Elizabeth Glaser
Pediatric AIDS
Foundation

FROM HARDSHIP TO HEALTH:
THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IN TURKANA COUNTY, KENYA


HARAMBEE
TURKANA COUNTY
PAMOJA TUJENGE
GOVERNMENT
KENYANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR
Unitaid
Innovation in Global Health
ViiV
Healthcare

CONTENTS

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ACRONYMS

ART	antiretroviral therapy
CaP TB	Catalyzing Pediatric Tuberculosis Innovations Project
CCC	comprehensive care clinic
CDC	U.S. Centers for Disease Control and Prevention
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FSW	female sex workers
IRC	International Rescue Committee
LCRH	Lodwar County Referral Hospital
MAC	men's adherence club
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child HIV transmission
POC EID	point-of-care early infant HIV diagnosis
SCASCO	sub-county AIDS and STI Control Officer
STI	sexually transmitted infection
TB	tuberculosis
VMMC	voluntary medical male circumcision

FOREWORD

In 2000, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began its work in Kenya as a small, privately funded prevention of mother-to-child HIV transmission (PMTCT) initiative. Today, EGPAF implements one of Kenya's largest HIV and TB prevention, care, and treatment programs. We work in Homabay, Kakamega, Kisumu, Nairobi, Turkana, and West Pokot counties in collaboration with the Ministry of Health (MOH), National AIDS and STI Control Program (NASCOP), National AIDS Control Council (NACC), Ministry of Education (MOE), county governments, and partner organizations.

Our work in Turkana County, which began in 2010, has been particularly challenging and rewarding. Turkana County has unique circumstances that hinder the provision of health services. First is the vastness of the county, which covers 77,000 square kilometers. It is a semi-arid area with little rain, making food security a challenge. The main economic activity is pastoralism, involving populations in constant movement—making whole communities difficult to reach with health services. The poverty levels are high and road infrastructure still underdeveloped, with unreachable areas especially during the rainy seasons. There are few health facilities in this region. In other counties, people walk 5km or less to get to a facility, but in Turkana, people have to walk, on average, 50km to access care.

Within this setting, motivating a population with competing priorities to engage in their health had its challenges. Because food insecurity was at the forefront of these competing priorities, we shaped our programs around addressing this issue simultaneously. We developed livelihood projects including a bakery service, "Bread of Life," managed by women living with HIV; a soap-making company employing people in the refugee community; and a men's adherence club (MAC) to motivate men in health services and family health-seeking behaviors. Since this is a migrant population, we designed

EGPAF ACCOMPLISHMENTS IN TURKANA FROM 2010 TO 2019

Through the CDC-funded Pamoja Project, EGPAF reduced mother-to-child HIV transmission from **18% in 2011 to 7% in 2016**. Since 2016, we have reached **42,069 pregnant women** with PMTCT services, placing nearly **1,000 on ART** to limit HIV transmission to their children.

EGPAF improved and implemented **innovative technology** in most clinic settings in the county.

EGPAF has helped to **test 271,670 individuals for HIV, identifying 1,381 HIV-positive individuals between 2016 and 2019.**

We support **over 4,300 individuals currently on treatment, 79% of whom are virally suppressed.**

Using point-of-care testing technology, we've tested **more than 1,300 HIV-exposed infants for HIV across 28 health facilities,** reduced results turnaround time (from blood sample collection to result received by caregiver) **from 52 days pre-intervention to 1 day post-intervention and linked all the 62 HIV-infected infants to treatment.**

outreach and mobile health programs to ensure health delivery to hard-to-reach populations. We applied innovations, such as point-of-care technology for early infant diagnosis (POC EID) of HIV-exposed infants[1] to bring diagnostic services to a community without laboratory access and to ensure HIV-positive infants had a faster route to lifesaving treatment.

As some of these HIV care and treatment programs transition to national and regional health program implementers, EGPAF will ensure uninterrupted care to the people of Turkana. We are serving communities that are dear to us. All of this work with the individuals of this community—their lives illustrated herewith—has had an indelible mark on who we are as an organization and we are committed to continuing the success of this work through a supportive transition.

As we move toward sustainability, it is important for the county government to continue owning these services. The county still has low antiretroviral therapy (ART) coverage and more work is needed to raise HIV testing and treatment as a priority. Since people living with HIV in Turkana have many challenges beyond health, addressing the health needs requires a comprehensive approach with different partners in agriculture and food security. It means making sure that all stakeholders, including adolescents, are actively involved. Undoubtedly the support from the national and county government sectors will continue and grow and we look forward to seeing this good work furthered under such supportive leaders.

We could not achieve these things without the support from the Turkana County government, which has worked closely with us and other implementing partners. At the national level, we are working with the Ministry of Health in formulating policy to support our work in the county. We would like to also thank our donors—U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Centers for Disease Control and Prevention (CDC), ViiV Healthcare, and Unitaid—that have worked with us, that continue to work with us, and that have helped us progress. We hope to continue to work together until no child has AIDS.

DR. ELIUD MWANGI,

COUNTRY DIRECTOR, EGPAF–KENYA

[1] Untreated HIV-exposed infants face peak mortality risk at just 8–10 weeks of life; ensuring early access to testing and treatment is of the upmost necessity and positioning point-of-care technology in locations where laboratories are not easily accessed is critical to saving children's lives.

A MESSAGE FROM THE TURKANA COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

EGPAF came to Turkana at a time when the HIV prevalence was 7.6%. Working together has seen us reduce the HIV prevalence in the county to 3.2%, and we are very appreciative of the good work we have done together. Political goodwill is enhancing the HIV fight and we're collectively grateful to our governor who encourages people to go and get tested and stay on treatment.

EGPAF has supported PMTCT and voluntary medical male circumcision (VMMC) in our county. Through their sensitization, we have seen men come out in large numbers to be circumcised to prevent HIV. EGPAF has supported the ministry with training and support to 192 staff across our facilities in the county who are working in HIV sites and labs. At the Lodwar County Referral Hospital (LCRH), EGPAF has supported us with lab reagents and staffing.

Another successful project introduced into our county by EGPAF was point-of-care early infant diagnosis (POC EID). Previously, we would take infants' samples for testing to Kericho, but thanks to the POC EID machines brought to three facilities, with POC EID testing offered in 28, in this county, the waiting time for results has been reduced from one month to one day. EGPAF is also supporting TB treatment in the county by providing optimal drugs and supervision. Even when we have outbreaks like cholera, EGPAF has supported us.

Because its leadership has always met with us to discuss our issues, EGPAF and Turkana have come together to agree on how to map the county to optimize service provision and they have been open to work with us. EGPAF has been a great partner and we wish them all the best in their work.

JANE AJELE,

COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

EMPOWERING WOMEN: THE BREAD OF LIFE BAKERY

Lowarengak health facility serves Lowarengak's catchment area—a population of 18,000 people, with 108 clients on HIV care and treatment. In a location with food insecurity, ART uptake and retention will always be problematic since individuals cannot take ART on an empty stomach. EGPAF could not rely solely on a facility-level intervention to improve treatment uptake and viral suppression in Turkana. Nutrition and income-generative opportunities were needed. The bakery started in November 2017 with 56 HIV-positive women who underwent training on making bread. The project then saw a correlation between the bakery and suppression rates among women involved.

Before the concept of the bakery, viral suppression was 32%, but with the establishment of Bread of Life, viral suppression rates have improved to 89.6% among participants. The bakery sells around 90–100 loaves of bread each week to nearby shops and high schools in Lowarengak. So far, profits have enabled the women to provide food for their families and enabled enrollment of three adolescent boys into high school. Nutrition and overall health outcomes have improved among members.

MY CLIENTS ARE VIRALLY SUPPRESSED BECAUSE OF BREAD OF LIFE

“All HIV-positive women engaged in the Bread of Life bakery activities are virally suppressed and they can afford to have two meals a day, something that is vital to keep them healthy,” says Elizabeth Ekuam, the adherence counselor at Lowarengak health facility. “It was very challenging at the beginning of the project. Being a patriarchal society, the women’s husbands were doubtful of the origin of the money their wives were bringing home,” added Ekuam. “We held a meeting with their husbands to explain the bakery project and its benefit to their families. When the husbands understood that additional income was coming to the home to help provide for their families, they accepted it.”

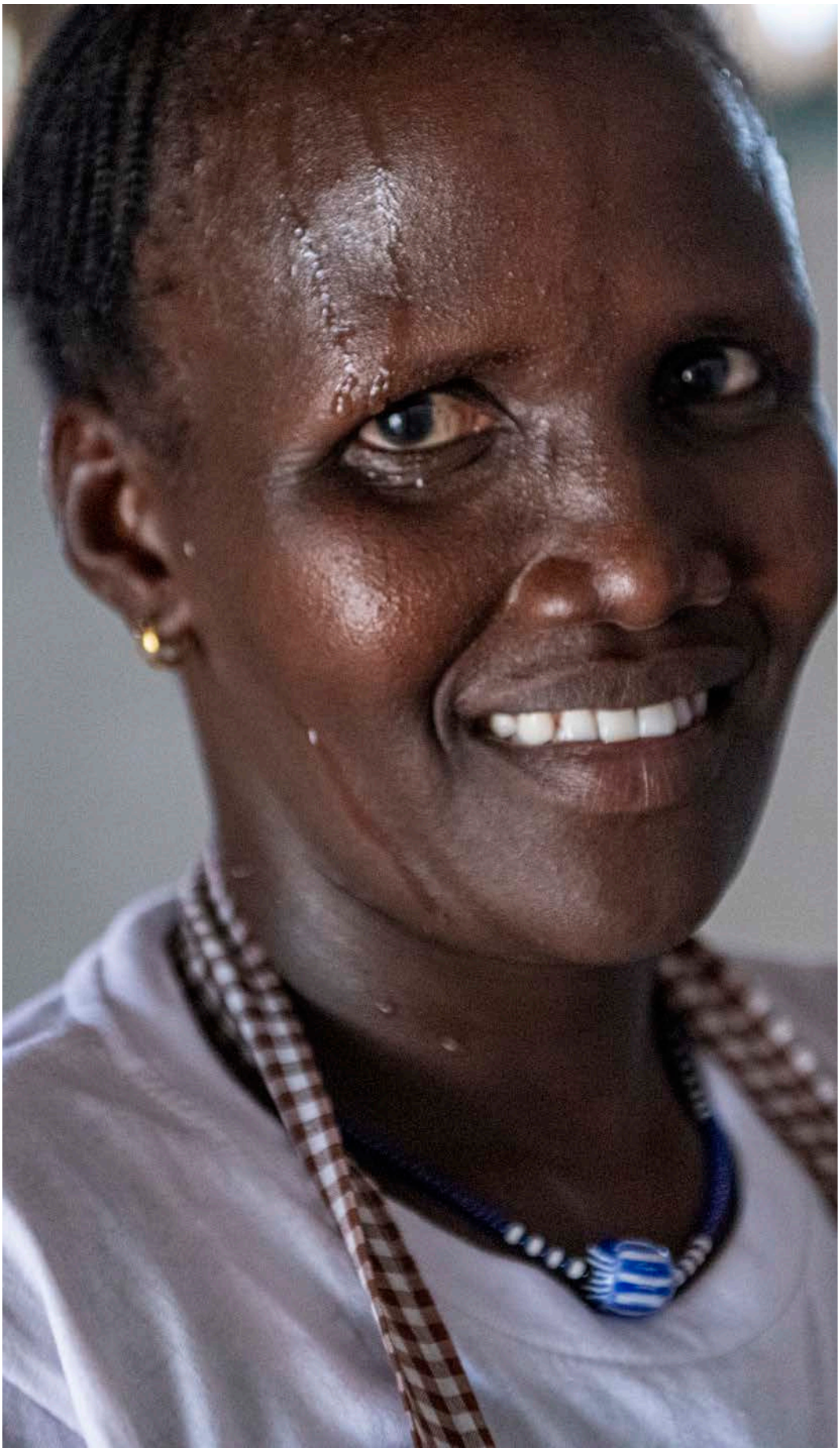
The second hurdle was the community. Stigma is a big issue in this largely conservative community and those living with HIV were shunned. The hospital—in collaboration with the Catholic Church, county government, and EGPAF—held sensitization meetings with the community, and acceptance noticeably improved.

“The bakery has helped improve health outcomes among HIV-positive clients. The 56 members who belong to the bakery are virally suppressed, and stigma, which was very high at the community level, is now low. Our clients are now more open and can mingle freely with other members of the community. The bread they sell in the community is also serving as an advocacy tool to sensitize members of the community about HIV,” says Kipkurui Ng’eno, the sub-county AIDS and STI control officer (SCASCO) for Turkana North.

There has been a ripple effect of the project—even for men living with HIV. Men in this region have had poor health-seeking behavior. This behavior can have dire consequences for those living with HIV. However, with the success of the bakery, men began meeting together to see what businesses they could engage in to earn extra income and sustenance for their families. With the support of the Diocese of Lodwar, the men acquired seed money to begin a fishing business. The connection of the health facility to income generation has led to an improvement in men seeking care and adhering to medication, if needed.

“With the education and livelihood platform, I am seeing a positive change in behavior among all my patients. They no longer drink alcohol and take drugs because they are not idle. They are occupied and happy,” says Ekuam.

EMPOWERING WOMEN: THE BREAD OF LIFE BAKERY



"With the education and livelihood platform, I am seeing a positive change in behavior among all my patients."

REACHING MEN: THE MALE ADHERENCE CLUB (MAC)

“We came up with MAC because accessing health care and adhering to drugs has been a big challenge for men in this county,” says Dr. Mwangi. “So we brought men together and they are now fighting stigma and ensuring their families have access to health care and treatment. We also realized that being a patriarchal community where men make the decisions for their families, there is an added benefit to empowering men like this. This project started in Lokitaung but has spread to other parts of the county.”

AN EXAMPLE ALL MEN COULD EMULATE: YOHANA'S STORY

"I was diagnosed with HIV in 2002. When I got the news, I accepted my status and vowed to listen to the doctor's instructions and take the drugs. I later brought my family for testing and they too were found to be positive. In the initial years, my neighbors shunned my family. They did not want anything to do with us and feared that sharing any item with us would expose them to HIV," says Yohana Losiru, the founder of MAC.

Yohana has lived with the virus for 17 years, and the secret to living positively all this time is adhering to treatment. However, though he lived openly with his status, many men living with HIV in this region of Kenya do not.

"Stigma was an issue; most men were afraid that there would be no confidentiality, so word would spread that they have HIV. I used my own experience to help them see that they can live long and healthy lives," says Yohana.

"The idea of MAC came in 2017," says John Ewoi, the community linkage officer and group patron for the MAC program. "It was noticed that men were defaulting and their retention was low. While women, however, had good health-seeking behavior and would normally attend clinics and live healthier, longer lives. The interesting thing was that Yohana would be the only man attending his appointments on time, and we thought we could maybe empower him as a role model for other men. We trained him as a peer educator and hoped maybe he would bring other men in to the clinic."

"When I was approached to start the group, I started with 15 men but today we are at 24 members," says Yohana. "There were some men who were discriminatory and were not open to coming to the clinic so I used my life experience to convince them to join the club. The other issue was nutrition; the men had problems taking the drugs without food. That is how we thought about doing business," adds Yohana. MAC started a goat farming business. Men have various roles within this business and they use the money to support one another and their business.

The men chose the goat selling and butchery business because meat was in high demand in Lokitaung; and it was an opportunity to earn extra income for their families. This business has also supported MAC men, driven participation in MAC, and helped the community embrace people living with HIV. By buying meat from the men, the community overcomes stigma as people learn that HIV is not a death sentence.

AN EXAMPLE ALL MEN COULD EMULATE: YOHANA'S STORY

"Joining MAC is voluntary, but six months into the club, all the 15 men were virally suppressed. Seeing that the club had such positive health outcomes on the men involved, we challenged them to go out and reach out to other men. They meet once a month where they have their clinic, get their drugs and hold a psychosocial support meeting," explains Ewoi.

"I am very happy that I can bring these men together and they look up to me as a role model. But what is important to me is that they remain faithful to the treatment and listen to the doctors' instructions because that is what has kept me alive and well," says Yohana.

"It is like a miracle seeing men attending clinic today because when I was posted here in 2015, they would not attend. If I leave here, I know I have left the men well," concludes John.

AN EXAMPLE ALL MEN COULD EMULATE: YOHANA'S STORY

“I am very happy that I can bring these men together and they look up to me as a role model. But what is important to me is that they remain faithful to the treatment and listen to the doctors’ instructions because that is what has kept me alive and well.”

I WILL NOT LET THE VIRUS AFFECT ME

"When I disclosed my status to my wife, Irene, she did not believe me at first. It was not until we got tested together at the hospital that she believed me. She tested negative and—despite the fact that I was positive—she still stayed with me because *her blood had agreed with me* [the local way of saying that she was in love]," says Joseph Lobuin, a 42-year-old man living with HIV.

"I decided that I will not let the virus affect me," says Joseph.

"The doctors felt that I could be a role model to other men because I was faithful in adhering to drugs and my overall health was good and that is how I became a peer educator. But it was MAC that changed everything for me," narrates Joseph.

Irene met Joseph in Kachoda and it was love at first sight for her. "I chose to disclose to her because I wanted to be honest from the onset. It was part of what we learned at MAC," says Joseph.

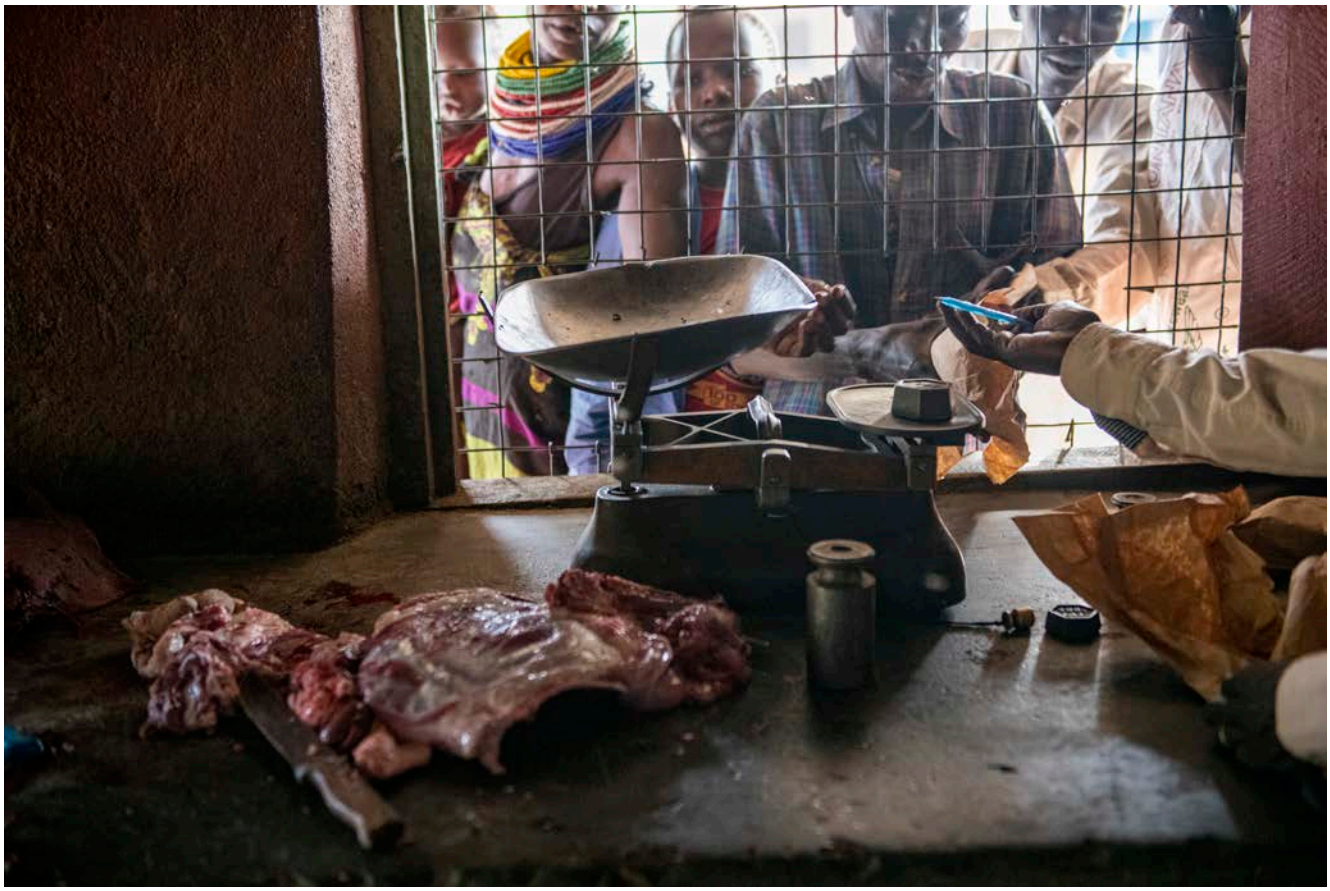
"I knew that there could be a risk of my children getting HIV," says Irene, "but that fear was dispelled by the doctors who told me that I needed to give birth in the hospital, and ensure the children are tested and kept on treatment for the first 18 months so they do not acquire the virus."

"For me, it was not a difficult decision to make. I loved him and did not want to spend my life with someone else. So I stayed with him. We got some lessons from the doctor on how to live together, and my children and I are HIV-free. We agreed that this relationship is until death do us part," says Irene.

The male adherence club began as a psychosocial support group for men living with HIV where they take up eight commitments to live by. Some of the commitments include overcoming stigma, disclosing to family members, avoiding drug and alcohol abuse, and engaging in an income-generating activity to support nutrition needs.

Today, Joseph acts as the treasurer for the club. "I handle the money for goat buying and the proceeds from slaughtering," says Joseph. "The money we have is kept in a safety box at the health facility. I keep records of our money and we meet monthly to agree on what to do with it. We have 15,000 shillings in savings," says Joseph.

I WILL NOT LET THE VIRUS AFFECT ME



"I chose to disclose to her because I wanted to be honest from the onset. It was part of what we learned at MAC."


Salit

ADHERING TOGETHER: THE SOAP BUSINESS THAT IS DOING MORE THAN JUST MAKING SOAP

There have long been challenges with viral suppression and adherence to ART among the HIV-positive persons living in Kakuma area. With counseling from Kakuma Mission Hospital and financial and capacity-building support from EGPAF's Nakinae Akiyar project, a group of 36 individuals living with HIV embarked on a livelihood project, one that would boost household income within an arid setting where crops and livestock are difficult to maintain. Soap is in high demand, and land ownership isn't required. With EGPAF support, five individuals were trained on soap making and a room in the hospital was made available to make the soaps. For every 100 Kenyan shillings invested in materials, the soap-makers would earn 200 shillings selling the soap to members of the community. It increased household income of those invested and created greater access to food, education, and health care.

MY CHILD IS HIV-FREE THANKS TO JOINING THIS GROUP

“I was sick all the time and would spend my days sleeping under a tree, too weak to do anything,” says Esther. “When I gathered the courage to go to hospital, they found that I was HIV-positive and had TB. My viral load was very high. The doctor advised me to stick to the medication, and for three months, I prayed that things would get better because my body was wasting away. At the end of the three months, my body regained its shape. At that time, I also had to take the TB medications and got a porridge supplement to help me take the drugs. After eight months, I was TB free and my viral load was suppressed.”

Esther got pregnant in 2017 and was worried that she would infect her child. Esther joined an adherence group during one of her antenatal clinic visits. An EGPAF employee was giving a group talk at one adherence group meeting and explained an idea for a business that clients could engage to earn income for their families. Esther joined this business and began training on soap making soon after.

“The soap project is helpful to us. When you come to pick your soap, even if it is 10 liters, you can sell it out there and one can earn at least 500 shillings from sales. Women like us are the breadwinners, and now my children are enrolled in school because of this project. We are learning about business, but also about our health, and we are growing together,” adds Esther.

Now the project is looking for additional raw material to make variants of the soap to help expand its business.

Soap making has boosted retention at the clinic setting. Since the soap making happens within the hospital, clients visit the facility on a near daily basis to either produce and pack the soap or to buy the soap. All 52 clients currently purchase and sell the soap. At these meetings, health workers are able to educate clients on important topics such as adherence, suppression, and healthy meals; update clients on their viral load results; and encourage clients to ensure all family members are tested.

Now the project is looking for additional raw material to make variants of the soap to help expand its business.

Clients like Esther are accessing economic support, nutrition, and HIV and general health services in one place. Retention has improved from 75% (January 2018) to 83% (January 2020). Esther has been able to maintain her health and nutrition, while being able to afford her family greater opportunities.

MY CHILD IS HIV-FREE THANKS TO JOINING THIS GROUP


KENY

MY CHILD IS HIV-FREE THANKS TO JOINING THIS GROUP


Salit

MY CHILD IS HIV-FREE THANKS TO JOINING THIS GROUP

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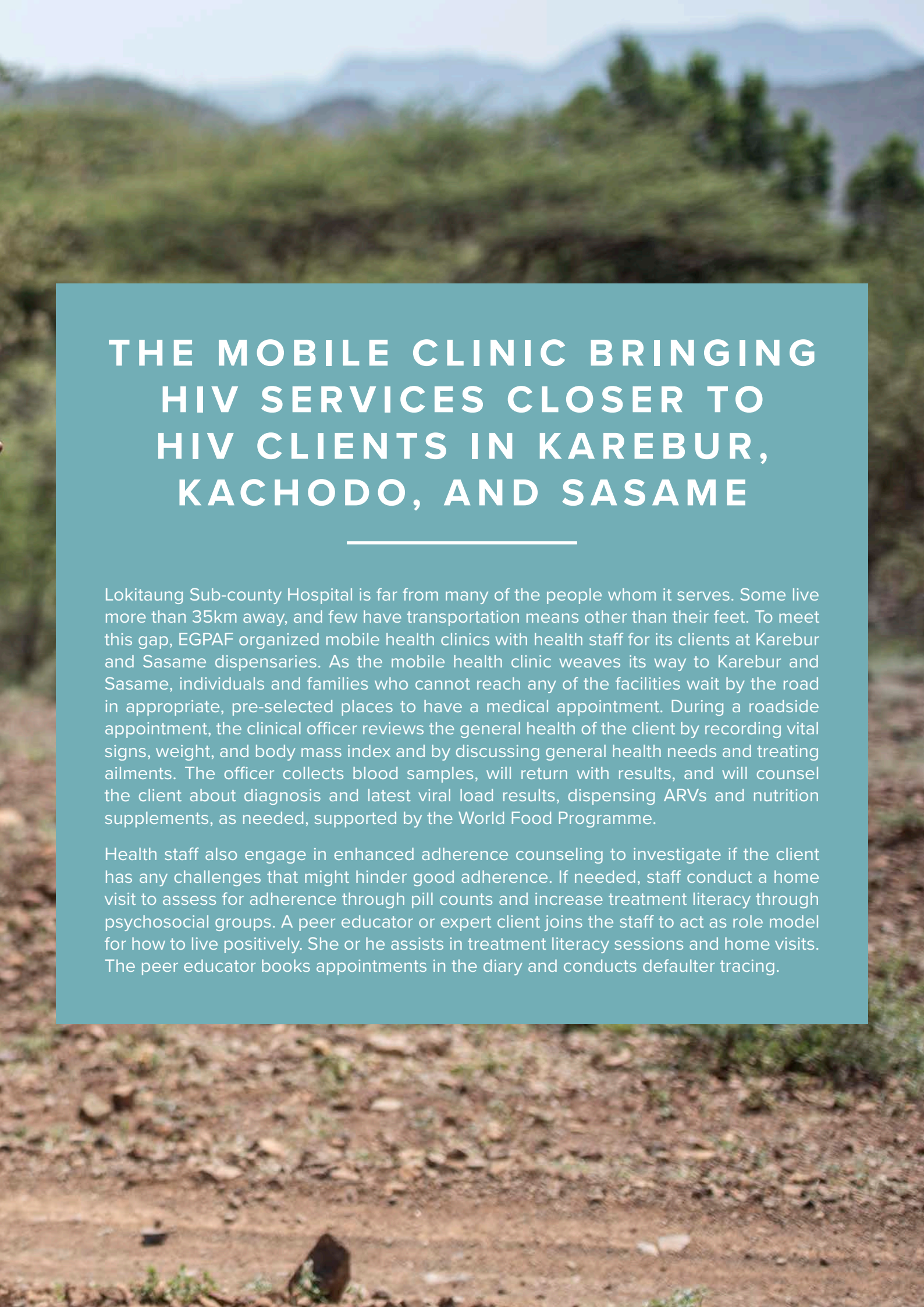

THE MOBILE CLINIC BRINGING HIV SERVICES CLOSER TO HIV CLIENTS IN KAREBUR, KACHODO, AND SASAME

Lokitaung Sub-county Hospital is far from many of the people whom it serves. Some live more than 35km away, and few have transportation means other than their feet. To meet this gap, EGPAF organized mobile health clinics with health staff for its clients at Karebur and Sasame dispensaries. As the mobile health clinic weaves its way to Karebur and Sasame, individuals and families who cannot reach any of the facilities wait by the road in appropriate, pre-selected places to have a medical appointment. During a roadside appointment, the clinical officer reviews the general health of the client by recording vital signs, weight, and body mass index and by discussing general health needs and treating ailments. The officer collects blood samples, will return with results, and will counsel the client about diagnosis and latest viral load results, dispensing ARVs and nutrition supplements, as needed, supported by the World Food Programme.

Health staff also engage in enhanced adherence counseling to investigate if the client has any challenges that might hinder good adherence. If needed, staff conduct a home visit to assess for adherence through pill counts and increase treatment literacy through psychosocial groups. A peer educator or expert client joins the staff to act as role model for how to live positively. She or he assists in treatment literacy sessions and home visits. The peer educator books appointments in the diary and conducts defaulter tracing.


VÉTÉRINAIRES
SANS FRONTIÈRES GERMANY
9323

MY FAMILY WOULD NOT SURVIVE IF THIS CLINIC DID NOT BRING SERVICES TO SASAME

"I found out that I had HIV after my wife was admitted to the hospital to deliver our baby," says Alex Ekutan. "The doctor there tested her for HIV as per Ministry of Health PMTCT guidelines; her result turned positive and she was started on ART. I was initially shocked but decided to accept the status since I had a wife and newborn to take care of. I remained strong for her."

Giving birth at the facility allowed the baby to be closely monitored and given infant prophylaxis. The next challenge, however, was to maintain a lifelong commitment to ART, making clinic appointments and taking monthly ART to ensure their own health as recommended.

Alex and his family lived in a rural town linked by a long stretch of road to a larger village where the health facility was located. This road was traversed by community members headed into town to pick up food and supplies. Because they were traversing with money, the roadway became prime territory for robbers. "The distance between Sasame and Lokitaung is 35km. Because we have no available transport, we had to walk for two days to get to the facility. With an infant, wife, and a route laden with criminals, the journey was treacherous, but we made the trips," says Alex.

More and more members of his community were being stopped and robbed as they traveled on foot to Lokitaung. Many of those who needed the lifesaving treatment stopped making the trip and defaulted on ARVs. With low viral suppression, those members began contracting opportunistic infections.

In response, EGPAF started the community outreach model to reach people like Alex who lived too far away from the health facility.

"The clinic comes here once a month, and we are able to all meet as a group, get our medications, and discuss our problems with the doctors. We learn about adhering to the drugs and how to keep opportunistic infections at bay. Because of this model, all the members of my group, except one, are virally suppressed," says Alex. Alex has volunteered to become a peer educator in his community through EGPAF's support and mobile outreach. He organizes and facilitates monthly meetings and is responsible for ensuring that all community members living with HIV attend these meeting. He has a personal stake in the health of his community.

"If this outreach did not come here, we would really suffer. I am grateful to EGPAF for bringing this service here," says Alex.


TOYOTA LAND CRUISER
Elizabeth Glaser
Pediatric AIDS
Foundation
Until no child has AIDS

MY FAMILY WOULD NOT SURVIVE IF THIS CLINIC DID NOT BRING SERVICES TO SASAME


Isoniazid Tablets
BP 300 mg


MOH

MY FAMILY WOULD NOT SURVIVE IF THIS CLINIC DID NOT BRING SERVICES TO SASAME


UNHCR
The UN Refugee Agency
HARAMBEE
TURKANA COUNTY GOVERNMENT
KAKUMA REFUGEE CAMP
Turkana West Sub County, Kenya
Special thanks to our donors

HIV SERVICES IN A REFUGEE CAMP

Turkana County is home to a growing population of refugees. High in the north near the Sudanese border, political unrest on the other side of the border has brought a number of displaced individuals to this region. EGPAF started its partnership with International Rescue Committee (IRC) in 2014 to support refugee communities. Currently, EGPAF supports all HIV and TB services in the Kakuma refugee camp, including PMTCT and programs to identify and treat people living with HIV and AIDS, including key populations programs.

“Working at Kakuma refugee camp is unique because it has a very diverse population,” says Michael Abukuse, technical advisor for care and treatment, PMTCT, and TB for the EGPAF Turkana programs. “The camp is vast, with an area of 12km, so the distances between villages [within the camp] and the main hospital where we offer services are huge. Identifying people with HIV is a challenge because of lost family ties. We also have a challenge retaining refugees living with HIV in care because of the frequent repatriation and cross-border movement. Furthermore, we have a high burden of TB because of overcrowding within the refugee settlement.”

Through the Timiza90 project, EGPAF used a sub-grant mechanism with IRC to engage different types of staff—HIV testing providers, clinical officers, nurses, adherence counselors, data clerks, and peer educators—to support refugees living with HIV. In these five years of support, viral suppression has improved from 50% to 75% among served refugees. The project has seen an improvement in retention through implementation of differentiated service delivery techniques, wherein we ensure that clients who have remained active on treatment are self-motivated to adhere for longer intervals between drug refills and wellness checks. Those who need a bit more support to adhere to medication are given the counseling and adherence support needed. EGPAF is also implementing a family model of care through which members of a family are seen as a group to improve familial psychosocial support.


empowered

WORKING WITH REFUGEES FROM DIFFERENT NATIONALITIES WAS A MAJOR ADJUSTMENT

Besides the language barrier, working with refugees has the additional challenge of needing to address intense stress disorders related to the conflict that the individuals have fled. Jane Odinga, the community linkage officer at Kakuma Mission Hospital, had to learn to be aware of this when interacting with her clients.

“With the refugee community, you need to treat each one as an individual and never be judgmental,” explains Jane “In some cases, you may find somebody so harsh, while others tend to be so quiet. They sort of withdraw. But until you learn from them, and put yourself in their shoes, you will have a hard time reaching them. So when I am interacting with a refugee, I am patient and allow them to do what they need to do to deal with their traumas,” says Jane.

The main challenge of working in the camp is stigma. The different nationalities hold different misconceptions about HIV, so Jane and her team carry out continuous health sensitization sessions to dispel the myths so they can look at HIV as any other illness.

Jane has a wide area to cover besides the camp but makes a point to visit her clients three times a week before going to other camps. Some parts of the camp are very far and she has to use a motorbike to reach them; however, with support from EGPAF to facilitate her transport within the refugee camp, Jane is able to make her rounds. She also gets help from the Prevention with Positives (PWP) volunteers.

“The peer educators help me with the language barriers and also have more contact with clients because they live with them and can check on them more frequently than I can. Also, using someone who is living with HIV who speaks their language has a huge impact in terms of support,” says Jane.

WORKING WITH REFUGEES FROM DIFFERENT NATIONALITIES WAS A MAJOR ADJUSTMENT


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NGA
MKA


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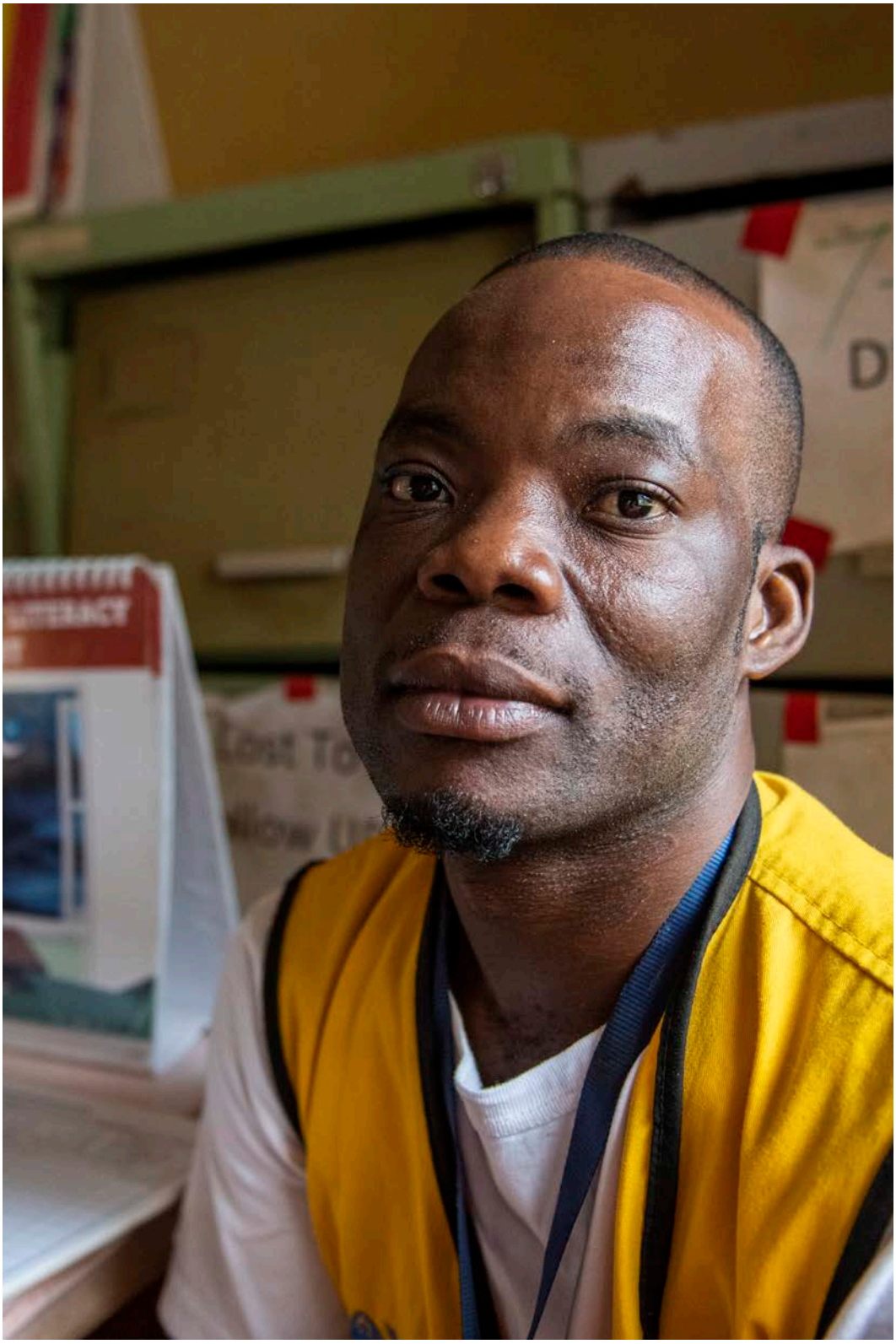
THE PEER COUNSELOR FROM CONGO

Freddy Kabwe came to the Kakuma refugee camp in 2013 from the Democratic Republic of Congo (DRC). He fled the country under the threat of violence. Freddy learned about his HIV-positive status while still in DRC, and he attributes his pursuit to remain healthy to the counseling received from the comprehensive care clinic (CCC) at the Kakuma refugee camp. At Kakuma refugee camp, he works as a Prevention with Positives (PWP) volunteer.

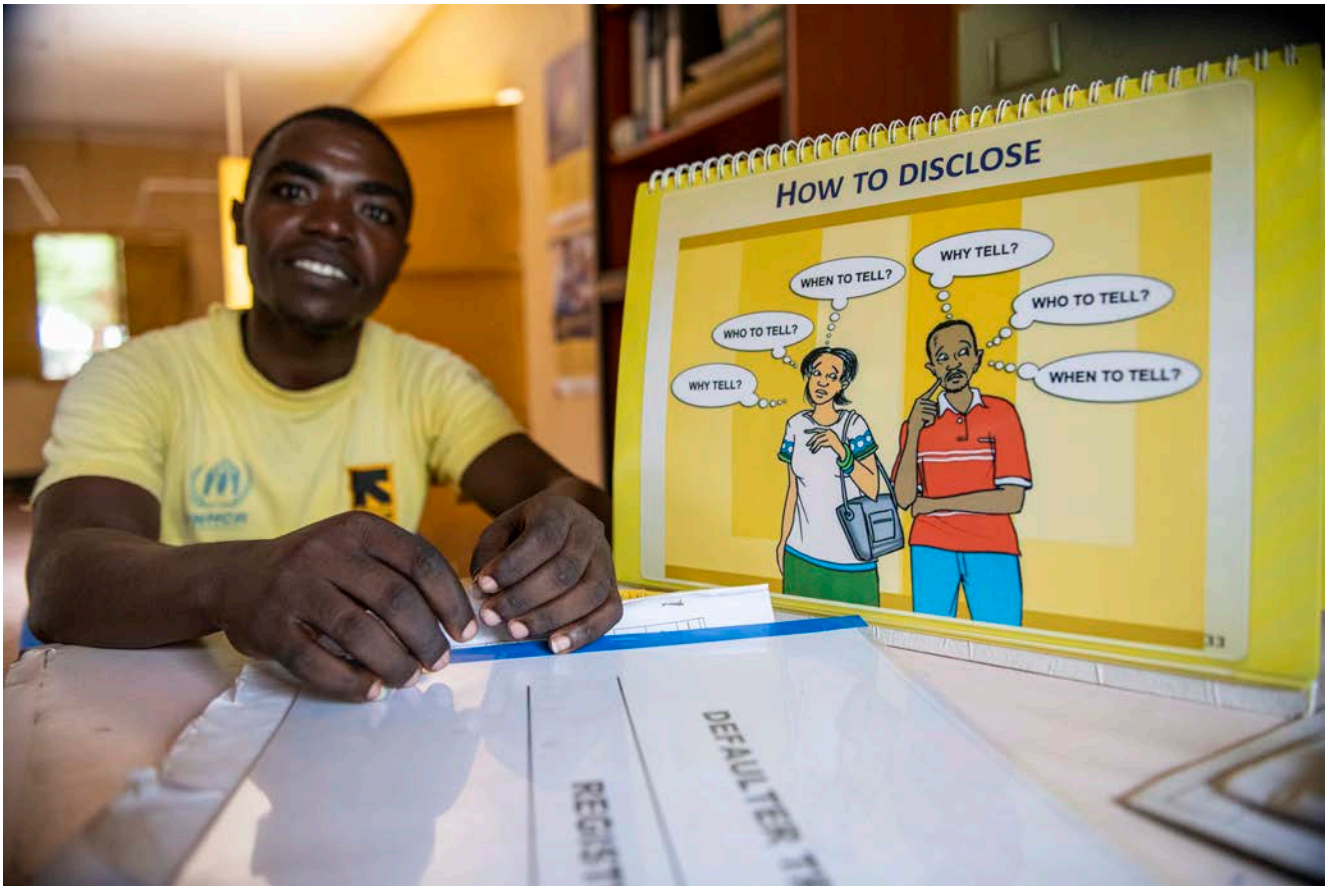
“I have two roles; the first is to meet new clients who are from Congo or speak in a language close to my native tribe and act as their translator,” explains Freddy. “Such clients are more at ease with someone like them and feel free to disclose to me. The other role is to work in my community, following up with these new clients to ensure that they are adhering to their medication. I also follow up with defaulters—with those who have missed their appointments and with those who are having many sexual partners or are abusing alcohol—to bring them back on track.”

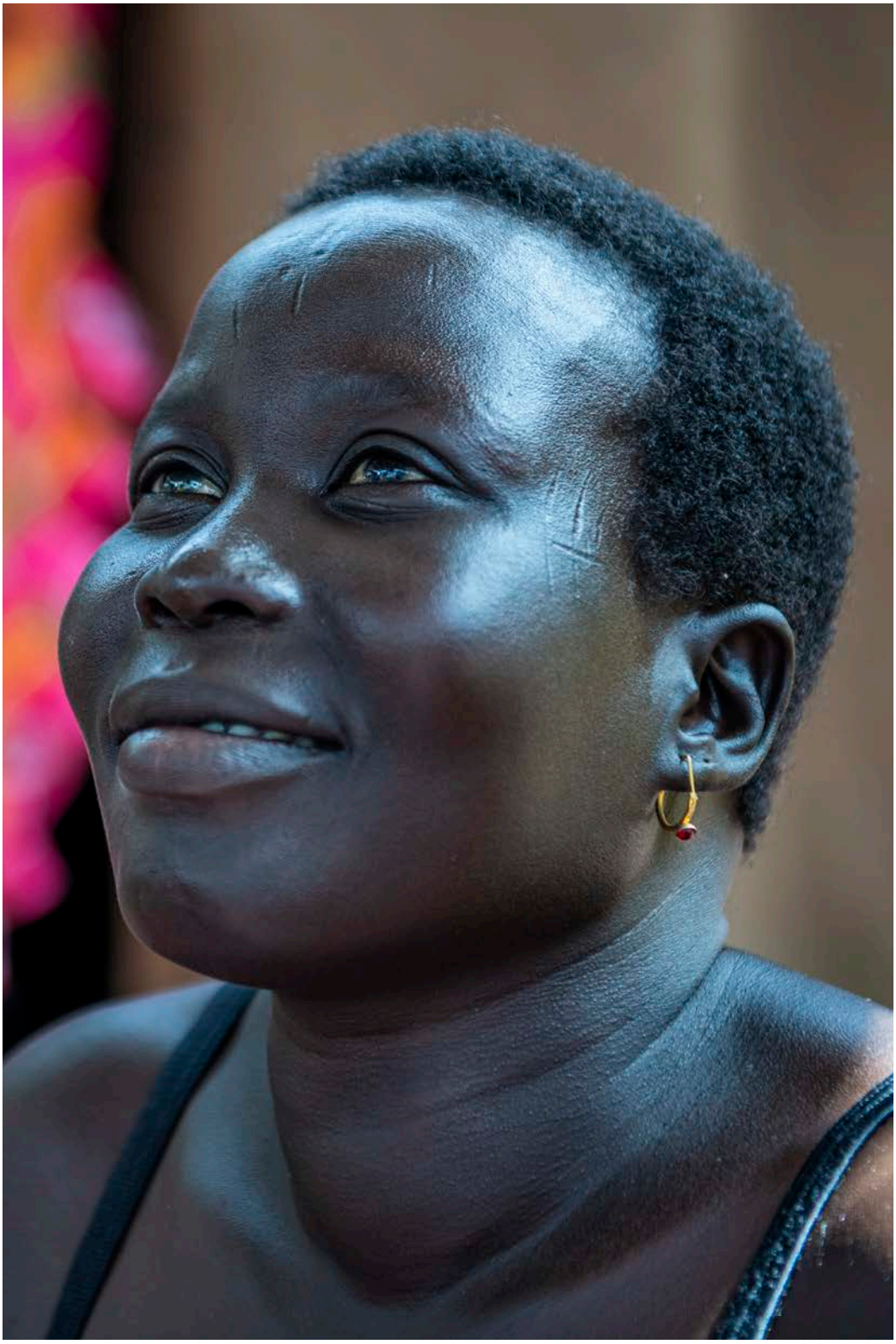
While in the community, Freddy visits his clients as a friend—without uniform or paperwork. Sometimes they even make dates to meet somewhere away from the homes, it is all about what is most comfortable for them.

“This work makes me happy because I have the passion and skill to help people,” says Freddy. “I love volunteer work and helping the vulnerable, brokenhearted people in the community. However, there are challenges, especially when it comes to nutrition. We also depend on donors and sometimes the aid is scarce. The HIV medication can be found and accessed from various points but the major issue is lack of sufficient food.” Most of the people in the IRC camp are dependent on rations supplied by the World Food Programme. However, the amount and diversity of food is limited and changes depending upon available supplies.



THE PEER COUNSELOR FROM CONGO





HELPING WOMEN FROM SUDAN LIVE POSITIVELY WITH HIV

When her community in Sudan was touched by war in 1995, Rebecca Ayeny fled to Kenya. She was 13 years old. When peace was restored, Rebecca returned to Sudan. However, when the war in Darfur broke out in 2003, she fled back to Kenya at that time with her husband and two sons.

Then another tragedy struck.

“My husband was hospitalized here in Kakuma, and it was at this time that we were tested and found to be HIV-positive,” says Rebecca. “By this time, the HIV was too advanced, and he died.” Rebecca was tested, too, and was diagnosed with HIV. Fortunately, her two sons were found to be HIV-free.

Years later, Rebecca remarried. She became pregnant again and adhering to her medication, would go on to give birth to two more HIV-negative children. She is now nursing a newborn daughter, Alakira, as she reveals how she now uses her experience to talk to other women living with the virus as a peer counselor.

“I usually tell them that the medication will prolong their lives if they take it as advised. Provided they take their medication as prescribed, then they will live long. Whatever the doctor advocates in the hospital, we also transfer it here in the community,” she adds.

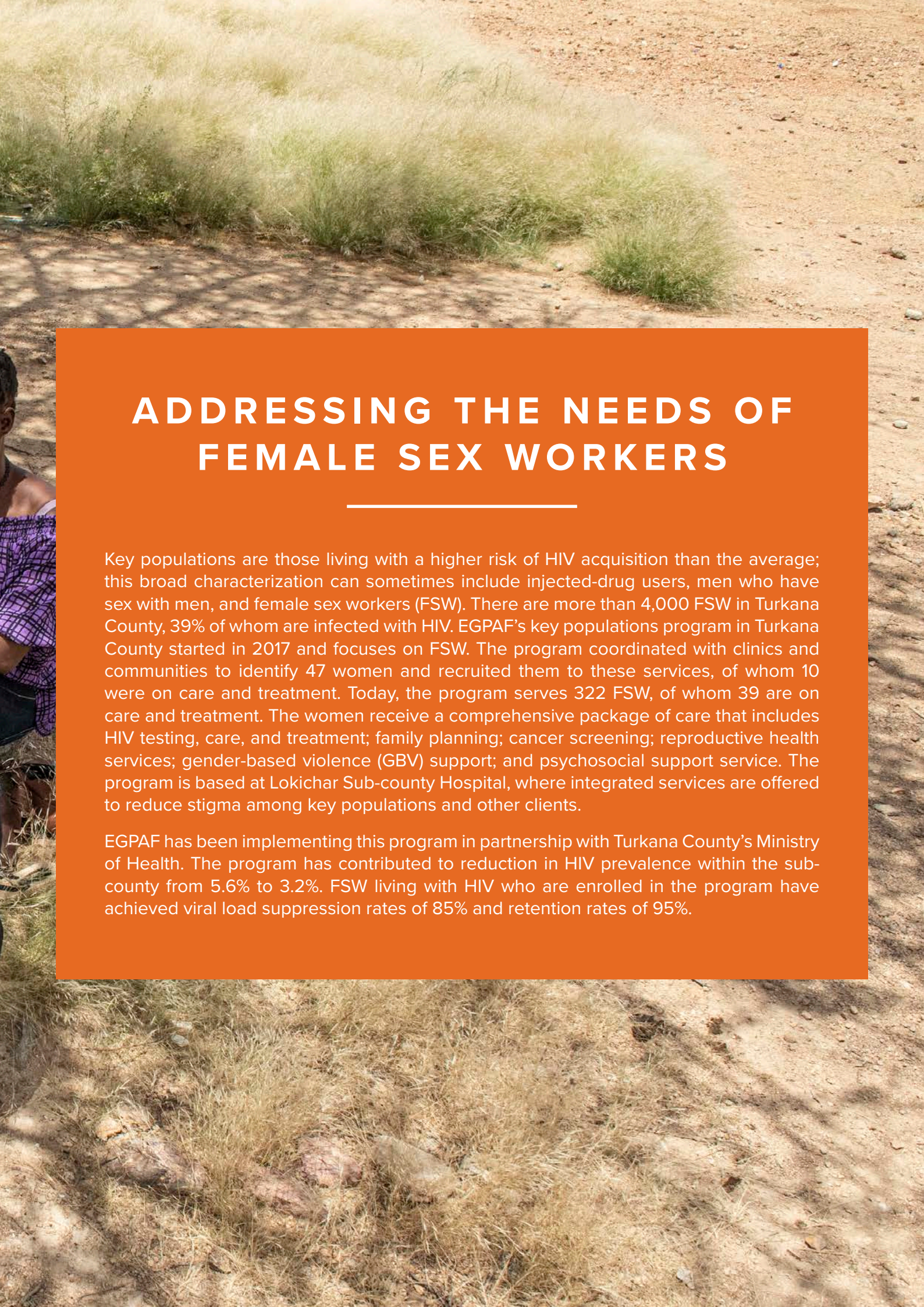
“My husband and I are regularly checked on by the PWP who ensures that we are still adhering to our drugs. When I am sick, the PWP helps me get help. And during those times when I feel down or lack the energy to visit the hospital, they help me,” says Rebecca.

“I want to continue living a long life. I get my medication, I am getting a lot of information and this helps me to stay healthy,” she adds.

The United Nations and the government of Kenya are working on an integration project where refugees living in Kakuma will be provided some land adjacent to the camp to make their permanent home. This will help residents like Rebecca, who are unsure of how much HIV support she will receive in South Sudan. While Rebecca endured challenges in her journey with HIV, her engagement with EGPAF opened a door to help many women like her to accept their status and ensure they get HIV-free children.

“I want to continue living a long life. I get my medication, I am getting a lot of information and this helps me to stay healthy.”


83
Jimmy John's



ADDRESSING THE NEEDS OF FEMALE SEX WORKERS

Key populations are those living with a higher risk of HIV acquisition than the average; this broad characterization can sometimes include injected-drug users, men who have sex with men, and female sex workers (FSW). There are more than 4,000 FSW in Turkana County, 39% of whom are infected with HIV. EGPAF's key populations program in Turkana County started in 2017 and focuses on FSW. The program coordinated with clinics and communities to identify 47 women and recruited them to these services, of whom 10 were on care and treatment. Today, the program serves 322 FSW, of whom 39 are on care and treatment. The women receive a comprehensive package of care that includes HIV testing, care, and treatment; family planning; cancer screening; reproductive health services; gender-based violence (GBV) support; and psychosocial support service. The program is based at Lokichar Sub-county Hospital, where integrated services are offered to reduce stigma among key populations and other clients.

EGPAF has been implementing this program in partnership with Turkana County's Ministry of Health. The program has contributed to reduction in HIV prevalence within the sub-county from 5.6% to 3.2%. FSW living with HIV who are enrolled in the program have achieved viral load suppression rates of 85% and retention rates of 95%.

I AM ADHERING TO MY ARVS THANKS TO THIS PROJECT

“I work with sex workers who are HIV-positive,” says Celina Maraka, a female sex worker in Lokichar, Turkana South. “I follow up with them personally and ensure they come to the clinic for treatment. I educate them on safe sex and adhering to their antiretroviral medication. I also follow up with those who [miss their appointments] or are not taking their drugs.”

Celina became a sex worker after her husband died, and her family needed an income. Celina’s health began to decline soon after. She became weak and developed lesions all over her body. After she tested positive for HIV, Celina discovered that her children are also living with HIV. The key populations program at Lokichar Sub-county Hospital brought her and her family back to health through HIV services and support.

“I learned about condoms, so I do not get STIs. I also learned about adhering to antiretroviral therapy from this program. I feel healthy because the medications have helped me suppress my HIV. Before this project, I lived a risky life. I had unprotected sex, and I was drinking too much,” says Celina. “It took a toll on my health. I was unable to take care of my children.

“Where this program has brought me from, I can no longer fathom. I am so grateful to EGPAF, to whoever has made this program possible. You have boosted us. I am healthy, my kids are well, and I am now an empowered peer educator. With this education and treatment I feel like I am not sick because my viral load is low,” concludes Celina.


sure
sure
sure

I AM ADHERING TO MY ARVS THANKS TO THIS PROJECT


Jimmy

I KNOW MY RIGHTS AS A SEX WORKER, THANKS TO THIS PROGRAM

“Through the gender-based violence program, I have learned that I have rights as a sex worker and that I can report cases of violence to authorities. It has also helped me to be open as a sex worker and how to negotiate condom use,” says Isabella Cherobon.

“I was having unprotected sex. When I would get condom bursts, I was always hopeless about what to do, not knowing that I could come to the clinic here at Lokichar and get treatment (post-exposure prophylaxis or PEP),” she adds. “I was also screened for cancer; and I had never been screened all my life.” She continued, “I have decided not to have any more children and family planning services offered here have helped fulfil that wish. There are so many things I have learned from this program and I hope it continues to empower us about our health and rights,” says Isabella.

“The younger women often hide and do not want to be seen working in this field. I always advise them to be open about their life because when they are open, they can be helped, especially with issues of violence and STIs. I also educate them about the program and try to bring them to the health facility to learn more,” concludes Isabella.

I KNOW MY RIGHTS AS A SEX WORKER, THANKS TO THIS PROGRAM


TEAR HERE
SELF-TEST
sure
LUBRICATED CONDOMS
GOK NOT FOR SALE
GOVERNMENT OF KENYA

WORKING WITH LAW ENFORCEMENT TO PROMOTE THE RIGHTS OF FSW

The Kenya Police Service in Lokichar Sub-county has been working with EGPAF and the Lokichar Hospital to ensure the safety of FSW.

Key populations frequently experience GBV, which not only violates their human rights, but increases their risk of being infected with HIV. GBV often acts as a barrier to access of HIV services. In Turkana, like elsewhere, FSW face risks of physical assault, sexual assault, and harassment.

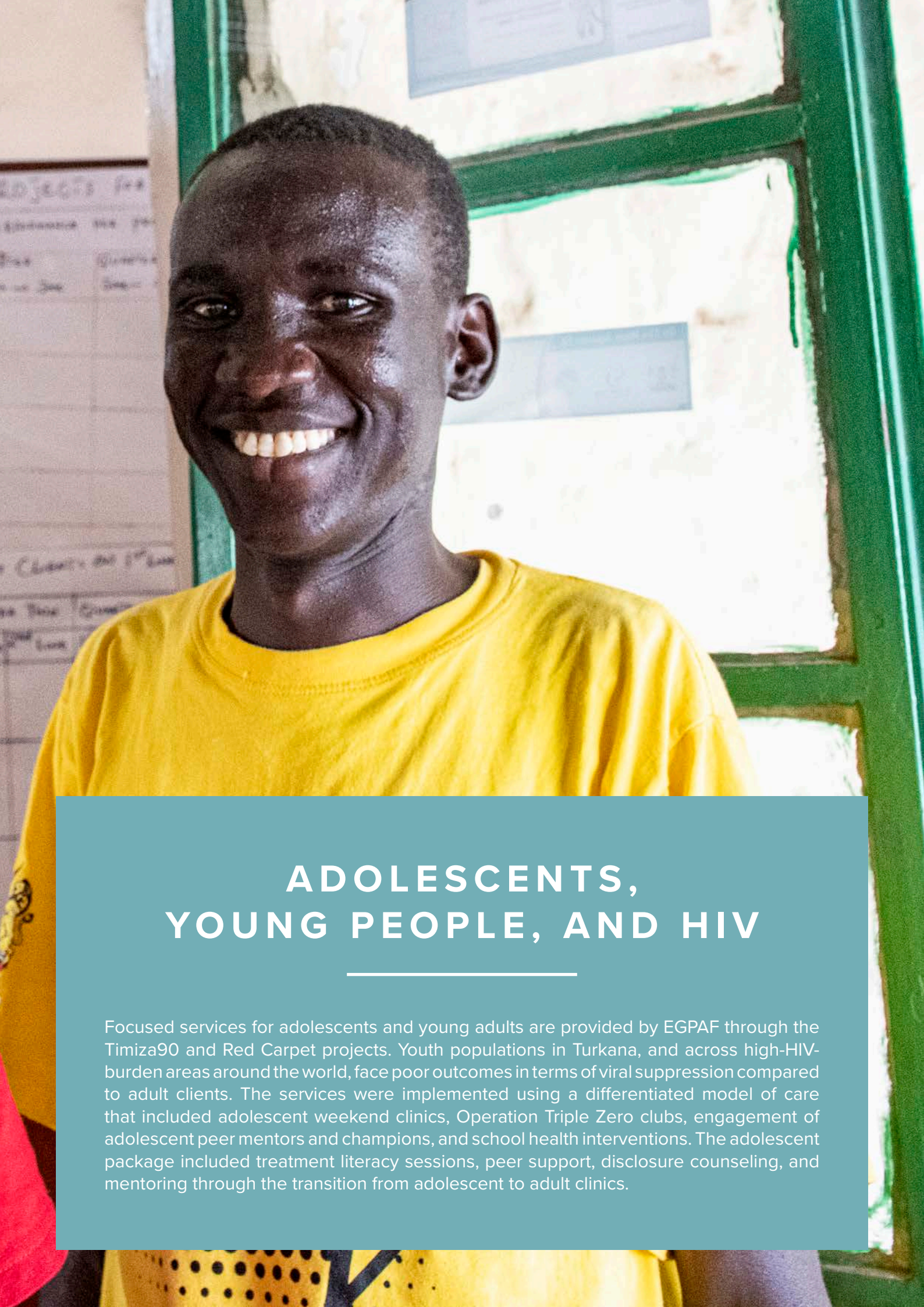
“When we get complaints, we record them in the occurrence book and carry out investigations,” says William Adenyo, the deputy police commander for Turkana South. “For those who need treatment, we refer them to the hospital. However, the cases are few because sex workers fear the police, and in most cases want to resolve the issues outside of the system. This is the misconception that we are working to address—because as the police, we have the mandate to protect all people.”

“There are several procedures that sex workers can follow if they have a problem. If someone is harassed by a police officer, they can report the case to someone more senior in the force. But what is needed is more workshops where we can sensitize FSW on the law and their rights,” adds Mr. Adenyo.

EGPAF’s response to this has been to develop a Violence Prevention Program. This program involves working with law enforcers (police, chiefs, sub-chiefs) to conduct sensitization meetings and trainings, as well as one-on-one meetings, to advocate for ways that key populations can work within the law and be supported by it. EGPAF also stations violence champions at female sex worker hotspots. The violence champions report all cases of violence to the police and conduct appropriate referrals for the victims.


W. O. ADENYO
KENYA POLICE


EDTA



ADOLESCENTS, YOUNG PEOPLE, AND HIV

Focused services for adolescents and young adults are provided by EGPAF through the Timiza90 and Red Carpet projects. Youth populations in Turkana, and across high-HIV-burden areas around the world, face poor outcomes in terms of viral suppression compared to adult clients. The services were implemented using a differentiated model of care that included adolescent weekend clinics, Operation Triple Zero clubs, engagement of adolescent peer mentors and champions, and school health interventions. The adolescent package included treatment literacy sessions, peer support, disclosure counseling, and mentoring through the transition from adolescent to adult clinics.

DAVID KERIO

“I remember taking the medications since I was a child and, at the time, I never understood why,” begins 21-year-old David Kerio. “I grew up with my grandmother; I never knew my father, all they told me is that he came from another community. My mother also died when I was young, so my grandmother raised me. Growing up, I questioned my existence and often would default on ART.”

The journey of living with HIV was very tumultuous for David. No one explained to him what the drugs he was taking were for, so he concluded they were all hiding something from him and he would refuse to take them. Things took a further toll in high school when an opportunistic infection took hold.

“When I went to the hospital, they found I had TB and was defaulted on ART. At this time, I was introduced to EGPAF officers who disclosed my status, helped me accept it, and adhere to ART. They have been valuable mentors on this journey. I have never fallen back since then,” says David.

David has attended several EGPAF trainings and is now a peer educator at the Lodwar County Referral Hospital. “As a peer educator, I give them advice and counsel them on the importance of adhering to their medication. For those that default on their medication, I follow up with them personally at their homes. Most times, those clients who miss appointments are still not comfortable opening up about their status, so I usually find a way of making them my friends so they can be free enough to open up about their challenges,” says David.

“Early in my HIV journey, I would hide behind the crowd. Today, I am able to speak about the issues adolescents and young people face at meetings. I have felt empowered. EGPAF has also allowed me to do some work at the hospital, which keeps me busy when I am not in college. At this job, I am always learning new things,” explains David.

After school, David hopes he can continue working in the HIV space and particularly with young people in vulnerable situations because he knows what it is like growing up with HIV in a vulnerable household.

His advice to other young people living with HIV: “Tomorrow begins today. A bright tomorrow begins with you adhering to your medications; with adherence, you can accomplish your goals.”

DAVID KERIO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GLADYS ASIYEN

“I would get sick now and then when I was in primary school but I did not know what ailed me,” says Gladys Asiyen, a 20-year-old college student living with HIV. “Things got worse when I joined high school in 2012. One day, I was so sick that I was rushed to a private hospital, but they did not test me for HIV. The sickness persisted so I was taken to the public hospital by my mother; there I was tested, and it was discovered that I have HIV.”

“I was 14 years old then and had an idea of what HIV was but needed to understand more. I had questions about how I got it, which my mother explained, but she also told me that I needed to take my medication or I’ll die. I was afraid of death, so I accepted my status and began taking my drugs.”

However, the journey to viral suppression was not easy. Gladys would miss her evening medication timing because of the commute from school and this spiked her viral load. Instead of always getting a negative report from the doctor, Gladys decided to disclose to someone at the school so she could leave school early and get home in time to take her medication at 6 p.m. The teacher she disclosed to was understanding and allowed her to go home early.

Besides the medication, the psychosocial support group for adolescents and young people organized by EGPAF also helped her stay positive. The group mentored her, helped her learn about HIV, and taught her how to live healthily. Gladys is now an adolescent champion for the EGPAF Red Carpet Program, which focuses on identifying, linking, and retaining adolescents and young people on care. She uses her experience to help others stay positive.

“I recall mentoring one girl in 2017 who had just completed high school and was still coming to terms with her status. She was not adhering to the drugs. I told her that HIV is not a death sentence and no one should discriminate against her because she has HIV. She is now taking her drugs and is virally suppressed,” says Gladys.

Gladys has also learned to be open about her status at home and in school so that it does not interfere with her medication times. She has one message to other young people living with HIV: “I just want to tell them to take their drugs and to take life easy and to open up to people they trust.”

GLADYS ASIYEN

FILGONA KAYORE, A TEACHER MAKING AN IMPACT

"Previously, we did not know how to handle or assist HIV-positive girls," says Filgona Kayore, a teacher at Lodwar Girls Primary School. "But after the training with EGPAF in 2018, I came back to the school and sensitized other teachers. I also had a meeting with the head teacher to discuss how we could take care of our pupils living with HIV.

"The head teacher advised me to start a health club, but not to call it an HIV club, as it would stigmatize the girls. Therefore, we started a club that recruited 40 girls, including those living with HIV. Two other teachers run the club to ensure more teacher-led support. In the club, we talk about a range of health issues and this provided a safe space for the girls to open up to me or the other teachers."

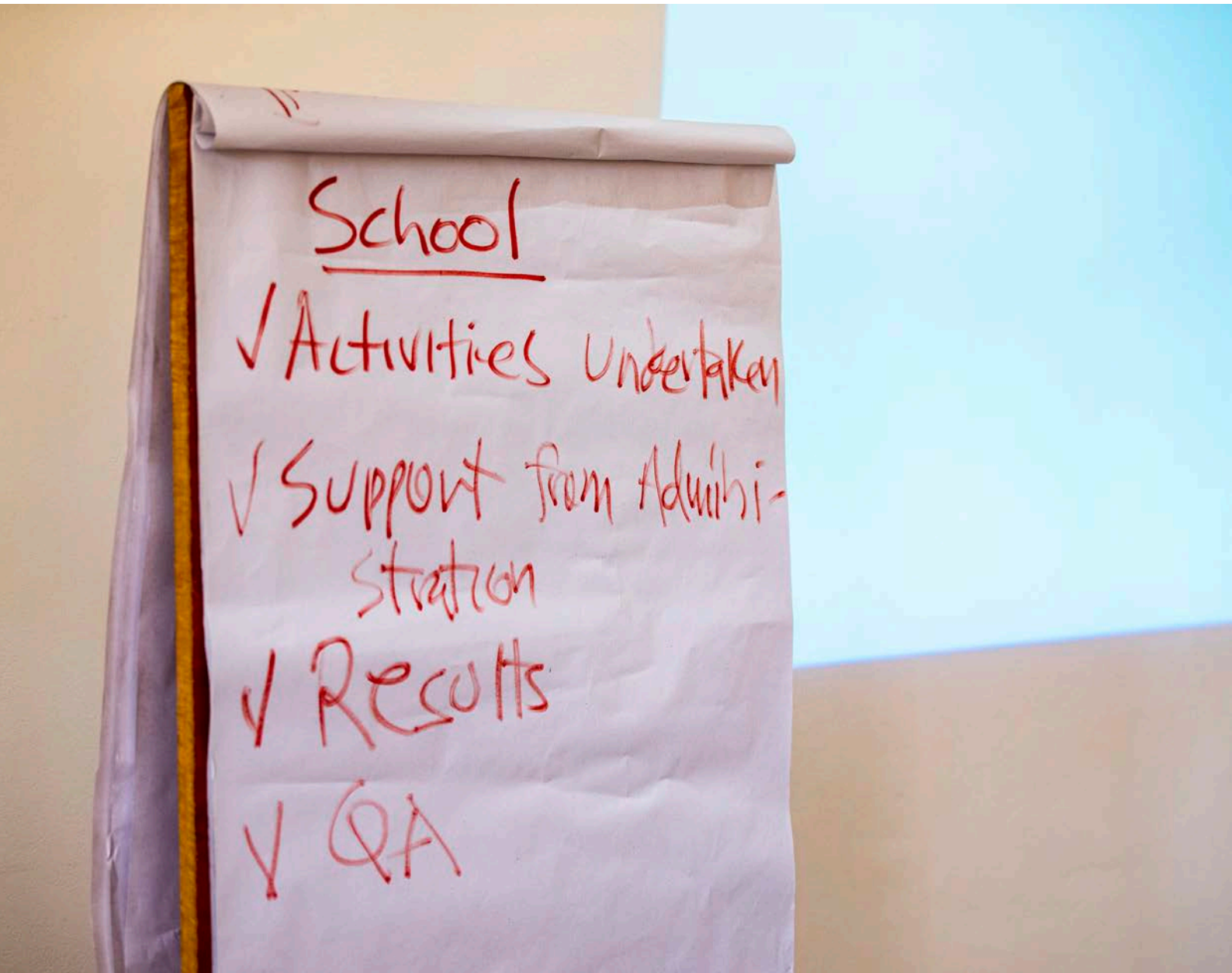
Filgona now has six girls in her care. She supervises their drug intake, nutrition, and monthly visits to the health facility. Since the club only has 40 members, Filgona also ensures that the entire school, with a population of 1,500 students, also benefits from the health talks by holding motivational talks from invited guests. That way, those not in the club still have an avenue to come join a session and open up to her, if needed.

"We still encounter stigma from their parents who are not willing to open up to us about their children's status. They normally tell us during reporting day that the child has TB." Due to stigma-related fears, parents will rarely disclose an HIV status but will indicate a need for medication management with an opportunistic infection, such as TB.

"[Sometimes] we find out from the children themselves when they have to go for their clinic appointments. We are hoping to address this by having more parent-teacher meetings where we can sensitize the parents to be open about their children's health because without us knowing, it is difficult to help their children live a normal life within the school," adds Filgona.

"For us, the point is that the girls find someone that they can trust so that we can monitor their care, because at the end of the day, we all have the goal of ensuring that the girls adhere to the drugs to stay healthy," says Filgona.

What has made this program successful at Lodwar Girls Primary School is the health club and the fact that students with HIV have been given the space to take their drugs in privacy, as well as do their clinic appointments without judgment. Filgona's sensitization meetings for the other teachers have also helped create a stigma-free environment for those living with HIV in the school.


School
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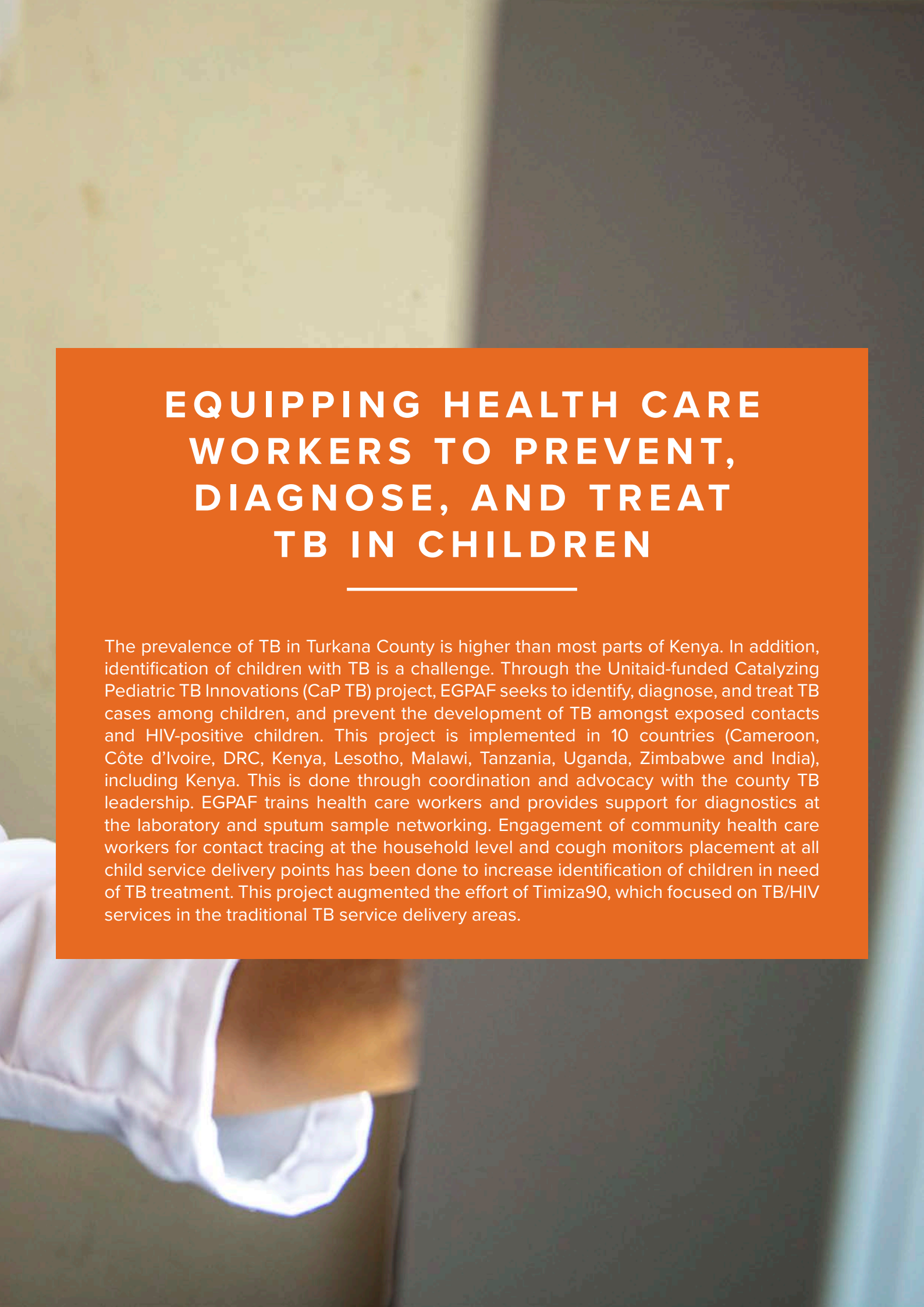


EQUIPPING HEALTH CARE WORKERS TO PREVENT, DIAGNOSE, AND TREAT TB IN CHILDREN

The prevalence of TB in Turkana County is higher than most parts of Kenya. In addition, identification of children with TB is a challenge. Through the Unitaid-funded Catalyzing Pediatric TB Innovations (CaP TB) project, EGPAF seeks to identify, diagnose, and treat TB cases among children, and prevent the development of TB amongst exposed contacts and HIV-positive children. This project is implemented in 10 countries (Cameroon, Côte d'Ivoire, DRC, Kenya, Lesotho, Malawi, Tanzania, Uganda, Zimbabwe and India), including Kenya. This is done through coordination and advocacy with the county TB leadership. EGPAF trains health care workers and provides support for diagnostics at the laboratory and sputum sample networking. Engagement of community health care workers for contact tracing at the household level and cough monitors placement at all child service delivery points has been done to increase identification of children in need of TB treatment. This project augmented the effort of Timiza90, which focused on TB/HIV services in the traditional TB service delivery areas.

SAVING YOUNG LIVES THROUGH TB DETECTION

“Identifying children with TB is very important, and yet very difficult,” says John Kiong’a, the clinical officer in charge and TB lead at LCRH. “Not only are children—by having a developing immune system—vulnerable to contracting TB, but they also lack an ability to cough up enough of a sample to properly diagnose TB. They are thus at higher risk of developing the disease, while at the same time being at higher risk to be misdiagnosed. This is why the CaP TB project is vital in increasing the number of children being diagnosed with TB and initiated on treatment.”

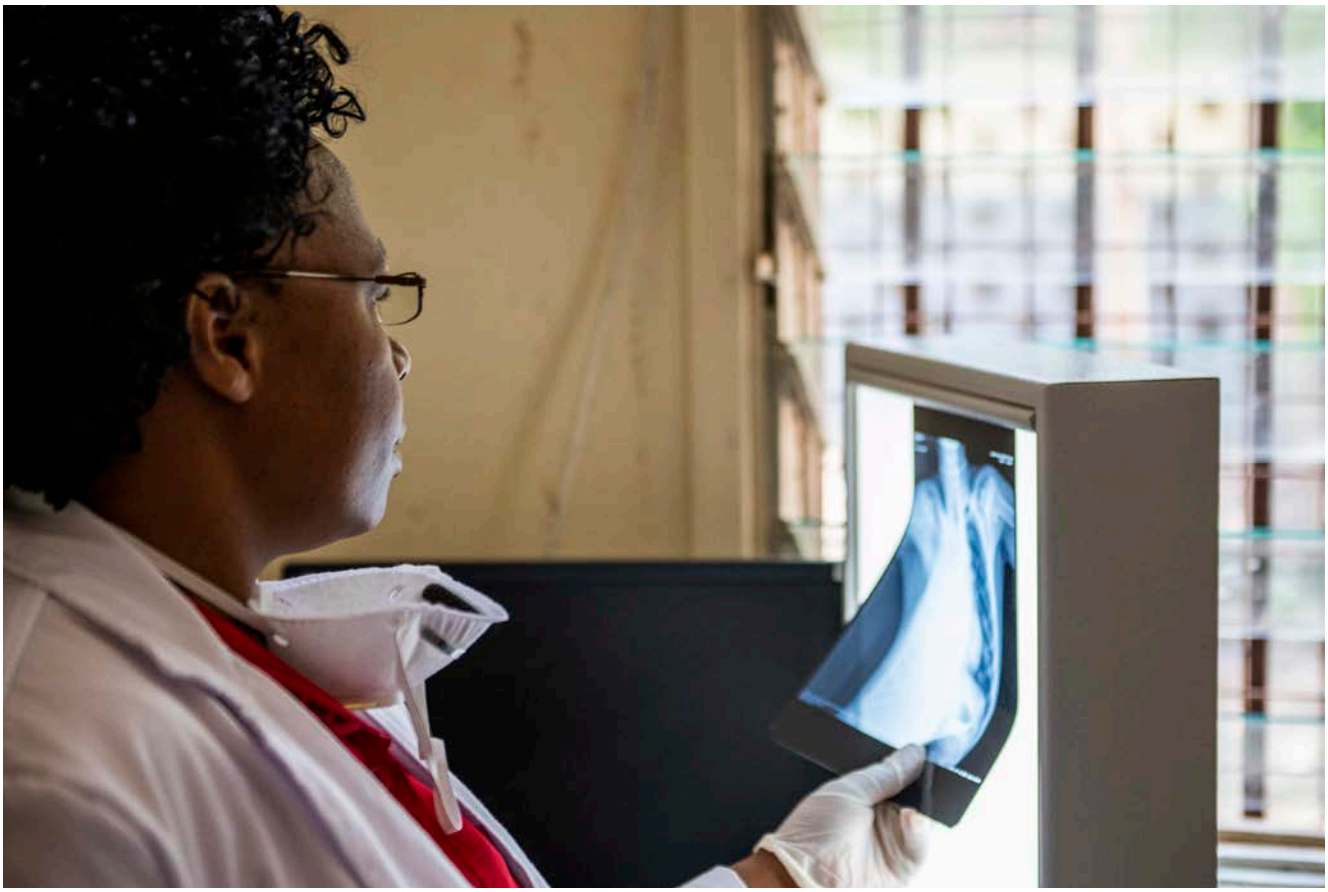
The referral hospital is one of the nine health facilities in Turkana county implementing this project aimed at increasing diagnosis, prevention, and treatment of TB in children. Through this project, each clinic equipped its intake center with cough monitors—all children who come to the hospital are screened, regardless of what they come for, and the children who have symptoms are referred to clinicians for further diagnosis.

Without this first point of contact, many asymptomatic, but TB-infected, children would be missed. The intervention also includes training of clinicians to increase their knowledge on diagnosing and treating TB in children. As most children can’t cough sputum properly, clinicians are trained on collecting samples via gastric lavage—which leads to facilitating TB diagnosis in children. Further, CaP TB advocates for national use of new-to-market pediatric TB treatment formulations, more palatable and effective in children.

“Through this program, we have been able to screen more clients, save more lives, and initiate children and their family relations on treatment,” continues Kiong’a. “Some of them are asymptomatic, and we are able to start these patients on treatment early, before the disease takes over, and save more lives than we would have actually lost due to un- or misdiagnosis.”


PATIENTS' RIGHTS

SAVING YOUNG LIVES THROUGH TB DETECTION



“Some of them are asymptomatic, and we are able to start these patients on treatment early, before the disease takes over, and save more lives than we would have actually lost due to un- or misdiagnosis.”

CASTING THE NET WIDE IN TB SCREENING THROUGH CONTACT TRACING

“Today we are visiting a household in Kalawase Township in the outskirts of Lodwar to screen the family for TB,” explains Abraham Napuu, a community health volunteer and peer educator with the CaP TB project.

“The matriarch of the home tested positive for TB at the hospital and when we identify a patient with TB, we need to go to their homes and screen their family members because they too could be infected with the disease. If we find a child who is less than 5 years old in the home and tests positive for TB, we usually give them prevention medication known as isoniazid prevention therapy. If we find an adult infected with TB, we enroll them for TB treatment, as well.”

This process of tracing patients to their homes is known as index contact tracing and involves, as the name suggests, tracking the home of patient zero to ensure all family members are screened for TB. This method has proven successful in tracing children with TB because caregivers often confuse their illness for a cough from a common cold. The community health volunteer will also use this opportunity at the home to sensitize the caregivers about TB and how to identify the symptoms and engage in prevention methods (proper ventilation, frequent handwashing, and screening).

“We deliver health talks in the community, in the health facilities, and at any service delivery points such as a TB clinic, HIV clinic, outpatient department, pediatric ward, and nutrition clinic,” adds Hillary Kuchal, the community linkage officer. “We also ensure that if there are defaulters who initiated on treatment, but didn’t show up for their next appointments, we trace them back to take their medication for retention adherence. This interaction between the community and the different departments within the health facility is proving successful because without this contact tracing, we would be missing out on children aged 14 and younger.”

“CaP TB has brought a bridge to the deficit where our systems have been challenged because of lack of capacity and funding,” says John Kiong’a, the clinical officer in charge at Lodwar County Referral Hospital (LCRH). “We have actually given young people a chance to live because we have been able to diagnose them early, putting them on treatment early, thereby saving lives.”

LAB-STRENGTHENING SERVICES

Reinvigorating medical laboratories has been one of the top priorities for EGPAF in Turkana County. EGPAF collaborated with LCRH to enroll the laboratory department in the Strengthening Laboratory Management Toward Accreditation (SLMTA) process. The process was meant to reinvigorate the laboratory system to more effectively support people living with HIV and all individuals with accurate, reliable, and timely diagnostic results for rapid intervention.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STRENGTHENING LABORATORY MANAGEMENT TOWARD ACCREDITATION

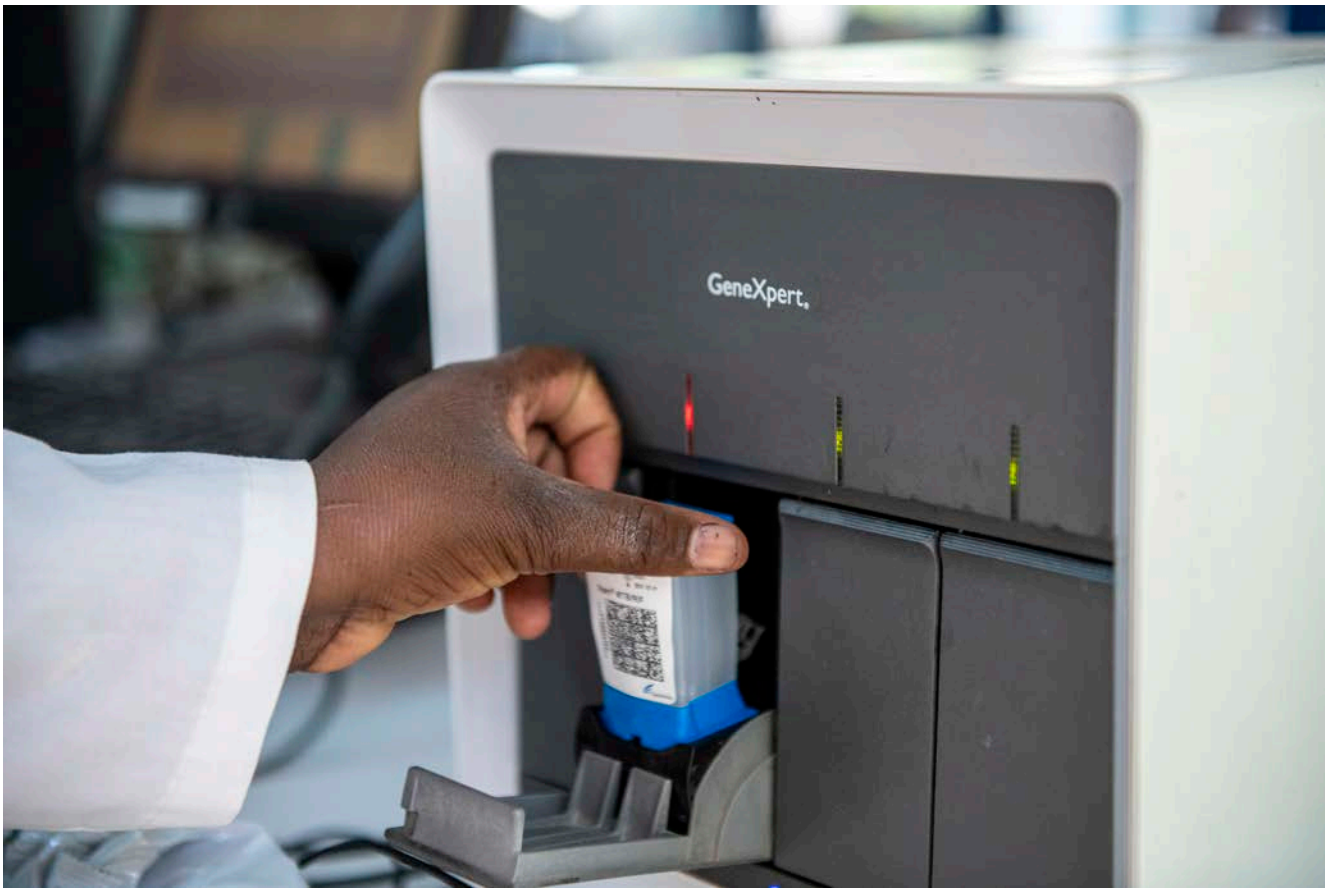
“This lab acts as a hub processing samples that cannot be processed in other facilities within Turkana,” says Simon Leting, the laboratory manager at LCRH. “After running the samples, we have a system of sending a report back to the facility from where the samples came, and EGPAF supports sample transport reimbursement. The clinician is also notified via telephone, thus reducing the turnaround time.

“EGPAF has provided more qualified medical lab staff, ensuring the workload is lighter across the lab, and we now have more qualified staff. This has resulted in further reduction of the turnaround time for patient results. All officers here have been mentored on quality improvements, developing standard operating procedures. We have also used documented outcomes to improve the quality of services we provide,” says Leting.

Beyond this, trainings supported by EGPAF towards strengthening laboratory management have enabled the lab to achieve national accreditation. Much of the laboratory equipment is serviced by EGPAF, ensuring that all laboratory activities continue uninterrupted. “EGPAF also assisted us to establish a backup lab for sample referral in the case that LCRH lab is not able to process some tests. This is also a requirement for accreditation.”

Previously, samples for early infant HIV diagnosis were sent to the testing hub in Kericho and it took months for the results to reach clinicians and their clients. In response, and with Unitaid funding and support, EGPAF rolled out POC early infant diagnosis (EID) technology (mPima) at LCRH, Kakuma Mission Hospital, and Katilu Sub-county Hospital. The technology represented a paradigm shift, reducing turnaround time from months to under 24 hours.

“EGPAF has supported not only me but other staff to attend and present in various conferences, trainings, workshops, and other laboratory-related programs both within and outside the country,” says James Maragia, the Turkana County medical laboratory coordinator. “The continuous support has galvanized our leadership prowess with an aim of achieving results and maintaining high-quality services despite the obstacles we face.”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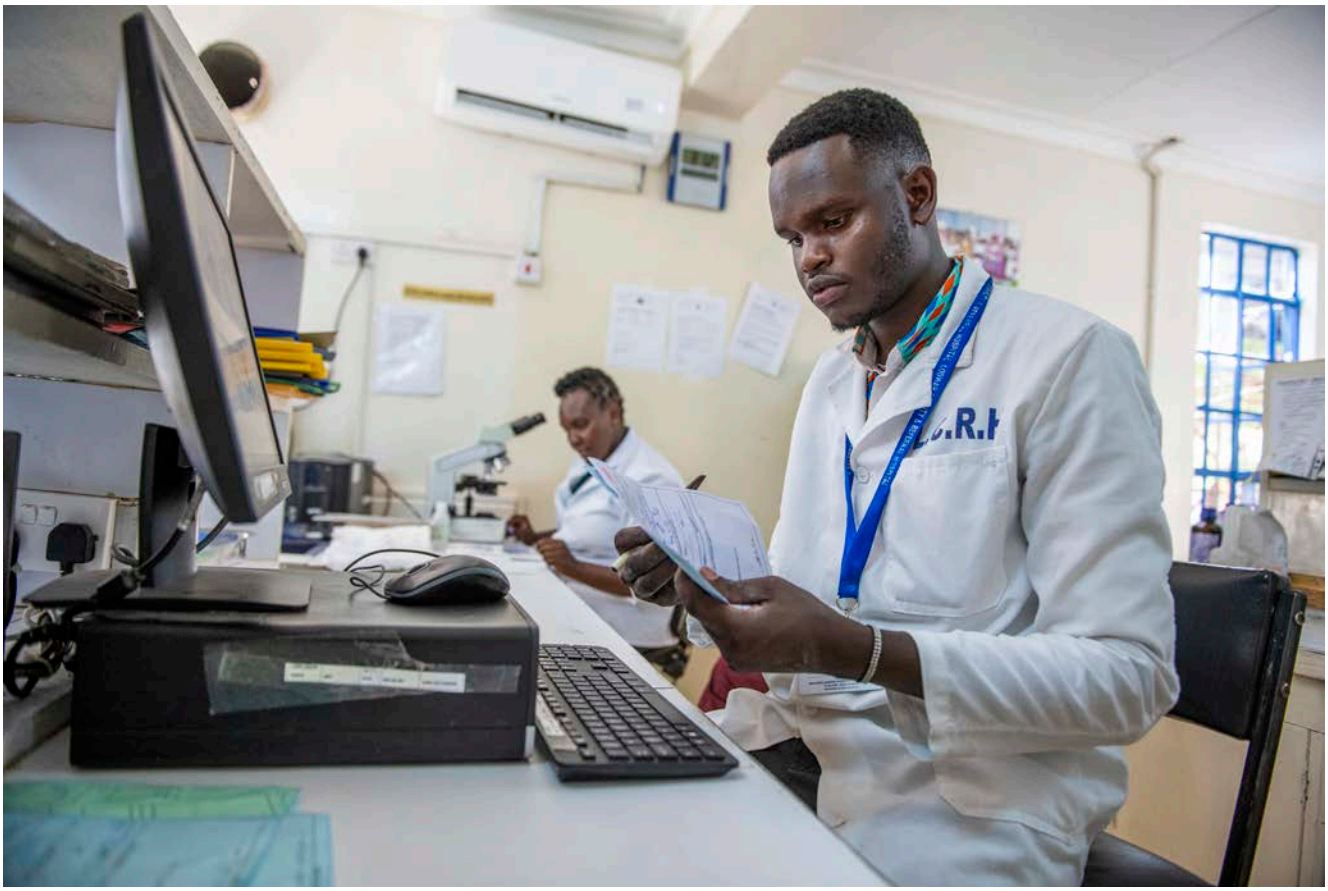


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CONCLUSION

Through its work in Turkana County, EGPAF has showcased that it is possible to make gains toward the control of an epidemic in a location marked by long distances, few resources, food scarcity, and high poverty. The Livelihoods program demonstrated the value of income generation in terms of adherence to ARVs and holistic health improvement. Mobile clinics filled the gap in services created by far distances and poor access to transportation. Creating inroads with the unique needs of refugee populations gave health access to an underserved population. Outreach coordinated with health workers and police to ensure that the rights and health of female sex workers are strengthened and supported has enabled a key population to engage in critical health care functions. The Red Carpet Program for adolescents and young people, along with sensitization of teachers, has likewise improved the connections of this vulnerable cohort to HIV services. Innovations implemented have allowed for greater access to diagnosis and lifesaving treatment. Whole communities in the Turkana region mobilized to improve the health of the region.

Working closely with county government officials and health partners was a foundation of our investment in creating greater access to quality HIV services in these areas. These relations will ensure sustainability of gains made under EGPAF in Turkana.

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