Country Context

Kenya has a severe, generalized HIV epidemic that continues to be a major challenge across all of the country’s 47 counties, particularly in Nairobi, Homa Bay, Siaya, Kisumu, and Migori, where adult HIV prevalence rates are as high as 25 percent. About 65 percent of all new HIV infections in the country occur in Homa Bay, Kisumu, Siaya, Migori, Kisii, Nakuru, Turkana, Nyamira, and Bomet counties.

Although Kenya’s Government, with support from national and international partners, has made significant investments in its HIV response for the last 25 years, the country has lost some 1.7 million people due to AIDS-related complications. According to UNAIDS, 1.6 million Kenyans were living with HIV in 2016, with about 1 million of them accessing antiretroviral therapy. That same year, approximately 62,000 people were newly infected with HIV — a decrease from previous years, but high enough to underscore that HIV is a significant threat to Kenya’s public health, sustainable development, and economic growth.

Evidence-based HIV prevention efforts have yielded progress, especially among children with a 44 percent decrease in new HIV infections between 2007 and 2013; for adults, it was just a 7 percent drop. Key populations — particularly men who have sex with men (MSM), commercial sex workers (CSW), and people who inject drugs (PWID) — continue to be disproportionately affected by HIV/AIDS, according to UNAIDS, with HIV prevalence rates between 18 and 29 percent among these groups. Kenya plans some fundamental shifts in the way it delivers HIV prevention in the future, designing an optimal effective approach that takes into account geographic disparities in HIV incidence, priority populations, and a combination of biomedical, behavioral and structural interventions.

With support from the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the US Centers for Disease Control and Prevention (CDC) in country, AIHA currently manages a biomedical technology partnership and a DREAMS Initiative project in Kenya through our HIV/AIDS Twinning Center.

Strengthening Local Capacity to Prevent HIV among Girls and Young Women

In late 2015, AIHA was selected by CDC/Kenya as an implementing partner of the DREAMS Initiative, an ambitious public-private partnership between PEPFAR, the Bill and Melinda Gates Foundation, and Nike’s Girl Effect.

AIHA is collaborating with the Kenya Conference of Catholic Bishops (KCCB) to implement the DREAMS Initiative in the Western Kenya counties of Siaya, Homa Bay, and Migori. Covering 21 county assembly wards in Siaya, two in Homa Bay, and four in Migori, AIHA’s DREAMS project consists of seven different evidence-informed behavioral, biomedical,

The DREAMS Initiative

Adolescent girls and young women (AGYW) account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa, with nearly 1,000 AGYW being infected daily. Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe account for half of all the new HIV infections that occurred among AGYW globally in 2014.

That’s why they were selected for PEPFAR’s DREAMS Initiative — a ambitious partnership that aims to reduce HIV infections among adolescent girls and young women in target countries by finding multiple solutions to a single, potentially devastating problem.

The goal of DREAMS is to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women.
and structural HIV prevention interventions layered and delivered to adolescent girls between the ages of 10 and 14.

One of the interventions, Social Asset Building, is implemented by trained mentors who work with groups of up to 30 adolescent girls. Mentors meet with girls once a week in a Safe Space, such as a school or community center. There, they are free to talk about health, peer pressure, economic hardships, and other challenges identified by the girls themselves. AIHA and KCCB collaborate with two other CDC DREAMS implementers that focus on girls and young women ages 15-24.

In the first two years of implementing our holistic, multi-layered evidence-based approach to addressing girls, their parents or caregivers, and the greater community through DREAMS, AIHA has attained the following results:

- 10,635 pupils completed the school-based HIV and GBV prevention program Making Life’s Responsible Choices
- 18,991 parents and caregivers trained through the Families Matter! program
- 7,711 adolescent girls reached with education support, including school levies and supplies
- 27,743 adolescent girls attended safe space activities
- 21,848 people reached through Start Awareness Support Action (SASA!), a community-based intervention designed to mitigate gender-based violence (GBV) and gender discrimination
- 1,667 adolescent girls provided with post-sexual GBV care and/or post physical/emotional GBV counseling, care, and support
- 22,310 adolescent girls provided access to legal aid and biomedical interventions, including referral to HIV counseling and testing, post-exposure prophylaxis, and antenatal care.

**Improving Access to Quality HIV Care by Building Biomedical Technology Capacity**

As in many developing countries, Kenya’s network of more than 2,500 public health laboratories perform only the most basic tests, with more advanced testing performed at national central laboratories. The country’s public health laboratory network is challenged by a severe lack of resources, including a limited workforce that is further hampered by a dearth of experienced managers, inadequate equipment and information technology including HIV-related diagnostics, poorly maintained facilities, and a weak quality management system.

In 2015, PEPFAR identified a large capacity gap in Kenya’s lab technicians and biomedical engineers and equipment technicians (biomeds) to properly conduct routine preventive maintenance, safety calibration, and repairs. As a result, the majority of lab equipment not currently under service contract is either not functioning or is at risk of producing inaccurate test results — which consequently could yield inaccurate diagnoses and improper treatment.

A 2013 survey conducted in Kenya revealed 70 percent of lab equipment then in use was not calibrated; an even higher percentage was not validated; 34 percent was not in use; and 17 percent was simply not functioning.

To help the country address these challenges, AIHA initiated a partnership to build the capacity of biomeds under the Ministry of Health’s National Public Health Laboratories (NPHLS) in 2016. The Kenyan partners are working with
experts at the University of Texas Medical Branch (UTMB) and San Jacinto College. Initially, the partnership focused on building national-level capacity in Nairobi, with planned step-down training to the PEPFAR priority counties of Homa Bay, Kisumu, Migori, and Siaya. In 2017, AIHA expanded the project to six new counties: Busia, Bungoma, Kakamega, Kisii, Nyamira, and Turkana.

Using a multi-step approach, AIHA and our partners are working to implement a sustainable in-service training program that includes short courses and distance-learning opportunities for biomeds, with a specific focus on preventive maintenance and repair skills for all levels of equipment. In this manner, the project will strengthen the capacity of the NPHLS and county-level biomedical engineering workshops in support of Kenya’s efforts to improve HIV diagnostics and care and attain the global 90-90-90 targets.

AIHA and our partners created a technical working group with members drawn from the Ministry of Health, educational institutions, government standards boards, CDC/Kenya, partner institutions, and other implementing partners and stakeholders to guide project implementation and developed an auxiliary equipment training curriculum focused on non-automated equipment critical to the HIV clinical cascade, which was used to train 10 biomeds on non-automated equipment, six on refrigeration; and six as master trainers. Components of the non-automated training included facility lab managers to help building trust between the two cadres — which represents an ongoing challenge because lab managers have frequently said that they do not believe biomeds have the skills required to work on their equipment.

In 2017, NPHLS conducted a rapid response intervention (RRI) to prepare 43 labs for accreditation. AIHA supported trained biomeds from our project sites to conduct the required equipment repairs and preventive maintenance at 24 of those labs across 14 counties. These biomeds worked on 385 pieces of equipment, a function had previously been outsourced at great cost.

AIHA and our partners also established the National Equipment Calibration Center of Excellence and training center on NPHLS grounds in 2017 and are currently training the Center’s team as they work toward ISO17025 accreditation this year. To that end, they have to date calibrated more than 500 pipettes, a function which was previously outsourced or didn’t happen at all.

**Preventing HIV by Teaching Life Skills**

From 2005 to 2013, AIHA partners at the Kenya Conference of Catholic Bishops (KCCB) worked with counterparts from DePaul University in Chicago to develop and implement a faith-based behavior change program targeting youth in primary schools — many Catholic-sponsored, but also a number of public schools or private schools sponsored by other religious denominations — throughout Kenya. Partners also developed and implemented complementary programs, including a radio social marketing campaign and a health education program for parents to support the school-based program.

By working within the partnership infrastructure, partnering with public sector organizations such as Ministry of Education and the Teachers Service Commission, and utilizing a training-of-trainers approach, this AIHA partnership consistently leveraged more than 400,000 volunteer hours a year prior to the graduation of DePaul in 2013.

Based on the success of this long-standing partnership, AIHA began providing direct funding and technical support to KCCB’s efforts to carry out their prevention programming targeting young people in Kenya. In late 2015, this program ended and AIHA transitioned to the DREAMS Initiative project in Homa Bay and Siaya counties in which KCCB is still a partner.

During implementation of this dynamic and highly successful youth HIV prevention
intervention, partners adopted a three-pronged approach to effectively reach children — particularly those at greatest risk for contracting HIV.

The flagship Making Life's Responsible Choices curriculum builds on standard HIV prevention information and activities included in the Kenyan Ministry of Education, Science, and Technology's National AIDS Education Syllabus, but also incorporates evidence-based behavior change interventions with Catholic doctrines and teachings drawn from Kenya’s rich and unique cultural heritage. In this manner, the intervention helps arm children with the tools they need to safeguard their health and wellbeing. Since its launch, the Making Life's Responsible Choices program has enjoyed the strong support of pupils, teachers, parents, and policymakers alike. The program has also been fully embraced by the Muslim community and other religious denominations in Kenya.

During project implementation, the Making Life's Responsible Choices intervention was being delivered in some 1,700 Catholic and public-sponsored primary schools within 25 of Kenya’s 26 Catholic dioceses. Partners trained 3,732 teachers to deliver the program and more than 770,000 pupils were reached.

The Families Matter! Program — which was piloted in Machakos Diocese in 2009 and in Meru Diocese in 2010 — aims to increase family involvement in promoting abstinence and behavior change by training parents how to talk with their children about human sexuality, STIs, and HIV/AIDS.

Adapted from the Parents Matter! program developed by the US Centers for Disease Control and Prevention, Families Matter! equips adult caregivers with the communication and parenting skills they need to successfully support behavior change for children and young adults. Partners delivered Families Matter! to more than 5,000 parents and guardians and a like number of their children through the efforts of trained facilitators.

Both interventions — along with other services, support, and mentorship — are currently being delivered to adolescent girls, young women, and their parents or caregivers through AIHA’s DREAMS project.

For more information please contact:

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