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USAID ASSIST Project
Applying Science to Strengthen
and Improve Systems

USAID ASSIST Project

Kenya Country Report FY13

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2012 – September 30, 2013

DECEMBER 2013

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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

AMTSL	Active management of the third stage of labor
ANC	Antenatal care
APHIA	AIDS, Population and Health Integrated Assistance
AMPTH	Academic Model for the Prevention and Treatment of HIV
ART	Antiretroviral therapy
ARV	Antiretroviral

ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
BP	Blood pressure
CBO	Community-based organization
CCC	Comprehensive care clinics
CDC	U.S. Centers for Disease Control and Prevention
CEA	Cost-effectiveness analysis
CHW	Community health worker
CME	Continuous medical education
COE	Centers of Excellence
CQI	Continuous quality improvement
CSI	Child Status Index
DSRS	Department of Standards and Regulations
eMTCT	Elimination of mother-to-child transmission of HIV
ENC	Essential newborn care
FBO	Faith-based organization
FBP	Food by prescription
FP	Family planning
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HEI	HIV-exposed infant
HTC	HIV testing and counseling
IP	Implementing partner
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
KENAS	Kenya Accreditation Service
KNHSSPIII	Kenya National Health Sector Strategic Plan III
KQMH	Kenya Quality Model for Health
MCH	Maternal and child health
MLSS&S	Ministry of Labour, Social Security and Services
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MOU	Memorandum of understanding
NACS	Nutrition assessment, counseling and support
NASCOP	National AIDS and STI Control Program
NHSSP II	National Health Sector Strategic Plan
OECD	Organization for Economic Co-operation and Development
OPD	Outpatient Department
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PITC	Provider-initiated testing and counseling
PMTCT	Prevention of mother-to-child transmission of HIV
PSS	Psychosocial support
QI	Quality improvement
QIT	Quality improvement team
SITAN	Situational analysis
TBA	Traditional birth attendant
TWG	Technical working group
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
WIT	Work improvement team
WRA	Women of reproductive age

1 Introduction

University Research Co., LLC (URC) started supporting the Ministry of Gender, Children and Social Development (MOGC&SD) since 2009 through the USAID Health Care Improvement Project (HCI), with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to develop standards for care and support of orphans and vulnerable children (OVC). As the project life cycle of HCI has run its course, URC has been asked to continue its support for quality improvement through HCI’s successor project, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project.

The ASSIST Project in Kenya aims to support the Ministry of Health (MOH), the Ministry of Labour, Social Security and Services (MLSS&S), and other relevant partners to design, develop and implement strategies that will enhance the quality of service delivery in the health sector and the care of orphans and vulnerable children in the country. ASSIST’s approach is guided by both the National Health Sector Strategic Plan II in addressing issues around health services and the priorities outlined by the MLSS&S with regard to OVC work.

In FY13 we focused on: 1) operationalizing a national quality improvement (QI) framework which included developing a national QI policy and revising standards of care, supporting a national quality management program, and improving the voice of the client in health care; 2) establishing a framework to develop an accreditation mechanism for health facilities; 3) ensuring the Government of Kenya has systems in place to address problems identified in quality of care and a policy to support it; 4) reviewing and developing standards of care for OVC with the MLSS&S and facilitating their roll-out to service delivery points; and 5) supporting national programs to institutionalize QI at national and service delivery levels .

2 Program Overview

What are we trying to accomplish?	How will we know?	At what scale?
1. Develop and operationalize a national QI framework which includes developing a national policy and revising standards of care, supporting a national quality management program and improving the voice of the client in health care	<ul style="list-style-type: none"> • An evidence-based national QI policy developed • Robust national quality management systems actively setting and coordinating the improvement agenda • Robust quality improvement teams at county and sub-county levels actively identifying and prioritizing opportunities for improvement for their facilities • Robust work improvement teams actively developing and testing change ideas to improve integrated services 	National Six counties initially increasing to all the 35 counties effectively supported by USAID APHIA Plus partners
2. Establish a framework for, and put into place, a national accreditation mechanism for the health sector	<ul style="list-style-type: none"> • A mechanism exists to certify healthcare professionals and assure they maximize their training and skills through life-long learning • A process exists to accredit health provider institutions that comply with standards for safe and reliable care 	National
3. Ensure Government of Kenya has systems in place to address problems identified in quality of care and a policy to support it	<ul style="list-style-type: none"> • National, county and local efforts to improve health care quality based on common national aims, priorities, targets and evidence-based interventions and monitoring framework 	National

What are we trying to accomplish?	How will we know?	At what scale?
4. Review and develop OVC standards of care with the MLSS&S and facilitate their roll out to service delivery points	<ul style="list-style-type: none"> • National psychosocial support guidelines in place • National Directory of service providers in place • National referral tool in place • National training manual for QI • 7 counties demonstrating QI through Centers of Excellence 	National level 7 counties and 7 sub-counties
5. Support national programs such as National AIDS and STI Control Program (NAS COP), Primary Health, Family Health, Preventive and Promotive Services to institutionalize QI at national and service delivery levels	<ul style="list-style-type: none"> • National QI framework for HIV care and treatment, Family Health, HIV chronic care developed • Roll out of QI at service delivery level • Framework for QI in chronic care developed 	National 1800 care and treatment sites Six counties initially increasing to all the 35 counties effectively supported by USAID APHIA Plus partners 11 provincial hospitals with QI frameworks for chronic care

3 Key Activities, Accomplishments, and Results

Activity 1: Develop and operationalize a national QI framework

Background

Under this activity ASSIST Kenya is working to inform current and future government efforts and strategies through the MOH and the MLSS&S to improve, institutionalize, and standardize quality improvement at the national level. Drawing on lessons gained from international standards and frameworks for QI (e.g., the QI frameworks of the World Health Organization [WHO] and the Organization for Economic Co-operation and Development [OECD]), a scope of work has been developed, in collaboration with technical working groups at the MOH and the MLSS&S, that will guide the review of gaps and opportunities for QI operationalization in Kenya. Efforts are being made to respond to the Kenyan Government's devolved governance structure and to focus on systems strengthening for QI, targeting the national government-level mechanisms that underpin health delivery. To this end, our focus at the policy level is to provide strategic guidance and support and coordination for system-level improvement efforts by focusing national, county, and local efforts to improve quality on common aims, priorities, targets, evidence-based interventions, infrastructures, and monitoring frameworks.

Accomplishments and Results

- **Supported the first National Policy Seminar in February 2013 bringing together international and national experts to share experiences and best practices on quality improvement policy, infrastructure, and accreditation.** This process involved stakeholder mapping, analysis, and engagement in order to identify who should be involved in developing policy and accreditation.
- **Engaged and built clear national ownership and coordination through the MOH Department of Standards and Regulatory Services and the national technical working group on QI.** ASSIST's work is mainly to support the Department to implement QI work planned for in their operational plans.

- **Supported the MOH to hold a national QI conference in August 2013.** The conference was conducted with the county executive members for health, the county health coordinators from all the 47 counties, stakeholders, and the national parliamentary committee for health to discuss mechanisms for rolling out QI in the new devolved governance structures. The conference resolved that all the 47 counties should establish focal departments to oversee quality and standards for the health sector. The project will continue providing support to the national MOH in capacity building of these departments as they develop.
- **Disseminated the national quality improvement framework, the Kenya Quality Model for Health (KQMH), in the eastern, central, and north Rift counties.** Overall, 44 of the total 47 counties in the country are now covered. During dissemination, officers from the Ministry of Health and Department of Standards and Regulatory Services worked together with ASSIST staff to familiarize the county health teams with the KQMH.
- **Conducted joint FY14 work planning with the MOH Department of Standards and Regulatory Services to facilitate the harmonization of the ASSIST and MOH work plans.**
- **Held a workshop to finalize the draft national QI training syllabus for use in both pre-service and in-service training.** The draft curriculum is undergoing final editorial work in preparation for its publishing and launch later in FY14.

ASSIST's Strategy for Supporting the National QI Framework

In the context of the Kenyan devolved government structure, during the national QI conference in August 2013, ASSIST convened county executive members for health, county health coordinators from all the 47 counties, stakeholders and the National Parliamentary Committee for Health to discuss mechanisms for rolling out QI in the newly devolved governance structures. The conference resolved that all the 47 counties should establish focal departments to oversee quality and standards.

Engagement of the 47 counties in high level QI discussions is ASSIST's spread strategy for QI. The resolution to establish focal departments to oversee quality and standards in each of the counties will ensure spread of QI at the county level.

What Are We Learning?

- **Priority setting:** QI plans must focus national, county and local efforts to improve health care quality on common aims, priorities, targets and interventions.
- **Continuity:** QI plans must build on work in progress by showcasing current initiatives addressing similar priorities.
- **Support action to address priorities:** Strategic QI frameworks should link domains for quality interventions (leadership, information, organizational capacity, models of care, patient and population engagement, regulation and standards) to national decision-making processes.
- **Define guiding principles:** QI plans must be guided by core principles of quality.

Activity 2: Establish a framework for and put into place a national accreditation mechanism for the health sector

Background

The Kenya National Health Sector Strategic Plan (NHSSP II) of 2005-2010 proposed a review of the Public Health Act 1921 that included provisions concerned with registration, accreditation, inspection, and control of private and public providers, as one of its objectives in the field of quality assurance and standards. The former Ministries of Public Health and Sanitation (MOPHS) and Medical Services (now joined into a single Ministry of Health) have also given priority to accreditation in their strategic plans. Currently, the Kenya Quality Model for Health (KQMH) provides minimum standards for certification of health facilities, while the Kenya Accreditation Service (KENAS) is recognized as the legal body to offer accreditation but with a broader mandate encompassing non-health institutions. ASSIST is working to facilitate the process of accreditation for health care in partnership with other stakeholders under the Ministry of Health.

This activity is seeking to ensure that a mechanism exists to:

- Certify health care professionals and assure they maximize their training and skills through life-long learning; and
- Accredit health provider institutions that comply with standards for safe and reliable care.

The accreditation mechanism, once in place, will underpin all QI work at the facility level. This will provide great leverage for spread and sustainability of improvement across Kenya.

Accomplishments and Results

- This activity will be informed by the situational analysis (SITAN) mentioned in Activity 3 and therefore it is anticipated to commence after completion of the SITAN.

Activity 3: Ensure Government of Kenya has systems in place to address problems identified in quality of care and a policy to support it

Background

The devolved system of governance is the cornerstone of the 2010 Constitution of Kenya, which guarantees access to quality and affordable healthcare as a basic human right. The Kenya National Health Sector Strategic Plan III (KNHSSPIII) implementation framework for 2013-17 identifies access to services and improved quality of service delivery as desired outputs to achieve health outcomes set out in the Kenya Health Policy 2012-2030. This requires the national government to institute mechanisms and a measurable plan to ensure the progressive implementation of the right to health for every Kenyan citizen and to manage QI at all levels of the healthcare delivery system.

USAID ASSIST's support will ensure that the Government of Kenya has systems in place to address problems identified in quality of care and a policy to support it. ASSIST will support the Government of Kenya to develop a national QI policy and strategy that will:

- Provide strategic guidance, support and coordination for system-level improvement efforts by focusing national, county, and local efforts to improve quality on common aims, priorities, targets, evidence-based interventions, infrastructures and monitoring frameworks;
- Set national priorities to guide efforts;
- Build on work in progress to showcase improvement initiatives that are already addressing priorities;
- Support action to address identified priorities;
- Devise policies and infrastructure needed to support priorities; and
- Define key QI guiding principles.

A baseline situational analysis will provide key information about practice gaps in eight quality intervention domains to provide an evidence base in combination with other key references to inform current and future MOH efforts and strategies to improve, institutionalize, and standardize quality improvement. These domains are:

- Leadership Process
- Accountability
- Use of regulation and standards
- Models of care delivery
- Organizational capacity
- Patient and population engagement
- Capacity building

Accomplishments and Results

- **Finalized terms of reference and scope of work for a consultant to conduct a situational analysis in December 2013 and January 2014 that will inform development of a national QI policy.** The policy will inform current and future MOH efforts and strategies to improve, institutionalize, and standardize quality improvement.

- **Developed a partnership framework to consolidate private and public sector engagement for support in the national framework for QI.** A partnership Memorandum of Understanding (MOU) was signed with the Funzo project to foster multi-sectoral response to address national level efforts in QI.

What Are We Learning?

- For this activity collaboration with the MOH's department of Standards and Regulatory Services has enabled ASSIST to obtain policy level buy-in and support for QI work in Kenya. This is important for institutionalization and sustainability of QI.
- **System perspective:** We are learning that there is enthusiasm for QI at the national level for both health and OVC services in Kenya, but there is currently no national framework to guide QI institutionalization. Consequently the national policy being developed under ASSIST will be a welcome framework for ongoing development of QI in the country.

Activity 4: Review and develop OVC standards of care with the MLSS&S and facilitate their roll-out to service delivery points

Background

ASSIST is supporting the MLSS&S and other relevant partners to design, develop and implement strategies that will enhance the quality of service delivery in the health sector and the care of OVCs in the country. Our approach is guided by MLSS&S outlined priorities for improving quality of services. In particular are focusing on reviewing and developing standards of care for OVC with the MLSS&S and facilitating their roll-out to service delivery points.

Accomplishments and Results

- **Finalized work on the job aid for community volunteers with the final draft presented to the technical working group (TWG) for endorsement.** The job aid has been translated into Kiswahili for ease of use by community volunteers at the point of care.
- **Engaged a consultant to conduct a situational analysis on psychosocial support (PSS) service provision in the country.** The final report was presented to the Ministry's Quality Improvement technical working group and later to the Director and Secretary Children services. The government through the ASSIST project will conduct a national launch of the report to lobby for a wider stakeholder engagement for the National PSS framework development.
- **Created a change package for Quality Improvement in OVC programs in Kenya.**
- **Supporting the MLSS&S to established a technical working group chaired by the government to guide implementation and to integrate QI work into the national annual work plans.**
- **Developed job aids** including the Child Status Index (CSI), Children Right to Essential Actions Guide, and community volunteers' job aids that will be disseminated to the newly created 47 county governments.
- **Provided support for dissemination of the standards, government guidelines and manuals on child protection in all the counties.**
- **Developed a national training manual, directory of service providers and referral tool.**
- **Established, through partnership with the Ministry, APHIA Plus and AMPATH+ a total of 300 community improvement teams linked to CBOs, FBOs, and the government at the point of service delivery that are applying the QI standards** (see Table 1). These teams have been supported to implement OVC programs with reference to the standards. The 300 improvement teams are run by the APHIAS while the COEs are managed by ASSIST in collaboration with the government.

Demonstration of QI through Centers of Excellence (COEs)

- Trainings for seven COEs (Uasin Gishu, Busia, Migori, Kilifi, Meru, Isiolo and Nakuru counties) for OVC interventions in QI were finalized reaching 41 community improvement teams. The work in the COEs is designed around building the capacity of government, APHIA Plus, the CBOs and the community to take responsibility for OVC care and support initiatives for improved child outcomes.

Orphans and Vulnerable Children

Improvement Strategy

ASSIST's improvement strategy is to work with IPs, CBOs, and governments in seven COEs (Uasin Gishu, Busia, Migori, Kilifi, Meru, Isiolo and Nakuru counties), mobilizing community improvement teams to take responsibility for OVC care and support initiatives for improved child outcomes. ASSIST involved the MOH and the MLSS&S at all levels to provide leadership in the improvement process. The project further lobbied for inclusion of our activities in the work plans of the two ministries for ownership and sustainability of improvement activities.

Spread Strategy

ASSIST advocated for spread of QI activities through lobbying the county MOH Health Directors and Health Secretaries to include a Department of Quality within their structure to facilitate the spread and institutionalization of QI activities.

QI work will focus on building the capacity of the seven counties to institutionalize QI at the point of service delivery through an existing collaborative QI model in identified sub-counties. This work will be undertaken through the leadership of the county-level MOH, county cabinet health teams, the MLSS&W and USAID implementers (APHIA, AMAPTH Plus and 3 new OVC partners supporting actual service delivery in the health facilities and the community). Collaborative work will be scaled up from the current 7 counties to an additional six to reach 13 (out of a total of 47) counties, with each site reaching a minimum of 30 health facilities and four community-based organizations (CBOs). USAID ASSIST staff will support the county-based government staff and USAID service delivery teams by providing technical assistance (TA) in the form of coaching / mentorship, training and capacity building of the QI teams (QITs) and Work Improvement Teams (WITs) and by collecting data to assess progress of QI across the QITs.¹ In addition, periodic learning sessions for the QITs will be facilitated by USAID ASSIST to support mutual learning and the documentation of lessons learned from this work.

Table 1: Distribution of community QI teams

Project	# of QI teams
APHIA Plus Kamili	183
APHIA plus Imarisha	17
APHIA plus Nairobi – Coast	47
APHIA plus Nuru Ya Bonde	21
APHIA plus Western Kenya	28
AMPATH plus	4
Total	300

APHIA Plus Nairobi Coast

- Kilifi (Coast) and Kasarani (Nairobi) counties were selected jointly by the MOH and the Department of Children Services for demonstration.
- Twelve community improvement teams were trained between June and September 2013. Three of the trained teams are from the government-led OVC Cash Transfer program. Five of these teams collected their baseline data in August 2013 through administration of the CSI tool and the self-assessment tool and are in the process of problem identification and development of change ideas (Table A1 in the Appendix).

¹ QITs are comprised of top management level personnel whose main role is providing technical guidance, coaching, and resource mobilization to drive quality improvement. WITs are comprised of frontline health workers who engage in the day-to-day process improvement activities.

APHIA plus Western Kenya

- Migori County is the project COE site with four community QI teams linked to four CBOs (i.e., Kawiri, Dago Dala Hera, WESAPHE and OBACODEP). The teams were trained in July 2013 and have since collected baseline data, conducted a self-assessment based on the standards, problem identification and root cause analysis. Each of the teams has defined their change ideas for testing as is demonstrated in Table A2 in the Appendix..

AMPATH Plus

- AMPATH plus has six QI teams with four in Uasin Gishu county and two in Busia county (Kapsereet, Langas, Kapsoya, Tulwet, Bunyala North, Bunyala South). The teams were trained between June and July 2013 and have since communicated standards to the community and the CHWs, conducted self-assessments, and administered the CSI tool. The teams are all at the stage of problem identification and defining their change ideas, based on their baseline data (see Table A3 in the Appendix).
- Langas and Bunyala South QI teams had a delay in collecting their baseline data because of logistical problems at the QI team level.

APHIA plus Nuru ya Bonde

- The project has two QI teams in Nakuru county (Njoro and Molo sub counties). The teams were trained in August 2013 and have since communicated standards to community health workers and given them a one-day orientation on the CSI tool.
- Administered the CSI tool on a sample 182 children and 240 children in Njoro and Molo respectively. An analysis of CSI data revealed that the tool was not correctly administered hence the need to re-administer the tool. The QI teams have received minimal coaching from their APHIA Plus team on the ground, hence their struggle with implementing their work plan.

APHIA Plus Imarisha

- APHIA Plus Imarisha has seven QI teams in Isiolo County (Waso, Ngeremara, Ordha, Kambi Bule, Burat, Bula Mpya and Bule West). They were trained in September 2013 and are in the process of finalizing their QI roll-out work plans.

Table 2 shows the baseline values of OVC indicators that the community QI teams in the seven CoEs that ASSIST is supporting are tracking. The baseline is a consolidated mean of the performance per indicator for the six IPs (18 QI teams). The six implementing partners include, APHIA Plus Kamili, APHIA plus Imarisha, APHIA plus Nuru ya Bonde, APHIA plus Nairtobi- Coast and AMPATH plus. The sub counties include Migori, Isiolo, Molo/Njoro Kasarani, Kilifi, Budalangi and Uasin Gishu.

Table 2: Key OVC indicators and baseline values

OVC services indicators (based on CSI data)	Description	Baseline (18 QI teams) (August-September 2013)
Food and Nutrition	% of OVC households with sufficient food all year round	69
	% of OVC at the right weight and height for their age	42
Shelter and Care	% of children with stable shelter that is adequate, dry and safe	33
	% of children with at least one adult (age 18 or above) who provides consistent care, attention, and support	28
Protection	% of children safe from any abuse, neglect or exploitation	18
	% of children with civil and inheritance protections or has access to legal protection services when needed	17
Health	% of children physically healthy	28
	% of children who receive health care services, including medical treatment when ill and preventive care (e.g. health	17

OVC services indicators (based on CSI data)	Description	Baseline (18 QI teams) (August-September 2013)
	education, immunization)	
Psychosocial	% of children who are happy and content with a generally positive mood and hopeful outlook	11
	% of children who are cooperative and enjoys participating in activities with adults and other children	36
Education and Skills	% of children progressing well in acquiring knowledge and life skills at home, school, job training or an age-appropriate productive activity	33
	% of children enrolled and attends school or skills training, or is engaged in an age appropriate activity or job	Not available

What Are We Learning?

- Engagement of the national government leadership from the onset makes it easy to move the QI agenda to the counties and it also creates ownership and will facilitate spread to new counties.

Activity 5: Support national programs to institutionalize QI at national and service development levels in seven counties

Background

ASSIST's approach for ensuring implementation of QI in Kenya is underpinned by QI skills transfer among implementing partners and service delivery points. This approach is also highly favored by the MOH and it facilitates scale-up and sustainability. To achieve the skills transfer, trained QI coaches from work completed during FY 13 of USAID ASSIST (where 180 facility improvement teams drawn from six counties were established in April- July 2013 as well as the launch of the PHFS in Kwale County in September , done in collaboration with MOH, district health teams, country leaders and USAID implementing partners that include APHIA, APHIA Plus), will support six development sites, selected from new counties. The new sites will be provided skills to undertake quality improvement of integrated services that include maternal, newborn and child health (MNCH), elimination of mother-to-child transmission (eMTCT), reproductive health (RH), HIV/AIDS and nutrition. The intention of the MOH is to build centers of excellence (COEs) in QI that other counties can learn from. Furthermore this approach also will help build a critical mass of MOH personnel with QI competencies which will underpin national scale-up. To provide leadership for the scale-up, the MOH will continue liaising with county health managers to ensure departments of standards and quality are established in each of the 47 counties in the country. This is vital given that health service delivery in Kenya is now completely devolved to the counties while the national MOH oversees health policy formulation.

Accomplishments and Results

- **Conducted baseline activities.** Under this activity in FY13 ASSIST supported seven counties (Isiolo, Nakuru, Meru, Nyamira, Kwale, Kilifi and Nairobi) in collaboration with the MOH and USG implementing partners to support QI capacity development and to implement change packages across four services areas that include: 1) HIV care and treatment, 2) maternal, newborn, and child health (MNCH); 3) nutrition; and 4) elimination of mother-to-child transmission of HIV (eMTCT). In addition, ASSIST supported the National AIDS and STI Control Program (NASCOP) to develop a QI framework and improve PMTCT. Table A4 in the Appendix provides information on the indicators we are tracking for health services and shows baseline data at two data points, January 2013 and last value in July 2013. Please note that no change ideas had been implemented by July and the data changes are not reflective of the changes that had been proposed. However given that teams had been trained this might explain why some figures improved by July. The teams are still working on their change ideas. More importantly the movement of staff from one area to another happened on a large scale in response to devolution and this creates challenges for implementation. We anticipate

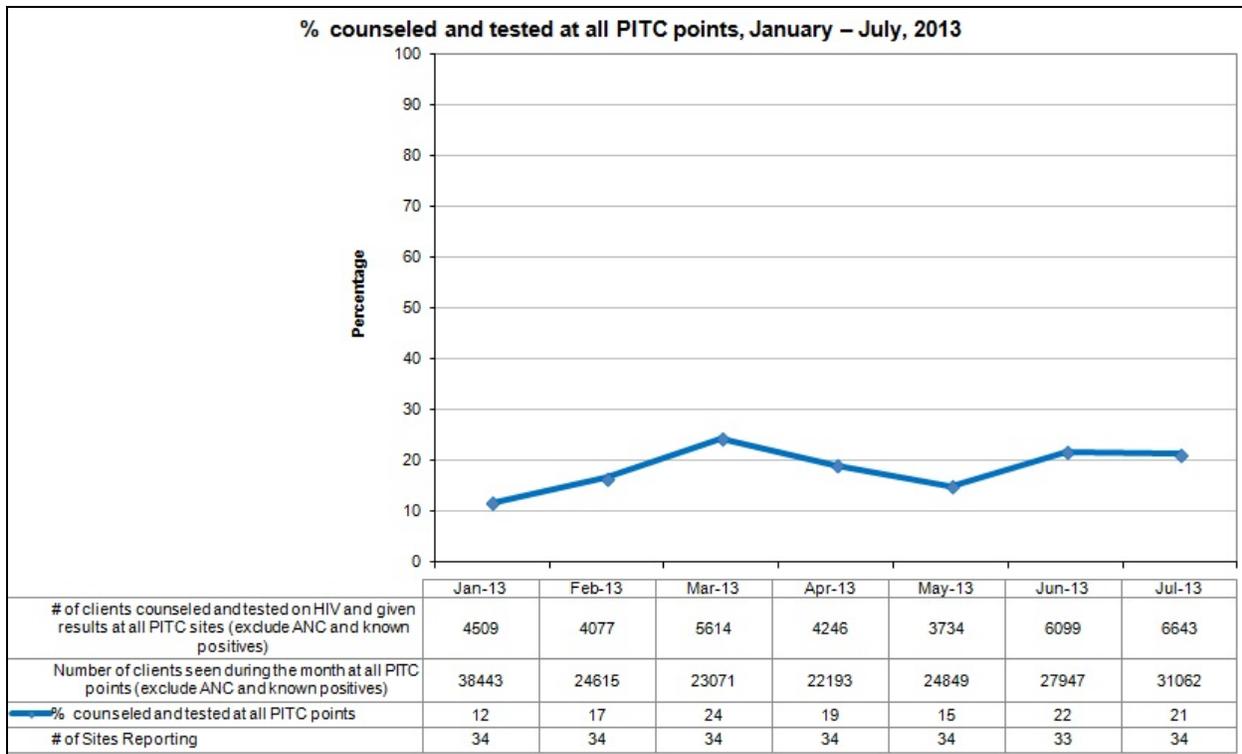
seeing significant improvements during the next reporting period as change ideas are currently being implemented.

- **Completed trainings of all the six APHIA Plus partners in FY13 with the establishment of 174 improvement teams for health service delivery.**
- **Across all the seven counties, ASSIST has provided QI training** in 99 facilities and over 315 QI coaches were trained (see Table A5 in the Appendix).
- **Baseline data collection is ongoing** in all the facilities as well as root cause analyses and process mapping to inform development of change ideas.
- **Supported NASCOP to develop a QI framework for HIV care and treatment.**
- **Launched PHFS in 17 sites in Kwale and Kilifi counties.**

HIV care and treatment:

- **Implementing change ideas addressing the following issues:**
 - Integration of HTC to the routine care of the clients
 - Establishing a link persons in the various HTC points for HIV-positive clients referral
 - Integrated health open days facility in-reach services
 - Referral of HIV-positive clients reached in Comprehensive Care Clinics (CCC) and enrollment into care
 - Retention in care of clients in CCCs
- **From January 2013 to July 2013 an improvement of 8% was noted in clients who visited provider-initiated testing and counseling (PITC) points** (from 12% at baseline to 21% in July) (Figure 1).

Figure 1: Percentage of clients who visited PITC points (including OPD) who were counseled and tested for HIV, Nakuru, Isiolo, Imenti South, and Nyamira sub-counties (January-July 2013)



Maternal, newborn, and child health:

- **Implementing change ideas that are addressing the following issues:**

- Increasing ante-natal coverage by completion of 4th ANC visit
- Identification of pregnant women and effective referral using process mapping to identify bottlenecks in the patient flow
- Increasing coverage of active management of the third stage of labor (AMTSL)
- Supporting continuous medical education (CME) sessions for health care workers on how to complete partographs; increasing the number of newborns seen by a health care provider within 48-72 hours after birth
- Increasing coverage with 7th and 14th day postnatal visits
- Involving community health care workers in referrals of pregnant women
- Training of traditional birth attendants (TBAs) on skilled delivery referrals
- Increasing uptake of 4th ANC visit
- Improving skilled delivery
- Strengthening essential neonatal care to reduce neonatal death
- **Results from all the sites reported significant improvements in all areas.** For example, reports from 60 sites shows that the number of pregnant mothers assessed for HIV during ANC and also given prophylactic ARV, increased from 88% in January 2013 to 100% in July 2013 (Figure 2). Figure 3 shows an increase in coverage of AMTSL among over 30 sites from January to August 2013.

Figure 2: Percentage of pregnant mothers assessed for HIV during ANC given prophylactic ARVs for their unborn baby, Nakuru, Isiolo, Imenti South, and Nyamira sub-counties (January-September 2013)

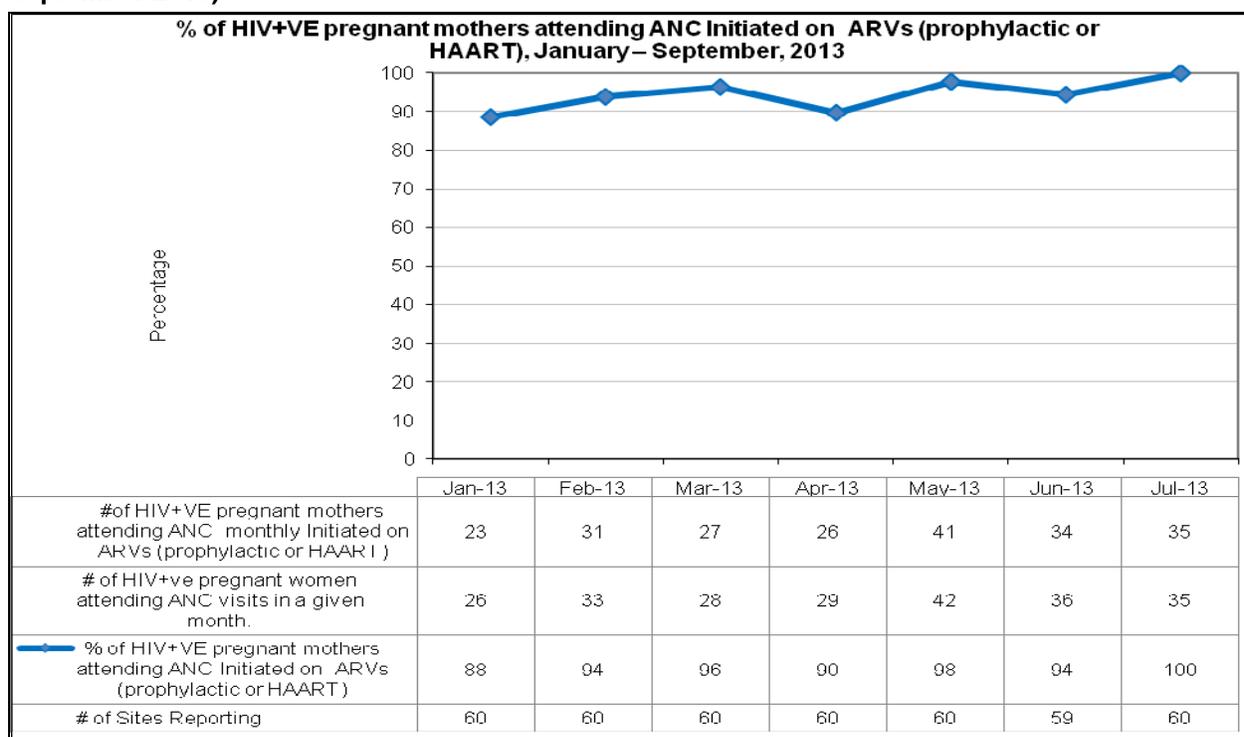
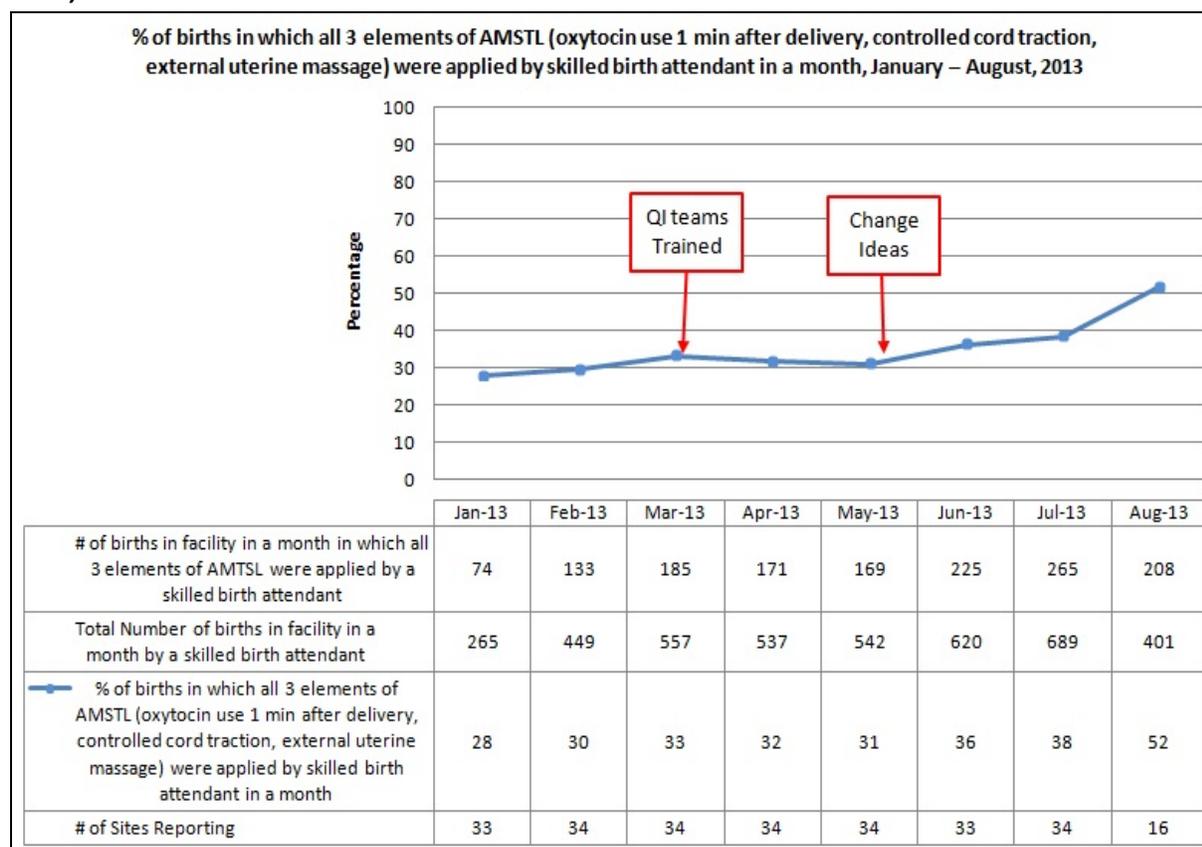


Figure 3: Percentage of births in which all three elements of AMTSL were applied by skilled birth attendant in a month, Nakuru, Isiolo, Imenti South, and Nyamira sub-counties (January-August 2013)



Nutrition assessment and categorization:

- **Implemented change ideas that are addressing the following issues:**
 - Lack of nutrition recording tools
 - Lack of food by prescription (FBP)
 - Lack of skills on provision of FBP by health providers
- **Currently baseline data is being collated and is incomplete.**

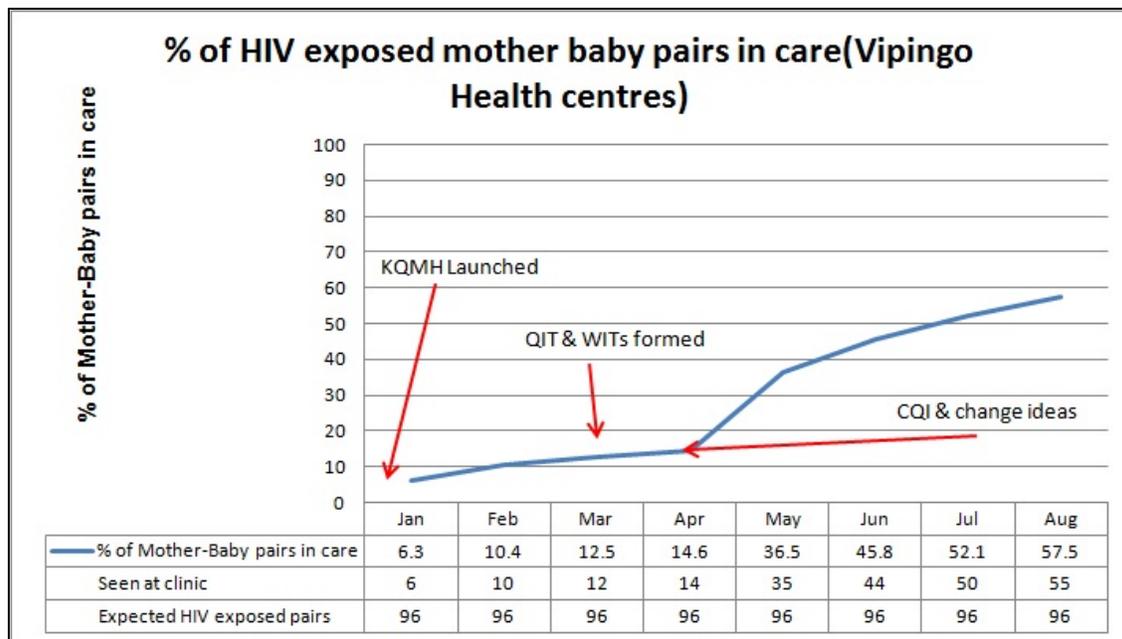
Partnership for HIV-Free Survival (PHFS)/Elimination of mother-to-child transmission of HIV (eMTCT):

- **To roll-out PHFS that addresses PMTCT, ASSIST supported:**
 - National AIDS and STI Control Program (NASCOP) to launch the Partnership for HIV Free Survival (PHFS) initiative in the country. This initiative will see the application of QI to drive the national eMTCT strategic plan 2012-2015.
 - NASCOP, in April 2013, to identify and train 17 high-volume PMTCT sites in four sub-counties (Kwale, Kinango, Msambweni and Kilifi) for fast learning on how to apply QI to address eMTCT as a first phase of PHFS. Each facility developed an implementation work plan based on new changes ideas that include:
 - Opening and managing files for each mother-baby pair
 - Integration of HIV care and treatment centers (CCC) and PMTCT at MCH clinic
 - Psychosocial support through mentor mothers, active screening and linking to care at all entry points (Outpatient Department, Labor and Delivery, MCH etc)

- Active follow up of missed clinic appointments

- At Vipingo Health Center in Kilifi the implementation resulted in dramatic improvement in the percentage of mother-baby pairs retained in care from 14.6% in April 2013 when the CQI and change ideas were implemented to 57.5% in August 2013 (Figure 4).

Figure 4: Retention of mother-baby pairs, Vipingo Health Center (January-August 2013)



Health Systems Strengthening

Improvement Strategy

For this health services improvement work, ASSIST is working with USG implementing partners (the APHIA's and AMPATH Plus) and individual facilities as "centers of excellence" of quality improvement in seven sub-counties that other counties can learn from. The sub-county with all the facilities involved constitutes a unitary centre of excellence. Teams in the COE sub-counties will undertake root cause analysis, propose change ideas and facilitate ownership and institutionalization of QI at the facility level. The COEs work as demonstration sites where knowledge on change ideas is harvested and used to develop change packages that can support the QI scale-up in new counties. In addition training QI teams and supervisors and coaches is ensuring ongoing development of QI.

Spread Strategy

The spread strategy for this work is to use lessons learned from the demonstration sites to document best practices and share these practices with new facilities through collaborative model.

QI work will focus on building the capacity of the six counties to institutionalize QI at the point of service delivery through an existing collaborative QI model in identified sub-counties. This work will be undertaken through the leadership of the county-level MOH, county cabinet health teams, the MLSS&W and USAID implementers (APHIA, AMAPTH Plus and three new OVC partners supporting actual service delivery in the health facilities and the community). Collaborative work will be scaled up from the current six sub-counties to an additional six to reach 12 (out of a total of 47) counties, with each site reaching a minimum of 30 health facilities and four community-based organizations (CBOs). USAID ASSIST staff will support the county-based government staff and USAID service delivery teams by providing technical assistance (TA) in the form of coaching / mentorship, training and capacity building of the QI teams and data collection to assess progress of QI across the QITs. In addition, periodic learning sessions for the QITs will be facilitated by USAID ASSIST to support mutual learning and the documentation of lessons learned from this work.

What Are We Learning?

- **Local ownership and leadership:** We are learning that local ownership and leadership are important for QI development at the facility level.

4 Sustainability and Institutionalization

The improvement work undertaken by USAID ASSIST in Kenya is government-driven and embedded into the Kenyan legal and regulatory environment. It is thereby wholly owned by the national government. For example, the government has provided leadership in QI by developing and launching the Kenya Quality Model for Health and also by working with ASSIST to develop a national policy that will underpin and guide all improvement work in Kenya. This policy will be a key lever in QI sustainability.

Additionally, and in light of the Kenya devolved government, ASSIST is working with not only with the national ministries but with the leadership from the 47 county governments to support capacity development in each county. Our work will support the establishment in core departments of standards and quality at the county level that will advance this work beyond the project. It is also expected that through QI capacity development, functional QI teams at all levels will be in place and these teams will support QI at county and facility levels. Through development of COEs and demonstration sites, the ASSIST team in Kenya is harvesting and documenting best practices and 'how to guides' for QI that will support ongoing QI development in Kenya.

5 Knowledge Management Products and Activities

Several knowledge management products were developed during FY13:

- Minimum Service Standards for Orphans and Vulnerable Children Kenya, *Job Aid Booklet* (September 2013). Available at: <http://www.urc-chs.com/resource?ResourceID=815>
- Change package for Quality Improvement in Orphans and Vulnerable Children Programmes in Kenya by Roselyn Were, Stanley Masamo, Jemimah Owande, Emma Akinyi, Muhamed Akulima, Emily Murungi, Millicent Oluoko, and Stella Wachira, *Change Package* (September 2013). Available at: <http://www.urc-chs.com/resource?ResourceID=814>
- Improving the lives of vulnerable children in Kenya by Roselyn Were, Esther Kahinga, Stanley Masamo and Jemimah Owande, *Technical Report* (September 2013). Available at: <http://www.urc-chs.com/resource?ResourceID=816>

6 Directions for FY14

In FY14, and with recommendation from the USAID Mission, ASSIST has refined the work plan and will do the following:

- During FY13, QI work has been established in seven of the 47 counties of Kenya. In FY14, the ASSIST team will initiate work in five new counties, but concurrent sensitization activities will be developed in 35 counties, to facilitate national institutionalization of QI. Even more importantly the older sites will be paired with the newer sites, to facilitate inter-county learning and peer support. We anticipate that these partnerships will create opportunities for increased learning and development across the country.
- Support institutionalization of QI at the national level under the Ministry of Health.
- Support the Ministry of Labour, Social Security and Welfare at national level in institutionalization of QI in OVC, child protection and national social protection programs.
- Support the Ministry of Health, APHIA Plus and other USAID implementing partners to improve health service delivery by applying QI techniques. Jointly with WHO, roll out patient safety programs in 10 high volume health facilities.
- Strengthen systems within the county government to support the institutionalization of QI in child protection and OVC to improve the welfare of children.

- Support national programs and departments such as NASCOP, Family Health, Primary Health and Department of Standards and Regulations (DSRS) to institutionalize QI at the service delivery level.

7 Appendix

Table A1: APHIA Plus Nairobi Coast baseline CSI and self-assessment (August 2013)

QI team	Priority services for improvement (CSI and Self Assessment)	% of children scored on CSI as 'bad' or 'very bad'
Bamba	Food Security	30
	Shelter	44
GANZE	All the 6 services scored an average of 52% as bad and very bad	52
Sokoke	Food security	74
	Nutrition and growth	59
	Shelter	69
	Legal protection	51
Mtwapa APHIA plus	Food security	50
	Nutrition and growth	44
	Shelter	42
Vipingo CT	Shelter	25
Korogocho OVC CT	Shelter	15

Table A2: APHIA plus Western Kenya change ideas for improving OVC programs (August 2013)

QI team	Priority services for improvement CSI and Self Assessment	% of children scored on CSI as 'bad' or 'very bad'	Change ideas
Kawiri	Food and nutrition	20 & 15	Improve attendance performance of OVC in school Caregiver adult literacy classes and Household economic strengthening
	Shelter	17	
	Education	19 & 14	
OBACODEP	Food Security	36	Identify change ideas
Dago Dala Hera	Food security	69	Identify change ideas
	Nutrition and growth	54	
WESAPHE	Food Security	70	Identify change ideas on food security and nutrition and growth
	Nutrition and growth	43	

Table A3: AMPATH Plus baseline data (August 2013)

QI team	Priority Services for improvement (CSI and self Assessment)	% of children scored on CSI as 'bad' or 'very bad'
Kapsoya	Food Security	53
	Nutrition and growth	44
	Shelter	43
	Emotional Health	42
Kapseret	Food security	39
	Emotional health	25
Bunyala North	Performance	33
	Education and work	35
Tulwet	Food security	42

Table A4: Kenya: Health services improvement in key indicators

Activity	Indicators	Baseline (January 2013)	Last value in FY13 (July 2013)	Number of sites
Improve uptake of ENC (essential neonatal care) services	% of births in which all 3 elements of AMTSL (oxytocin use 1 min after delivery, controlled cord traction, external uterine massage) were applied by skilled birth attendant in a month	28	38	5 sub-counties, 39 facilities
	% of live newborns who have received 3 components of ENC (thermal protection, cord and eye care)	45	53	
	% of postpartum women reviewed by health care provider 7-14 days of birth	7	7	
	% of newborns reviewed by health care provider 7-14 days of birth	14	6	
Improve uptake and quality of HIV services	% counseled and tested at all PITC points	12	21	5 sub-counties, 39 facilities
	% of confirmed HIV positive clients who were referred from PITC sites, reached the CC C and got enrolled in Pre-ART register in the CCC	60	50	
	% of enrolled clients assessed to be eligible for ART and started on ART monthly	42	35	
	% of ever enrolled on ART and in active care	88	88	
	% HIV positive clients receiving Nutritional assessment and categorization	0	0	
Improve uptake of	% of pregnant women in the	42	34	5 sub-counties,

Activity	Indicators	Baseline (January 2013)	Last value in FY13 (July 2013)	Number of sites
ANC services	catchment area completing at least 4 ANC visits per month			39 facilities
	% of pregnant women attending ANC visits per month with BP measured and documented	96	97	
	% of pregnant women attending 1 st ANC visit having HB done and documented	68	64	
	% of pregnant women attending 1st ANC visit have their blood group (including Rh factor) determined and documented	42	39	
	% of pregnant women attending ANC visit whose HIV status is known and documented. (=already Known status+ tested for HIV at ANC visit)	69	65	
	% of HIV+ pregnant mothers attending ANC Initiated on ARVs (prophylactic or HAART)	91	100	
	% of HIV+ pregnant mothers identified during ANC given prophylactic ARVs for their unborn baby	80	100	
	% of HEI aged 6 months who are been exclusively breastfed	53	54	
	% HEI tested for HIV by 2 months of age with documentation of results(1st PCR)	22	18	
	% of HEI initiated and maintained on CTX within 2 months of birth	25	20	
Improve uptake of FP services	% of WRA receiving FP services in the catchment area	26	33	5 sub-counties, 39 facilities
	% of WRA receiving long acting or permanent methods of FP	10	15	

Table A5: Kenya: Health services capacity development across seven counties FY13

	Kwale	Kilifi	Nyamira	Nakuru	Meru	Nairobi	Isiolo
Number of coaches trained	35 coaches; 8 actively coaching	50 coaches; 15 actively coaching	40 coaches; 10 are actively coaching	60 coaches; 29 actively mentoring facilities.	56 coaches; 15 actively mentoring facilities	34 coaches; 15 actively mentoring facilities	40 coaches; 16 actively mentoring facilities
Baseline Data completed	16 teams in Kinango, Msabweni and Matuga subcounties concentrating on eMTCT under partnership for HIV free survival	34 teams in Bahari, Ganze and Kaloleni subcounty	23 teams in Nyamira sub-county	22 teams in Njoro and Molo sub-counties.	29 teams in Imenti south sub-counties	22 teams in Kasarani sub-county	23 teams in Isiolo sub-county
Implementing change ideas	all	all	all	all	all	all	all

**USAID APPLYING SCIENCE TO STRENGTHEN
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