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ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Kenya Country Report FY15

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2014 – September 30, 2015

DECEMBER 2015

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DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
AMPATH	Academic Model Providing Access to Healthcare
AMTSL	Active management of the third stage of labor
ANC	Antenatal care
ANPPCAN	African Network for the Protection and Prevention of Child Abuse and Neglect
APHIA	AIDS, Population, and Health Integrated Assistance
ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CBO	Community-based organizations
CCC	Comprehensive Care Centers
CME	Continuing medical education
COE	Center of Excellence
COGRI	Lea Toto Children of God Relief Institute
CQI	Continuous quality improvement
CSI	Child Status Index
DAR	Daily activity register
DCS	Department of Children Services
DHSQAR	Directorate of Health Standards, Quality Assurance, and Regulations
DQA	Data quality assessment
EmONC	Emergency obstetric and neonatal care
EMTCT	Elimination of mother-to-child transmission of HIV
FY	Fiscal year
FGM/C	Female genital mutilation or cutting
HAART	Highly active anti-retroviral treatment
HCI	USAID Health Care Improvement Project

HEI	HIV-exposed infant
HIV	Human immunodeficiency virus
HMT	Health Management Team
HTC	HIV testing and counselling
HVFI	Hope Valley Family Institute
IP	Implementing partner
KHIP	Kenya Health Quality Improvement Policy
KM	Knowledge management
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MCH	Maternal and child health
MEPI	Medical Education Partnership Initiative
MLSS&S	Ministry of Labor, Social Security, and Services
MNCH	Maternal, newborn, and child health
MNH	Maternal and newborn health
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NACS	Nutrition assessment, counselling, and support
NASCOP	National AIDS and STI Control Program
NCCS	National Council for Children
NEPI	Nursing Education Partnership Initiative
NPA	National Plan of Action
OVC	Orphans and vulnerable children
PCR	Polymerase chain reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
PSS	Psychosocial support
Q	Quarter
QI	Quality improvement
QIT	Quality improvement team
REPPSI	Regional Psychosocial Support Initiative
RH	Reproductive health
SAM	Severe acute malnutrition
SDG	Sustainable Development Goals
SILC	Savings and internal lending communities
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
TOT	Training of trainers
TWG	Technical working group
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government

VS&L	Village savings and loan
WHO	World Health Organization
WIT	Work improvement team

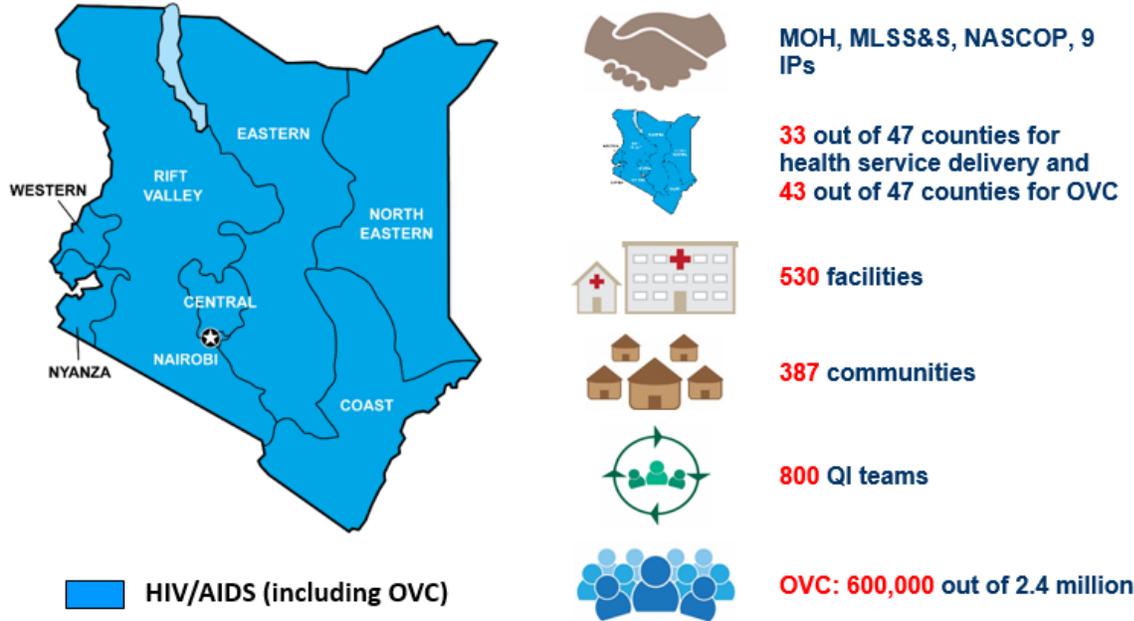
1 Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began working in Kenya in October 2012, building on the work of the USAID Health Care Improvement Project (HCI). In Kenya, ASSIST supports the Ministry of Health (MOH); the Ministry of Labor, Social Security and Services (MLSS&S); the National AIDS and STI Control Program (NASCOP); United States Government (USG) implementing partners (IPs); and county governments to design, develop, and implement strategies that will enhance the quality of health service delivery. In Kenya, with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), ASSIST works to improve the following health services: maternal, neonatal, and child health (MNCH) and reproductive health (RH) services in order to reduce maternal and neonatal deaths; malaria programs in order to improve case management and strengthen the national program; as well as HIV care and treatment, and the care of orphans and vulnerable children (OVC) in the country in order to support PEPFAR 3.0 goals.

The project design for ASSIST Kenya is divided into two phases. Phase 1 (Jan 2013-Mar 2014) involved the development of national frameworks to support institutionalization of quality improvement (QI) and developing change packages through the centers of excellence (COEs) aimed at harvesting change ideas that can be scaled up across the country. Starting in April 2014, during Phase 2, ASSIST began the scale-up of QI as well as completion of the national frameworks for institutionalizing improvement.

In addition to the Mission-funded work in Kenya, ASSIST is also implemented two core-funded activities in the country: support for community child protection partnerships, together with the African Network for the Protection and Prevention of Child Abuse and Neglect (ANPPCAN), and piloting a pre-service training curriculum in improvement methods with local medical schools.

Scale of USAID ASSIST’s Work in Kenya



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Ownership and Institutionalization of Quality Improvement at the National Level	
<ul style="list-style-type: none"> Support development of a national QI policy, standards, and syllabus Strengthen national systems that support application of QI techniques to improve integrated health outcomes 	<ul style="list-style-type: none"> County and national level

What are we trying to accomplish?	At what scale?
2. Capacity Development in QI	
<ul style="list-style-type: none"> Provide training on the science of improvement and develop quality improvement teams (QITs) and work improvement teams (WITs) in facilities from high volume sites in collaboration with the USAID Kenya service delivery partners including AIDS, Population and Health Integrated Assistance (APHIA+s), AMPATH+ and Lea Toto Children of God Relief Institute (COGRI), to drive the scale-up of QI 	<ul style="list-style-type: none"> County level reaching 33 counties
3. HIV Care and Treatment	
<ul style="list-style-type: none"> Provide QI technical assistance (TA) to county governments and the USAID Kenya service delivery partners including APHIA+, AMPATH+, and COGRI to strengthen and improve the HIV chronic care model and to enroll and retain more adults and children in HIV care and treatment 	<ul style="list-style-type: none"> National 5 priority counties, at least 10 high-volume facilities per county At least 6 USAID funded partners (APHIA+ partners)
4. OVC and Child Protection	
<ul style="list-style-type: none"> Strengthen systems at county and national government levels to support the institutionalization of QI in child protection and OVC programs to improve the welfare of children Provide TA to county governments, the USAID Kenya service delivery partners including APHIA+, AMPATH+ and COGRI to apply QI techniques to strengthen care for OVC and their households 	<ul style="list-style-type: none"> National: 43 of 47 counties sites and 9 USAID-funded partners and MLSS&S
5. Maternal and Neonatal Child Health and Reproductive Health	
<ul style="list-style-type: none"> Provide QI TA to county governments and the USAID Kenya service delivery partners including APHIA+, and AMPATH+ to improve and strengthen MNCH and RH services in Kenya 	<ul style="list-style-type: none"> 5 counties 46 facilities National
6. Malaria	
<ul style="list-style-type: none"> Apply QI techniques and in collaboration with county governments and USG IPs, strengthen capacity in program management to achieve malaria program objectives at all levels of the health care system 	<ul style="list-style-type: none"> County and service delivery levels National
7. Partnerships for Community Child Protection	
<ul style="list-style-type: none"> Improve child well-being through integration of community and formal child protection mechanism 	2 communities in 2 districts in Kenya
8. Pre-service learning	
<ul style="list-style-type: none"> Pilot pre-service training in improvement methods and strategies 	Kenya: Moi University, Nairobi University, Kenya Medical Training College, and Kenya Methodist University

Improvement Activity
 Cross-cutting activity

3 Key Activities, Accomplishments, and Results

Activity 1. Country ownership and institutionalization of QI at the national level

OVERVIEW

The Kenya 2010 Constitution enshrined health as a right of every Kenyan. In addition, various policy documents and legal frameworks exist to support the achievement of 'health care for all'.¹ The MOH has recognized that these documents do not explicitly address what needed to be improved, how improvements would occur, and what targets were needed to measure achievement. Subsequently ASSIST worked with the MOH to develop the Kenya Health Quality Improvement Policy (KHIP) through an evidence-based and consultative process under the stewardship of the government. The KHIP identified six priorities (strategic objectives) to address priority challenges in improving quality and safety. The policy will inform current and future health sector efforts and strategies to improve, institutionalize, and standardize quality improvement.

To provide leadership for the scale-up, ASSIST, through MOH's Directorate of Health Standards, Quality Assurance and Regulations (DHSQAR), has liaised with county health managers and other key MOH Directorates to ensure systems exist to identify and address problems in health service delivery, quality and policies to support these.

KEY ACCOMPLISHMENTS AND RESULTS

Health QI Policy and Service Delivery:

- **ASSIST has been working with the Directorate of Health Standards, Quality Assurance and Regulations under the MOH and has developed several products including:**
 - *Kenya Health Quality Improvement Policy:* Draft Health Improvement Policy and QI standards were developed with the assistance of ASSIST through a consultative process that included a policy validation meeting held in October 2014 and a draft policy review meeting held in February 2015. The draft KHIP focuses country's efforts to improve health service delivery quality on six priorities and has been reviewed by stakeholders and is awaiting MOH sign-off.
 - *Clinical practice guidelines:* a web portal containing clinical practice guidelines was developed (Feb 2015) which hosts all clinical practice guidelines after they are reviewed. On June 24, 2015, the Cabinet Secretary for Health officially launched the website: (<http://guidelines.health.go.ke/>).
 - *Integration of improvement science into pre-service medical training:* In collaboration with the MOH and FUNZO Kenya, ASSIST started working with four medical training institutions (Kenya Medical Training College, Moi University, University of Nairobi and Kenya Methodist University) and the regulatory bodies, towards integrating improvement science at the core curricular for the various cadres. During the quarter, a ministerial pre-service training subcommittee on quality improvement was established to lead this process.
 - *Health accreditation framework for the country:* ASSIST supported the MOH to initiate preliminary steps towards developing an accreditation framework for the health sector. A technical working subcommittee (subcommittee to the QI TWG) at the MOH was established to spearhead process.
 - *Universal financing strategy formulation:* The MOH has embarked on developing a strategy that will guide the rollout of universal access and financing to health. This strategy has several components, including strategic collection of funding to finance the strategy, pooling of the funds, strategic purchase of services, and mandatory continuous QI (CQI) as part of the board accreditation strategy. ASSIST leads the subcommittee that oversees the mandatory CQI section of the strategy
- **Supported the national Emergency Obstetric and Neonatal Care (EmONC) technical working group in formulating the QI process indicators** (Feb 2015). These have been adopted and form part of core assessment in the ongoing USAID-driven EmONC scale-up in Kenya across 18 counties with the highest maternal mortality rate.
- **Finalized the Kenya HIV QI framework for NASCOP and training package** (March 2015). ASSIST supported NASCOP to develop and finalize a national Kenya HIV quality framework and training

¹ The Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy 2012-30, the KNHSSP III, Kenya Quality Model for Health, KASF 2014-19 and the draft Health Bill 2012.

package that has since been rolled out in the country.

OVC and Child Protection:

- **Supported the National Council for Children (NCCS) in the development and finalization of the National Plan of Action (NPA) for Children that was launched on June 29, 2015.**
- **Supported the NCCS to develop a directory of service providers for children services.** Data collection in 45 of the 47 counties was finalized and data entry carried out in May 2015. The national service providers' directory was launched in June 2015.
- **Supported the Department of Children Service (DCS) to hold meetings with select partners to carry out a pre-test of the psychosocial support (PSS) guidelines (March – Sept 2015).** Guidelines were pretested in Embu, Nakuru, Malindi, Siaya, Uasin Gishu, Nairobi and Busia counties.
- **Continued supporting USAID partners in mainstreaming QI at the point of service delivery.**

Activity 2. Capacity development in quality improvement

OVERVIEW

ASSIST continued offering TA to county governments and USG funded partners on:

- Capacity building of county, partners, and facility teams on actively applying improvement to address quality gaps in HIV and AIDS care and treatment
- Scaling up tested change packages that address quality of care gaps which will include:
 - Integration of HIV testing and counseling (HTC) to the routine care of clients
 - Establishing linkage systems at various HTC points for active HIV-positive clients referral
 - Strategies for retention to care of clients in Comprehensive Care Centers (CCCs)

KEY ACCOMPLISHMENTS AND RESULTS

- **Supported the NASCOP prevention of mother-to child transmission of HIV (PMTCT) program with facilitation of one PMTCT master training-of-trainer (TOT) training (Jan 26-30, 2015).** Forty-eight master trainers (from various counties and implementing partners) were taken through the newly developed bridged PMTCT training curriculum with emphasis on monitoring PMTCT performance at the facility level.
- **Conducted sensitization meeting for county, sub-county health managers, and facility in-charges from select high-volume facilities,** in Uasin Gishu County supported by AMPATH (Feb 13, 2015).
- **Trained COGRI-supported pediatric HIV care targeting staff from the eight clinics in Nairobi (Mar 23-26, 2015).** Forty participants (7 clinicians, 9 nurses, 1 counsellor, 1 social worker, 7 nutritionists, 4 pharmaceutical technologists, 2 monitoring and evaluation (M&E) officers, and 8 administrators) were trained.
- **ASSIST trained Health Right and Elgeyo Marakwet County on QI (Feb 23 -27, 2015).** Health care workers from nine facilities and five staff of Health Right International were trained in QI.
- **From April to September 2015, ASSIST supported the APHIA+ implementers and county governments by:**
 - Organizing a QI training for the APHIA technical teams and County Health Management Teams, as well as providing ongoing mentorship and support.
 - Developing a QI scale-up strategy within the project sites.
 - Identifying, training, coaching and building the capacity of WITs in each of the selected facilities.
 - Conducting a gap analysis and matching the gaps with the change ideas tested and documented from the COEs with the plan of scaling up the methodologies and the changes in the subsequent quarters.
 - *APHIA+ Nairobi-Coast & Nairobi County:* Two QI continuing medical education (CME) were held bringing together the county QI coaches providing support to 10 high caseload facilities.
 - *APHIA+Nairobi-Coast (Kwale & Taita Taveta counties):* Two QI CME (one in each county) were supported involving the partner and 20 high caseload facilities.
 - *APHIA+ Imarisha (Marsabit & Isiolo County):* ASSIST supported the project to carry out post-training QI assistance in Isiolo and Marsabit county managers.
 - *APHIA+ Kamili (Kitui & Makueni counties):* ASSIST supported APHIA+ Kamili in disseminating the new EmONC tool to Makueni County. The tool includes process of care (QI) indicators.

- ASSIST further supported APHIA+ Kamili, providing direct support to the county improvement coaches and managers from 10 high volume facilities in Kitui.
- APHIA+ Western Kenya (Siaya, Busia & Kakamega): Supported each of the sub-counties (22 sub-counties) in Malaria QI focusing on case management.

Activity 3. HIV care and treatment

OVERVIEW

ASSIST works in HIV care and treatment by strengthening the HIV chronic care model in select counties across the APHIA Plus service delivery mechanisms. ASSIST has also been supporting the elimination of mother-to-child transmission of HIV (eMTCT) through the Partnership for HIV-Free Survival (PHFS) model in Kwale County. ASSIST HIV care and treatment support was conducted jointly with USG IPs in applying tested change packages to improve the HIV chronic care model in order to enhance enrollment and retention of more adults and children in HIV care and treatment.

PHFS interventions focused on supporting sites to apply the science and model of improvement to:

- Address quality gaps in eMTCT
- Encourage mother-baby pairs to begin treatment immediately after the mother tests positive at antenatal care (ANC), with targeted follow-up for such clients from then onward
- Open and manage a joint file for each mother-baby pair; integrating HIV comprehensive care centers (CCCs) and PMTCT at maternal and child health (MCH) clinics
- Provide psychosocial support (PSS) through mentor-mothers (expert patients with additional training)
- Encourage mothers to support active screening for HIV-exposed mother-baby pairs at all entry points (outpatient department, labor and delivery, MCH, CCC) and linking them back into to care

KEY ACCOMPLISHMENTS AND RESULTS

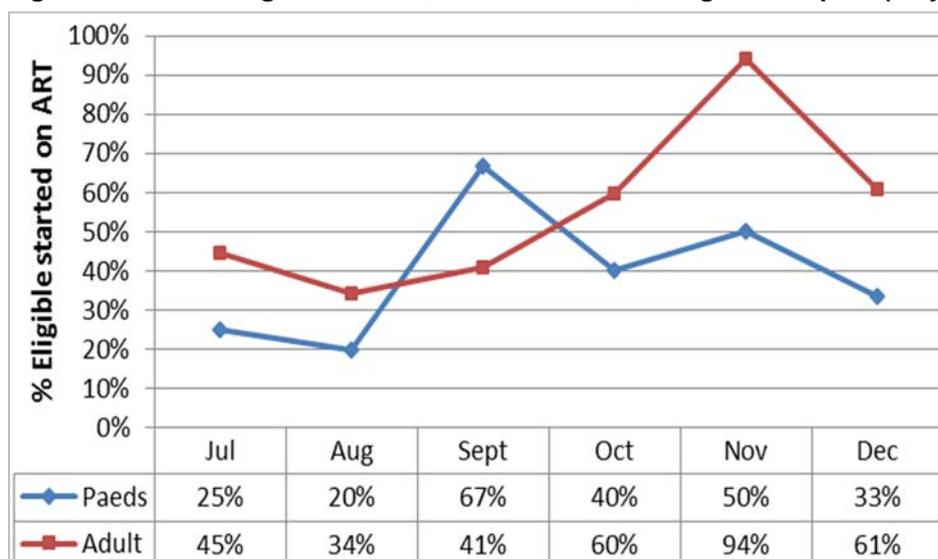
APHIA Plus Nairobi

- Continued to support the county QI coordinators by holding monthly meetings to follow up on work plans developed during the QI training held in September 2014.
- Conducted monthly facility level mentorship at Mbagathi District Hospital (high HIV caseload facility) to follow up on the HIV care and treatment and eMTCT baseline assessment conducted after the QI training held in September 2014.
- Supported the WIT conduct a process flow analysis of clients within the CCC and developed a more efficient client flow to ensure that all clients seen are triaged and that the filtering of patients is done (Jan 2015).
- Helped the CCC WIT conduct a baseline assessment and select the key indicators for improvement.
- A root cause analysis was conducted showing that there was a delay in filing of CD4 results in the patients' files and delayed treatment preparation sessions. The following change ideas were suggested: CD4 results were filed by data clerks immediately after being received from the lab; structured treatment preparation sessions were introduced; line list of all clients eligible for anti-retroviral treatment (ART) was to be produced at the end of the week to allow flagging of files.
- **These changes resulted in an increase in pediatric patients (ages 0-14 years) started on ART from 20% at baseline to 33% over six months and adult ART initiation from 45% to 61% over the course of six months in Mbagathi Hospital (Figure 1).**

PHFS (Kwale County, APHIA Plus Nairobi- Coast)

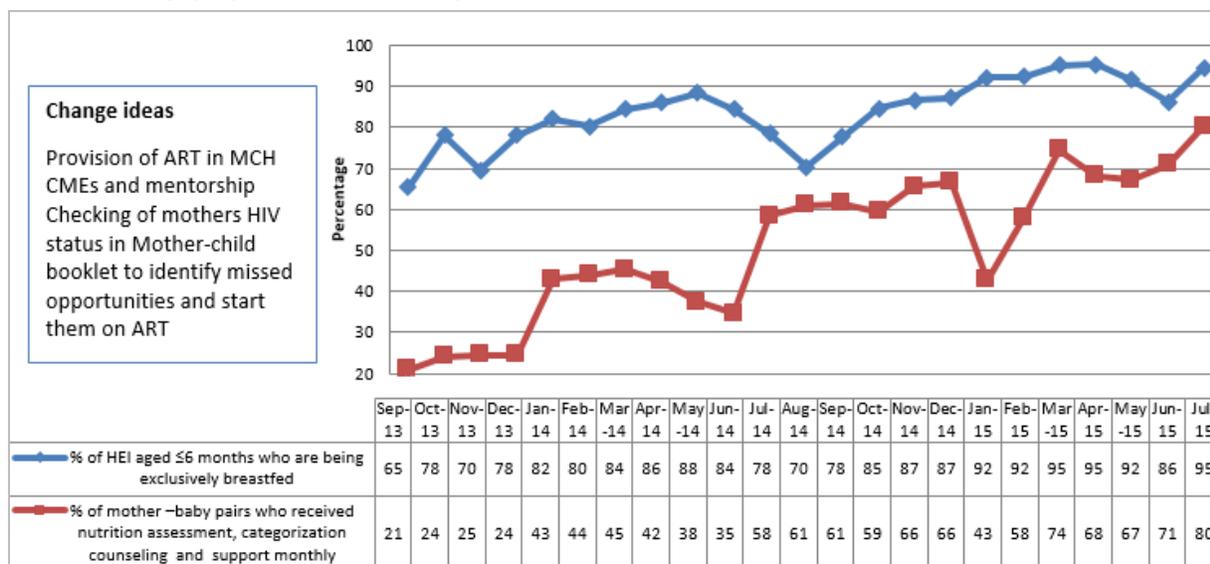
- **Supported implementing partner in improving documentation and supporting QI activities at the 13 facilities, supported a PHFS learning session; and conducted QI data validation in 11 of the 13 facilities (Q1-2, FY15).** ASSIST conducted a data quality assessment (DQA) of PHFS data by going to the source documents (i.e., HIV-exposed infant [HEI] register, patient files and mother-baby pair register). The HEI register and patient files were up to date in only three of 11 facilities visited. The mother baby- pair register was in use in 10 of the 11 facilities. It was up to date and accurately used in six of the 11 facilities, was reported to be easy to use than the HEI register. On the job training was done to those who had difficulty in using any of the three tools.

Figure 1: Percent eligible for ART, started on ART, Mbagathi Hospital (July 2014 – Dec 2014)



- Supported PHFS learning sessions in Kwale County (Feb 16-17, 2015). Sharing and learning of change ideas took place and a package of ideas was suggested to be implemented across all facilities in the County. Fifty-seven participants from the 16 participating facilities developed work plans which they were to share and validate with the rest of their team members. The results are shown in Figure 2.

Figure 2: Percentage of HEI receiving NACS and exclusively breastfed for 6 months, 16 sites, Kwale County (Sept 2013 – Jul 2015)



- In Kwale County, the county QI team has been actively following nine PHFS indicators in 13 high- and mid-volume sites. The county has demonstrated that QI works, as shown in Figures 3-5. Figure 5 shows that the percentage of HIV-exposed babies who test positive on a DNA-PCR test was reduced from 15% in January-March 2012 to 0% in January-March 2015. Comparing the median HIV positivity rate before the intervention (9%, Jan 2012-Sept 2013) with the median since the PHFS work has been conducted in Kwale County (4%, Jan 2014-Mar 2015), there is evidence of a clear shift in PMTCT outcomes in the intervention sites.

Figure 3: Percentage of pregnant women on ART and nevirapine, 16 sites, Kwale County (Sept 2013 – Jul 2015)

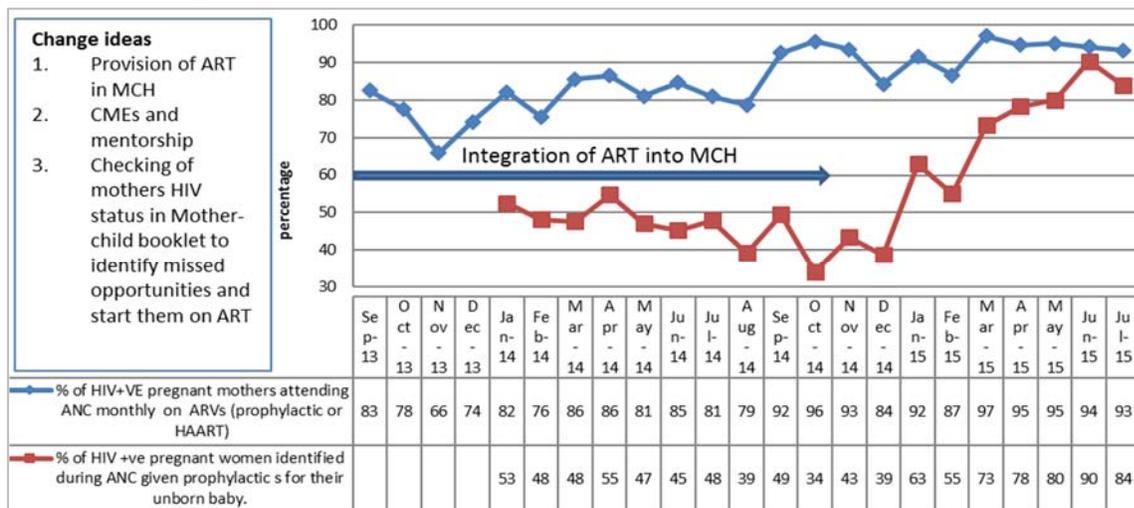


Figure 4: Percentage of HEI receiving NACS and exclusively breastfed for 6 months, 16 sites, Kwale County (Sept 2013 – Jul 2015)

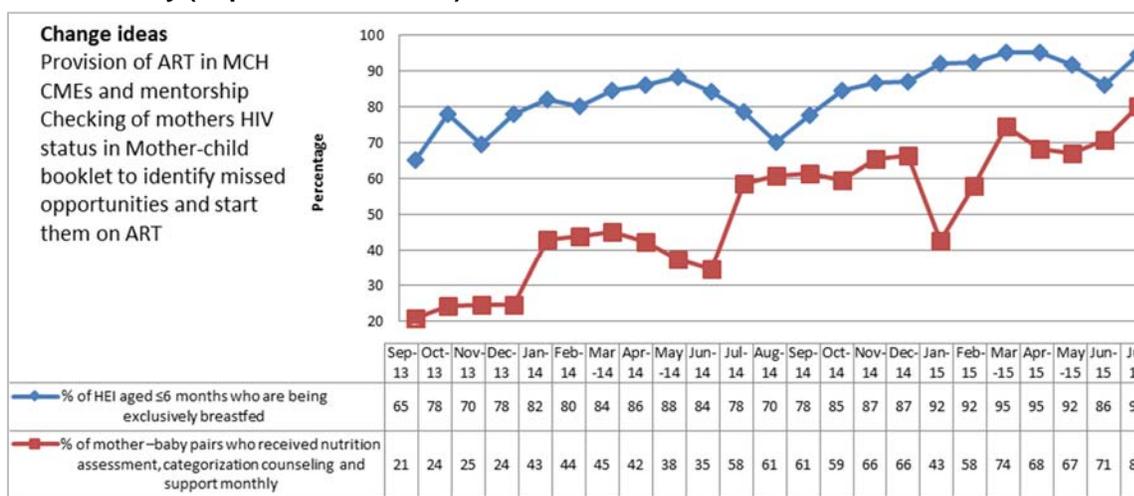
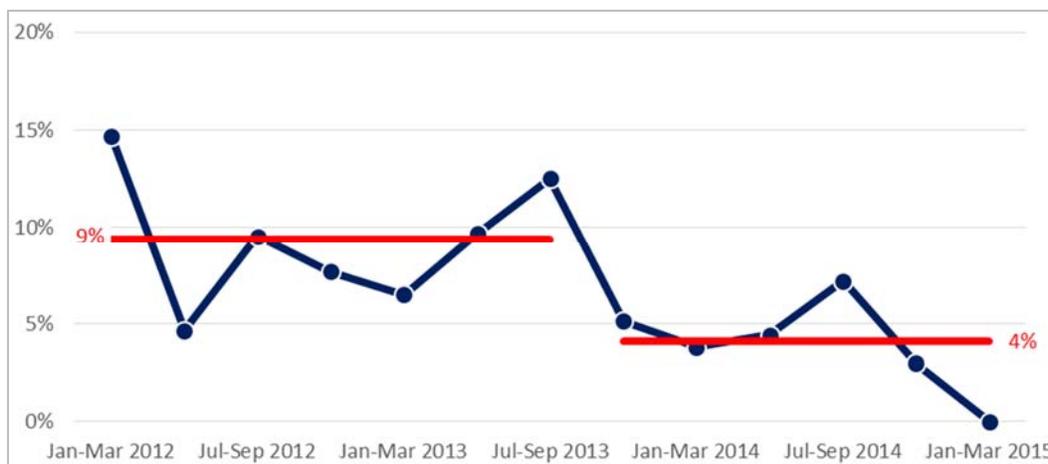


Figure 5: Reduction in MTCT rate, 15 sites, Kwale County at 6 weeks (DNA-PCR) (Jan 2012 – March 2015)



HIV Care and Treatment

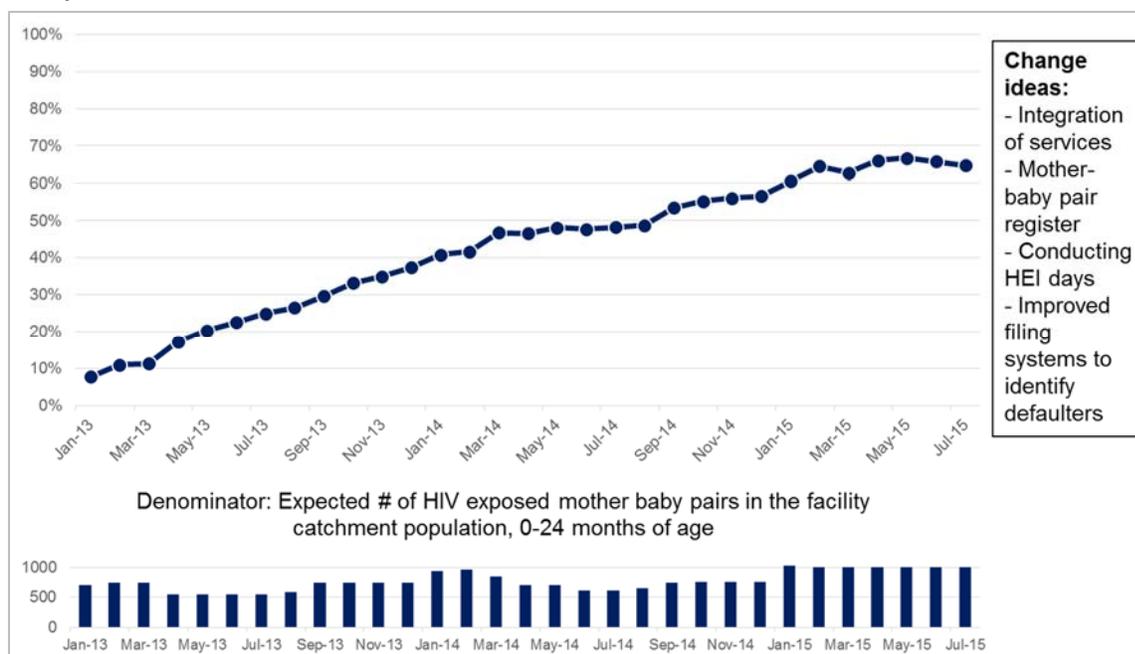
APHIA Plus Western (Kakamega County): APHIA Western together with ASSIST selected eight sites from Kakamega County for QI demonstration. The sites were required to follow three HIV QI indicators: 1) Integrating nutrition assessment, counseling, and support (NACS) into CCC; 2) measuring viral load of clients at least every six months; 3) tracking patients with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) linked to food-by-prescription programs.

- Throughout the reporting period and through monthly QI mentorship meetings, ASSIST supported the APHIA Plus Western in implementing QI activities in 14 high caseload facilities in six counties.
- ASSIST provided QI mentorship visits to seven facilities, in order to enhance use of improvement methods by the counties Health Management Teams (HMT), sub county HMTs, and health providers in the facilities and to follow up from the CQI training done in the previous quarter (Q2, FY15). In addition, ASSIST aimed to foster the integration of NACS as a core component in critical healthcare service delivery areas especially HIV/AIDS care and treatment. During the mentorship, a number of challenges were addressed, including poor use of partographs; poor documentation on tuberculosis (TB) screening and use of TB intensified case finding cards; documentation or no accurate records for HEI mortality and gaps in loss to follow up and defaulter tracing.
- In five sites, the percentage of HIV-positive clients categorized with moderate or severe acute malnutrition and provided with food by prescription increased from 21% in January 2015 to 65% by August 2015.

APHIA+ Nairobi- Coast (Kwale County PHFS): To increase mother-baby pairs in active care, teams have been testing the following changes: developing a mother-baby register; conducting HEI days; and improving filing systems to identify defaulters.

- Results achieved are shown in Figure 6.

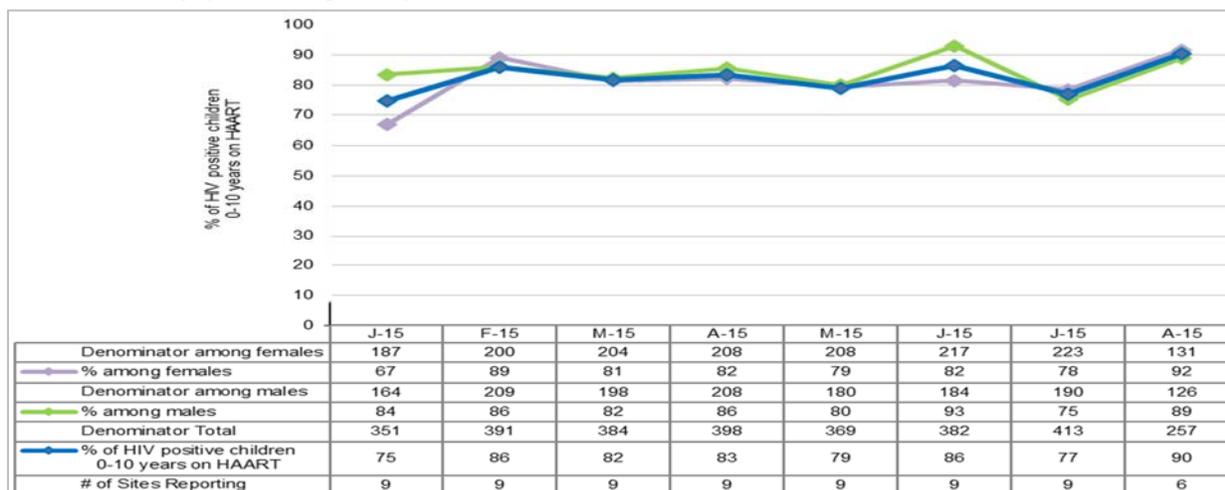
Figure 6: Increase of mother-baby pairs in active care, 16 sites, Kwale County (Jan 2013 – July 2015)



APHIA Plus Nairobi- Coast (Nairobi County): The QI teams in Nairobi worked on the following change ideas: Scheduling patient appointments; ensuring retention into care of HIV positive children ages 0-10 through scheduled appointments; screening HIV positive patients for TB using intensive case finding cards.

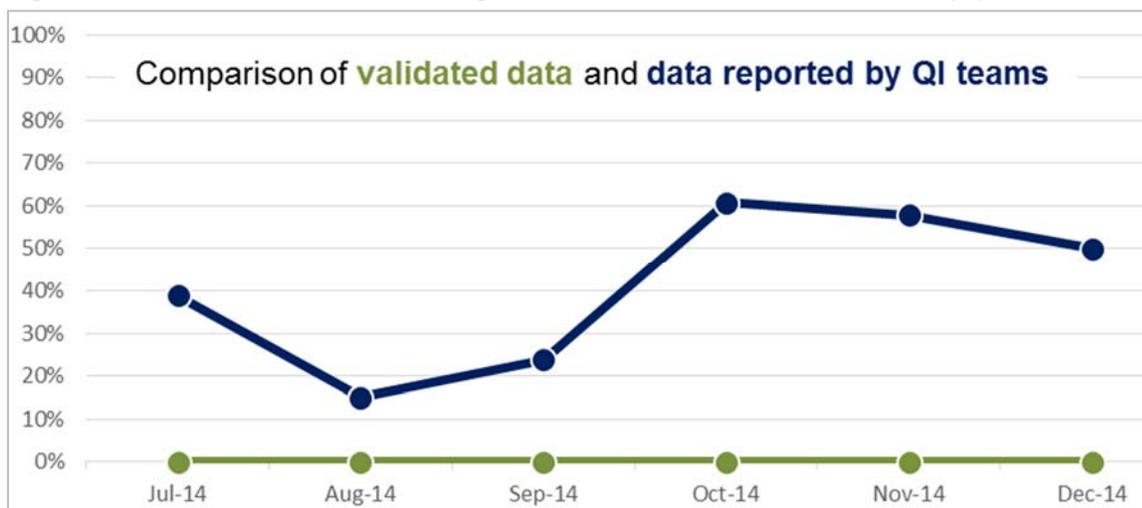
- **Results:** At nine sites, teams have seen an increase of patients keeping their scheduled appointments from 58% in January 2015 to 73% in August (**Figure 7**).

Figure 7: Percentage of HI- positive children 0-10 years on highly active ART (HAART), 9 sites, Nairobi County (Jan – Aug 2015)



APHIA Plus Imarisha (Isiolo County): ASSIST conducted QI data validation to the only facility in Isiolo County that is implementing HIV QI work focusing on 5 out of the 11 HIV QI indicators (Jan 2015). **Figure 8** provides a summary of the findings.

Figure 8: Percent CD4 baseline testing at enrollment into care, Isiolo County (Jan 2014 – Dec 2014)



Validation of data continues to be useful in collecting data errors in summary tools that are used to populate the national health Information summary data.

- **ASSIST supported USG implementing partners (APHIA Plus Western, APHIA Plus Imarisha and APHIA Plus Nairobi- Coast) in implementing and tracking NACS QI indicators (Q2 FY15).**
 - Supported a NACS mentorship meeting in Migori County under APHIA+ Western (Jan 2015)
 - Conducted a NACS QI data validation exercise for Isiolo County Referral Hospital, Garbatula Sub district hospital and the comprehensive care clinic (Feb 2015).
 - Noted that the Daily Activity Register improvised black book at triage does not capture any anthropometric measurements for NACS, hence an assumption is made on the NACS data presented that all who go through the triage and have their names recorded in the black book

must have received the anthropometric assessment. ASSIST is working with the teams to find other ways of collecting the NACS data and see how this can inform register reviews.

- Some of the patients categorized as MAM and SAM at triage and referred for management at the nutrition room did not reach the nutrition room, as seen in the validated data presented in **Figures 9-10**.

Figure 9: Percent HIV-positive MAM and SAM receiving food by prescription (both therapeutic and supplementary), Isiolo County (Jan 2014 – Dec 2014)

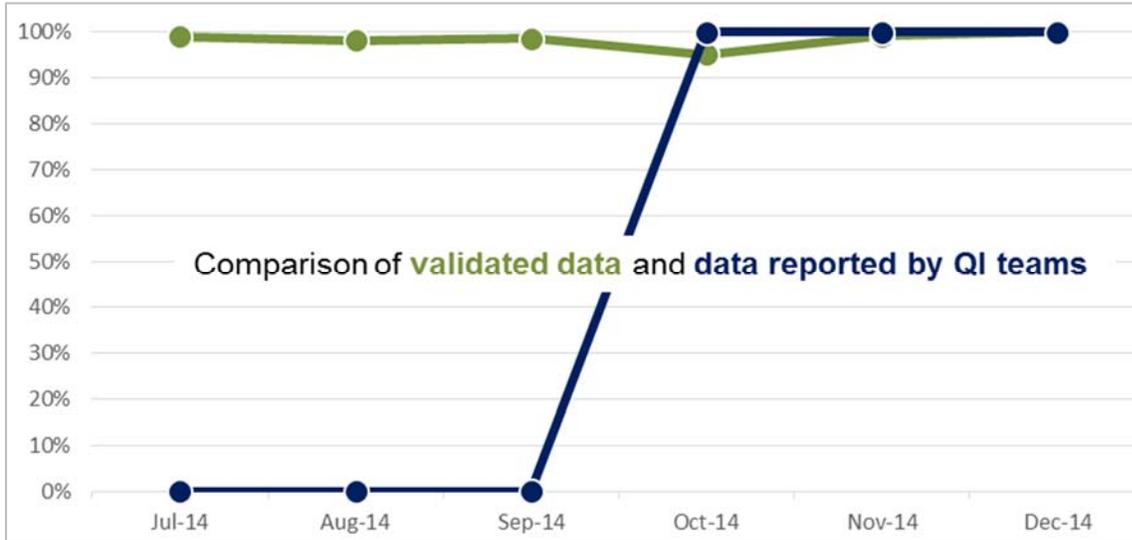
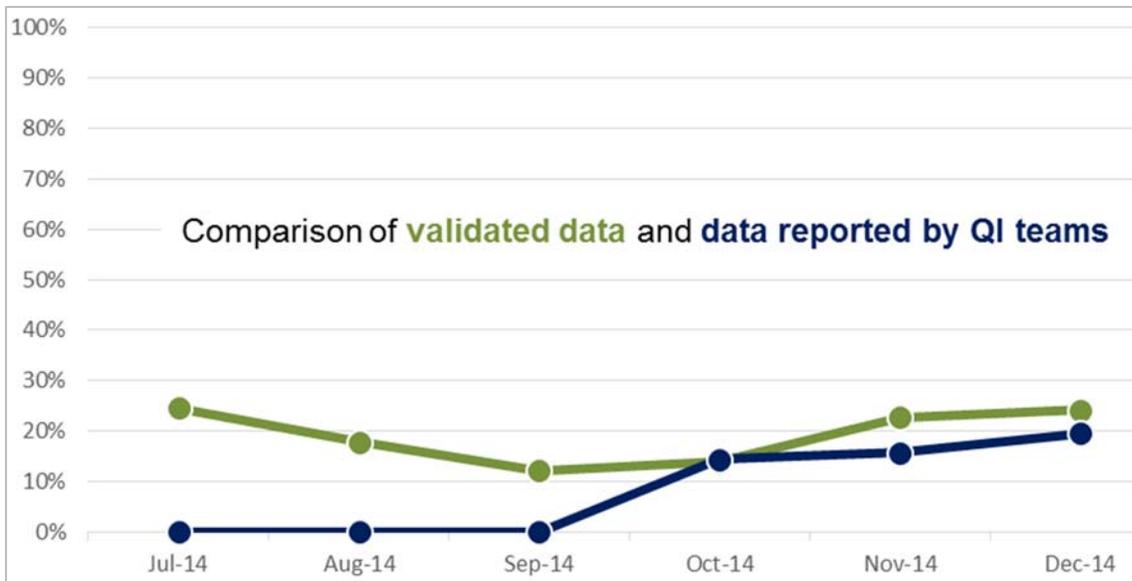


Figure 10: Percent MAM and SAM at the CCC during the month, Isiolo County (Jan 2014 – Dec 2014)

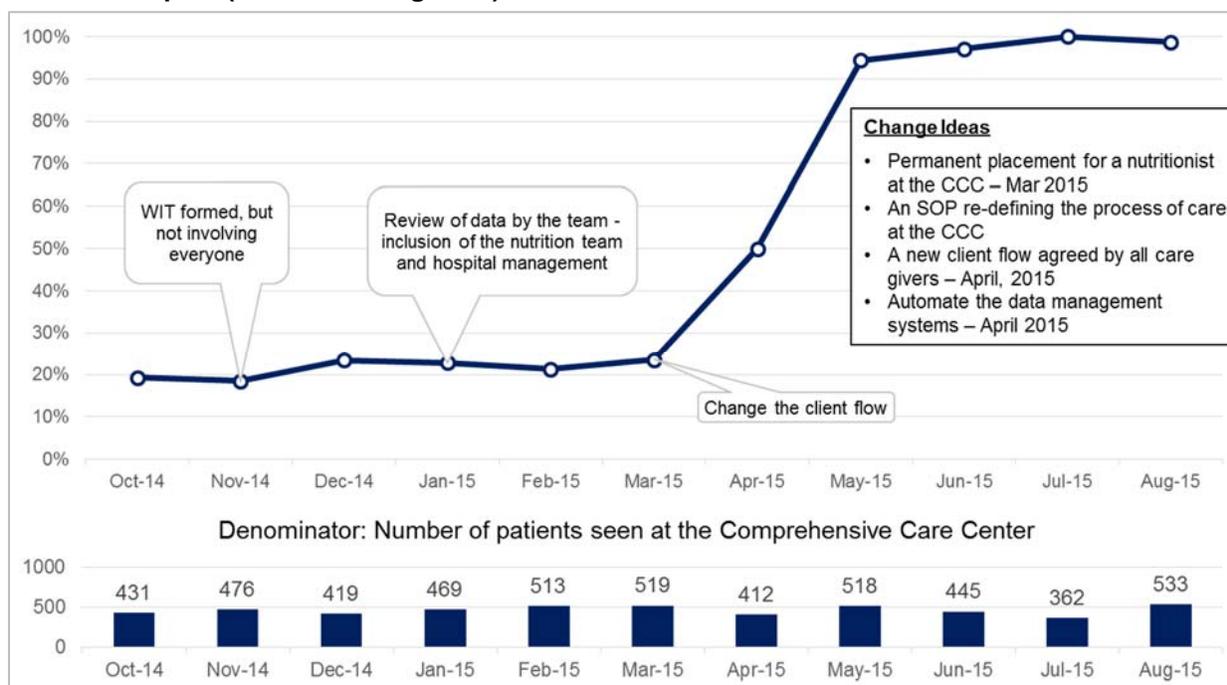


- **Isiolo County** is predominantly a maternal and newborn health (MNH) QI focal county, however, APHIA Plus Imarisha requested ASSIST to support them in making the County Referral Hospital implement QI in the CCC. The site formed several work improvement teams including one in the CCC. Some of the challenges identified included appointment keeping; nutrition assessment and categorization; as well as viral load tracking for HIV positive patients.
- To address nutrition assessment and categorization, the work improvement team established that clients were not being assessed and categorized because of system flow challenges and introduced

the following change ideas:

- All clients will be taken their height and weight measurements at the triage before seeing the clinician
- The clinician will refer all clients to the nutritionist and make sure that the client file is forwarded there before getting drugs
- All clients who are classified as MAM or SAM will not be issued with drugs before they are cleared by the nutritionist
- Date of next appointment will be synchronized between the CCC, pharmacy and nutrition.
- **Figure 11** shows the results after the implementation of the change ideas.

Figure 11: Percentage of clients receiving nutrition assessment and categorization, Isiolo County Referral Hospital (Oct 2014 – Aug 2015)



IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
PHFS	% of HIV-exposed mother-baby pairs (0-24months) in active care	30% (Sept 2013) 16 sites	65% (July 2015) 16 sites	35
	% of pregnant women receiving ART	83% (Sept 2013) 16 sites	84% (July 2015) 16 sites	1
	% of HEI receiving NACS	21% (Sept 2013) 16 sites	80% (July 2015) 16 sites	59
	% of HEI exclusively breastfed for 6 months	65% (Sept 2013) 16 sites	95% (July 2015) 16 sites	30
	% of HEI who test positive on a DNA-PCR test	15% (Jan 2012) 13 sites	0% (Mar 2015) 13 sites	-15
HIV care & treatment (Nairobi)	% of HIV-positive children 0-10 years on HAART	75% (Jan 2015) 9 sites	90% (Aug 2015) 9 sites	25
Isiolo	% patients receiving appropriate NACS	20% (Oct 2014) 1 site	100% (Aug 2015) 1 site	80

SPREAD OF IMPROVEMENT

ASSIST will scale up PHFS to 10 other health facilities within Kwale County and integrate PHFS activities in eMTCT interventions in Taita Taveta, Uasin Gishu, Kakamega, and Turkana counties in FY16.

NACS-related interventions will be implemented in high case load facilities in Uasin Gishu, Turkana, and Kakamega counties.

Activity 4. OVC and child protection

OVERVIEW

ASSIST supports the MOH, the MLSS&S through the Department of Children Services (DCS) and the NCCS in strengthening the child protection system for improved service delivery. Key activities included: 1) pre-testing and validations of the PSS guidelines for vulnerable children; 2) finalization of the national directory of child protection service providers; 3) the national plan of action for children; 4) national child sector strategic plan.

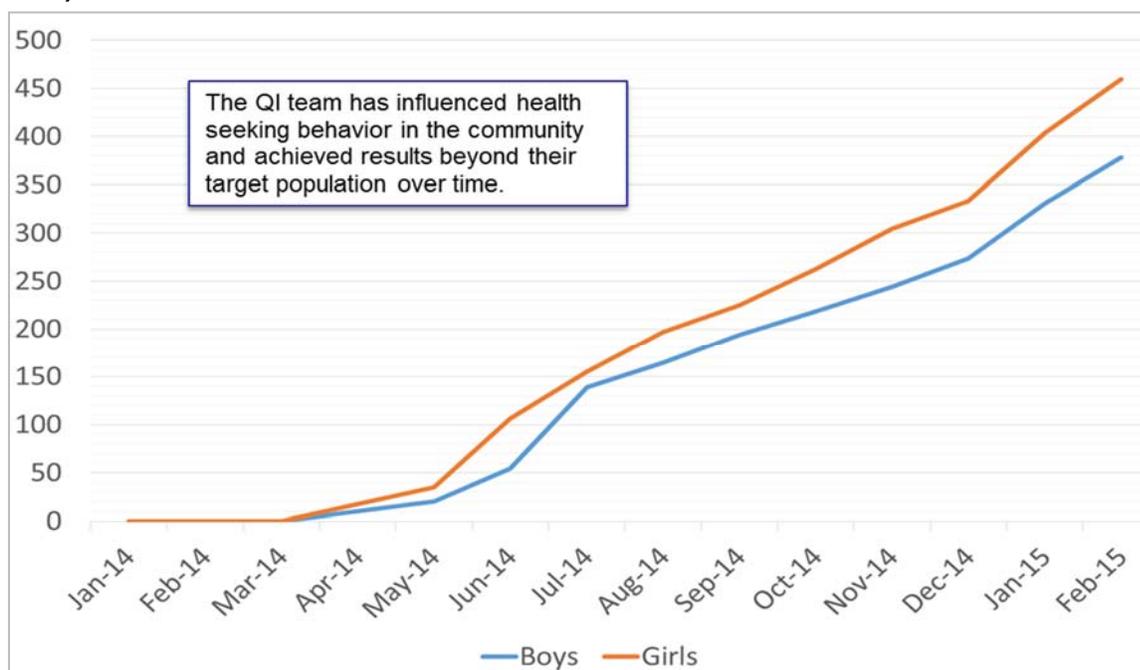
KEY ACCOMPLISHMENTS AND RESULTS

- **Development and finalization of child protection directory.** ASSIST supported the development of the mapping tool and rollout of mapping in 45 counties. The stakeholder mapping was finalized in February 2015. ASSIST supported the NCCS to collate all data collected into a directory that launched by the Cabinet Secretary in the MLSS&S in June.
- **Development and finalization of national referral tool for child protection finalized and disseminated** (Nov 2014). ASSIST supported the NCCS and the Department of Children Services to develop and finalize the national referral tool for child protection. The tool was disseminated and distributed to the 47 counties.
- **Finalization of the child sector strategic plan:** ASSIST supported the Ministry to conduct a validation of the national child sector strategic plan (Dec 2014).
- **Finalization of the National Plan of Action for Children:** Conducted a stakeholder review on the draft NPA was held in February and March 2014. The NPA was launched in June 2015 by the Ministry.
- **Development and finalization of national psychosocial support guidelines.** ASSIST supported the Ministry to review draft PSS guidelines and prepare pre-test protocols for the guidelines. The final pretest draft shared with the ministry in January 2015. ASSIST supported the MLSS&S to conduct a validation in September and the guidelines Have been signed off by the Ministry are awaiting a launch in January 2016.
- **Two learning sessions were held for AMPATH Plus, APHIA Plus Western Kenya and ICOP projects.** QI teams from Migori, Siaya, and Homa Bay counties participated in the learning session. The learning sessions were supported by ASSIST and held in March 2015. The ASSIST team provided technical support to the teams and coaches on core principles of QI including data management, documentation and QI principles.
- **ASSIST conducted a harvest meeting for QI teams in Coast Region** (Feb 2015). Twenty QI teams from Mombasa, Lamu, Taita Taveta, Kwale and Kilifi counties were represented. The essence of the harvest was to prepare the teams for APHIA project close out and document key lessons and best practices emerging from the QI teams experience. ASSIST also was able to transition the QI teams to the government in preparation for site takeover by the project that will replace APHIA+. Savings and Internal Lending Communities (SILC) and Village Savings and Loan (VS&L) are scalable approaches to house hold economic strengthening, most QI teams reported seeing significant changes in household where the caregivers were members of these groups.
- **ASSIST teams conducted coaching and mentorship to the eight projects during the reporting period.** A large effort was implemented to ensure the partners adopt QI methodologies in OVC care and provided support to build their capacity to sustain the gains of their interventions over time. The coaching visits are jointly done with the partner level leadership and QI team coaches for each county. The AMPATH Plus team in Uasin Gishu received two coaching visits in November 2014 and January 2015. The four QI teams in the county have made a lot of progress in their ability to respond to the needs of all children in the community. The involvement of the government community leaders

in the QI teams have enhanced community participation in responding to the needs of vulnerable children.

- **At APHIA Plus Kamili, the Hope Valley Family Institute (HVFI) QI team has been working with the community to promote community facility linkages.** The team had initially focused on 500 children supported by the project but has over time expanded their scope to reach out to all the children in the community. The change ideas include: Sensitizing caregivers in importance of health seeking behavior, linking caregivers to National Health Insurance, negotiating with health facilities for fee waivers for needy cases and monitoring community facility linkages. **(Figure 12).**

Figure 12: Number of children linked to health services, HVFI - Nyandarua County (Jan 2014 – Feb 2015)



- **Support to USG partners and counties in mainstreaming QI in OVC and child protection programs:** During the reporting period, ASSIST continued to offer QI TA to county governments, and USG partners including APHIA+ Nairobi- Coast, AMPATH+, APHIA+ Nuru ya Bonde, Wezesha, ICOP, APHIA+ Kamili and APHIA+ Western Kenya. The support focused on the following change ideas:
 - How to actively apply the science and model of QI to address quality gaps in OVC service delivery
 - Scaling up tested change packages that address gaps which will include;
 - Household economic strengthening to address gaps in the other seven service areas
 - Local resource mobilization to address issues affecting children at different levels and enhance social accountability
 - Establishing linkage systems at various levels to enhance service delivery

APHIA Plus Kamili (Municipality QIT in Embu West): The QI teams conducted a self-assessment based on the standards, conducted focused group discussions with children, their caregivers, and the community and administered the Child Status Index (CSI) on 1,000 children and identified the following service areas as causing major challenges:

- Shelter: many children were living in a dilapidated shelter that caused a risk to their safety and health
- Education: vulnerable children were not attending school regularly
- Food security affecting their well being

The team carried out a root cause analysis and found that the problems are due to household poverty drunkenness and drug abuse among most caregivers. Below are the change ideas the team proposed to address the gaps:

- Rehabilitation of parents/guardian/caregivers through community forums
- Holding public meetings through the area sub chiefs and other community leaders to encourage caregivers on importance prioritizing shelter as a basic need for children instead of misusing the little income they get for alcohol and drugs.
- Initiate modern agricultural practices to increase household food security

Implementation work in Embu started in May 2015, and by September 2014, 40 houses had been renovated through community efforts, and 210 children live in dry and safe shelter.

To address education, the team worked with parents, children and teachers to ensure children education and nutrition needs were met. **Figure 13** shows the number of children of school going age (3-18 years) who were now able to attend school regularly (i.e., the entire school week as stipulated in the Ministry of Education guidelines) and **Figure 14**, the number receiving three meals a day.

Figure 13: Number of vulnerable children reintegrated into school and attending school regularly, Embu West (May – Jun 2015)

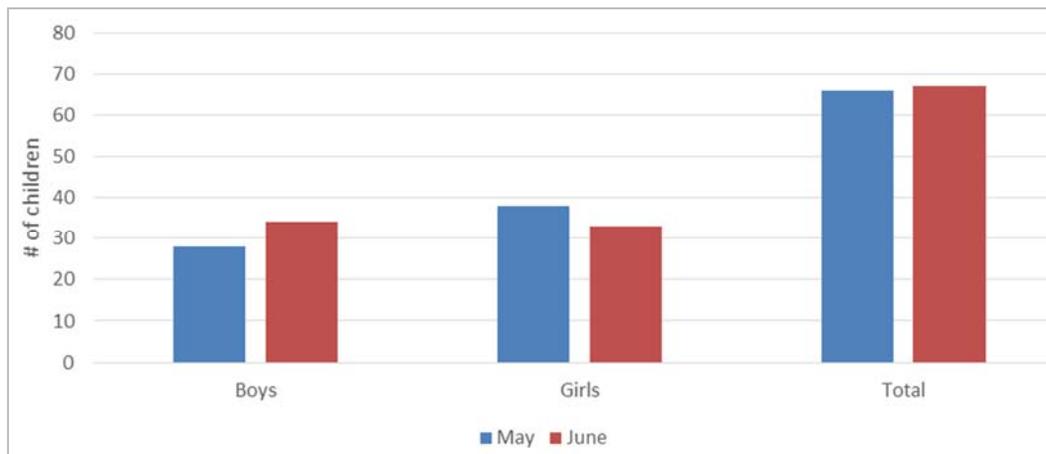
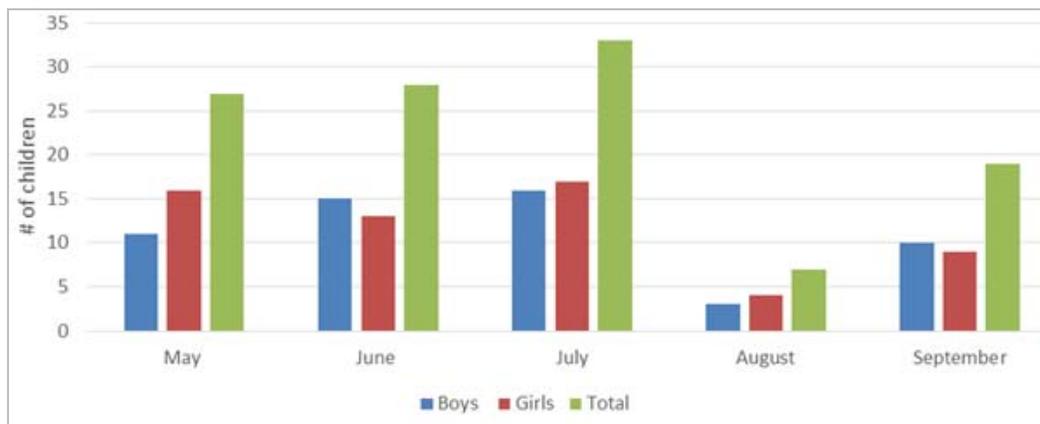


Figure 14: Number of vulnerable children eating three meals a day, Embu West (May – Sept 2015)



Mbeti North QI team, Embu West: The team administered the CSI in March 2015 and identified educational problems among the children supported by the local implementing partner. Among the 2,000 children supported, 200 were not regularly attending school. As a result, the team carried out root cause analyses of this issue and found that the major reasons for not attending school included:

- Lack of paraffin in the homes to enable children do homework and revisions at home in the evening. This was attributed irresponsible caregivers and alcoholism.
- School drop-outs due to early pregnancies and to caregivers not paying school fees for their children on time since to most of them it wasn't a priority.

The following are change ideas the team proposed and implemented:

- Educate caregivers on the importance of ensuring resources that enable children study are available to improve their performance
- Use the local government officials to discipline caregivers who failed to provide for their children
- Educate caregivers on food storage and post-harvest management to ensure children and their households have food to eat all the year round
- Train caregivers on household economic strengthening as a boost to their meeting vulnerable children basic needs
- Support children to improve their performance through school based mentorship programs

So far, with the above change ideas were implemented, the following vulnerable children who previously were not regularly attending school are now attending school regularly.

Kangaru QI Team: Service area: Shelter. Kangaru area is an informal settlement in Embu town that experienced fire disasters rendering 98 OVC and their households homeless. The QI team and the local government administration worked together to address shelter, food security and educational needs of the affected children and their households. An additional 25 children lived in bad shelters because of caregivers' apathy and inability to ensure that children had access to adequate shelter

The teams implemented the following change ideas:

- Mobilize the community to put up shelter and provide household items to the affected families affected by the fire.
- Sensitize and link caregivers to household economic strengthening to enable them to get money for renovating houses that are in bad conditions.
- Report non cooperating caregivers to the local government officials to ensure they renovated their houses.

Mwelekeo QI Team, OI-Kalou: Service areas: PSS and education. The decision to address these two services was prompted by the QI teams and community health volunteers' observation of vulnerable children's social behavior during household visits which was also established a contributing factor to their low education performance during community meetings.

The QI team proposed implementing the following change ideas to address the situation:

- Conduct individual counseling to five OVC to ensure their intellectual and emotional wellbeing
- Empower orphans and vulnerable children to recognize their psychosocial needs and not be ashamed to ask for support
- Work with caregivers to reestablish PSS clubs for children
- Provide ongoing support and mentorship to caregivers during home visits to enhance their parenting skills
- Provide information to children and caregivers on vulnerable children's social needs
- Continuous mentoring for caregivers and children

During the months of April-June, a total of 308 orphans and vulnerable children were supported on PSS and are now accessing education as expected. The team continues to monitor their performance in schools

APHIA Plus Western Name of QI team: Dago Dala Hera: The QI team is addressing household economic strengthening to enhance integrated service delivery to children and their households across education, food security and health, shelter, and child protection. To ensure sustainability and continuity in service delivery, especially targeting the most vulnerable children, the team has embarked on local resource mobilization through the one egg per child per month initiative where every child who has received hens from the project must give to one egg per month back to the project. The community-based organization (CBO) sells the eggs and puts the money in a kitty that helps them respond to need of vulnerable children as they arise.

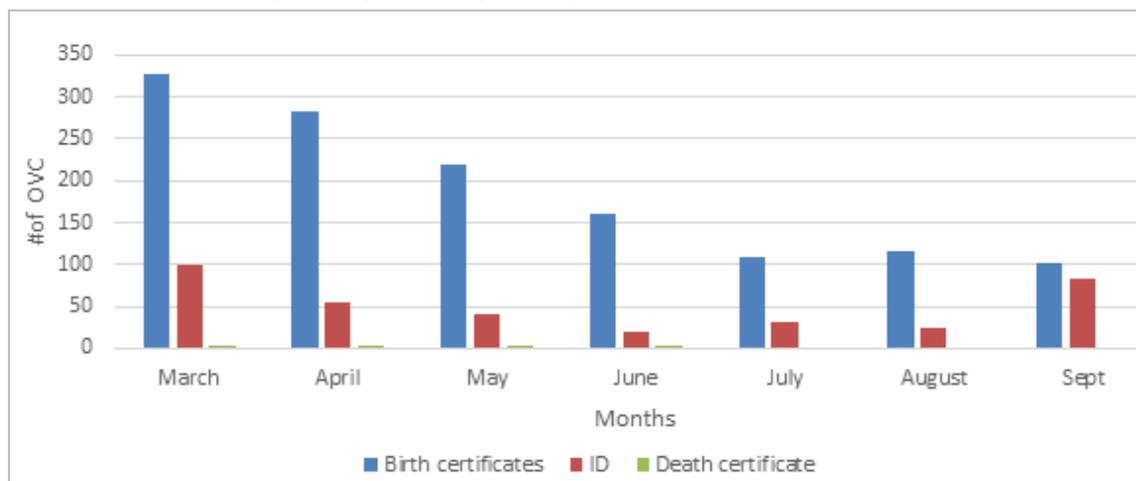
AMPATH Plus Name of QI team: Kapseret: Service area: Child protection.

Change ideas:

- Create awareness to caregivers on the importance of getting vital civil registration documents
- Educate community members, particularly children on child protection and when and where to report cases of abuse, exploitation, and neglect

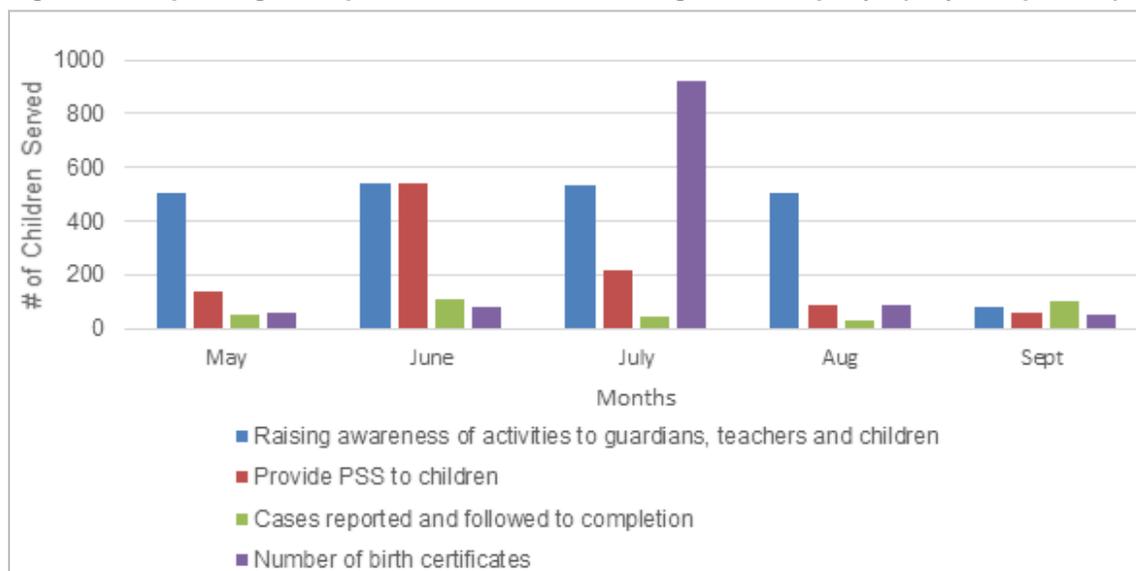
- **Figure 15** shows the progress made by QI team Kapseret in increasing the number of children with identification.

Figure 15: Increase in children accessing birth certificates, caregiver identification, and parental death certificates, Kapseret (Mar – Sept 2015)



QI team Kapsoya: Focused on improving child protection, the QI team tested the changes and achieved the results in **Figure 16**.

Figure 16: Improving child protection and case management, Kapsoya (May – Sept 2015)

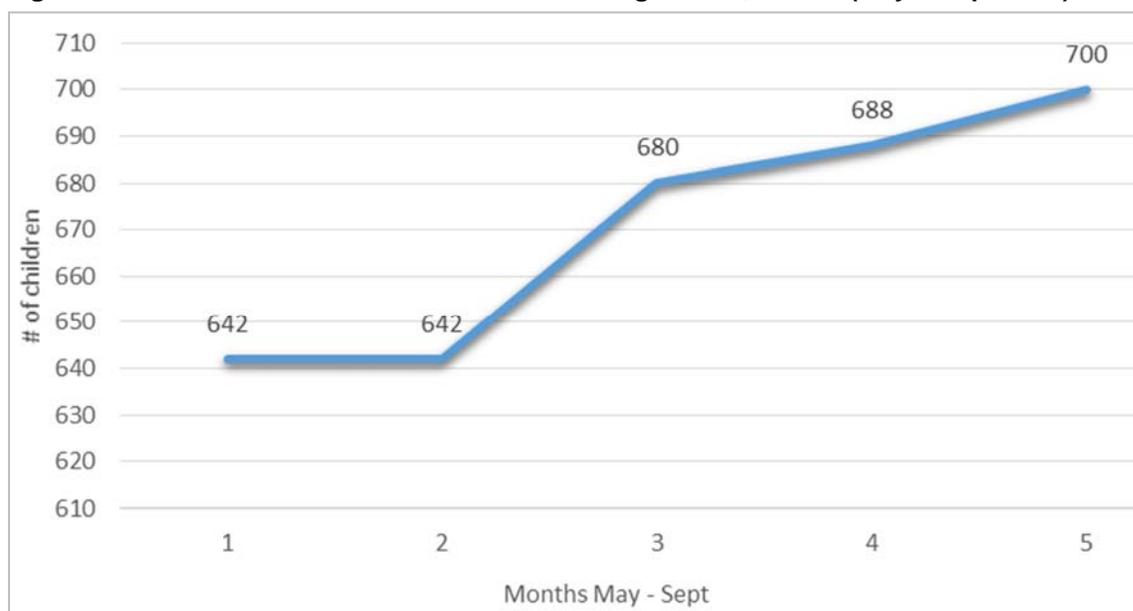


QI team Tulwet: Focused on improving education, the Tulwet QI team tested the following changes to increase the number of children attending school. Results are shown in **Figure 17**.

Tested to improve education attendance

- Awareness creation to guardians on the importance of education
- Mobilizing guardians to join groups VS&L to pay fees, buy solar lamps, and meet basic needs
- Providing PSS to children and guardians
- Linking guardians to VS&L to enable them pay levies for their children
- Identifying boys who were circumcised and taken through PSS sessions and reintegrated into school
- Rescuing girls from early marriage and reintegrated into school

Figure 17: Number of vulnerable children attending school, Tulwet (May – Sept 2015)



- The ASSIST team is addressing gender issues in OVC and addressing those (see the Gender Integration section).

SPREAD OF IMPROVEMENT

ASSIST will document key lessons and best practices on the achievements and share them with the government and USAID implementers for spread.

Activity 5. Maternal, newborn, and child health and reproductive health

OVERVIEW

The Millennium Development Goals four and five², concerning child and maternal mortality, are the two goals with the least progress made globally and in Kenya. Despite the underwhelming performance, considerable momentum has been created to transition many of the gains into the Sustainable Development Goals (SDGs) as launched by the United Nations in 2015.³ There is still an emphasis on improving maternal, neonatal and child health indicators as primary targets in the SDG 3. While global, regional, and national policies and strategies exist to improve MNCH; and interventions to prevent maternal, neonatal and child deaths are available in Kenya, MNCH indicators remain unacceptably poor. Progress has been hindered by poor policy implementation and weak health systems, which do not engage with, or respond to, community needs. This results in poor access and utilization of preventive and curative health services. ASSIST aims to support low-cost, effective QI approaches that can address the challenges raised above and in recognition that newborn and maternal health and survival are closely linked.

ASSIST's strategy is to apply a system approach to QI by providing technical assistance to county governments and APHIA Plus projects to improve and strengthen maternal, neonatal, child, and reproductive health services in Kenya. The strategy focuses on a sample of counties with a spectrum of facilities selected and developed as centers of excellence (COEs) through which QI is applied to generate change ideas that can be scaled up across the system.

² Millennium Project. *The Millennium Development Goals*. Accessible at: <http://www.unmillenniumproject.org/goals/gti.htm>

³ United Nations. *Sustainable Development Goals*. Accessible at: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

KEY ACCOMPLISHMENTS AND RESULTS

APHIA+ Nairobi, APHIA Plus Imarisha

- **Monthly facility level mentorship conducted at Mbagathi District Hospital to follow up on the MNCH and EMONC baseline assessment conducted after the QI training held in October 2014**
- **Conducted a QI orientation meeting with DANIDA-supported facilities.** Following a request from the Isiolo County government, ASSIST gave a brief orientation on the Model for Improvement and steps in QI to a group representing 10 health care facilities supported by the Amref-DANIDA MNCH Project (Jan 13-14, 2015).
- **Conducted orientation of refined QI indicators to selected facilities** (Jan 2015). The eight selected coaches have been taken through the expectation of the QI coaching and the expected capacity support to be provided by APHIA+ Imarisha and ASSIST.
- **Supported four CMEs for the QI coaches on setting up an improvement aim and situational analysis** (Feb- March 2015).
- **Initial data from all the seven facilities was collected and handed to ASSIST and APHIA Plus Imarisha through an agreed structure** (March 2015). Data validation was conducted for all MNH QI indicators and feedback given for three of the seven facilities in March.
- **Combined baseline results (five counties, 40 sites).** The baseline data collected for all the 40 sites from the five counties showed that skilled delivery was still a major issue. Clients' blood pressure was not being monitored or recorded as required, they were not being given oxytocin within a minute of delivery nor was after delivery care happening as required. The sites formed WITs which reviewed their data and came up with the following change ideas:
 - Pairing of experienced staff with new staff
 - Mentorship on use of new WHO partograph tool
 - Monitoring of partograph as part of hand-off
 - Improved documentation
 - EmONC trainings supported by the county and national governments
 - Sub-county and facility-level support supervision
- **Results for the sites that have started testing changes are shown in Figure 18-20.**

Figure 18: Percentage of deliveries with WHO partographs accurately filled in, 40 sites, 5 counties (Jan – Oct 2015)

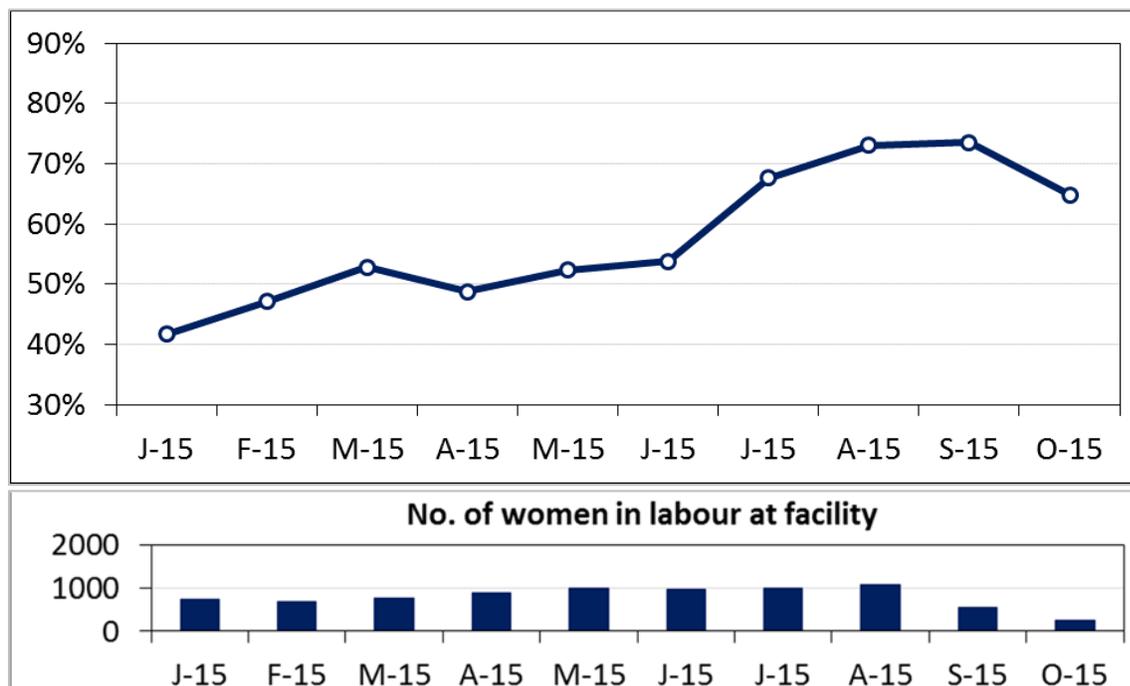


Figure 19: Percentage of women with documented four-hourly blood pressure checks during labor, 38 sites, 5 counties (Jan – Jul 2015)

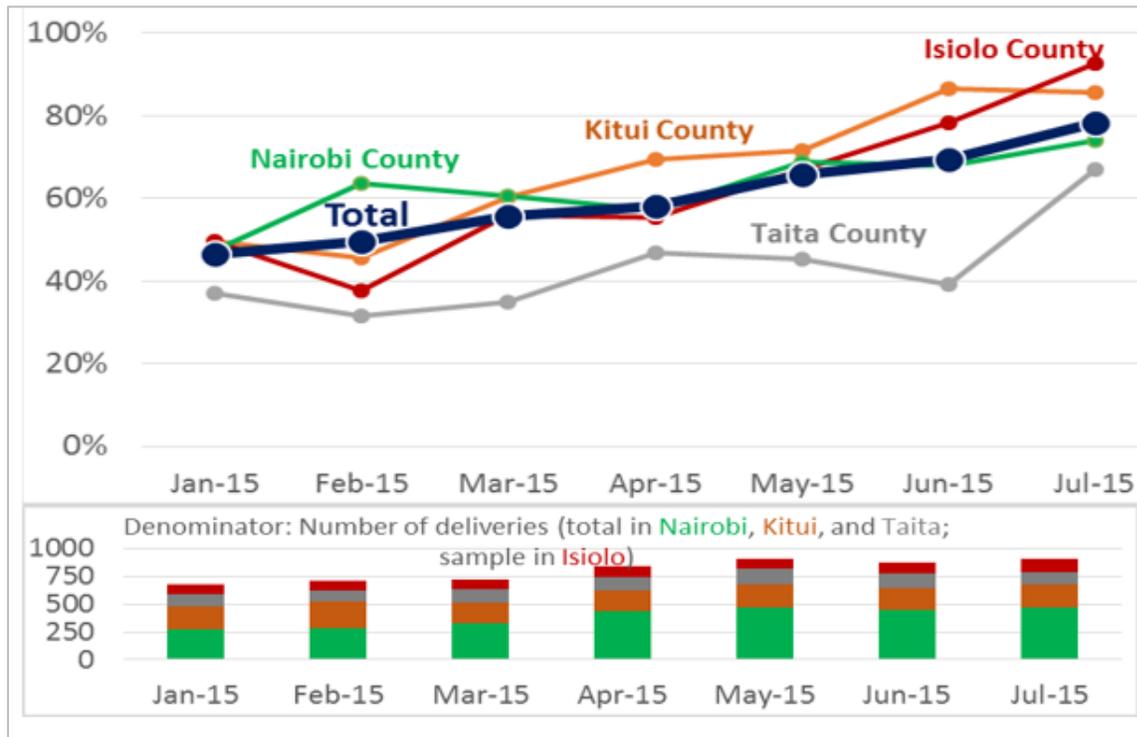
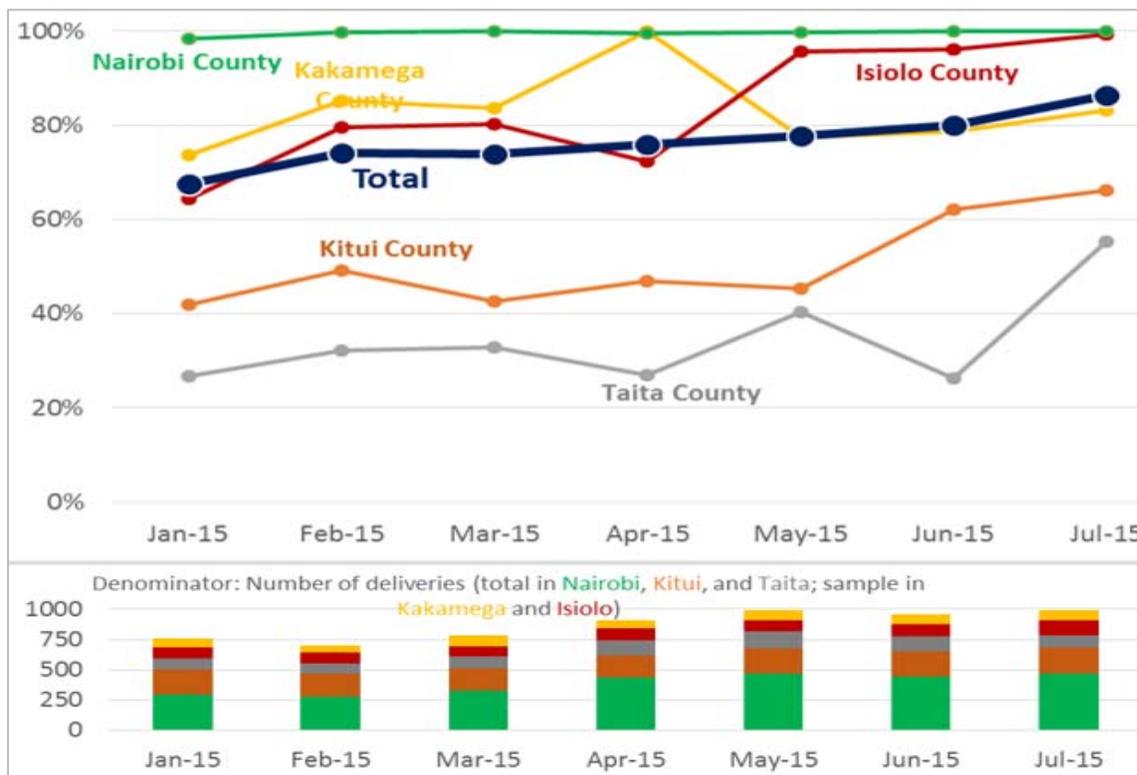


Figure 20: Percentage of deliveries with oxytocin administered for active management of the third stage of labor (AMTSL) within 1 minute of delivery, 40 sites, and 5 counties (Jan – Jul 2015)



APHIA+ Imarisha (Isiolo County)

- A QI collaborative of seven high-volume facilities in Isiolo County. These teams are looking at a compendium of QI process and outcome indicators:
 - Improved monitoring of labor and management of third stage of labor
 - Delivery by skilled birth attendants
 - Completion of four ANC visits and postnatal care of mother and baby
 - Care of the newborn and reduction of infection in maternity units.
- Results achieved by these teams are shown in Figures 21-23.

Figure 21: Percentage of deliveries with AMSTL documented, 7 sites, Isiolo County (Jan 2014 – Aug 2015)

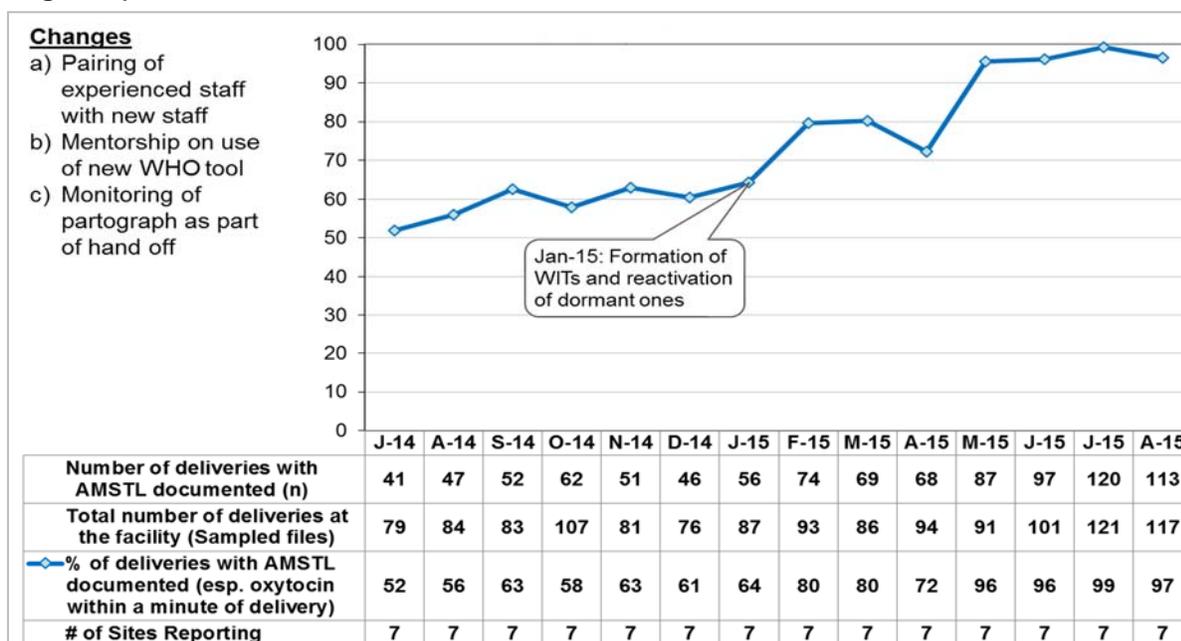


Figure 22: Percentage of deliveries with partographs accurately filled, 7 sites, Isiolo County (July 2014 – Aug 2015)

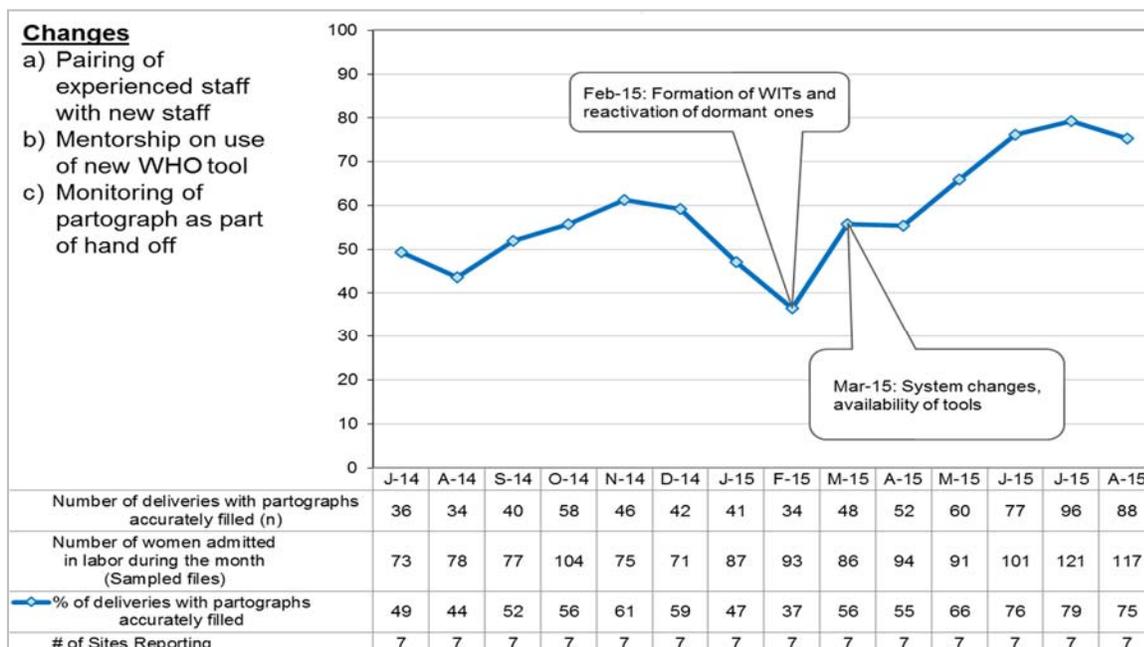
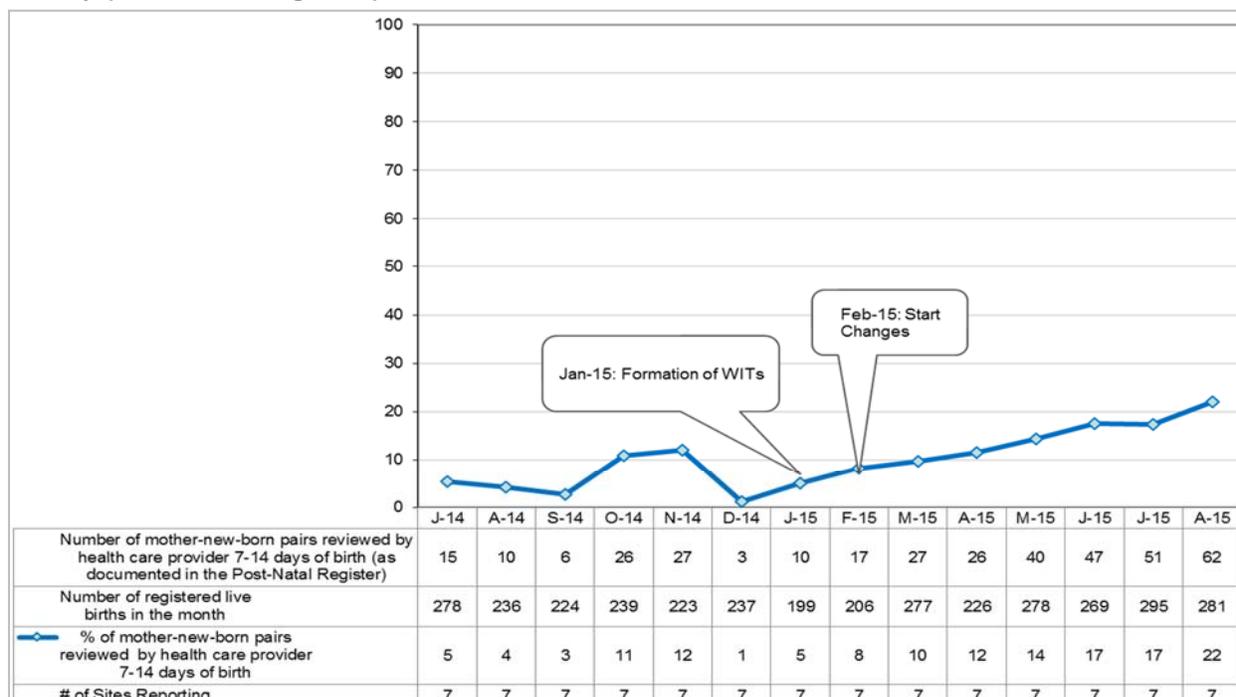


Figure 23: Percentage of mother-baby pairs with postnatal review at 7-14 days, 7 sites, Isiolo County (Jan 2014 – Aug 2015)



- The ASSIST team is addressing gender-related barriers to ANC (see the Gender Integration section).

SPREAD OF IMPROVEMENT

In FY16, ASSIST will support the counties to sustain the gains of the improvement work and support the national Family Health Unit to document and develop a change package that will influence spread to the rest of the counties in the country

IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
MNCH (Kitui, Taita, Kakamega, Isiolo, Nairobi)	% deliveries with partographs accurately filled	42% (Jan 2015) 7 sites	74% (Sept 2015) 7 sites	32
	% of women with blood pressure checks every four hours during labor	46% (Jan 2015) 7 sites	78% (July 2015) 7 sites	32
	% of deliveries with oxytocin administered for AMTSL within a minute of delivery	68% (Jan 2015) 7 sites	86% (July 2015) 7 sites	18
	% postnatal review at 7-14 days at MCH	5% (July 2015) 7 sites	22% (Aug 2015) 7 sites	17

Activity 6. Malaria

OVERVIEW

Malaria is the leading cause of morbidity and mortality in Kenya, with 25 million out of a population of 34

million at risk. The disease accounts for 30-50% of all outpatient attendance and 20% of all admissions to health facilities. An estimated 170 million working days are lost to the disease each year (MOH, 2001). Malaria is also estimated to cause 20% of all deaths in children under five (MOH 2006). The group most vulnerable to malaria infections are pregnant women and children under five years of age. ASSIST's improvement aims is to effectively support select high malaria burden counties to develop, test, and adopt change ideas to improve the supply chain for malaria diagnostics and anti-malaria drugs.

The counties selected for malaria QI implementation are Busia, Siaya, and Kakamega. The counties apply QI principles to continuously identify and address performance gaps. The gaps identified with malaria distribution and usage included:

- Mapping out and redistribution of county actors/stakeholders-equity of support
- Formation of robust malaria TWGs at county level pulling together of core partners with regular meetings
- Test and adopt change ideas to improve the supply chain and case management
- Test and Implement QI approaches in selected high load facilities in the various counties

Some of the change ideas adopted by the malaria quality improvement teams in these select counties include the decentralization of distribution systems.

KEY ACCOMPLISHMENTS AND RESULTS

- **County TWG in Siaya constituted and ready to conduct malaria improvement CMEs from October 2015 through FY16**
- **Six monthly QI CMEs were held for high malaria caseload health facilities in Kakamega and Busia counties to promote peer learning and share progress of improvement projects (Oct 2014 – Mar 2015).**
- **Supported counties to hold monthly TWG meetings in Kakamega, Siaya and Busia (Oct 2014 and Mar 2015).** Due to the TWG meetings, county governments have taken control of the malaria quality improvement activities and are now providing leadership among stakeholders.
- **Applied QI techniques in collaboration with Busia, Siaya and Kakamega counties and APHIA+ Western to improve the supply chain for malaria diagnostics and anti-malaria drugs within health facilities.** Overall, improvement was noted (Figures 24-26).

Figure 24: Number of clinical malaria cases, Busia County (Nov 2014 – Sept 2015)

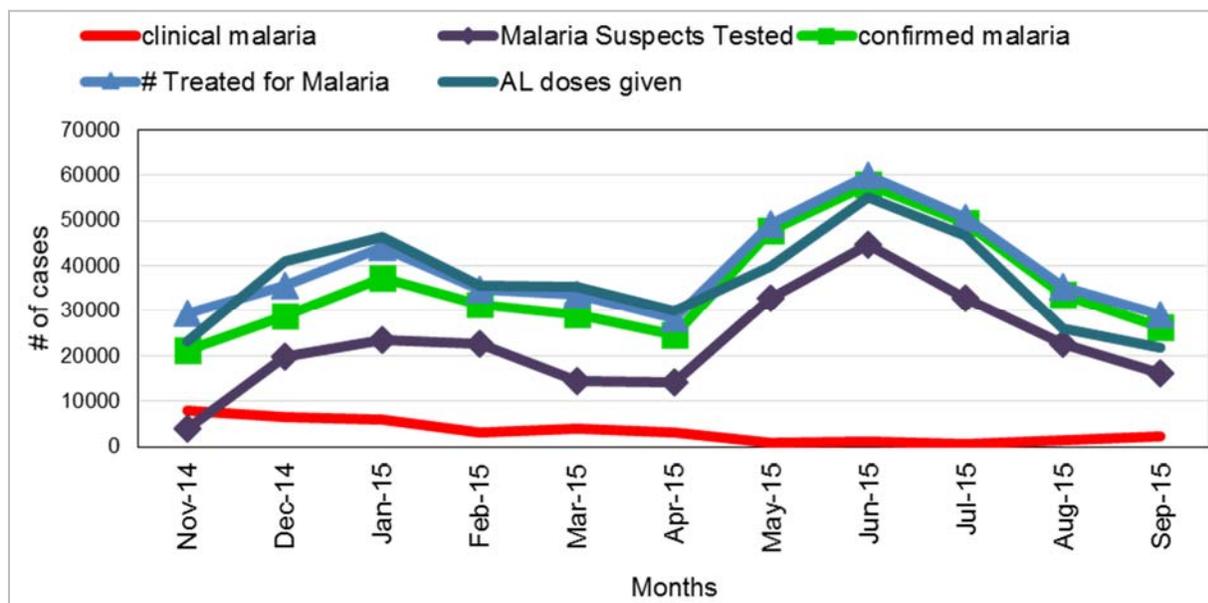


Figure 25: Number of confirmed clinical malaria cases, Kakamega County (Nov 2014 – Sept 2015)

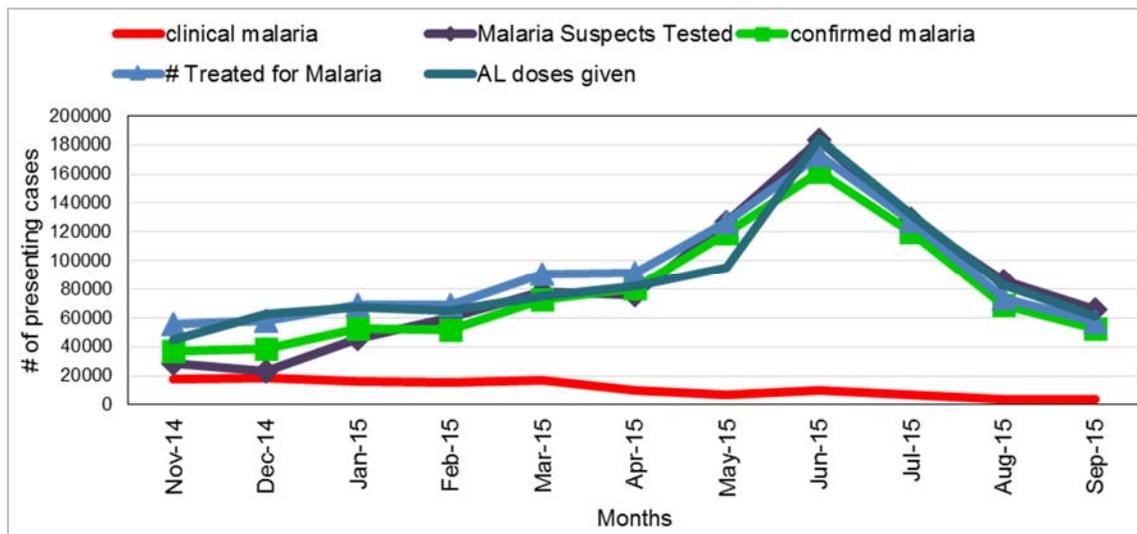
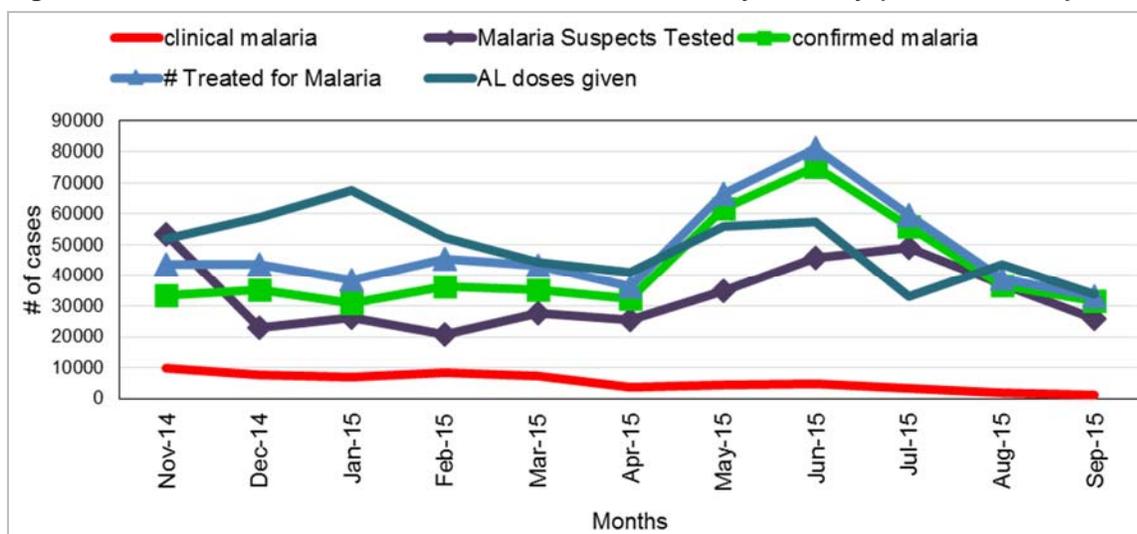


Figure 26: Number of confirmed clinical malaria cases, Siaya County (Nov 2014 – Sept 2015)

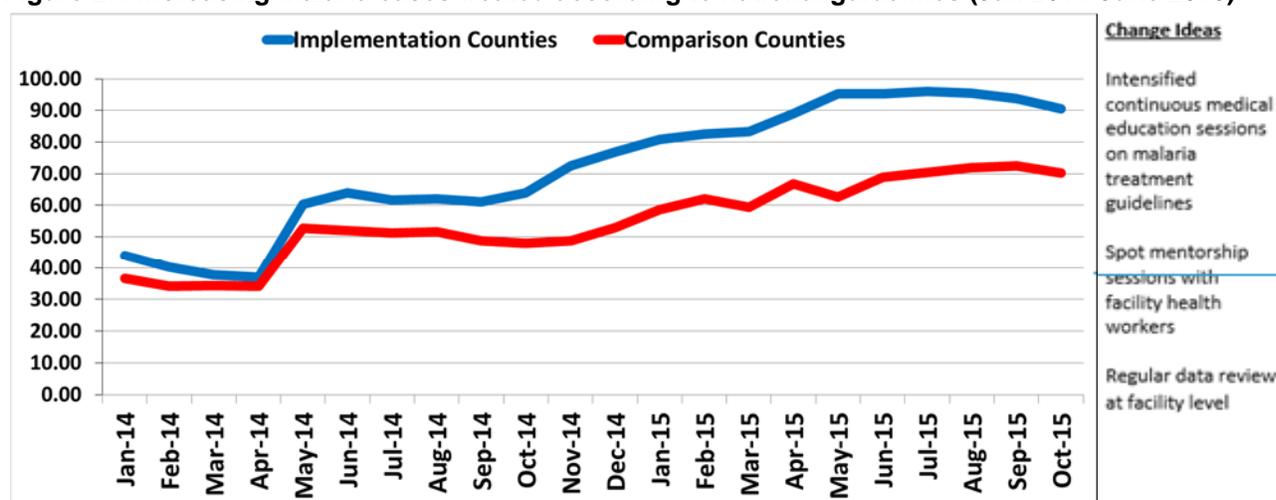


A number of change ideas were implemented, including intensified CME sessions on malaria treatment guidelines, spot mentorship sessions with facility health workers, and regular data review at facility level, which have led to some improvement in key indicators. **Figure 27** shows increased percentage of malaria cases treated in intervention sites and comparison sites. The Ministry has encouraged sharing across sites in meetings which may be the cause of the improvement seen in the comparison sites.

SPREAD OF IMPROVEMENT

A learning session will be held in December 2015 that will help define spread strategy for the key interventions on malaria case management. Non-targeted counties from the endemic region will be invited to the learning session and be assisted to define their implementation work. Case studies on the best practices will be documented and shared with partners and the Malaria Unit for scale-up and spread.

Figure 27: Increasing malaria cases treated according to national guidelines (Jan 2014-June 2015)



IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value	Change (percentage points)
Malaria case management as per the national guidelines on Test, Treat and Track (3Ts)	% of clinically diagnosed malaria cases	28%	6%	-22
	% of diagnostic test confirmed malaria cases	71%	93%	22

Activity 7. Partnerships for Community Child Protection

OVERVIEW

Keeping children safe cannot be assigned to any one person, organization or public child welfare agency. Raising safe and healthy children requires a network of involved and caring parents, extended family, community members, local non-profits, schools, health care providers and local and national government. Ideally, all the systems and processes are functioning in unison, resulting in children that are protected and cared for by their families within supportive communities, and in alignment with strong national regulations and policies. Risk factors such as poverty, disease, disasters, and displacement, have caused some or all of these systems of protection and care to weaken and even to falter. Additionally, recent evidence suggests a significant disconnect between the formal systems of care and protection that are regulated by government and the informal systems operating at the community, family, and child level. Starting in 2012, The Regional Psychosocial Support Initiative (REPSSI), the African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), and the USAID Health Care Improvement Project (HCI) began working together to support existing national groups and district and community networks to improve the effectiveness and reach of child protection systems in four countries, Kenya, Swaziland, Tanzania and Uganda, through the development of an action-oriented, bottom-up community of learning on child and family protection systems that cuts across multiple levels of the system in the four countries. Building on that experience, in FY15, ANPPCAN continued working with ASSIST in improving care for vulnerable children.

KEY ACCOMPLISHMENTS AND RESULTS

- **Developing a protocol for improvement activities in Nairobi, Kenya** to improve child well-being through integration of community and formal child protection mechanisms (Q3-4). ASSIST Kenya has been working with ANPPCAN to design improvement activities in two sites in Embakasi and two in

Dagoretti. The design team is in the process of finalizing Aims, Indicators and Content for the interventions. Indicators will be developed that align with national tools.

Activity 8. Pre-service learning

OVERVIEW

The lack of competency of health care workers to continually improve the quality of care they are providing contributes in part to health care problems such as poor retention in HIV care and treatment or low uptake of highly active antiretroviral therapy among the pediatric HIV-infected population. In December 2014, ASSIST began working with the FUNZO Kenya Project to explore opportunities for incorporating improvement competencies into the curricula of pre-service medical training institutions in Kenya. This work will build upon an improvement competency framework for pre-service education and in-service training that was developed by ASSIST and the Regional Center for Quality Health Care in Uganda. The work will be complementary to the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI) and will strengthen PEPFAR efforts. Products and lessons learned will be shared broadly, including with MEPI/NEPI. The activities will contribute to the PEPFAR 3.0 Human Resources for Health Strategy Objective 2 by strengthening pre-service training institutions and Objective 5 by building competency in quality improvement as an approach for performance improvement.

ASSIST will work with four medical training institutions to incorporate improvement competencies into their existing pre-service curricula, including practicums for doctors, clinical officers, nurses, or lab or pharmacy technicians. Developing curricula, materials and testing these in practice will provide a benchmark that other medical training institutions can use to institutionalize improvement. ASSIST will work closely with the FUNZO Kenya Project, which is responsible for supporting all medical training institutions, to conduct a curriculum review, develop materials, train faculty and conduct the first courses in improvement. Students will immediately implement their new improvement skills during their practicums with improvement aims focused on improving HIV-related care.

KEY ACCOMPLISHMENTS AND RESULTS

- **Four medical training institutes were chosen** (June 2015): Moi University, Nairobi University, Kenya Medical Training College, and Kenya Methodist University
- **Formal approvals for changing the medical training curriculums have been obtained from the MOH and each of the training institutes** (July- Aug 2015).
- **Departments and faculty from each department that will lead this work have been chosen** (Aug – Sept 2015).

4 Sustainability and Institutionalization

ASSIST's technical assistance in Kenya has been designed to institutionalize the capacity for continuous improvement in national, county, and facility structures for health care delivery. ASSIST works closely with all relevant MOH units to ensure that the project's support for facility-level improvement work and engagement with county and sub-county structures is aligned with national policies and strategies. The project also worked with USAID service delivery partners through the APHIA Plus mechanism to support them in mainstreaming QI at the point of service delivery. The partners work directly with the MOH and the MLSS&S county level coordinators in systems strengthening for QI.

5 Knowledge Management Products and Activities

- Blog on the gender strategies in addressing children's access to education and protection in Samburu County (see <https://www.usaidassist.org/blog/supporting-communities-develop-sustainable-solutions-improve-welfare-girls-and-boys-kenya>)
- Blog entitled "There is no end to education" (<https://www.usaidassist.org/blog/there-no-end-education>)
- ASSIST finalized the Community Health Quality Standards for Kenya for the Ministry of Health, accessible here: https://www.usaidassist.org/sites/assist/files/community_health_services_qi_standards_.pdf

- Publication on evidence-based medicine portal submitted to headquarters for review.
- Jemimah Owande made an oral presentation at REPSSI's bi-annual forum in September 2015. Her presentation was entitled "Addressing high school dropout rates among adolescent boys in Kenya". Ms. Owande also co-facilitated a skill-building workshop on Designing for Quality Improvement: Aims, Indicators, and Evidence.

6 Gender Integration

ASSIST is striving to address gender imbalances and promote equity. Through the collection and analysis of sex-disaggregated data in the OVC program, the team has identified that boys' education performance in secondary school surpasses girls, and is currently conducting a root cause analysis to identify the underlying factors contributing to poorer performance among girls to further develop a targeted strategy to close gaps between girls and boys. Examples of specific actions that ASSIST took in Q1 and Q2 included identifying the lack of sanitary pads for girls as an issue thwarting improved education outcomes, and ASSIST responded by working with implementing partners to provide sanitary pads to girls. ASSIST also worked with local communities to respond to child marriage and female genital mutilation/cutting (FGM/C), which were identified in specific communities as issues leading to poorer outcomes among girls.

ASSIST supported improvement teams to work with the provincial administration and school management committees to reintegrate girls who had undergone FGM/C back into school and worked to get them scholarships. One quality improvement team also created a system to link girl students to female role models in the community, which has been very successful. To respond to the education issues affecting girls, improvement teams initiated kids clubs in schools that specifically work with girls and boys to respond to their needs and provide a supportive atmosphere for them. One improvement team also created a program in which school fees would be paid for the rescued girls, and there was a model adopted to ensure the community would be able to pay school fees on their own in the future.

The ASSIST Kenya team had also identified that boys who had undergone medical male circumcision had dropped out of school in high rates in part due to the cultural norm that they were now men. The ASSIST Kenya team responded to this issue by working with community leaders and creating a mentoring program between male college students and boys undergoing circumcision, which contributed to a decrease in the dropout rates of boys.

In May 2015, Mrs. Megan Ivankovich of WI-HER LLC developed and conducted a training on gender integration and gender sensitization for the ASSIST team in Kenya. Working with Mrs. Ivankovich, the ASSIST team put what they learned into practice by working directly on work plan activities to identify gender-related gaps, develop activities to address such gaps, and develop indicators to monitor progress on closing the gaps. Specific and detailed recommendations were developed to respond to the gender-related issues identified in order to strengthen quality improvement efforts during project design, implementation, and evaluation.

7 Directions for FY16

The project design for ASSIST Kenya is divided into two phases; Phase 1 (January 2013- March 2014) involved the development of national frameworks to support institutionalization of QI as well as developing change packages through the COEs in order to summarize and communicate change ideas that can be scaled up across Kenya. Starting in April 2014, during Phase 2, ASSIST began the scale-up of QI as well as completion of the national frameworks for institutionalizing improvement. The activities below outline the work ASSIST will be doing in Kenya in FY16.

Activity 1: Country ownership and institutionalization of QI at the national level

In FY16, ASSIST will continue supporting the MOH to:

- Develop and finalize an accreditation mechanism for the health sector in Kenya jointly with other national level partners, including World Bank, Safer care, JICA, and GIZ
- Conduct a review of the Kenya Quality Model for Health (KQMH)
- Support the MOH at national and county to institutionalize the Health Improvement Policy

When building country ownership and institutionalization of QI at the national level, staff will support MOH to make national health policies gender-sensitive and work with Ministry staff to consider how they can be implemented and enforced. In addition, staff will work with stakeholders to integrate gender into county planning.

Activity 2: HIV care and treatment

ASSIST will provide support to the MOH and APHIAs to improve the quality of care by employing the chronic care model, enrolling and retaining more adults and children in HIV care, and ensuring better outcomes for PLHIV. ASSIST has already supported large-scale roll-out of QI across 32 counties and trained a critical mass of implementing partners, health managers, and frontline health workers. In FY16, ASSIST will provide structured post-training technical assistance to the MOH and APHIA Plus on QI at scale. ASSIST will continue to provide in-depth support in selected counties with the objective of concretizing innovative ideas that can be adopted in the rest of the trained counties. Sex-disaggregated data will be collected and continually analyzed where applicable, and in all instances where gender disparities are noticed, specific change ideas will be developed to address the same.

Activity 3: Maternal, newborn, and child health and reproductive health

ASSIST will enhance the capacity of county governments and other USG partners' capacity to apply QI techniques to improve and strengthen MNCH and reproductive health (RH) services in Kenya. This will be done through support of low-cost, effective, quality improvement approaches that can address the challenges raised above and specifically focusing on mother-baby pairs in recognition that newborn and maternal health and survival are closely linked. ASSIST will also support sites to conduct regular survey on critical gaps, including in the availability of EmONC commodities.

Activity 4: Malaria

In addressing malaria, ASSIST will aim at reducing malaria mortality and morbidity through case detection and management in malaria-endemic regions in Kenya, with a focus on Busia, Migori, and Kakamega counties. The work in FY16 will build on the work implemented in FY15. Sex-disaggregated data will be collected and continually analyzed where applicable and in all instances where gender disparities are noticed, specific change ideas will be developed to address the same.

Activity 5: Orphans and vulnerable children and child protection (national level)

To ensure use of the PSS guidelines developed in FY15, in FY16 ASSIST will work with the DCS to develop popular versions of the guidelines targeting children and volunteers and to support the building of a human resource capacity base through PSS TOT trainings for the counties. To ensure institutionalization of QI, ASSIST, NCCS and the DCS will work with key national level agencies to disseminate and support the institutionalization and tracking of the NPA, PSS guidelines, and the Child Sector strategic plan implementation. Efforts will be made to ensure reported data is sex-disaggregated to inform discrepancies between boys and girls accessing services across counties and use the data to inform county level improvement interventions. The project will also address gender dynamics at household level to ensure the best interests of the child are addressed.

Activity 6: Orphans and vulnerable children and child protection (county level)

In FY16, ASSIST will continue supporting USG partners in selected counties (Narok, Nyamira, Mombasa, Uasin Gishu, Siaya, Migori, Embu, and Makueni) to establish centers of excellence that will be key learning points demonstrating a linkage in QI running through the national child protection system to the child and their household. This work will be anchored on key existing national child protection documents as major implementation guides both in the counties and with the community improvement teams. The NPA, Child Sector Strategic Plan, Child Protection Framework, the PEPFAR 3.0, and PEPFAR OVC guidance will guide the interventions with the county Area Advisory Council thematic area subcommittees, child protection technical working groups, and community improvement teams.

Activity 7: Pre-service improvement curriculum

This activity is funded jointly by the USAID Office of HIV/AIDS and Office of Health Systems cross-bureau funds. The goal of this activity is to prepare medical professionals to be able to continually review and improve the quality of the services they provide once they are in practice to improve health outcomes, with a focus on HIV services in four Kenyan medical training institutions. The objectives of this activity are to:

- Integrate improvement into core curricula of selected training institutions
- Institutionalize improvement competency building curricula in selected pre-service medical training institutions
- Develop medical training institution faculty and health professional improvement competencies to contribute to better performance and health outcomes, especially those related to HIV services

The focus curriculum for integration will be broader maternal and newborn health curricula, including emergency obstetric and neonatal care, which will address HIV care and treatment through pediatric HIV and eMTCT. Practicums for maternal and newborn health will address the Keeping Mothers Alive pillar of eMTCT. Effective eMTCT programs should be integrated into MNCH services, which provide a platform for health care workers to practice and build their competencies in improvement. For that integration to work, quality improvement targeting the MNCH platform is required. Pediatric HIV is a major problem in Kenya. USAID ASSIST is already working on this area through PHFS, and these activities will be complementary.

**USAID APPLYING SCIENCE TO STRENGTHEN
AND IMPROVE SYSTEMS PROJECT**

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