CHAP Stawisha
FY24 APR Performance Review

Accelerating Sustainable, High-Quality, and Comprehensive HIV Prevention, Care and Treatment Services
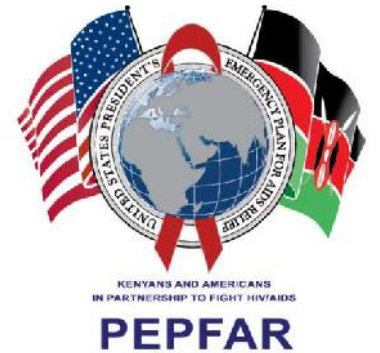
CHAP Stawisha HIV Program

Meru

Tharaka Nithi

Laikipia

Kitui

Makueni

Kiambu

Muranga

Nyeri

Embu

Kirinyaga

Machakos

Nakuru

Narok

Nyandarua

Kajiado

OVC Program

Machakos

Project Goal and Objectives

Goal

- The project's overarching purpose is to continue the acceleration of sustainable, high-quality, and comprehensive HIV prevention, care, and treatment services, that aim to achieve the UNAIDS goal of 95- 95-95 targets and HIV epidemic control, and transition to a sustainable service delivery model for FBO facilities in 15 targeted counties.

Objectives

The project implementation strategy is rooted in four key pillars:

- **Strengthening FBO and County systems for Incremental HIV/TB Program Ownership, Oversight, and Sustainability.**

- **Client-Centered Service Delivery.**

- **Strengthening of Health and Community Systems, Partnerships and Collaborations.**

- **Data-driven planning, Continuous Learning, and Program Management.**

Indicator	FY24 TARGET	FY24 Q1 Result	%	FY24 SAPR Result	%	FY24 Q3 Result	%	FY24 APR Results	%
HTS_TST_POS	1138	440	38%	953	83%	1479	129%	1848	162%
TX_NEW	1028	378	37%	824	80%	1317	128%	1672	163%
Proxy Linkage	438	378	86%	824	88%	1317	94%	1672	90%
TX_CURR	45087	41516	92%	41946	93%	42229	94%	42308	94%
VL Supp.	95%	97%	97%	98%	98%	98%	98%	98%	98%
PMTCT Stat	24195	3141	13%	6909	29%	10831	45%	14,405	60%
PMTCT_POS	617	125	20%	288	45%	424	69%	547	89%
TB _STAT	3093	435	14%	1053	34%	1787	58%	2401	78%
TB_ART	507	129	25%	275	69%	477	94%	668	132%

Indicator	FY24 TARGET	FY24 Q1 Result	%	FY24 SAPR Result	%	FY24 Q3 Result	%	FY24 APR Result	%
PrEP_CT	1381	1413	102%	1724	125%	1818	132%	2086	151%
PrEP_NEW	3291	888	27%	2254	68%	3621	110%	4864	147%
CACX_SCRN	9753	1561	16%	4973	51%	8518	87%	10431	107%
OVC_STAT	1394	2359	169%	2368	169%	2189	157%	2380	171%
OVC_SERV	1420	2386	168%	2400	169%	2220	156%	2417	170%
Sexual Violence	1846	306	17%	799	43%	1401	75%	1728	94%
Physical and Emotional Violence	5555	3055	5	6954	125%	11616	209%	15094	272%
GEND_GBV	7401	3361	45%	7753	104%	13017	176%	16822	228%

The HIV implementation landscape has shifted

- HIV disease burden and pattern

- Evolution of evidence and tools

- Programming and service delivery

- Funding landscape

- Leadership and coordination

AI: Utilization of the Machine Learning Model

Positives and Negatives by Risk Category					
	Very High Risk	High Risk	Moderate Risk	Low Risk	Total
# Tests	307	1,165	6,477	16,583	24,532
# Positives	75	85	116	57	333
# Negatives	232	1,080	6,359	16,524	24,195
# Inconclusive	0	0	2	2	4
Positivity rate	**24%**	**7.2%**	**1.7%**	**0.3%**	**1.3%**

APR Red Carpet Services Prep Uptake-Targeting Men

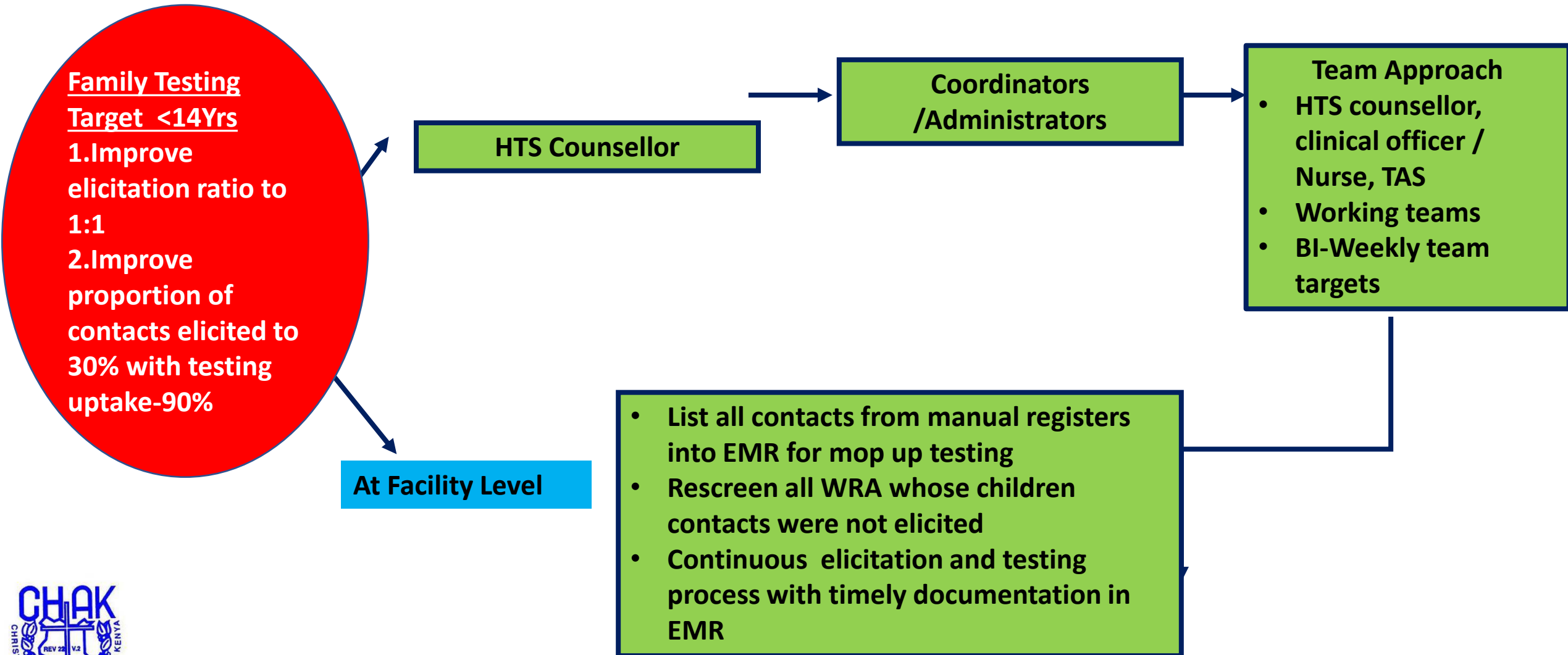Red Carpet PrEP Uptake Trend by Quarter
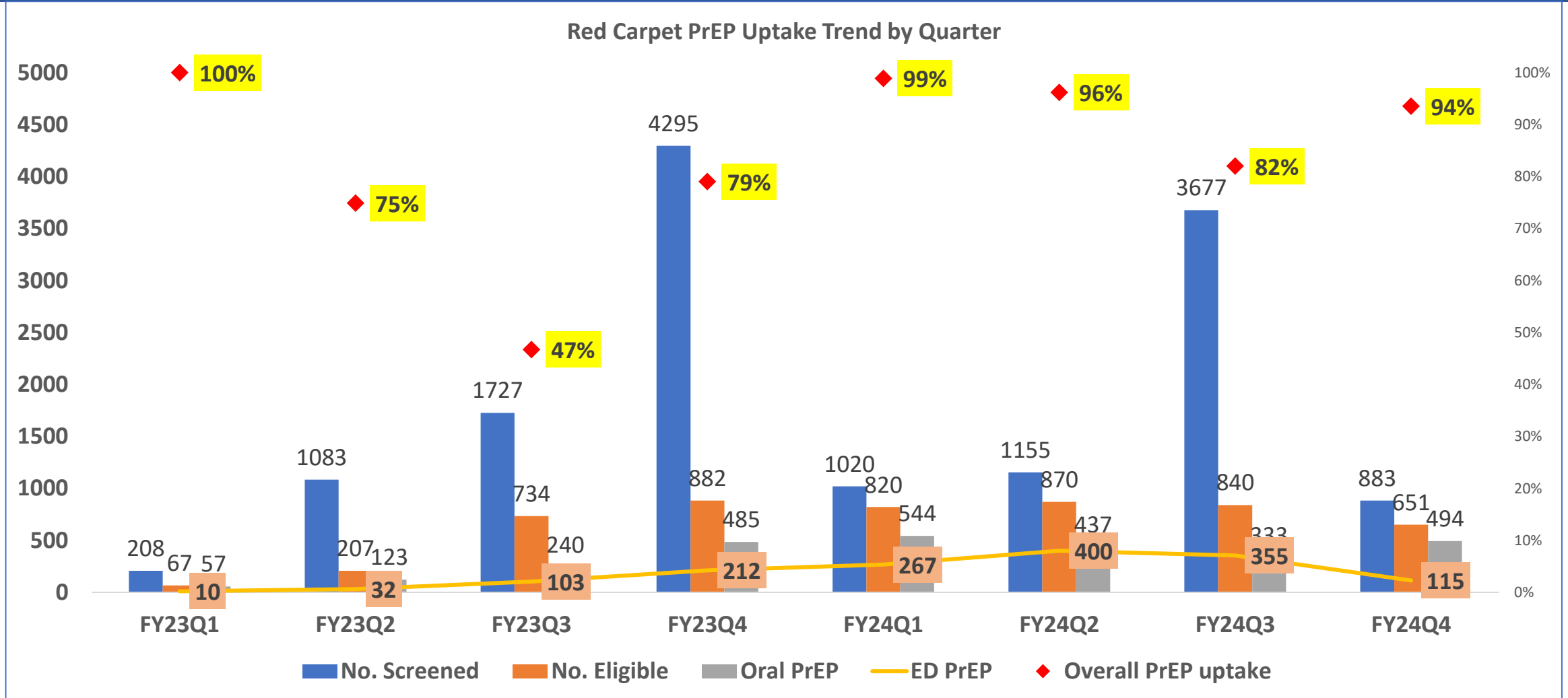
sPPParkle
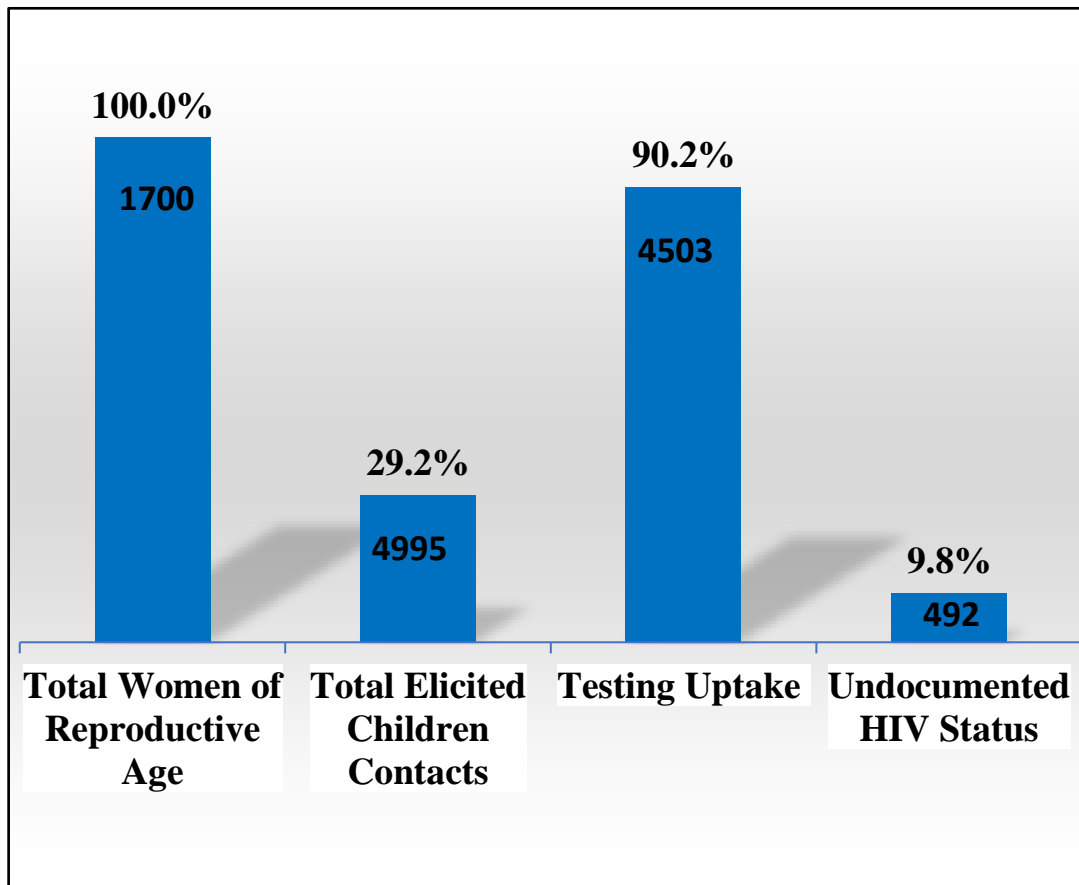# (For the Gen Z- AGYW)

- A strategy lighting the way for AGYWs to embrace PrEP and tackle new H I V infections head-on. Our message!

    - PrEP Enhances the POWER you have.

    - PrEP PROTECTS you & the people you love.

    - PrEP PREPARES you to live in the moment.

CLA: CQI approach to Improve Performance

Family Testing Target <14Yrs
1. Improve elicitation ratio to 1:1
2. Improve proportion of contacts elicited to 30% with testing uptake-90%

HTS Counsellor

Coordinators /Administrators

Team Approach
- HTS counsellor, clinical officer / Nurse, TAS
- Working teams
- BI-Weekly team targets

At Facility Level

- List all contacts from manual registers into EMR for mop up testing
- Rescreen all WRA whose children contacts were not elicited
- Continuous elicitation and testing process with timely documentation in EMR

Improvement Plan Progress

Summary of Quality Improvement(QI)

- **Elicitation Ratio:** Approximately 0.292 children contacts per woman, an increase from **0.03**

- **Proportion of Elicited Contacts:** About 29.2% of women have elicited children contacts, a significant increase from **1%**

- **Documented HIV Status-**The testing uptake among the elicited children contacts is approximately 90.2%. This indicates a high level of testing among the contacts, a significant increase from **2%** uptake in EMR.

- **Proportion with Undocumented HIV Status:** Around 9.84% of elicited contacts have an undocumented HIV status.

- **Positivity rate:** Family testing QI contributed to 75% of the total pos achieved for <14 yrs. children with 100% linkage to care and treatment.
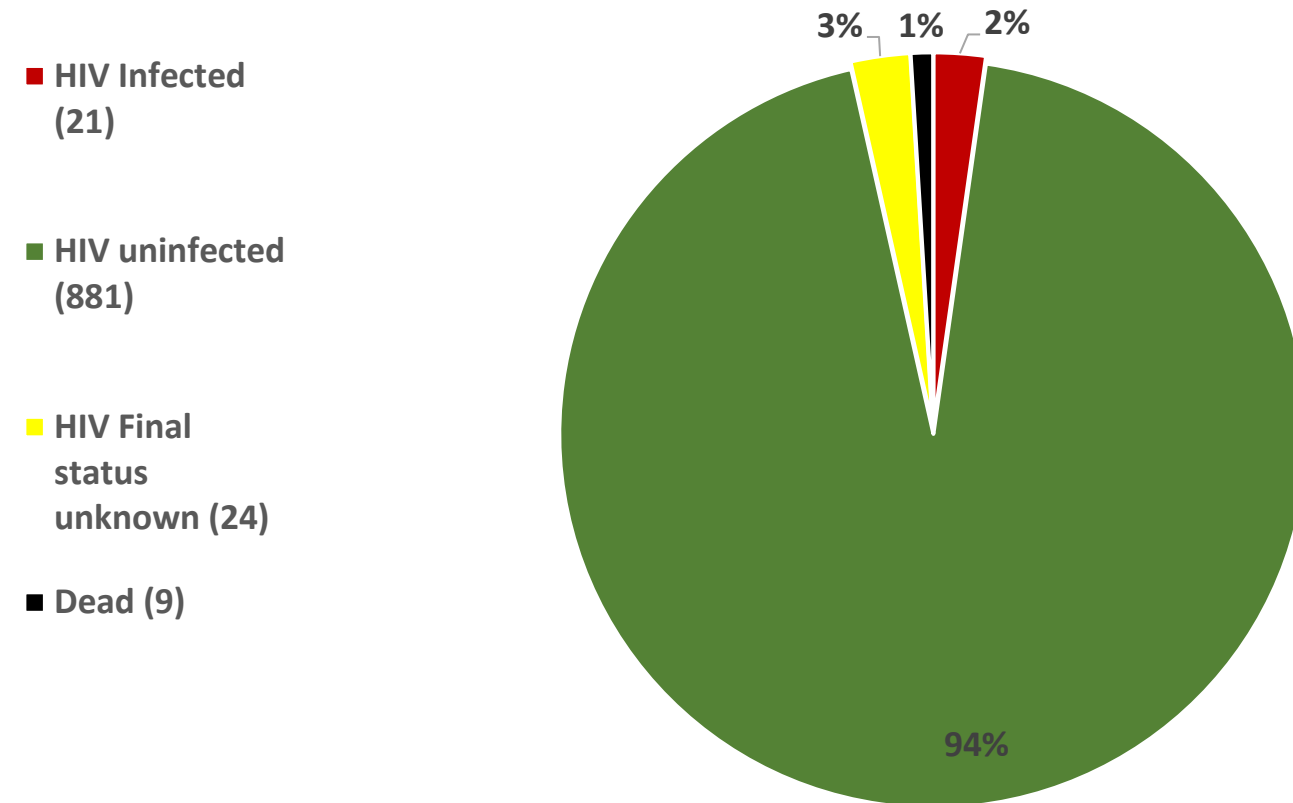
Household economic strengthening: resilience and sustainability

C:\Users\Godwin Mugo\Downloads\OVC-Caregiver Graduation 2024 3.mp4
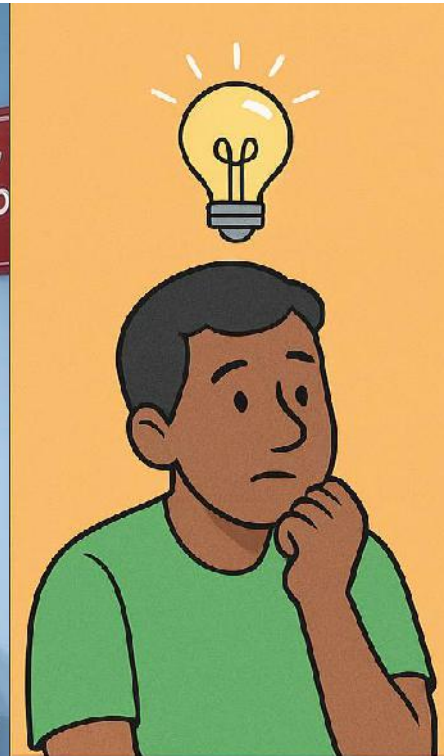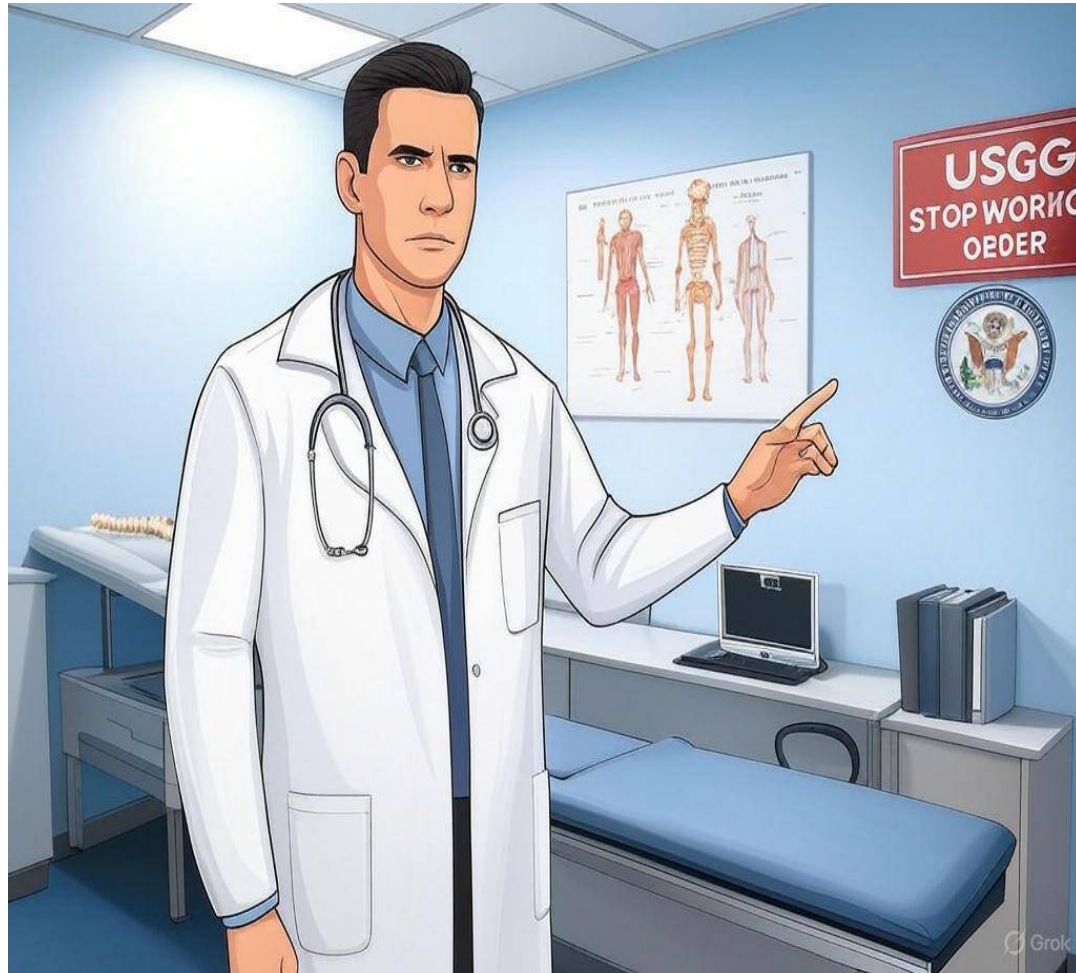
Towards a HIV Free Generation

HEI Outcomes FY24 Cohort (n=935)

- ■ HIV Infected (21)

- ■ HIV uninfected (881)

- ■ HIV Final status unknown (24)
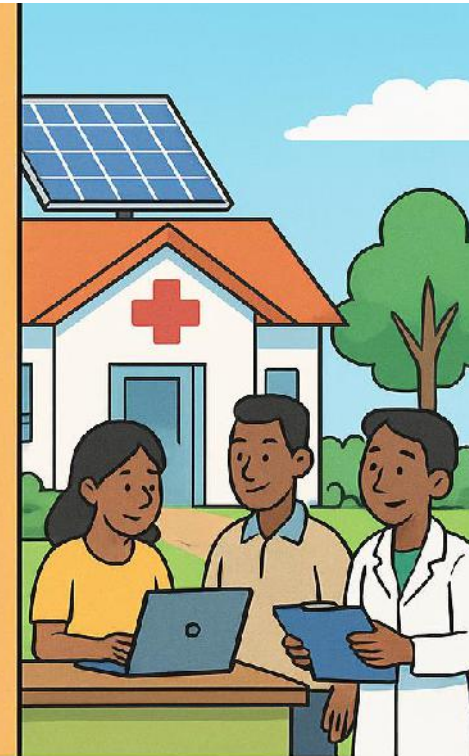
- ■ Dead (9)

3%   1%   2%

94%

Mortality audits done for the 9 infants:

- None HIV infected at point of death

- Age at death: 6weeks to 14months; Av-9 months

- Cause of death:
  - Pneumonia - 3
  - Malnutrition - 2
  - G/E - 1
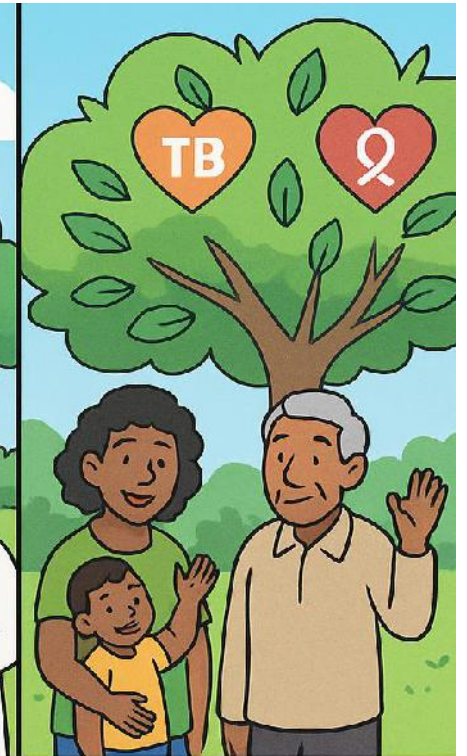 - CHD -1
  - Snake bite - 1
  - Unknown - 1

What Next from Here?

HSS : Leadership Engagement for Sustainability

- **Program wide discussions on integration, transition and sustainability**
- **Goodwill, buy in and coordination**
- **Coordinated approach**

Standard Operating Procedure (SOP) for Integrating HIV Services into General Outpatient Services

1. Purpose

The integration of HIV services into general outpatient services aims to enhance accessibility, improve patient outcomes, and streamline healthcare delivery. This SOP provides a step-by-step guide to ensure a smooth and effective integration process that ensures comprehensive, accessible, and continuous care for patients living with HIV.

2. Scope

This SOP applies to all healthcare providers, administrative staff, and support personnel involved in the integration of HIV services into general outpatient services.
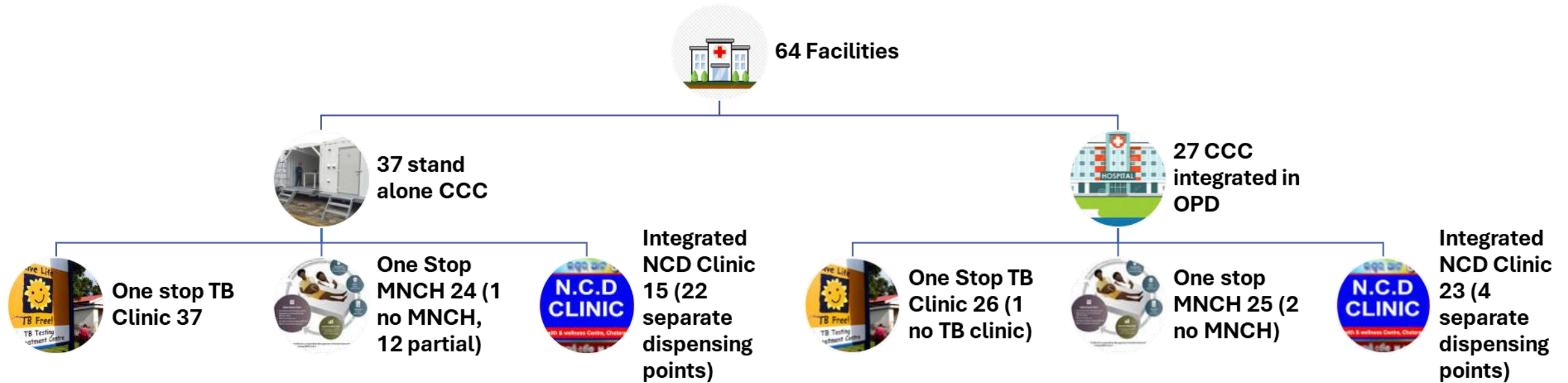
3. Objectives

- Improve accessibility to integrated HIV testing, care, treatment, and support.
- Ensure continuity of care for patients living with HIV and other comorbidities.
- Enhance the quality of healthcare services through comprehensive and integrated care.

4. Responsibilities

Service Delivery Integration Status

- Varied progress on integration: physical and service integration
- By direction: HIV services into OPD is primary model, HIV and other chronic care services in CCC-AIC Kijabe
- HRH integration: virtual CMEs on HIV/NCD management to 137 HCWs
- EMR Integration: Facility wide KeEMR piloted in AIC Mulango, St Charles Lwanga earmarked for Q4
- Challenges: Infrastructural, HRH skills mix and attitude, multiple EHRs for HIV and non-HIV clients
- Lessons: Stakeholder buy in (leadership, provider, beneficiaries), phased approach, no "one fits all" model

HIV/NCD/PHC Integration

NCD Integration Strengthening Strategy

- Facility administration continued engagements on integration for sustainability
- Continue with Advocacy for HMIS Centralization for wholesome services provision in all SDPs
- Encourage uptake of SHA/SHIF or other insurances for patients to ease OPD/HIV integration
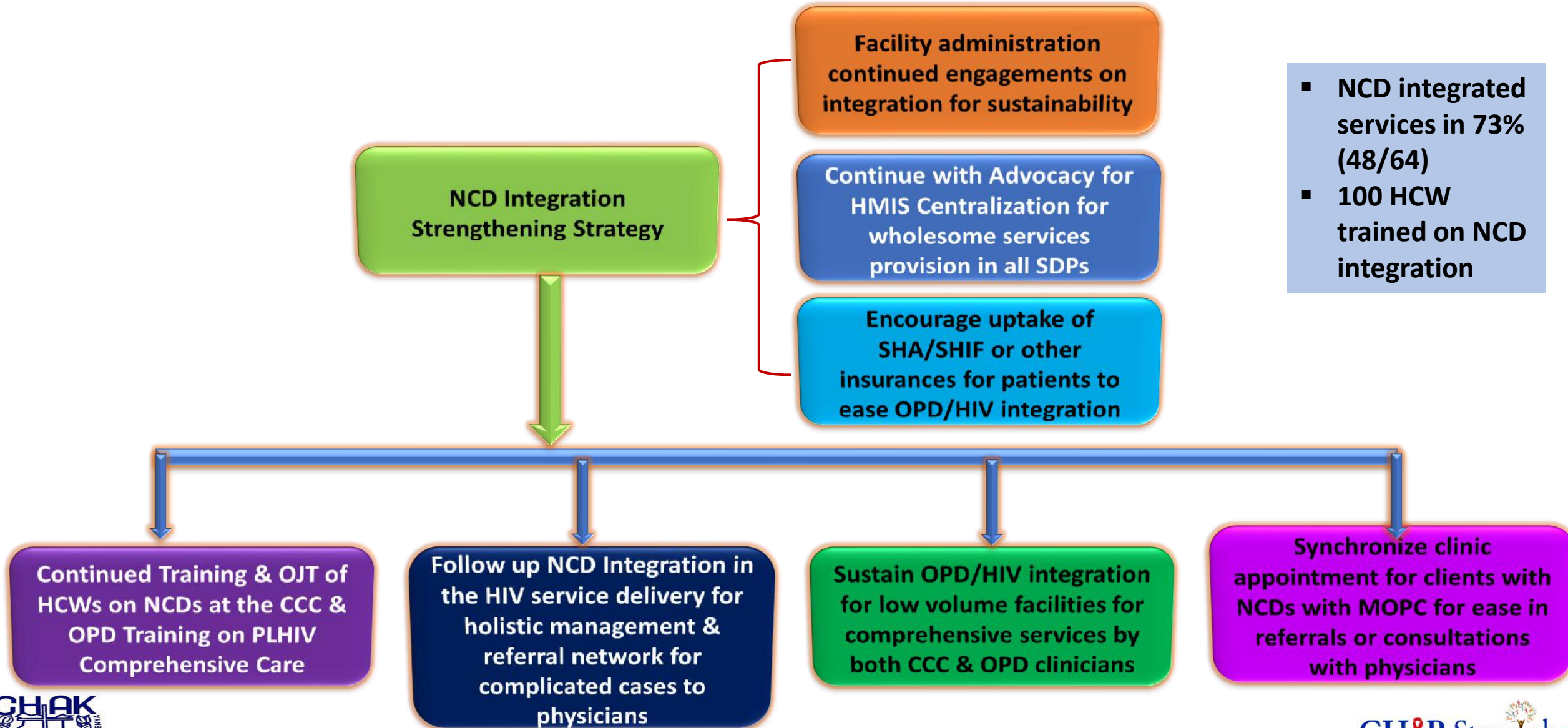
- NCD integrated services in 73% (48/64)
- 100 HCW trained on NCD integration

Continued Training & OJT of HCWs on NCDs at the CCC & OPD Training on PLHIV Comprehensive Care

Follow up NCD Integration in the HIV service delivery for holistic management & referral network for complicated cases to physicians

Sustain OPD/HIV integration for low volume facilities for comprehensive services by both CCC & OPD clinicians

Synchronize clinic appointment for clients with NCDs with MOPC for ease in referrals or consultations with physicians

Next Steps...

Integration of HIV services: define context responsive models that address service range, space and HMIS constraints	HRH Capacity building: integrated HIV services, KenyaEMR use, M&E tools	Community systems strengthening: CAGs, support systems expand to other disease models, PCN integration	Transition and sustainability discourse with facility management, counties and other stakeholders	Out of pocket payments-Establish the cost of HIV/TB services at the facility	Use of SHA (Inclusion of HIV and TB Services in the package)