



Photo by Eric Bond/EGPAF, 2016

THE ZUIA UKIMWI IMARISHA AFISA (ZUIA) PROJECT



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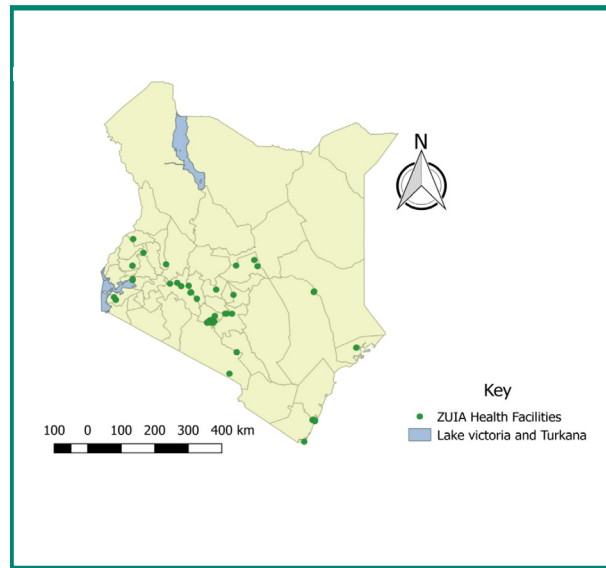
About

The ZUIA Project was funded by the U.S. Centers for Disease Control and Prevention (CDC) and implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Kenya from 2014 to 2019. It served to strengthen management, oversight, and implementation of high-quality integrated, comprehensive, and sustainable HIV prevention, care and treatment services in Kenya's Disciplined Service institutions. EGPAF-Kenya reached members and dependents of five Disciplined Services factions, and their surrounding host communities. The five disciplined services include Administration Police Service (APS), Kenya Forest Service (KFS), Kenya Police Service (KPS), Kenya Wildlife Services (KWS) and National Youth Service (NYS). The program specifically provided these units with HIV prevention, care and treatment; maternal, neonatal, and child health (MNCH); and TB prevention, diagnosis and treatment within 46 health clinic settings and community outreach activities.

Though HIV prevalence estimates within the Disciplined Services are not readily available (due to the sensitivity of this information), this population predominantly consists of young, sexually active, mobile individuals who have significant risks for HIV acquisition as a function of their unique job responsibilities and work environments. They all have very high work-related mobility, are separated from families and spouses for long time periods (resulting in higher sexual risk taking), have arduous job requirements, and limited access to health care services. Beyond this, approximately a third of staff have encountered workplace events (i.e. physical violence) in their line of duty that made them susceptible to substance abuse and HIV acquisition. High prevalence of stigma and substance abuse are common obstacles to uptake of, and retention in, HIV prevention, care, and treatment programs in these populations. Due to the high risk they face and their critical role in serving the government, the Kenya National AIDS Strategy Plan (KNASP) III 2009/10 to 2012/13 identified members of the Disciplined Services and their families as a key intervention population.

Goals and Objectives of ZUIA

The project's goal was to contribute toward a decrease in new HIV infections and AIDS-related morbidity and mortality in the Disciplined Services cadres, through provision of optimal, targeted HIV combination prevention services to more than 80% of eligible Disciplined Services staff and their families; provision of comprehensive HIV care and treatment services, in accordance with Kenya's care and treatment guidelines, reaching more than 80% of staff and their families; and capacity strengthening to allow program transition to the Disciplined Services' AIDS Control Units (ACUs) by 2019.



ZUIA Project Supported Sites

Through their strong partnership, EGPAF, the Ministry of Health (MOH) and the Disciplined Service institutions worked to strengthen a health system driven by ACUs. ACUs are entities created and supported by the MOH and related government entities to drive HIV prevention, care and treatment programs within these government sectors. All five disciplined services have ACUs to address the HIV and AIDS crisis among government staff. ACUs partner with various health facilities located in close proximity to staff assignments to provide health services to staff of the Disciplined Services. The MOH and its partners provide technical, commodity, and financial support to these staff through the ACUs. EGPAF partnered with the five ACUs to enable them to provide evidence-based HIV prevention packages, carry out HIV testing services and increase access to HIV care and treatment for those living with HIV. To achieve this, ZUIA supported capacity building of the HCWs at 46 sites, which were providing support these Disciplined Services. These 46 sites are owned by the Disciplined Services, managed by the ACUs and specifically meant to serve these officers, and neighboring communities – they ranged in service provision from standalone voluntary and counseling sites to fully pledged health centers. The specific activities and results described below were carried out by the ACUs with support of EGPAF-ZUIA resources and program staff.

Activities Implemented to Reach Targets

Target 1: Provision of optimal, targeted HIV combination prevention services to more than 80% of eligible disciplined services staff and their families

- **Evidence-informed behavioral interventions (EBIs) were implemented** to instill self-awareness, self-worth and self-efficacy among targeted groups in the Disciplined Services in order to decrease the incidence of new HIV infections. EBIs are effective in raising individuals and groups HIV risk perception, self-awareness, self-worth and self-efficacy towards preventive behaviors. ZUIA increased the ACUs capacity to implement targeted EBIs among their respective Disciplined Services staff through workplace trainings, recruitment and existing post-recruit trainings, by inviting families to these discussions and through community outreach. EBIs are National AIDS and STI Control Program (NAS COP) approved curriculum guided behavior change interventions that are age appropriate, culturally sensitive and target specified behavior change. Specific EBIs are designed to target specific age groups or populations. These sessions were delivered to either groups, couples or through one-on-one individual meetings. The ACU facilitators used guides, job aids and sometimes also videos to relay information. A range of EBI interventions were used: to motivate 13-17 year olds to delay sexual debut and engage in healthy sex practices after they do decide to become sexually active; to improve communication regarding HIV and sexuality among 9-12 year olds with their parents; to provide safer sex practice education to 18-45 years olds with condom use demonstration and distribution; and one EBI involved use of a video-based behavior change intervention to educate young people ages 15-24 years on HIV prevention.
- **Provider-initiated HIV testing and counseling (PITC) was implemented in all 46 supported sites.** PITC was scaled-up through training of health workers in the existing 46 sites; task shifting to lay cadres (requiring training of these lay health workers) and clinic setting reconstruction to improve client flow and better handle a larger volume of clients visiting each clinic for a test and linkage to treatment.
- **Index case testing and partner notification services were also implemented;** community health volunteers (CHV) and lay counselors helped to track and identify family members and sexual partners of HIV-positive clients to offer these individuals HIV testing and linkage to treatment. This was done through contract referral where the an HIV-positive client was given two weeks to bring their family and partners in to a facility for voluntary testing, after which the service provider was allowed to contact, using discretion and anonymity, the line-listed index client contacts through short message service (SMS), phone call or through a home visit.
- **Expanded the number of sites offering women comprehensive prevention of mother-to-child HIV transmission services** in integrated maternal and child health settings from 23 to 37 of the 46 health facilities supporting the Disciplined Services (the remaining facilities were standalone voluntary counselling and testing sites with no clinical staff and could not be upgraded to provide HIV care and treatment services). Throughout the

project period, ZUIA also focused on community-level PMTCT demand generation by having CHVs provide community outreach, during which health workers highlighted the importance of ANC attendance throughout pregnancy, facility-based labor and delivery.

Target 2: Comprehensive HIV care and treatment services

At the inception of ZUIA, only 23 out of the 46 supported sites provided ART. By 2019, that number rose to 37. All 14 new sites were accredited to directly provide ART at the county level through assistance from EGPAF. Assistance included expanding physical infrastructure through existing clinical space enhancements; strengthening staff capacity; engaging peer educators to cope with increased workloads, while managing psychosocial needs of clients on ART; establishing a laboratory infrastructure and network to ensure easy access to diagnostic services; developing commodity management systems to reduce stock outs; and improving services and processes through the analysis of program data.

- In the process of implementing ZUIA, the World Health Organization (WHO) revised treatment guidelines to recommend all HIV-positive pregnant and lactating women and children under the age of five have immediate access to lifelong treatment, regardless of CD4 count or WHO staging (referred to as “Treatment for All”). Expanding the number of clients eligible for treatment has serious implications for clinic settings. ZUIA helped to roll these guidelines out successfully in the 37 ART sites through adaptation, training and mentorship.
- Untreated HIV-positive children face high risks of morbidity and mortality, with peak mortality risk occurring between eight and 10 weeks of age. Maternal and child health, child welfare, TB and nutrition clinics report the highest volume of sick children. These became priority areas for early infant HIV diagnosis (EID) implementation under the ZUIA project. All children identified as HIV-positive through EID were linked to treatment.
- Upon release of updated pediatric treatment guidelines from the WHO, ZUIA ensured all supported sites were starting children on non-Nevirapine based, and more efficacious, treatment regimens and transitioned those previously on Nevirapine formulations to the recommended regimes.
- Staff in the 37 ART clinics were trained in the provision of regular TB screening at all clinic visits for all people living with HIV. They were also trained in presumptive diagnosis. GeneXpert machines were placed and utilized to expedite TB confirmatory testing and enhanced linkage to treatment of latent and active TB.
- Treatment retention was enhanced through use of differentiated peer educators and peer support groups. In total, 27 peer educators and 83 health workers have been trained in age appropriate disclosure (as disclosure to children, adolescents and partners is shown to increase identification and adherence to treatment). Peer social support groups (PSS) were also implemented by ZUIA to improve health outcomes among discordant couples, adolescents, and children. PSS groups provide an outlet for HIV-positive persons to discuss treatment, counteract stigma, and support one another to remain healthy and in treatment. By 2019, over 71 PSS groups had been formed under ZUIA.

Target 3: Technical assistance and capacity strengthening to allow program transition to the disciplined services institutions

ZUIA facilitated the ACUs to assess their capacity gaps, develop capacity building plans and track the growth of the ACU systems. A tool was used to track progress known as the ACU capacity assessment tool (ACUCAT); this tool collected weighted scores allocated on the qualitative capacity elements of six domains pertinent to quality health program management (as dictated by the WHO). These domains included: leadership and governance; financial management, commodity and infrastructure, health management information services (HMIS), and HIV and AIDS services delivery. ACUs were measured on their abilities to improve and sustain in these areas.

- **Leadership and Governance:** Early in ZUIA's implementation ACU and sub-ACU leadership staff were trained on how to run HIV AIDS programs. The scope of this training included fund management, ART stock supply logistics, health worker training and client engagement. Management mentorship was provided over the five years. This level of upper-management engagement allowed for early buy-in and heavy-handed assistance from ACU managers in implementation of these activities.
- **Financial management:** EGPAF trained and mentored ACUs on management of project funds in the form of grants disbursement. The training covered areas of project management, donor rules and regulations, budgeting and budget management, procurement and reporting.
- **Commodity and infrastructure:** Capacity of HIV testing, care and treatment centers was enhanced to manage commodity logistics and supply systems. Medical commodities and ARVs were resourced from the MOH in conjunction with Kenya medical supplies authority (KEMSA) and the County AIDS and STI coordinators. Clinic settings were also retrofitted to provide for better patient flow and access.
- **HMIS:** The project trained 66 ACU staff on HMIS. The trained staff were then selected focal point monitoring and evaluation (M&E) persons. ZUIA procured digital data dashboards for the 46 facilities and trained staff on their use. Additionally, the project provided routine mentorship, on-the-job trainings and coaching sessions. This increased staff skills in maintaining the ACUs' databases, follow-up reporting, and ensuring data quality.
- **Human Resources for Health:** The project successfully strengthened the capacity of the ACU and sub-ACU's on leadership and governance, HIV service delivery, commodity management, HMIS, resource mobilization and financial management and human resource for health systems in its first year. The project also increased ACU and sub-ACU skills in implementing programs through task sharing arrangements.
- **HIV and AIDS Service Delivery:** The project worked with the ACUs to build capacity to support and sustain HIV services that led to improved quality, efficiency, accessibility, patient-centeredness, safety and overall management of the programs.

Results

Through ZUIA’s duration, a total of 219,279 individuals were reached with EBIs: 35,000 were referred from ACUs to sexually-transmitted infections (STI) screening; 29,620 were referred to TB services; 3,130 got access to family planning; and 40 EBI recipients were victims of gender-based violence who found a safe space in the EBIs to discuss their incidents and receive pre-exposure prophylaxis. Over 2 million condoms were distributed through EBIs.

The ZUIA project was implemented through 46 health facilities managed by the ACUs of disciplined services. HIV testing and counseling was implemented in all 46 supported sites by the end of the ZUIA project through PITC (see Figure 3). ZUIA reached 459,498 people with HIV testing services. Of those, 8,087 HIV-positive individuals were identified and 4,651 were enrolled on HIV care and treatment services.

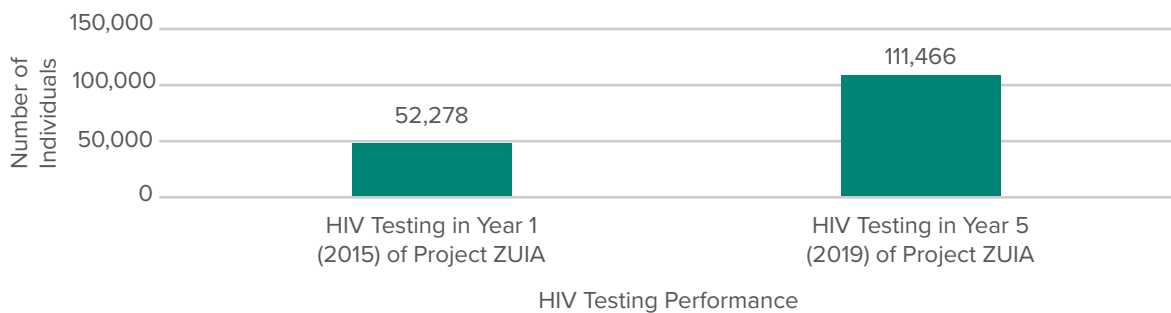


Figure 1. HIV Testing, Year 1 and Year 5 of ZUIA Implementation

The project reached 29,259 women with PMTCT services. Through decentralization, integration and community demand generation, ZUIA achieved greater access to ANC and PMTCT services among the target population. A total of 1,438 pregnant women were identified as HIV-positive and 1,267 of these women were provided with HIV care, ARV prophylaxis and/or treatment during the implementation period.

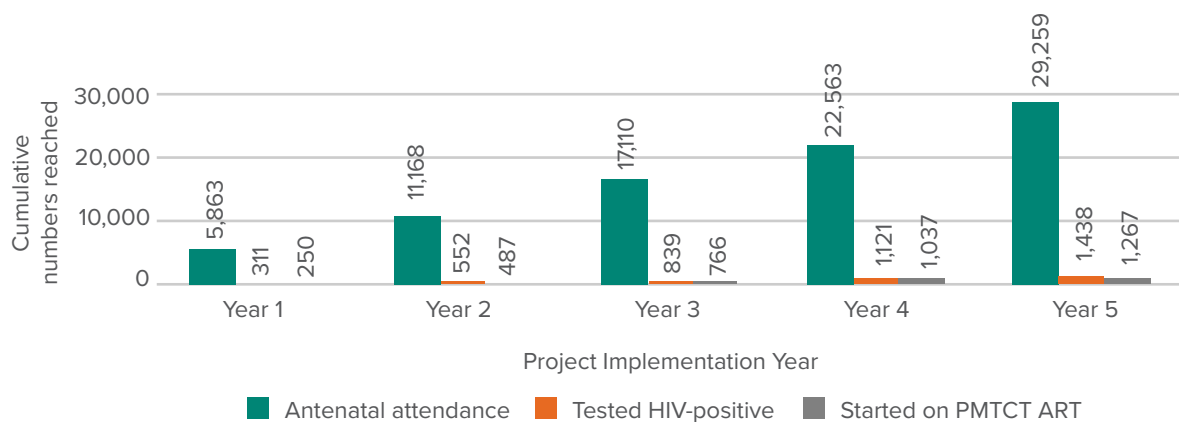


Figure 2. Uptake of PMTCT services at the supported health facilities.

Overall, the number of new clients enrolled in care and treatment has increased since the project’s inception (see Figure 3). EGPAF’s use of several approaches, including increased access HIV testing services (index client testing and partner notification, included), the establishment of 14 more ART sites and implementation of “Treatment for All”, enabled this growth.

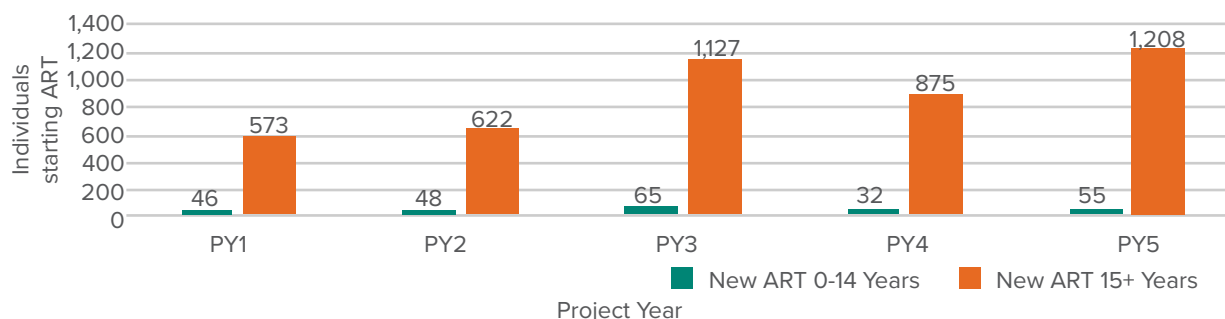


Figure 3. Individuals (including women, men, and children) newly initiated in care and treatment through ZUIA supported sites, 2015–2019¹

The number of children enrolled in ART annually in ZUIA-supported sites increased from 46 at the start of the project to 55 in 2019. A total of 173 HIV-positive children (0 to 14 years of age) accessed ART through ZUIA’s support. At project inception, ART initiation was guided by CD4 levels, but this changed with the implementation of Treatment for All. This meant that many who did not previously qualify for ART became eligible and the project immediately ensured all eligible were started on ART. This change in guidelines resulted in the highest number of clients initiated on ART in a single year – almost doubling the number initiated in year two.

In total, 27 peer educators and 83 health workers were trained in increasing age appropriate disclosure. Throughout 37 care and treatment sites, 27 peer educators were selected and trained to provide PSS and encourage/promote ART retention. One year ART retention for the April 2017 to March 2018 cohort was at 87% (651/752). The current on ART rose from 1,349 in year one to 3,817 by the end of year five.

Acucat Results

The figures below presents the baseline, midterm and end line ACUCAT scores for each of the supported services.

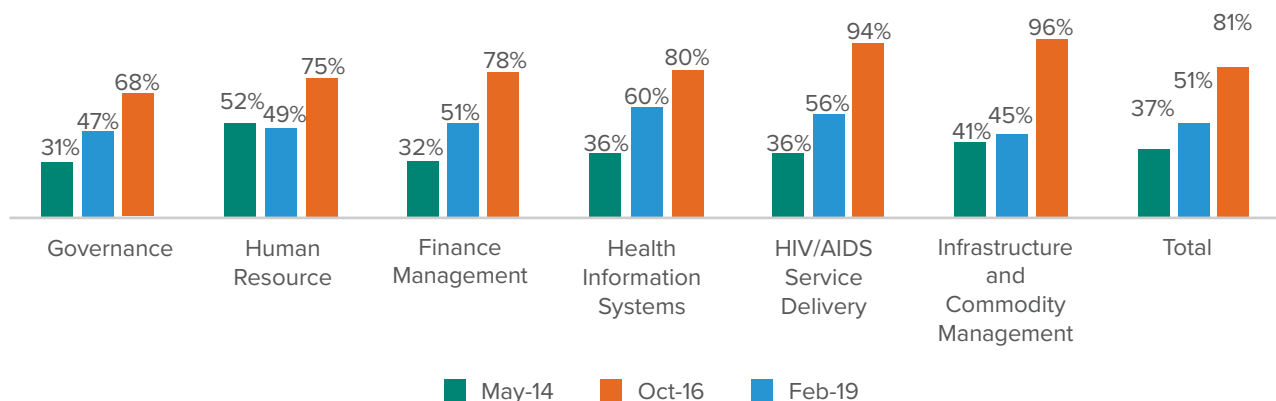


Figure 4. Improved ACUCAT Score for Kenya Police Service ACU, baseline, mid-term and end-line

¹ The decrease in 2018 was due to the rapid increase in ART initiation that was experienced after implementation of revised treatment guidelines, Treatment for All This occurred in year three and hence the lesser numbers in year 4

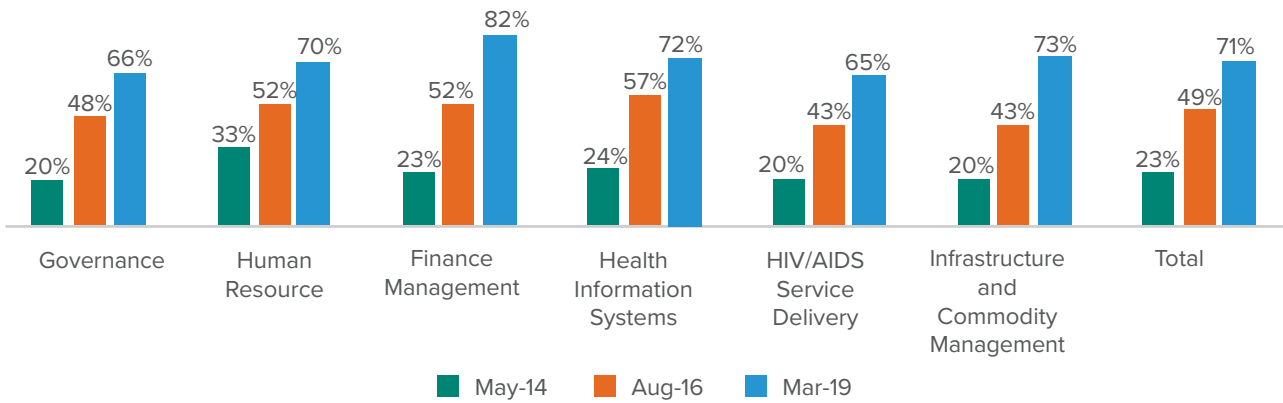


Figure 5. Improved ACUCAT Score for Kenya Forest service ACU, baseline, mid-term and end-line

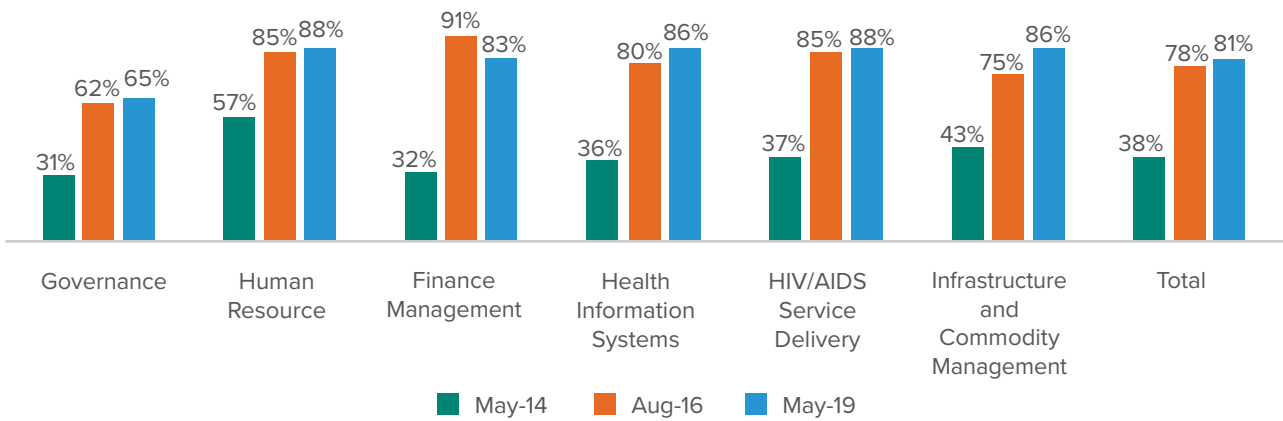


Figure 6. Improved ACUCAT Score for Kenya Administration Police Service, baseline, mid-term and end-line

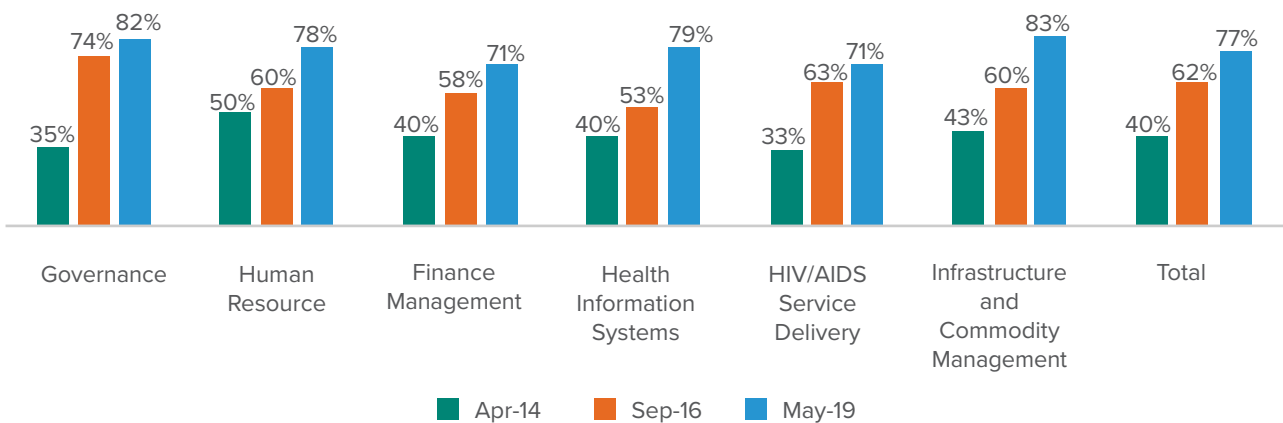


Figure 7. Improved ACUCAT Score for Kenya Wildlife Service, baseline, mid-term and end-line

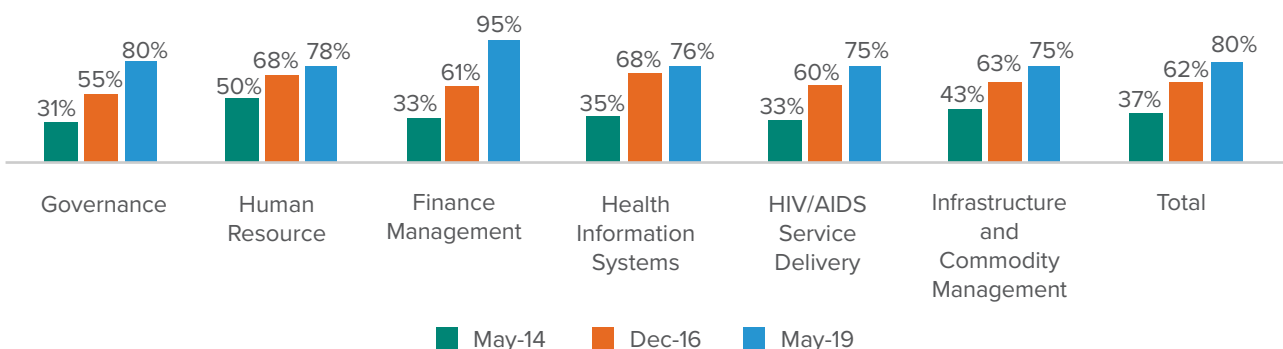


Figure 8. Improved ACUCAT Score for National Youth Service, baseline, mid-term and end-line

Lessons Learned and Future Directions

- Working in concert with the MOH and aligning project goals with the agencies performance contract on HIV and AIDS helped to get buy-in of the agencies top command, which was critical for successful implementation of the project.
- Using a standardized tool to measure performance throughout the entire project and involving the Disciplined Services in the development of the ACUCAT helped to create demand for capacity-building focused on solving specific problems. This eventually helped the ACUs to improve and achieve better scores leading to Maisha certification awards.²
- EBI implementation was an essential component of this intervention, and enabled the project to promote adoption of positive behavior change for prevention and demand-creation for biomedical services such as HIV, TB and STI testing and linkages to care and treatment.
- Properly coordinated task sharing, enabled skills development among staff and solved some human resource for health gaps at service delivery points.
- Introduction of a data quality check at the ACU and sub-ACU levels, with an M&E/HMIS focal person helped to improve the integrity of data and enhance skills for the focal person.
- Cost for delivering services to population is not homogenous. It takes more effort and resources to reach clients in hard-to-reach sparsely populated areas than in densely populated areas.

¹ Maisha Certification System is a National AIDS Control Council (NACC) compliance and accountability mechanism to ensure the implementation of public sector institutions Performance Contract HIV and AIDS prevention indicators targeting their staff (Maisha 1) and thereafter graduate to targeting their clients/community members in addition to staff (Maisha2).

Acknowledgements

The ZUIA Project was made possible through financial support provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) Kenya Cooperative Agreement GH001026.

We would like to acknowledge the valuable and strong leadership of Kenya's Ministry of Health (MOH) and the National AIDS Control Council (NACC), the Disciplined Services ACUs of Kenya Police, Administration Police, Kenya Wildlife Services, Kenya Forestry Services and the National Youth Service, the support of the 23 counties where health facilities were located in which we implemented the HIV and TB services and all the 47 counties where we targeted uniformed officers with prevention services. We also wish to acknowledge Professional Training consultants (PTC) for their partnership in implementing capacity building services especially towards the establishment, reactivation and operationalization of the Disciplined Service ACUs and sub-ACUs.

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ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)

1140 Connecticut Avenue NW, Suite 200
Washington, DC 20036

P +1 202 296 9165

F +1 202 296 9185

WWW.PEDAIDS.ORG
