



Routine HIV testing is ongoing at a local facility supported by USAID-Afya Jijini. Afya Jijini addresses the HIV service continuum of care: from community to county level, collaborating with the long-term public and private structures and stakeholders at each level of the health system to implement HIV interventions and monitor success.

## HIV/AIDS TECHNICAL BRIEF

### *Afya Jijini's* technical approach to preventing and treating HIV/AIDS within Nairobi City County

USAID's *Afya Jijini* program aims to improve access to and quality of health services in Nairobi City County (NCC). The program strengthens county-level institutional capacity to manage these health services, including HIV/AIDS, as a central strategy for health care improvement. Managed by IMA World Health (IMA), *Afya Jijini* is a five-year contract implemented in collaboration with local sub-contractors: the Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS), and the National Organization of Peer Educators (NOPE).

### **DATES OF IMPLEMENTATION**

September 1, 2015 – August 31, 2020

## BACKGROUND

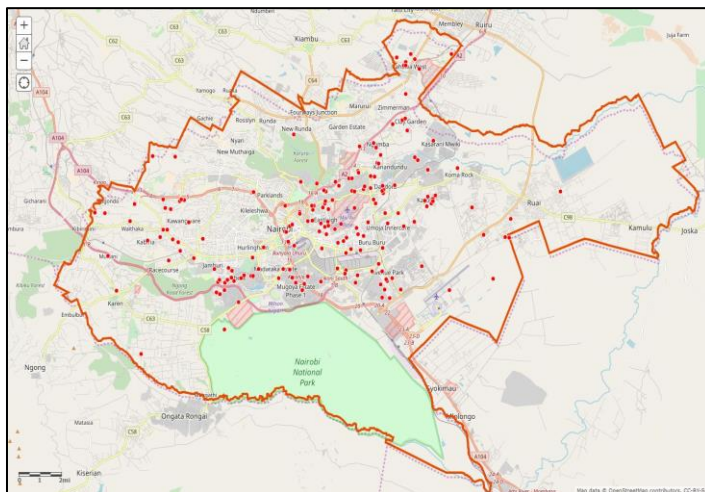
Nairobi features a dynamic and ever-changing HIV epidemic, fueled in part by high migration, extreme poverty, growing informal settlements, and risky behaviors (including sex work and drug use). Nairobi's population is increasing by an estimated half-million people per year who migrate for increased economic opportunity.<sup>1</sup> An estimated 30% of these people live in informal urban settlements, with poverty and living conditions exacerbating their risk of HIV and other infectious diseases.

In this context, it is no surprise that Nairobi ranks among the five leading counties contributing to Kenya's HIV burden. It is home to more than 10% of Kenyans living with HIV.<sup>2</sup> Nairobi's adult HIV prevalence is an estimated 6.1% (compared to a national average of 4.9%), though considerable variation exists among sub-populations.<sup>3</sup> Nairobi is also home to large concentrations of key populations (including male and female sex workers and men who have sex with men) at high risk for HIV. These populations typically have higher HIV prevalence (30-60%) and lower ART coverage (from 6 to 34%) compared to the general population.<sup>4</sup>

Nairobi features generally better ART access and coverage than other counties, with 83% coverage as compared to the 69% national average.<sup>5</sup> However, children and adolescents still face lagging rates of ART coverage and have poorer clinical outcomes. Tuberculosis (TB) also creates challenges for people living with HIV (PLHIV) in Nairobi, with increased infection and spread linked to crowded urban informal settlements. Nairobi is thought to account for 15% of all TB cases nationally.<sup>6</sup> As with HIV treatment, frequent migration means it is hard to follow and track TB clients' service uptake and completion.

## A MAP OF IMPLEMENTATION SITES

*Afya Jijini* works across all 10 sub-counties of Nairobi, providing HIV technical assistance, training, and supportive supervision to 42 HIV care and treatment sites, 46 HIV testing service (HTS) sites, 36 elimination of mother-to-child transmission (eMTCT) sites, and 36 TB sites.



<sup>1</sup> African Development Bank, 2018.

<sup>2</sup> PEPFAR, Kenya Country Operational Plan: Strategic Direction Summary, 2018.

<sup>3</sup> MOH Kenya, Kenya HIV Estimates Report, 2018.

<sup>4</sup> PEPFAR, Kenya Country Operational Plan: Strategic Direction Summary, 2017.

<sup>5</sup> PEPFAR, Kenya Country Operational Plan: Strategic Direction Summary, 2018.

<sup>6</sup> MOH. Kenya TB Prevalence Survey, 2016.

## APPROACHES

The *Afya Jijini* team works closely with NCC to implement high-impact, evidence-based approaches to HIV prevention and treatment, striving to achieve 95-95-95 “fast track” global targets. The program is guided by Kenya’s national HIV strategies, county-level health strategies, and PEPFAR country operating guidance. *Afya Jijini* addresses the HIV service continuum of care: from the community to county level, collaborating with the long-term public and private structures and stakeholders at each level of the health system to implement HIV interventions and monitor success. Specifically, *Afya Jijini* has worked closely at sub-county level post-devolution to help these structures better understand their role in HIV management and oversight of high-volume health facilities. Using an on-the-job mentorship approach, *Afya Jijini* cluster teams and technical advisors work hand-in-hand with county, sub-county, and facility staff to review data, identify challenges, and develop practical and context-driven change ideas to address them. The program also works with local sub-grantees to implement community-level HIV interventions across the continuum of care as part of the Journey to Self-Reliance (J2SR). The sub-section below highlights *Afya Jijini*’s approaches to improving HIV outcomes.

### HIV PREVENTION

eMTCT: *Afya Jijini* works to eliminate MTCT in Nairobi, in line with the Nairobi City County HIV and AIDS Strategic Plan and UNAIDS targets. The project works at 42 high- to mid-volume health facilities to provide quality eMTCT services through Comprehensive Care Centers (CCC) and via Maternal and Child Health (MCH) clinics. To increase access to and quality of eMTCT, *Afya Jijini* has trained nurses and clinical officers in the comprehensive eMTCT package. *Afya Jijini* focuses on improving the quality of care and mother-infant pair retention as a critical approach to eliminating HIV. To that end, the project established in-house eMTCT Work Improvement Teams (WIT) at project sites in line with national strategy. The WITs are dedicated to tracking and improving uptake of HIV testing in antenatal care clinics (ANC), labor and delivery, and post-natal clinics; early infant diagnosis (EID); treatment and retention for HIV-infected pregnant and breastfeeding women; and viral suppression and follow-up of HIV exposed infants up to 24 months of age. WITs also develop innovative solutions to daily eMTCT challenges they see in service delivery. As part of differentiated care, *Afya Jijini* also launched mini-viremia clinics within MCH services to ensure clients with ART adherence challenges receive more personalized counseling tailored to the barriers that they have self-identified.

IMA was the first in Kenya to enlist local organizations as USAID health sub-contractors for large-scale HIV programming. IMA selected and worked with four local organizations—Christian Health Association of Kenya (CHAK), National Organization of Peer Educators (NOPE), Mission for Essential Drugs and Supplies (MEDS), and University of Nairobi (UoN)—to serve as USAID’s implementers for the PEPFAR flagship HIV contract in Nairobi.

This is significant because, while these groups had received PEPFAR funding previously, some had never primed awards and none had served as a USG sub-contractor (which required new, different, and complicated compliance elements for local non-governmental organizations (NGOs)). IMA provided coaching according to tailored capacity strengthening plans.

To date, in Y4 of the program, the local sub-contractors are performing successfully and have caused no findings in the Contractor Performance Assessment Reporting System (CPARs). IMA has increased CHAK’s budget in recognition of its success. CHAK is currently applying as a sub-contractor in future awards based upon their new capacity.

*Afya Jijini* has also integrated reproductive health services into select CCCs, ensuring women can access family planning (FP) counseling, short-term FP options, and escorted intra-facility referrals. Facility-based Mentor Mothers – who are expert HIV patients – provide education on birth spacing and contraception as a critical primary prevention and prevention of unintended pregnancies strategy. The project is also introducing pre-conception care for women living with HIV, helping them to plan for pregnancy to ensure they are healthy and virally-suppressed before contraception. At community level, *Afya Jijini* works with Community Mentor Mothers to provide psychosocial support and linkages to pregnant women living with HIV, tracking mother-infant pairs up to 24 months. These Community Mentor Mothers work closely with project health facilities to ensure the continuum-of-care and linkages to other social services needed. *Afya Jijini* also liaises with Orphans and Vulnerable Children (OVC) programs to ensure all enrolled infants and young children are tested for HIV and enrolled in care as needed.

**HTS:** *Afya Jijini* helps the county and sub-counties identify, scale, and monitor the most cost-effective and high-yield HTS approaches, including targeting index client contacts and those in the inpatient and TB clinics. *Afya Jijini* trained 74 HTS providers who work at 47 high-volume sites and catchment areas under the supervision of the facilities. Project counselors have tested more than 953,566 clients, with an overall yield of 2.3%. *Afya Jijini* also introduced an open-source mobile platform for HTS counselors to record their daily HIV testing data as a strategy for improving self-performance and target achievement.

*Afya Jijini* also worked with the county to introduce and scale partner notification services (PNS) and self-testing as novel approaches to identifying new HIV-positive clients. In partner notification, a trained health care provider asks people diagnosed with HIV about their sexual or drug-injecting partners and, if the HIV-positive client agrees, offers HTS to these partners. *Afya Jijini* is also working with NCC to scale-up self-testing as a promising strategy to identify new positives, especially men and adolescents aged 16 and above. The project piloted the placement of self-test kits in seven MCH clinics to reach male partners of female clients. This approach has shown promise in identifying new clients of pregnant women attending ANC. At the community level, the project works with sub-counties to identify and map potential hot spots to identify new positives, particularly among men, young people, and key populations.

*Afya Jijini* works diligently to link all newly-diagnosed HIV clients to treatment, including offering same-day enrollment. This is particularly challenging in the city's highly urban and migratory environment, where clients frequently move in and out of Nairobi on a daily or seasonal basis, impacting where they will seek ongoing treatment services. The project uses trained HTS/Treatment Preparation and Adherence (TPA) counselors, who immediately offer an adherence session and escort newly-diagnosed patients to CCCs for ART enrollment. The TPA Counselor also facilitates documented transfers for clients who wish to receive ART at other sites, providing a referral and following up to confirm that the client has received services there by phone.

**Pre-Exposure Prophylaxis (PrEP):** *Afya Jijini* worked with NCC to introduce PrEP to prevent new infections among adolescent girls and young women (AGYW) and other eligible clients testing HIV-negative and meeting eligibility criteria.<sup>7</sup> This involved extensive consultation with the county and sub-counties for the initial launch and training of target provision sites. By October 2018, the project had sensitized and ensured the availability of PrEP at two DREAMS Safe Spaces (targeting AGYWs) and 43 CCCs (targeting discordant couples). The project concentrated on PrEP provision scale-up at affiliated PEPFAR DREAMS sites, where large numbers of AGYW were at risk of contracting HIV. As in many counties, PrEP retention among

<sup>7</sup> MOH, *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya, 2016*.

AGYW remains a challenge. The project has recently conducted focus group discussions with girls to inform new counseling and other approaches to increasing PrEP access and retention.

**Voluntary Medical Male Circumcision (VMMC):** *Afya Jijini* is scaling-up quality VMMC as a key HIV prevention strategy, in line with national guidelines.<sup>8</sup> Nairobi is a challenging VMMC implementation environment. While home to thousands of men who migrated from traditionally non-circumcising areas, these men are often mixed within informal urban settlements and hard to reach with mobilization messaging (as compared to more ethnically homogenous rural and peri-urban areas). At the community level, *Afya Jijini* sensitizes VMMC Champions/community mobilizers with evidence-based strategies to drive demand for VMMC and mobilize clients amongst target cohorts, particularly during intensive VMMC periods (such as during school breaks). To date, the project reached 14,209 men and boys ages 10-49 with the VMMC minimum package, which includes HTS, sexually transmitted infection screening, and dorsal slit surgical VMMC.

*Afya Jijini* uses several strategies to scale up quality-assured VMMC. First, the project partners with the county and sub-counties to train facility-based clinicians and auxiliary cadres in VMMC provision. On a longer-term basis, the project is working with the county and sub-counties to advocate for increased VMMC integration within routine health care delivery services. Specifically, *Afya Jijini* ensures one high-volume site per sub-county in informal settlements – where the bulk of uncircumcised clients reside – offers regular VMMC services. The project also mentors sub-counties and facility-based Quality Improvement Teams (QITs) in quality assurance monitoring for VMMC. To date, there have been no serious adverse events from project-supported VMMCs. *Afya Jijini* works with sub-counties and the county to participate in the National AIDS and STI Control Programme (NASCOP) VMMC Steering Committees and through an NCC VMMC TWG to identify and roll out new, evidence-based VMMC approaches (such as use of devices like PrePex and infant male circumcision).

**DREAMS:** *Afya Jijini* worked closely with NCC to implement the DREAMS HIV prevention package in Mukuru Kwa Njenga and Westlands (Kangemi, Mountain View, Parklands wards) sub-counties, and in Year 5 will expand into an additional sub-county. DREAMS is a proven approach for reducing HIV infection among highly-vulnerable AGYW<sup>9</sup> and consists of family strengthening interventions (parenting/caregiver programs, cash transfers, educational subsidies, and combination socio-economic approaches), AGYW empowerment (PrEP, condom access and education, GBV prevention and post-violence care, HTS, social asset building, and FP), community mobilization (school-based HIV prevention, norms change), and risk reduction for sexual partners (male partner characterization). DREAMS has been a critical behavioral, biomedical, and structural intervention for Nairobi's vulnerable young women and girls, many of whom possess multiple risk factors for acquiring HIV, including extreme poverty, school dropout, migration, and engaging in transactional sex.

*Afya Jijini* has piloted several innovations designed to increase the retention of girls and young women in DREAMS, who sometimes drop out of the program due to different competing pressures. The project established Girl Groups, which bring together AGYWs living in the same neighborhood under a peer leader. In the meetings, the girls support each other and serve as positive peer pressure for DREAMS participation. The participants serve as accountability sisters for each other's well-being. Given that

<sup>8</sup> National AIDS/STD Control Program: National Guidance for Voluntary Male Circumcision in Kenya. Ministry of Health, Republic of Kenya: 2018.

<sup>9</sup> PEPFAR/Birdthistle, I. Early lessons from DREAMS impact evaluations. PowerPoint. July 2018.

DREAMS mentors cannot provide one-on-one support continuously to each girl, Girl Groups help fill that gap and build more significant social assets. To attract and retain older participants (those ages 20-24, and often the most challenging), the project launched *Jaza Jikoni* “Fill the Kitchen” women’s cooking groups. For this intervention, women come together and each pledge to buy one commodity for the kitchen (such as sugar) and then exchange and share. As part of this, they provide cooking demonstrations and learn new recipes, building social assets. At the same time, HTS and sexual and reproductive health/family planning services are offered.

**GBV RESPONSE AND POST-RAPE CARE:** *Afya Jijini* strengthens NCC’s ability to provide quality and timely post-rape care services to survivors of sexual- and gender-based violence (SGBV) as part of its HIV prevention and HIV integration work. The project trains health care workers in SGBV case management, including the provision of post-exposure prophylaxis (PEP) and emergency contraception. It helped establish Mukuru Health Center as a Center of Excellence of GBV Case Management and an on-site training ground for other Nairobi facilities. *Afya Jijini* has also helped sites develop GBV action plans to improve service delivery, including maintaining the chain of custody for legal evidence.

## **HIV CARE AND TREATMENT**

**HIV TREATMENT:** *Afya Jijini* works with NCC to ensure all HIV-positive clients access HIV treatment and achieve viral suppression, in line with the second and third 95. The project currently supports 42 high-volume public and private ART sites, treating more than 38,000 clients. The project trained more than 300 HCWs on Test and Treat guidelines (July 2017) and continues to provide refresher training and mentorship on new treatment guidelines, including treatment optimization/transition to DTG. Working with the county, the project rolled out several differentiated care models appropriate for Nairobi’s urban environment, including fast track pick-up desks at 26 high-volume facilities for stable, suppressed, and treatment mature clients. To date, more than 10,000 clients have received fast track services for more than 12 months, achieving 97% viral suppression among tested clients and decongesting CCCs. *Afya Jijini* is also piloting early morning HIV clinics that target men and casual laborers by offering appointments and services starting at 6:30 a.m. These clients often face challenges accessing ART services during routine clinic hours (9-5 pm) due to their work as casual laborers.

Retention and the accompanying viral suppression remain challenging among Nairobi’s highly migratory populations. To that end, the project implements viremia clinics to address the challenge of patients with high viral loads.<sup>10</sup> Clients receive intensified counseling and interventions from multi-disciplinary teams tailored to their self-identified adherence barriers and needs. Initial data indicate improved re-suppression for enrolled viremia clinic patients (89%) as compared to non-enrolled clients. TPAs provide supplemental adherence counseling sessions for clients needing additional support. *Afya Jijini* also provides pediatric and adolescent HIV treatment services designed to meet the unique challenges of these populations in accessing and adhering to treatment. The project is implementing and scaling up Operation Triple Zero (OTZ), which is an evidence-based intervention (EBI) that empowers adolescents to take responsibility for their health by pledging to achieve zero missed appointments, zero missed drugs, as well as a zero viral load. The initiative is based on providing adequate ART treatment literacy to adolescents, adolescents

<sup>10</sup> University of MD/IHV. PEPFAR Solutions Platform (Beta): Viremia Clinics in Kenya: Enhanced Monitoring and Management of HIV-Positive Individuals on ART with High Viral Load. Nov. 2018.

having a common shared goal of viral suppression, and being able to commit to the goals and to identify with the OTZ club or group.

TB and HIV: Nairobi possesses the highest rates of TB infection nationally, posing significant risk to the survival of PLHIV through co-infection. Nairobi's informal settlements provide fertile transmission grounds for TB within crowded and poorly ventilated dwellings. *Afya Jijini* focuses on the prevention, diagnosis, and treatment of clients with HIV, beginning with improving the provision of IPT among PLHIV for TB prevention. Sites also screen all HIV clients for TB at each visit and test suspected cases using GeneXpert or TB-LAM (when indicated for very sick clients). Conversely, all TB clinic clients are offered HTS (with a current 98% testing rate) and referred to the CCC for same-day enrollment should they test HIV positive by TPA. At community level, trained community health volunteers conduct active case finding in schools and follow-up TB contacts. Throughout, *Afya Jijini* cluster teams provide mentorship and training where needed to improve TB-HIV performance, including in collecting NPA/NG aspirate for GeneXpert from children with suspected TB and in maintaining strong IPC standards at health facilities.

## COUNTY AND SUB-COUNTY HEALTH SYSTEM STRENGTHENING

*Afya Jijini's* cross-cutting work to strengthen the county and sub-counties across several health system building blocks contributes to HIV achievement in NCC as well as the J2SR. In health products and technologies, for example, *Afya Jijini* has helped the NCC adopt ART commodity security reports for DHIS2, reducing HIV, TB, and FP drug and re-agent stock-outs, improving drug ordering, and assisting sub-counties to redistribute commodities as needed. Strengthening facility and sub-county capacity in HIV QI has contributed to dramatic improvements in IPT uptake and eMTCT cohort retention, thanks to improved understanding and ownership of critical indicators and a commitment to implementing small doable change ideas at the facility level. *Afya Jijini* also scaled-up electronic medical records and DHIS2 use to 29 high-volume facilities, enabling point-of-care client data entry and review, improving the quality of care and overall reporting.

## RESULTS

To date, *Afya Jijini* has achieved the following results:

<b>Indicator</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Y4 (to date)</b>	<b>Cumulative (through Y4/Q2)</b>
<b>HIV Prevention</b>					
No. of new clients on PrEP	N/A	N/A	576	240	816
No. of men receiving VMMC	3,263	1,039	5,456	4,451	14,209
No. of clients tested for HIV	242,972	273,461	265,052	171,332	952,817
No. of clients testing HIV positive	10,817	8,520	7,662	3,865	30,864
No. of pregnant women with known HIV status	72,205	53,177	52,275	25,959	203,616
No. of HIV-positive pregnant women	3,989	2,473	2,583	1,200	10,245
<b>HIV Treatment</b>					
No. newly enrolled on ART	5,953	6,238	5,893	3,080	21,164
No. currently receiving ART	32,170	38,282	41,056	38,481	38,481
No. of HIV positive pregnant women who received ART for eMTCT	2,876	2,414	2,495	1,167	8,952

TB-HIV					
No. of PLHIV who complete IPT	10,256	13,161	6,070	2,678	32,165

## LESSONS LEARNED

*Afya Jijini* is continually learning and improving its impact through robust Collaborate-Learn-Adapt approaches. Thus far, the program has identified several lessons learned for HIV programming in NCC:

- The urban environment creates unique challenges for HIV and TB tracking and retention and treatment success. Clients and their households will often come in and out of Nairobi daily for work, may migrate seasonally, or have sought specialized treatment in Nairobi and then return to their home county. This heightens the need for robust tracking and referral approaches and the necessity of same-day enrollment and provision of immediate services.
- PrEP and VMMC in Nairobi are nuanced and require further study to ensure adequate identification, enrollment, and retention of clients in this unique urban environment. There are many socio-cultural beliefs, as well as convenience and structural barriers that impede success.
- It is critical to offer differentiated care models for services that are attractive and convenient for clients. HIV clients often cannot attend services or support groups during the work week. As such, innovative approaches in differentiated care (that work in an urban environment), such as fast track desks and early morning service hours, can be highly effective.
- Working with local faith-based organizations (FBOs), community-based organizations (CBOs), and NGOs can enhance the coverage and effectiveness of HIV interventions, particularly in informal urban settlements.

## SUCCESSSES

The first 95: *Afya Jijini* has worked closely with NCC to strengthen its ability to identify new HIV clients early and enroll them in treatment and to more broadly prevent new HIV infections. Specifically, project advisors have coached county counterparts on examining the most effective HTS strategies to increase test yields and identify hard-to-reach patients. The project helped scale-up index client testing and PNS, each of which has contributed to increased yields of 12.3% for index client contacts and 16.3% for assisted PNS. Within eMTCT, *Afya Jijini* has worked with sub-counties and high-volume sites to use QI approaches and community client support strategies, including Mentor Mothers, to reduce mother-to-child transmission. As a result, cohort retention of mother-baby pairs has improved significantly, and HIV transmission has been reduced to 4% at 18 months.

The second 95: Nairobi faces significant challenges in linking newly-positive clients to treatment and retaining them, given the mobile nature of the population. Working with NCC, *Afya Jijini* introduced a modified HTS counselor cadre called TPAs, as described above. TPA counselors have contributed to increased same-day enrollment and improved documentation of transfers to ensure that no patients are lost to follow-up. The scale-up of Test and Treat and same-day enrollment has similarly increased the number of new clients enrolled within Nairobi, to 69% from 61% in Year 3.



The third 95: *Afya Jijini* helped the NCC adopt and tailor differentiated care models appropriate for the urban environment as a critical strategy toward increasing HIV client retention and viral suppression. Specifically, the use of fast track desks for stable client pick-up and the purpose of early morning ART clinic hours for day laborers have contributed to increased suppression. For clients with suppression challenges, the use of viremia clinics has improved re-suppression to 89%.

J2SR. *Afya Jijini* works hand-in-hand with the NCC and local stakeholders to improve their technical capacity and ability to own and finance the HIV response. The project uses several approaches to advance the J2SR: 1. Use of local sub-contractors on its consortium (see text box), 2. Engaging and strengthening local NGOs/CBOs/FBOs to implement HIV interventions with NCC, and 3. Working closely with NCC to improve planning and resource deployment for the HIV response.

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