate against potential disruption of services by ensuring retention of the health workers by counties on project closure.

Negotiations were held with various county entities including County Health Departments (County Executive Committee Members for Health, Chief Officers), the County Public Service Boards, and in Murang’a, the Health and Finance Committees of the County Assembly. These efforts resulted in the absorption of 60 health workers into the county workforce in Laikipia and Nyeri counties.