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USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Kenya Country Report FY14

Cooperative Agreement Number:

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Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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DISCLAIMER

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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
ANC	Antenatal care
AMPATH	Academic Model Providing Access to Healthcare
AMURT	Ananda Marga Universal Relief Team
APHIA	Population and Health Integrated Assistance
ASSIST	Applying Science to Strengthen and Improve Systems
CBO	Community based organizations
CHMT	County Health Management Team
CHS	Community Health Services
CME	Continuing medical education
COE	Center of excellence
COGRI	Children of God Relief Institute
CSI	Child status index
DCS	Department of Children's Services
DQA	Data quality assessment
EID	Early infant diagnosis
eMTCT	Elimination of mother-to-child transmission of HIV
FP	Family planning
HIV	Human immunodeficiency virus
HVFI	Hope Valley Family Initiative
ICOP	Inuka Community-based Project
IP	Implementing partner
KCPE	Kenya Certificate of Primary Education
KQMH	Kenya Quality Model of Health
M&E	Monitoring and evaluation
MLSS&S	Ministry of Labor, Social Security and Services
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NACS	Nutrition assessment, counselling, and support
NACSOP	National AIDS and STI Control Program
OVC	Orphans and Vulnerable Children
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
PSS	Psychosocial support
QI	Quality improvement
QIT	Quality improvement team
RH	Reproductive health
SOP	Standard operating procedures
STI	Sexually transmitted infection
TA	Technical assistance
URC	University Research Co., LLC
USAID	United States Agency of International Development
USG	United States Government
VCO	Volunteer children officers
VSL	Voluntary saving and loan
WIT	Work improvement team

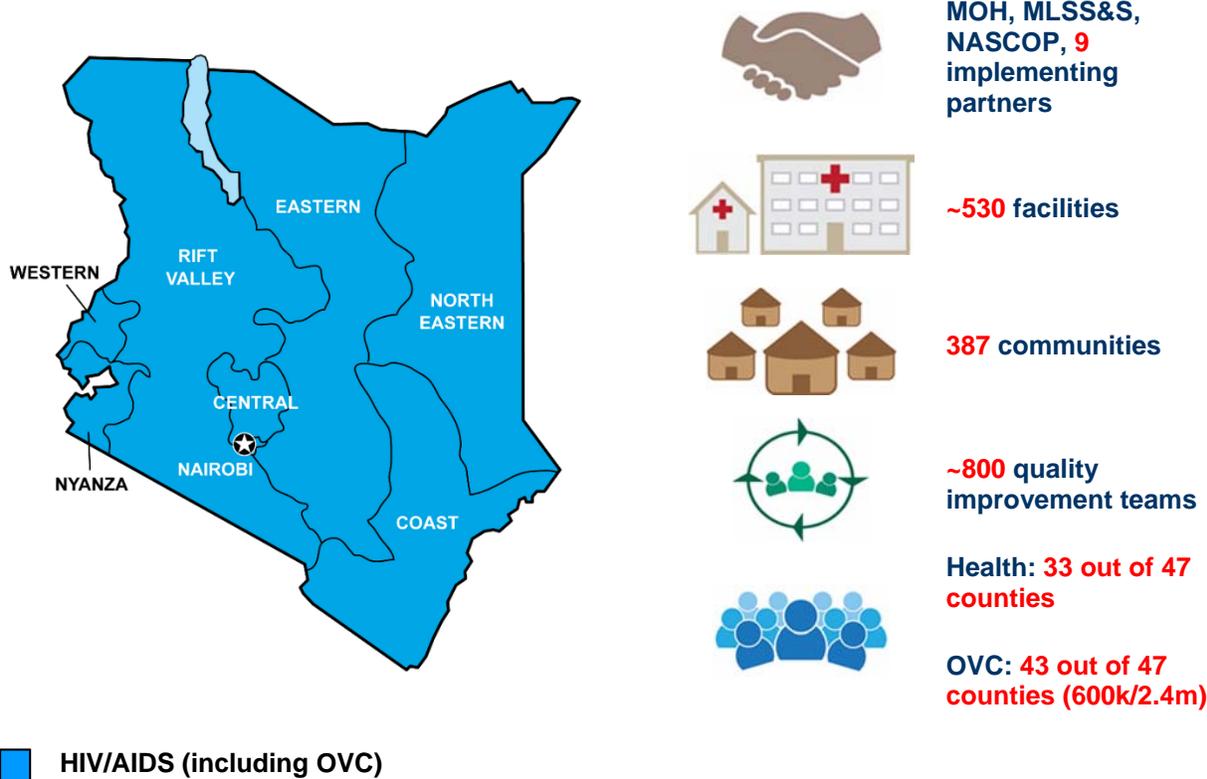
1 Introduction

The overall objective of the USAID Applying Science to Improve Systems (ASSIST) Project is to foster improvements in a range of health care processes through the application of modern improvement methods by host country providers and managers in USAID-assisted countries. The project’s central purpose is to build the capacity of host country health systems to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the services.

In Kenya, the USAID ASSIST Project builds on the work of the USAID Health Care Improvement Project and aims to support the Ministry of Health (MOH), the Ministry of Labor, Social Security and Services (MLSS&S), and other relevant partners such as the United States Government (USG) implementing partners and county governments to design, develop and implement strategies that will enhance the quality of service delivery in the health sector and in the care of orphans and vulnerable children (OVC) in the country. ASSIST’s work in Kenya is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID.

USAID ASSIST’s strategy in Kenya is guided by the National Health Sector Strategic Plan II and MLSS&S priorities for improving quality of OVC services. The project’s work in Kenya is divided into two phases: Phase one, implemented from January 2013–March 2014, involved the development of national frameworks to support institutionalization of quality improvement (QI) as well as developing change packages through the centers of excellence (COEs) in order to harvest change ideas that can be scaled up across Kenya. Phase two, which began in April 2014 and will continue into FY15, involves scaling up QI training, baseline data collection, identification of performance gaps, and development of changes ideas across the sites that have been trained.

Scale of USAID ASSIST’s Work in Kenya



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Country ownership and institutionalization of QI at the national level	<ul style="list-style-type: none"> Support development of a national QI policy, standards, and syllabus in collaboration with the National AIDS and STI Control Program (NACSOP), Family Health, Primary Health, Directorate of Health Standards, Quality Assurance, and Regulations, and other key stakeholders to institutionalize QI in health care Strengthen national systems that support application of QI techniques to improve integrated health outcomes, especially for HIV and AIDS care, treatment, and support (including OVC and eMTCT) and MNCH/FP/RH 	National and county		x
2. Capacity development in QI	<ul style="list-style-type: none"> Provide training in the science of improvement and developing quality improvement teams (QIT) and work improvement teams (WIT) in high-volume facilities in collaboration with the USAID Kenya service delivery partners, including the APHIA plus projects, AMPATH plus, and Children of God Relief Institute (COGRI), to drive the scale-up of QI 	County level reaching 33 counties		x
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 Plus, and COGRI) to strengthen and improve the HIV chronic care model and to bring and retain more adults and children in HIV care and treatment 	National 33 counties At least 6 USG partners (APHIA plus partners) At least 10 high-volume facilities in each county that are supported by USG partners		x
4. OVC and child protection	<ul style="list-style-type: none"> Strengthen systems at national and county government levels to support the institutionalization of QI in child protection and OVC program to improve the welfare of children Provide TA to county governments, the USAID Kenya service delivery partners (including APHIA plus, AMPATH plus, and COGRI) to apply 	National: at least 8 county demonstration sites and 9 USG partner sites TBD by USG partners and MLSS&S	x	

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
	QI techniques to strengthen care for OVC and their households			
5. Maternal, newborn, and child health (MNCH) and reproductive health (RH)	<ul style="list-style-type: none"> Provide QI TA to county governments and the USAID Kenya service delivery partners including APHIA+s, and AMPATH Plus to improve and strengthen MNCH and RH services in Kenya 	National, facility and county levels	x	
6. Malaria	<ul style="list-style-type: none"> Apply QI techniques and, in collaboration with county governments and USG implementing partners, strengthen capacity in program management to achieve malaria program objectives at all levels of the health care system 	National, county and service delivery levels in three counties: Siaya, Busia, and Kakamega	x	

3 Key Activities, Accomplishments, and Results

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

BACKGROUND

Under this activity, and to ensure institutionalization and sustainability of QI, ASSIST is working with key national directorates and departments that are partners in the development of a national QI policy, strategy, indicators, monitoring and evaluation (M&E) framework, and syllabus as core frameworks for the institutionalization of QI in Kenya. The national directorates include: the Directorate of Preventive and Promotive Services (which is responsible for several technical areas, including the Reproductive and Child Health Program); the Malaria Control Program; the Occupational Health Program; the Parasite Diseases Control Program; the National AIDS/STI Control Program [NASCOP] (the national program that spearheads the fight against HIV and AIDS), the Department of Children (works on children and social protection issues); and the Directorate of Quality and Standards [charged with health care improvement in line with the Kenya Quality Model of Health (KQMH)].

As part of the process of institutionalizing QI in Kenya, several key documents need to be developed, namely: a national QI policy, strategy, standards, and a KQMH training syllabus for the health sector. In order to support development of these documents, it is important to build on existing information, address current gaps, and maximize opportunities for development. USAID ASSIST is working with the key Ministry departments mentioned above and other key stakeholders to identify gaps and opportunities for QI policy and standards development.

KEY ACCOMPLISHMENTS

Health care QI

ASSIST has been working with the Directorate of Health Standards, Quality Assurance, and Regulations under the MOH in developing a health QI policy that will guide the country in institutionalization and roll-out of QI in the sector. Towards this end, a number of steps were accomplished in FY14.

- Supported the directorate in conducting the situational analysis and review of standards and clinical practice guidelines (Q3).** As part of the situation analysis, ASSIST conducted stakeholder mapping, analysis, and engagement in order to understand the different health care stakeholders and their roles. In addition, ASSIST supported a situation analysis validation workshop where over 50

stakeholders were represented, including the MOH, development partners, and USAID Kenya implementing partners. From the workshop, six priority areas were identified. The next critical steps towards finalization of the policy include defining a plan of action to address the six priority areas and defining the monitoring and evaluation plan for the policy implementation process in order to keep track of progress and to ensure that the policy is operationalized.

- **Supported the Directorate of Health Standards, Quality Assurance, and Regulations under the MOH in developing system-level quality improvement objectives (Q3).** ASSIST began helping the directorate determine national improvement priorities; this work will continue in FY15.

Quality improvement survey tool (county and facility)

- **Supported the Directorate of Health Standards, Quality Assurance, and Regulation in developing quality improvement survey tools for the counties and facilities.**
- **ASSIST supported the piloting of these tools in three counties (Kisumu, Kajiado, and Machakos) and 48 facilities (Q2-4).** During Q4, ASSIST supported the Ministry in analyzing the pilot data and writing the report. Areas that performed the worst were scored “1” and those performing best (excellent) were scored “5”. Table 1 shows that the counties and their facilities were not performing well in most of the thematic areas. This information is critical as ASSIST supports the Ministry of Health in scaling up QI across all counties in the country.

Table 1: Summary average scores by county per service area, Kisumu, Kajiado, and Machakos counties (Q2-Q3 FY14)

Thematic Area	Average score*		
	Kisumu	Machakos	Kajiado
Access to services	1.67	1.25	1.70
Insurance coverage	2.22	1.27	1.63
Financial management	2.44	3.69	2.32
Health leadership and governance	1.72	1.69	1.32
Client satisfaction assessment	2.39	1.88	2.06
Staff satisfaction assessment	2.00	1.38	2.20
Infrastructure for health service delivery	3.22	1.53	3.44
Health and management information system	4.06	3.25	4.00
Referral and transport	2.06	2.13	2.21
Malaria	1.22	1.13	1.22
Infection prevention and control	3.79	4.81	4.08
MNCH and reproductive health	2.81	2.98	2.94
HIV and AIDS	3.29	3.53	3.47
Oral health	1.57	3.29	2.43

*5=excellent; 1=very poor

Portal containing clinical practice guidelines exists and is regularly updated for easy access

The Constitution of Kenya (2010) requires that its citizens access the highest possible health care at any one time. To be able to provide this high standard of health care to people, there is need for standards to guide each health practitioner to offer quality services. In the country, the biggest challenge for health practitioners has been to access these standards, especially current ones.

- **Developing a portal containing clinical practice guidelines (Q4).** The Directorate of Health Standards, Quality Assurance, and Regulation requested ASSIST to help them develop a portal accessible to all health providers with the most recent approved standards for care. ASSIST hired a consultant to help develop tools for evaluating the current clinical standards and guidelines and standard operating procedures (SOP) to guide the evaluation process.

- **Supported NASCOP in developing the HIV QI Framework, prevention of mother-to-child (PMTCT) training package, and revision of HIV tools:** To ensure institutionalization and sustainability of QI, ASSIST has continued to work with the Directorate of Preventive and Promotive Services and NASCOP to develop various documents that include:
 - Finalization of the Kenya HIV QI Framework, operational manual, and accompanying training package. The documents are now awaiting Ministry approval.
 - Development of the national PMTCT training package, including job aids. Piloting of the documents was conducted in Kirinyaga County on September 23-27, 2014. Revision of the current national HIV data tools is ongoing and will continue into FY15.
 - Development of the protocol for assessment of the impact of peer support on PMTCT program outcomes – Phase 1 complete. Awaiting approval from the Ethics Review Board.

Children services, community health, and OVC

- **ASSIST has been supporting the Department of Children Services in the development of an OVC Psychosocial Support (PSS) guidance document.** During September 2014, ASSIST supported a retreat where the zero draft PSS guidelines was developed. The zero draft is currently under review. In addition, ASSIST supported the development of the final drafts of the Child Service Provider mapping tool and national referral tool for child protection. The tools have been endorsed by the National Council for Children's Services. A workshop to finalize the PSS standards was held from August 18-22, 2014 with 14 participants. The MLSS&S is currently finalizing their feedback to input into the final document for editing.

Activity 2. Capacity development for QI

BACKGROUND

In FY13 and in consultation with USAID Kenya technical teams, the USG implementing partners (IPs), ASSIST was mandated to support the scale-up of QI to high-burden counties across the country. ASSIST commenced the QI training in the initial phase wherein 24 high-burden counties were selected, with an overall target of reaching 33 counties in FY14 and all 47 counties in FY15.

KEY ACCOMPLISHMENTS

- **Held a meeting to develop county QI plans for OVC and child protection for 10 counties in Western Kenya (Q3).** A major outcome of the meeting was the identification of county-specific QI coaches who will work with both USG and non-USG partners to mainstream QI in OVC programs.
- **Printed and distributed 2000 copies of the national caregiver manual through the National Council for Children Services (Q1-2).**
- **Provided training on the science of improvement and developing QITs and WITs in 10 counties and in high-volume facilities (from the same counties) in collaboration with the USAID Kenya APHIA+s to drive the scale-up of QI (Q3).**
- **Developing mechanisms for data quality improvement (data validation).** As a follow-up to the ongoing QI trainings, ASSIST is engaging the different USAID service delivery mechanisms in developing mechanisms for QI data collection and validation.

APHIA plus Kamili

- **ASSIST together with APHIA plus Kamili held a 5-day QI training in Kiambu County where 41 health care workers and managers were trained in QI (Q3).** At the same time, ASSIST supported orientation of a further 240 health managers from four counties.
- **Scale-up process began in April 2014 targeting 11 counties in the APHIA plus Kamili zone.**
- **ASSIST and APHIA plus Kamili met in June 2014 for a monitoring and evaluation review meeting.** The aim of the meeting was to establish a sustainable way of ensuring data quality in health facilities.
 - One of the change ideas to be applied will be to establish county data quality sub-committees immediately after the QI trainings. These committees will be all inclusive, pulling from county and sub-county health records information officers, facility health records information officers, and

representatives of the IPs. The role of the data quality sub-committees will be to lead the data analysis for QI work within the county. The sub-committees will be accountable to the county QIT and management.

- It was agreed that a data quality assessment (DQA) will be conducted to measure the success or failure of the data quality improvement process. The DQAs will be conducted by a team consisting of the facility management, facility QIT team, APHIA plus Kamili M&E officer, APHIA plus Kamili technical team, an MOH representative, and where possible, an ASSIST representative. At the beginning of the process, a baseline DQA will be conducted and a target DQA score set for the facility. The team will also look for the root causes of the data quality issues and suggest a few change ideas that require low resources but are believed to have high impact. A plan of action will then be created.
- On a monthly basis, the APHIA M&E office together with the facility management and facility QIT will conduct DQAs to measure the progress of improvement and check which change ideas seem to be working and which need adjusting. The QIT will document and keep records of the process. After six months of implementing the changes, an evaluation will be conducted by the same team that did the baseline DQA to ascertain that improvement did occur. Changes that led to improvement will then be consolidated, discussed by the county data quality sub-committee, and implemented in additional facilities. To start the process, the team agreed on 10 facilities which will be used as pilot sites for data quality improvement (validation).
- During Q4, a follow-up QI meeting was held with the Machakos County Health Management Team (CHMT) where a QI plan was developed, a county QI focal person was appointed, and coaches were identified who were attached to the 10 high-volume facilities.
- In Kiambu County, after the QI training meeting was held where the 17 county health managers were updated on QI, the CHMT appointed a county QI focal person and 14 QI coaches who will be attached to the 14 high-volume facilities and selected the priority county indicators. ASSIST supported the Kiambu CHMT to convene a subsequent meeting where 11 high-volume facility representatives presented their baseline data and their planned improvement activities.

APHIA plus Nairobi-Coast

- **ASSIST supported two five-day QI trainings in collaboration with APHIA plus Nairobi-Coast and Mombasa, Taita Taveta, and Lamu counties (Q3).** A total 96 participants (county managers, partners, facilities, comprehensive care centers, maternity staff, MNCH-PMTCT staff) were trained.

APHIA plus Western

- **Together with APHIA plus Western, ASSIST supported QI sensitization and trainings in four counties around the western part of the country (Q3).** During the training, a total 113 facility staff from 42 facilities, 34 county and sub-county health managers, and 22 partners were trained.

APHIA plus Nuru ya Bonde

- **ASSIST supported two QI trainings in Baringo and Narok counties together with APHIA plus Nuru ya Bonde and the Baringo and Narok CHMTs (Q3).** A total of 93 health workers, health managers, and APHIA plus Nuru ya Bonde staff were trained. In addition, 16 CHMT members in Narok were trained on QI, and 60 health workers from two high-volume facilities were sensitized on QI principles. Post-training follow-up QI meetings were held in five facilities in Baringo County, 10 facilities in Narok County, and two facilities in Nakuru County.

APHIA plus Imarisha

- **Supported three QI trainings in Turkana, Marsabit, and Samburu counties in partnership with APHIA plus Imarisha and the respective counties (Q4).** The training included comprehensive care centers, MNCH, maternity staff as well as MOH health managers. In total, 26 MOH staff were trained in Turkana, 28 in Marsabit, and 29 in Samburu.
- **ASSIST together with the APHIA plus Imarisha developed a plan for QI data collection and validation (data quality improvement) within APHIA plus Imarisha-supported sites (June 2014).** During the planning meeting, the final list of QI indicators was discussed and agreed upon.
- **Preliminary DQA results for one of their sites (Isiolo county referral hospital) were presented and discussed (Q3).**

- **ASSIST supported a QI training in Samburu County where 52 participants from six high-volume facilities covering HIV Care and Treatment Centers, MCHs units, and maternity units were trained (Q4).** During the training, the 2014 “Guidelines on Use of Antiretroviral Drugs for Treatment and Prevention of HIV” were rolled out as well.
- **ASSIST supported four post QI training continuing medical education sessions (CMEs) in Isiolo and Samburu counties for two high-volume facilities (Q4).** ASSIST had collaborative in-service ART trainings with Funzo Kenya (IntraHealth) in Isiolo and Samburu counties, where ASSIST trained participants on QI. ASSIST also supported the launch of the Isiolo Health 2013-18 Strategic Plan with QI embedded in health service delivery.

AMPATH plus

- **QI sensitization was provided to 22 AMPATH senior managers (Q4).** ASSIST trained 36 AMPATH technical officers on QI and then supported AMPATH to develop a work plan for QI implementation (Q4).

APHIA plus Western

- **ASSIST supported two QI trainings in Migori and Kakamega counties,** which included 43 participants from 15 high-volume facilities in Migori County and 42 participants from 10 high-volume facilities in Kakamega County (Q4).
- **ASSIST supported a number of CMEs as part of the post QI training agenda.** Five CMEs were held in Nyamira, Homabay, Kisumu, and Busia counties where the high-volume facilities and the county team selected their priority indicators for follow-up. The facilities from Homabay also presented their baseline data whereas those from the 3 other counties were still collecting their baseline data. All facilities are in the process of doing their root cause analysis (Q4).

Nutrition in HIV training

- **ASSIST conducted a QI orientation for seven nutritionists from the NASCOP Nutrition Department where the nutrition assessment, counselling, and support (NACS) model of nutrition quality improvement was introduced and adopted (Q4).** As part of the post-training agenda, nutritionists from NASCOP have been trained as trainers for the NACS scale-up. Twenty-four work improvement teams from Nyamira, Busia, and Nakuru counties engaged in plan-do-study-act cycle specifically on the NACS proxy indicators.

Activity 3. HIV care and treatment

BACKGROUND

USAID ASSIST applies a system approach to QI in Kenya. The project focuses on choosing a sample of sub-counties and selecting a spectrum of facilities as Centers of Excellence (COEs) through which the QI model is applied to generate change ideas that can be scaled up across the system. The criteria for selecting the COEs is based on APHIA plus zones. ASSIST requested each APHIA plus, in collaboration with the county governments, to select high-volume counties and sub-counties. From the selected seven sub-counties, all public facilities and high-volume private facilities were included as COEs. The rationale for doing this was to get a comprehensive slice of the health system that represents different levels of health service delivery. In these seven sub-counties, 203 facilities at different levels of the health care system (i.e., dispensaries, health centers, and sub-county and county hospitals) were identified and assisted to actively apply the model for improvement to develop and test change ideas for HIV care and treatment, including the Partnership for HIV-Free Survival (PHFS). The seven sub-counties selected for ASSIST support were Nairobi (APHIA plus Nairobi-Coast), Nakuru (APHIA plus Nuru ya Bonde), Meru (APHIA plus Kamili), Isiolo (APHIA plus Imarisha), Nyamira (APHIA plus Western), and Kwale and Kilifi (APHIA plus Nairobi-Coast). From the experiences with the COEs, USAID ASSIST has developed change ideas and packages that can be implemented using improvement approaches to increase linkages and retention in care. Building on this success and to bring the work to larger scale, in FY14 and FY15, ASSIST is supporting USAID Kenya service delivery partners, including the APHIA plus implementers, AMPATH plus, and COGRI, and county governments to scale up improvement work and these change ideas to new high-volume sites.

KEY ACCOMPLISHMENTS

- **Held QI trainings and post-training CME sessions (Q4).**
- **NASCOP, with support of implementing partners, developed QI indicators for different HIV service areas (Q4).** The indicators were then shared with all USAID IPs. ASSIST has been in consultation with the IP teams to ensure that baseline and follow-up data for these indicators are being collected. A number of partners collected baseline data for their sites in the fourth quarter of FY14.

APHIA plus Western: Homabay and Nyamira counties

- **The APHIA plus Western team collected baseline data from seven high-volume facilities from Homabay County, which is performing below national targets on almost all of the adult HIV care QI indicators (Q4).** ASSIST and APHIA plus Western will work with the work improvement teams from these facilities.
- **APHIA Western plus supported Nyamira County's five high-volume facilities to collect baseline data for adult HIV care and treatment indicators (Q4).** A few of the indicators met the national target. ASSIST and APHIA plus Western will support the work improvement teams from these facilities to raise performance on the other indicators.

APHIA plus Imarisha

- **APHIA plus Imarisha collected baseline HIV care and treatment data from Isiolo County while the remaining counties are collecting baseline data (Q4).** In January 2014 in Isiolo, the percentage of HIV-infected patients in care with at least one CD4 count in the previous 6 months was 9%. It fluctuated over the following months and in August was 6%.

Pediatric HIV care and treatment

- **For pediatric HIV care and treatment, APHA plus Western supported two counties (Nyamira and Homabay) to collect baseline data from the high-volume facilities (Q4).** In both of the counties, the indicators performed below expectation, with the exception of a few indicators. The work improvement teams are being supported to do their root cause analysis and identify changes to test.
- **For APHIA plus Isiolo, in January 2014, the percentage of children on ART for at least six months with viral load suppression was 0, but by August it was 23%.** In January 2014, children 8-14 years old whose HIV status had been disclosed was 23% at one site in Isiolo. By August, this had increased to 37%, with 33% of females and 41% of males having been informed of their HIV-positive status.

Nutrition for HIV

- **Nutrition assessment, counselling, and support indicators were integrated in the NASCOP HIV QI indicators (Q4).** All USAID implementing partners are required to collect baseline and follow-up data on the same. APHIA plus Western supported Nyamira County in collection of baseline data for the five NACS indicators.

Activity 4. Orphans and vulnerable children and child protection

BACKGROUND

According to the PEPFAR Blue Print, programs for orphans and vulnerable children are central to achieving an AIDS-Free Generation not only because they respond to socio-economic issues in the lives of children but also because their work with national and community platforms creates the enabling environment for children and their parents or guardians to access other services, including HIV treatment and prevention. In Kenya, the burden of HIV is high. In recognition of this, the MLSS&S, through the Department of Children Services (DCS), launched the Minimum Service Standards for QI of OVC programs in July 2012. Since that launch, ASSIST has supported the dissemination process and worked on additional materials such as job aids, including the child status index (CSI), Children's Right to Essential Actions Guide, and community volunteers' job aids. ASSIST has continued to work with service delivery partners, including APHIA/AMPATH plus, the Reformed Church of East Africa, Life Skills International, Ananda Marga Universal Relief Team (AMURT), and COGRI.

KEY ACCOMPLISHMENTS

- **ASSIST developed information, education, and communication materials for the social protection secretariat which were translated into four local languages (Kiswahili, Kikuyu, Luo, and Kamba) for use by community members (Q1-2).** The communication materials are aimed at

promoting the work of the National Social Protection Secretariat and enhancing community engagement in social protection activities.

- **ASSIST supported the National Social Protection Secretariat to print 5000 copies of the national Social Protection Policy.** The copies will be disseminated to key stakeholders in social protection across the country. A two-day meeting to disseminate the policy was held in Q1 for the South Rift Region of Kenya, with implementers drawn from Nakuru, Narok, Kajiado, Baringo, Kericho, Bomet, and Laikipia counties.
- **ASSIST supported the MLSS&S to launch the Psychosocial Services (PSS) situational analysis report in a national stakeholder’s forum** (February 2014). A team of 10 organizations with key interests in psychosocial support was formed to support the DCS and the QI technical working group to provide direction to develop the framework.
- **In March 2014 a national consultative forum was held for the county coordinators for children services, ASSIST, and USG partners.** The meeting helped identify county priorities for mainstreaming QI in the department’s activities. Among the key resolutions made were:
 - **Lobbying the DCS to include QI activities in the officers’ national work plans and performance contracts**
 - **USG partners and the DCS to hold joint work planning meetings**, reporting forums and review meetings
 - **DCS to take leadership in driving the QI agenda** and bring on board non-USG-funded partners in their regions.
- **ASSIST jointly with the APHIA plus implementers mapped Volunteer Children Officers (VCO) in the country and created a database of all VCOs drawn from the 25 counties supported by USAID** (Q1). The database will help plan for the trainings of the officers and link them to community-based organizations (CBOs) implementing QI interventions for additional community level coaching and mentorship.
- **APHIA plus Nuru ya Bonde, APHIA plus Western Kenya, APHIA plus Kamili, APHIA plus Imarisha, and AMPATH plus have continued working with the Department of Children Services in 43 counties to institutionalize QI at the point of service delivery in child protection and improvement of child welfare** (Q1-2). Through the support from the QI teams, the projects are rolling out sustainable interventions in addressing issues affecting children.
- **A five-day coaches training was conducted for new USAID partners (Wezesha Project and AMURT)** (Q1). The coaches now work with community level teams to mainstream QI at the point of care. The two projects have six community QI teams.
- **Conducted quality improvement coaching and mentorship visits to all implementing partners** (Q3-4). Table 2 shows the progress of the QI teams under the different USAID implementing partners, as of September 2014.

Table 2: Progress of QI teams of USAID implementing partners (Sept 2014)

Project	No. of QI teams	Status
APHIA plus Nuru Ya Bonde	21	Efforts were made to enhance capacity of the teams through mentorship and coaching and progress has been realized. Four teams received refresher training.
APHIA plus Western Kenya	47	The teams were faced with financial challenges within the reporting period since APHIA plus Western’s work plan had not been approved.
AMPATH plus	16	Nine QITs are new and are in the formative stage. Four additional QITs were trained.
Wezesha Project	4	The four teams in Migori, Homabay, and Kisii counties were established between February and March. The teams have been trained and are in the process of applying the CSI. The project had transitional challenges that stalled their work.
APHIA plus Nairobi-Coast	47	QIT mentorship sessions continued in APHIA plus Nairobi-Coast. APHIA plus Nairobi conducted a harvest meeting which brought together 50 participants

Project	No. of QI teams	Status
		drawn from 20 local implementing partners supported by APHIA plus Nairobi. Thirteen of the teams were the older teams from whom the change ideas were harvested, while seven teams were newly formed and came for learning purposes.
APHIA plus Imarisha	34	18 QI teams are dormant due to ranging insecurity and drought, since the project covers arid and semi-arid regions of Kenya which are mostly affected by inter-clan conflicts because of limited pasture land and water for their animals.
APHIA plus Kamili	178	123 of the 178 QI teams are active. This partner has continued doing well in rolling out QI. QI team validation done in August 2014 showed that the teams are alive, implementing QI, and heading towards sustaining the gains made so far. There is a very strong involvement of the Department of Children Services and the community in the areas the QI teams work in.
AMURT	2	The teams have applied the CSI and analyzed the data. They are in the process of implementing their change ideas.

APHIA plus Nairobi

- **Conducted a CSI and self-assessments on children** with the KENWA QI team in Naiatobi, the Kisumu Ndogo CBO in Kilifi County, the Bura QI team in Taita Taveta County, the AIC Kusuu Ndogo QI team in Mlindi, and the Rofi QI team (Q1-3).
- **Conducted harvest meeting (Q4):** The meeting brought together 50 participants drawn from 20 local implementing partners supported by APHIA plus Nairobi. Partners shared change ideas that yielded better results since the introduction of QI. Some of the change ideas with good results were: introduction of voluntary savings and loan groups; start-up of income-generating activities as a long-term measure to improve households' economic ability to cater for the needs of vulnerable children; use of the local area administration for late birth registrations; establishing kitchen gardens for food security; organizing medical camps for vulnerable children; use of locally available materials to renovate dilapidated houses; and mentorship to improve education performance.
- **Kisumu Ndogo CBO Kilifi County:** The team applied the CSI in January 2014 with 150 children. Child protection scored poorly. Discussions with the caregivers, community gatekeepers, and the children identified 100 children who were abusing drugs hence not attending school and spending most of their time in the streets or drug peddlers' dens. Change ideas: Work with the parents, teachers, the community, and the affected vulnerable children to help them address the dangers of drug and substance abuse in the community. Results: By March 2014, 110 community children were undergoing counselling and community mentorship to address drug-use related challenges. The children were followed up both at home and in school through linkages to community drug use peer education programs.
- **Chumvini QI team:** Results show an increase in the numbers of children rescued from drug use, reintegrated into the school system, and linked to community peer support programs through the change ideas that had been previously identified (May 2013).
- **Bura QI team – Taita Taveta County** (June 2014). The teams work in Bura and Mwachabo locations of Mwatate sub-county. After carrying out the self-assessment, the Bura QI team realized that most vulnerable children had challenges accessing health services, child protection, and food and nutrition. Because of poverty, guardians could not feed their children well, as the area is dry. Child labor existed for children living with sick or old guardians in the nearby sisal estates.

APHIA plus Western

- APHIA plus Western Kenya had funding challenges between January and June 2014 which stalled much of the QI team activities at the point of care. Work with the teams began in July 2014 but halted again in September 2014 due to the same funding challenges.
- **Kanyamwa Mentors for Hope CBO QI team in Homa Bay County:** Kanyamwa Mentors for Hope is a local CBO working with vulnerable children in Homabay County. The team was trained on QI in July

2014. The baseline data using the CSI tool was collected in August 2014. Data analysis identified education as the service area that needed to be addressed. Further analysis revealed that performance among the children under support was poor. The team is currently developing change ideas to address this problem.

- **Bi Kanyipir:** The team was trained on QI in July 2014. The baseline using the CSI tool was carried out in August 2014. Data analysis identified education as the service area that needed to be addressed. Out of the 340 children sampled, 54 had poor performance. The team developed the following change ideas in addressing performance in education: Involvement of the provincial administration and teacher to ensure children attend school regularly and support the formation of kids' clubs in schools to enhance peer learning.
- **AMURT- Inuka Community-based Project (ICOP):** AMURT- ICOP coaches were trained in December 2013; the coaches then supported the formation and training of community-based QI teams in East Asembo and South West Sakwa in Siaya County. The teams were formed in March 2014 with a membership of 15 each. Members of the QI teams are drawn from various professional backgrounds, such as agriculturalist, educationist, administrators, and health practitioners, as well as caregivers, community health volunteers, and children from some households being supported.
- **South West Sakwa QI Team:** South West Sakwa QI team was formed in March 2014. The team consists of 15 members drawn from diverse professional backgrounds. Priority needs that were identified were birth registration, food security, and nutrition and growth. Change ideas were formulated to address these needs.

AMPATH plus

- The AMPATH OVC program empowers orphans and vulnerable children, their families, and their communities to build a foundation of action and hope for a healthy and sustainable future by offering every eligible child within the AMPATH catchment area quality services in access to education, protection, shelter, food security, psychosocial support, medical care, and economic security. AMPATH supports over 20,000 children registered in the OVC program. AMPATH plus currently has 16 teams that are spread in Trans Nzoia, West Pokot, Elgeyo Marakwet, Uasin Gishu, and Busia counties. An example of the results from one of the teams is below.
 - **Pioneer QI team:** This team is working on ensuring involvement of caregivers in their children's education to enhance school enrollment and attendance of 100 vulnerable children. Change ideas include: Ensure timely payment of school fees and other educational materials; enhance parents/caregivers' involvement in their children's education; encourage caregivers to join voluntary saving and loan (VSL) groups in the community; mobilization of funds other sources including AMPATH plus, Constituency Development Funds, cash transfer etc.; and mobilization of guardians to form VSL groups.

APHIA plus Kamili

- **Hope Valley Family Initiative QIT (HVFI)** is a local implementing partner working in Nyandarua County. It was started in late 2013 and is supported by APHIA plus Kamili. This is the second QIT formed in the area after another one formed in 2012. HVFI works with 500 vulnerable children in Olkalau. The QI team sampled a total of 136 vulnerable children in Olkalau area for CSI administration in January 2014. After analyzing the CSI results in February 2014, the team identified that access to health care (preventive and curative) was an issue, as 97 out of the 136 sampled children were not able to access health services.

APHIA plus Western

- **Kawiri CBO Migori County:** Implementing change ideas, resulting from the July 2013 baseline assessment (July – December 2013): The team encouraged formation of smaller support groups of about five caregivers (Watano initiative). The Watano initiative was aimed at ensuring members acquired solar lamps that their children can use for night studies, kitchen gardens, and smaller livestock that would boost for their household income and food security and that members joined saving and loan groups. They would then ensure all children are enrolled in school, attend regularly, and are in child peer support groups. The team also identified certain activities that would directly involve the children, such as the formation of education support groups where children in upper classes would support those in lower classes. To enhance girl child performance, the team set up a girl child

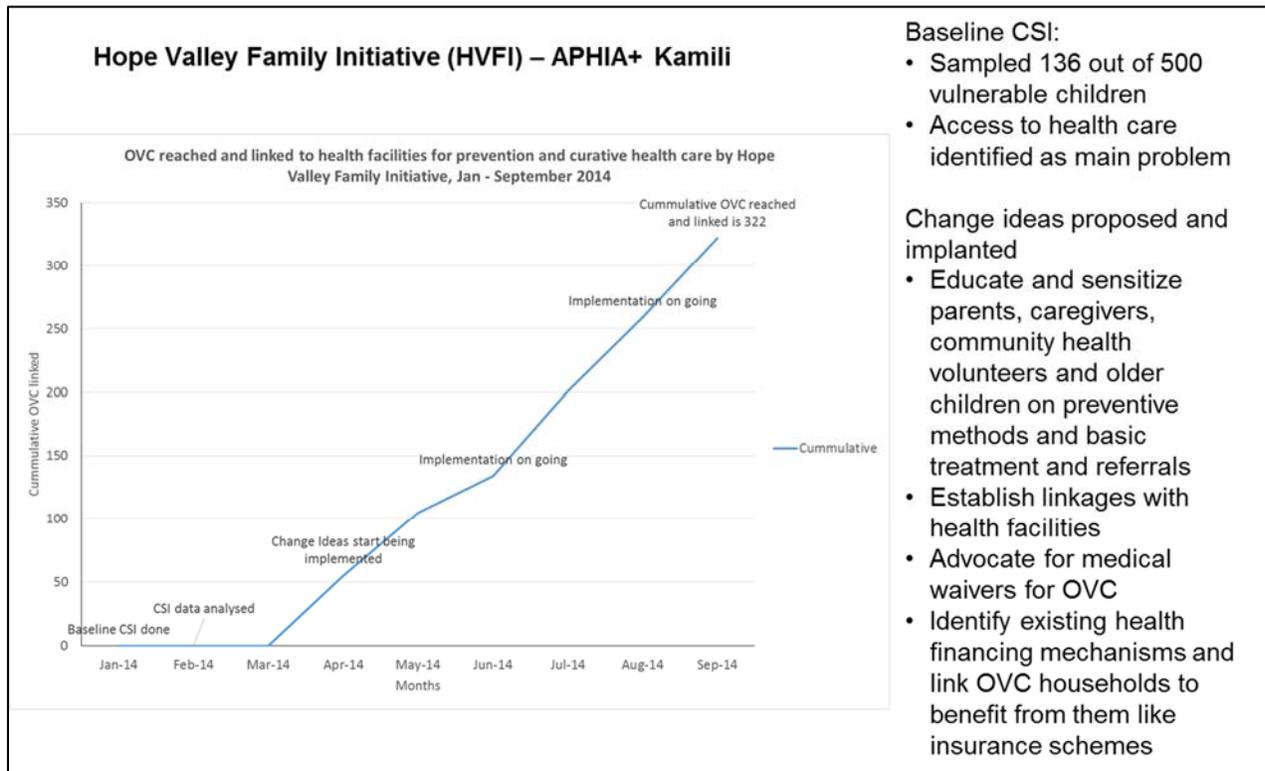
mentorship program that was led by trained mentors. They also planned for education days where key stakeholders in education would be engaged to share various topics on education to create awareness on importance of education to both children and caregivers.

- **Wezesha and AMURT projects:** Wezesha identified three counties in which they would implement QI: Migori, Kisii, and Homabay counties. AMURT identified two sub-counties: Bondo and Rarieda in Siaya County. The two projects consulted with the Department of Children’s Services at the county level through coordinators and the Sub-county Children Services Officers and ensured that they provided leadership throughout the process. AMURT has two QI teams in Siaya County, while Wezesha formed four QI teams in Homabay, Kisii, Migori, and Nyamira counties. All the new teams have been trained on QI. Trainings were carried out jointly with the Department of Children Services representatives and the partners.
- **Community Health Services:** ASSIST supported the MOH Community Health Services (CHS) Unit to host a meeting to share feedback on the results of the CHS situational analysis with stakeholders (December 2013). Participants included national and county officers drawn from the counties where data were collected. The situational analysis report highlighted the need to develop national standards and guidelines for tier-one level of health service delivery. This will work in tandem with other efforts to streamline community health services into the national and county health agenda and realign them to the KQMH framework to achieve basic quality health care for all.

RESULTS

- **APHIA plus Kamili, Hope Valley Family Initiative:** A dramatic increase was seen in the numbers of vulnerable children reached and linked to health facilities through the change ideas that were proposed (Figure 1).

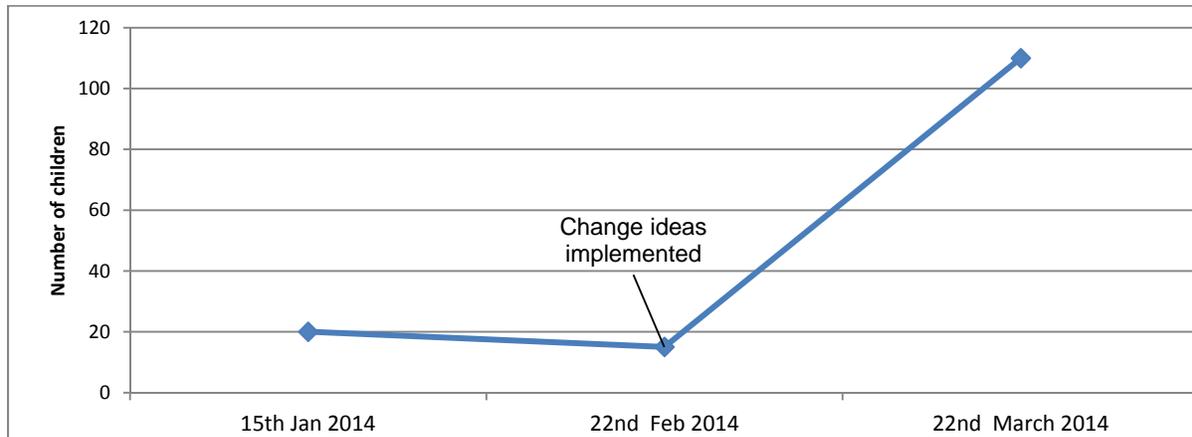
Figure 1: Vulnerable children reached and linked to health facilities for prevention and curative health care by Hope Valley Family Initiative – APHIA+ Kamili (Jan – Sept 2014)



- **APHIA Plus Western Kenya:** Improvement in performance was noted for both boys and girls in primary and secondary schools due to the work of the Chumvini QI team. The caregivers were able to help ensure that their children attended school, and the children improved their performance. The

peer support groups strengthened the drop-out monitoring system at school and curbed truancy since the children act as their own keepers (Figure 2).

Figure 2: Number of children rescued from drug use, reintegrated into school system, and linked to community peer support programs, Chumvini QI team (Jan – March 2014)



SPREAD OF IMPROVEMENT

To support the spread of improvement and by the request of the USAID Mission in Kenya, ASSIST undertook QI capacity development working with all the USG implementing partners. To this end, ASSIST scaled up QI training to 24 counties targeting over 240 high-burden sub-counties. During the first quarter of FY14, ASSIST collected baseline data across the key QI indicators. Currently ASSIST is devising change ideas that will drive the scale-up of improvement work across all 24 counties.

Activity 5. Maternal and neonatal child health and reproductive health

BACKGROUND

Millennium Development Goals 4 and 5, concerning child and maternal mortality, are the two goals with the least progress made globally and in Kenya. While global, regional and national policies and strategies to improve MNCH exist 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.

The country's maternal mortality rate remains at a disconcertingly high level: 488 deaths per 100,000 live births. The lifetime risk of maternal death in 2014 was 1 in 53 women, making it one of the world's highest. Most maternal deaths in Kenya are caused by hemorrhage during childbirth (post-partum hemorrhage), HIV and AIDS, malaria, unsafe abortions, the low proportion of deliveries conducted by skilled birth attendants, and poor staffing, among other causes. Annually, between 80,000 and 100,000 Kenyan women living with HIV become pregnant. With limited interventions for PMTCT, the number of children born with HIV remains high. Currently, only 40% of antenatal care (ANC) facilities offer PMTCT services. For the general population, 26% of women have unmet family planning needs. Only 44% of women deliver babies under the care of a health professional. Moreover, studies have shown that these challenges are not insurmountable; indeed by addressing some health systems challenges through QI techniques, the lives of babies and mothers at risk can be saved.¹

ACCOMPLISHMENTS

- **Provided QI technical assistance to county governments and USAID Kenya service delivery partners, including APHIA pluses and AMPATH plus, to improve and strengthen MNCH and RH services (Q3-4).**

¹ Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division; http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf

APHIA plus Nairobi/Coast

- **Coast – Kwale County (PHFS):** NASCOP with support from ASSIST developed a mother-baby pair register to address the gaps of the current Early Infant Diagnosis (EID) register. Key features of the new register are: 1) it addresses gaps in retention of mother-baby pairs in active care and integration of mother and infant care; 2) it is a longitudinal register where the HIV-positive mother is registered on first contact with the ANC clinic and followed up to 24 months post-natally; 3) all the ANC, HIV, and postnatal services are included; and 4) infant details are entered at birth and followed to 24 months. Through the PHFS work, ASSIST piloted the register in Kwale County. Some of the changes could not have been achieved without the register, including the increase in the number of mother-baby pair still in active care. This has led to reduction in loss to follow-up of exposed babies. Beside the register, the work improvement team came up with a number of change ideas that have resulted in positive outcomes.
 - **Change ideas:** Improved the filing system to effortlessly notice defaulters; integration of mother and HEI services into one file, one room, same time, and same health worker; integration of EID into MCH/child welfare clinic from the laboratory; on job training to nurses to be able to take the dried blood spot specimen at the MCH clinic; and placing job aids and reminders for key services to be offered to HIV-exposed children at all ages.
 - **Result:** In January 2013, only 16% of HIV-positive mothers delivered at the facility, but by May 2014 this had increased to 81%.

APHIA plus Western

- Since the introduction of the NASCOP QI indicators, APHIA plus Western in partnership with ASSIST supported Nyamira and Homabay counties to collect baseline data for these indicators (Q4). Homabay County performed below expectation in most of the indicators, whereas Nyamira had challenges in only a few of them.

APHIA plus Imarisha

- APHIA plus Imarisha selected some high-volume facilities from the counties they support, and ASSIST supported and trained select staff from those facilities (Q4). APHIA plus Imarisha technical teams worked with the facilities to collect baseline data from Isiolo County and are using the data to determine where to focus improvement.

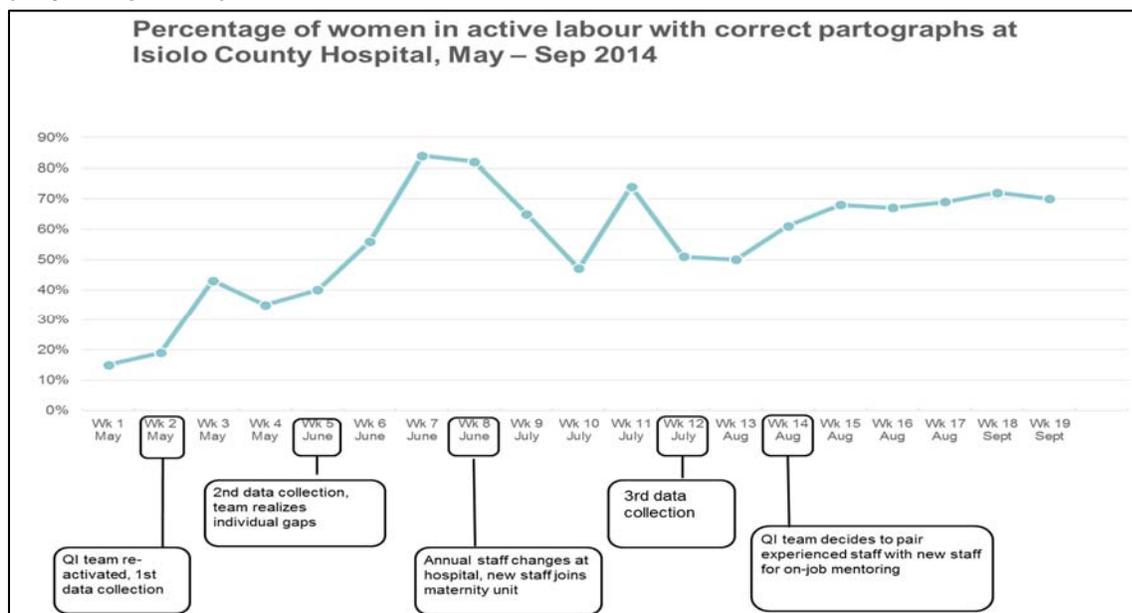
RESULTS

- Isiolo County Hospital is one of the facilities that was supported for QI since 2013. They looked at the performance indicators that were performing below national expectations. One of the indicators the facility was following was correct completion of partographs during delivery. Several change ideas were introduced, key among them paring of experienced staff with those who were new (Figure 3).

SPREAD OF IMPROVEMENT

As with the HIV and OVC areas, ASSIST is consolidating change ideas that can be applied to scale up improvement activities to all facilities in the 24 supported counties.

Figure 3: Percentage of women in active labor with correct partographs at Isiolo County Hospital (May – Sept 2014)



Activity 6. Malaria

BACKGROUND

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.

In collaboration with partners, the government developed the 10-year Kenyan National Malaria Strategy 2009-2017, launched in November 2009 with the goal of reducing morbidity and mortality associated with malaria by 30% by 2009 and to maintain it to 2017.

Currently there are several partners and stakeholders across Kenya who working towards realization of these objectives, however their activities are not coordinated, and there are also huge challenges with the malaria commodities supply chain. These challenges, if not addressed, will remain as bottlenecks for the realization of the strategic objectives. In view of this, ASSIST will apply QI techniques in collaboration with county governments and USG implementing partners to strengthen capacity in program management in order to achieve malaria program objectives at all levels of the health care system.

KEY ACCOMPLISHMENTS

- **ASSIST identified and engaged a consultant to help drive the malaria QI work in the three counties (Siaya, Busia, and Kakamega) that were identified as high-burden counties and work with the national mechanism (Q3).** Together with the malaria unit in the MOH, ASSIST developed a work plan that will guide the malaria QI consultancy and implementation cycle. The objectives of the malaria QI work are to improve supply chain management of malaria diagnostics and antimalarial drugs from county level to facility level, streamline stakeholders' support to the county, and improve case diagnosis and management at facility level.
- **ASSIST supported the first county malaria QI orientation workshop in Busia County (June 2014).** During the meeting, the county and facilities presented their baseline performance on malaria case management and stock status over the last one year. ASSIST oriented two of the three county health management teams on QI, trained them, and helped them form work improvement teams who are pushing the QI agenda (Q4).

4 Sustainability and Institutionalization

All of ASSIST's technical assistance in Kenya has been purposefully 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 (NACSOP, Family Health, Primary Health, and the Directorate of Health Standards, Quality Assurance, and Regulations) to ensure that the project's support for facility-level improvement work and engagement with county and sub-county structures is fully aligned with national policies and strategies. The project's work this year with the MOH Directorate of Health Standards, Quality Assurance, and Regulations to develop a national health QI policy is a significant step towards institutionalization of QI in the health sector.

While much of the OVC improvement work involves USAID service delivery partners and community-based organizations, the activities support the implementation of the MLSS&S-approved national OVC standards, the new national social protection policy, and the application new psychosocial support guidance. USAID ASSIST's efforts to actively engage the county coordinators for children services in the improvement work is also helping to mainstream QI in child services.

5 Knowledge Management Products and Activities

- During FY14, ASSIST produced a Change Package for Improving the Quality of Antenatal Care Services and Skilled Deliveries in Kwale, Kenya <https://usaidassist.org/resources/change-package-improving-quality-antenatal-care-services-and-skilled-deliveries-kwale> and a case study entitled "Retention in Care of HIV-exposed Mother-baby Pairs in Kenya" <https://usaidassist.org/resources/retention-care-hiv-exposed-mother-baby-pairs-kenya-0>.
- The following blogs were published this year on the ASSIST Knowledge Portal:
 - A 'sabbatical' for pregnant women in Turkana, Kenya <https://usaidassist.org/blog/%E2%80%98sabbatical%E2%80%99-pregnant-women-turkana-kenya>
 - Distress on a wooden bench – explaining health care improvement and patient outcomes in Nakuru, Kenya <https://usaidassist.org/blog/distress-wooden-bench-%E2%80%93-explaining-health-care-improvement-and-patient-outcomes-nakuru-kenya>
 - Why quality is much more than just dealing with long queues in a dispensary <https://usaidassist.org/blog/why-quality-much-more-just-dealing-long-queues-dispensary>
 - The Lancet offers the clearest picture on progress in newborn survival <https://usaidassist.org/blog/lancet-offers-clearest-picture-progress-newborn-survival>
 - Quality improvement in Kenya: learning from the field to push for institutionalization <https://usaidassist.org/blog/quality-improvement-kenya-learning-field-push-institutionalization>

6 Research and Evaluation Activities

During the second quarter of FY14, Dr. Edward Broughton, ASSIST Director of Research and Evaluation accompanied, Mr. Charles Kimani, Monitoring and Evaluation Advisor, and Dr. Prisca Muenge, Senior QI Advisor, from the Kenya office, to Muthane North Health Facility in Nairobi, Kenya, a unit where the USAID ASSIST Project is providing technical assistance to APHIA Nairobi-Coast to improve HIV care and treatment. This served as a fact-finding mission and pilot test of the data validation tools. It was found that there were significant issues with the validity of the data being collected and reported by the facility teams to the district health office. These data are then entered into the electronic health information system and are used and aggregated for reporting at higher levels in the health system. Following the visit, a validation data collection tool was developed, and the Kenya country team has worked to get buy-in from implementing partners to use these tools for routine data validation going forward. The first rounds of data collection for validation began in April and will continue into FY15.

In conjunction with the exercise to obtain data for validation, plans were made with IPs to collect data on the same six indicators of service performance in sites in which they are working without the support of the ASSIST Project. The same tool will be used for data collection.

7 Gender Integration Activities

ANC: In FY14, the ASSIST Kenya team has implemented the project's overall strategy of incorporating gender-related issues in improvement work when relevant. In analyzing results for antenatal care, the team found that solely providing health education and ANC services to mothers was often received poorly by husbands and mothers-in-law. The team noted that mothers-in-law hold influential positions within Kenyan families when it comes to health care, and the team found that mothers-in-law influenced their sons' personal and familial health care choices. In several cases, husbands and their mothers made ill-advised health decisions on behalf of the mother, subsequently causing complications to health and delivery, even resulting in the death of the baby. To address this issue, the team initiated male partner testing in conjunction with women's ANC visits, and additionally worked to involve and educate male partners during couple's visits.

OVC: The ASSIST Kenya team identified and addressed major gender-related challenges within the OVC program in FY14. Harmful traditional practices that were identified as affecting girls in intervention communities included early marriage, female genital mutilation/cutting, unequal nutritional access, and late/no birth registration, often resulting in late school registration. Girls were also found to lack regular access to sanitary pads, which contributed to poor attendance and retention. To improve girls' performance and attendance, QI teams established several effective projects targeting the specific needs of girl students. A girl mentorship program and "Kids Clubs" were established in schools. The mentorship and club sessions were led by trained mentors and provided education on the rights and needs of children, including the specific needs of girls, to students, teachers, parents, provincial administrators, and community members. Based on efforts to engage teachers and provincial administrators in child protection, six girls who had undergone female genital mutilation were rescued from early marriage and re-integrated into school. To address girls' need for sanitary pads, one CBO introduced special funds to the OVC program in Ruai, Gituamba, and Ngundu primary schools to purchase sanitary pads for girls in need. Parents/guardians of vulnerable girls were sensitized on the importance of providing sanitary pads. Other results achieved were to improve Kenya Certificate of Primary Education (KCPE) performance among primary and secondary school girls and boys. The ASSIST team worked with OVC QI teams to collect the following sex disaggregated and gender-sensitive data:

- The percentage of vulnerable children reached and linked to health facilities for preventive and curative health care by sex
- KCPE performance among girls and boys

8 Directions for FY15

In FY15, ASSIST will continue to support these six key objectives:

- **Country ownership and institutionalization of QI at the national level:** ASSIST will finalize the national QI policy and strategic plan and work with the MOH to disseminate these documents so that they can be operationalized.
- **Capacity development for QI:** ASSIST will offer training to the remaining four counties to reach 31 counties and then will follow up with a post-training QI agenda that will address gaps identified through the baseline data.
- **HIV care and treatment:** ASSIST will work with the named USG partners to scale up QI in prioritized high-volume facilities and will track the HIV care and treatment indicators around linkages to care, retention in eMTCT, and adherence.
- **Orphans and vulnerable children and child protection:** ASSIST will continue to work with the Department of Children Services to finalize the PSS guidelines. In addition, ASSIST will support the development of a Directorate of Children Services across the country to enhance referrals and linkages to care and child protection services.
- **Maternal, newborn, and child health and reproductive health:** ASSIST will continue to track the MNCH RH and FP indicators and will also support USG implementing partners to ensure quality of care as they scale up emergency obstetric and neonatal care services.

- **Malaria:** ASSIST will continue to support improvement in malaria case management and supply chain issues in the three target counties of Siaya, Busia, and Kakamega.

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

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