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**APHIA II Western Bridging Project
(July 2006 to June 2007)**

Final Report

Activity Title: Reproductive Health Bridging Project

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ACRONYMS

APHIA	Aids, Population and Health Integrated Assistance
ANC	Antenatal Care
BTL	Bilateral Tubal Ligation
DHC	Dispensary Health Committee
DHMT	District Health Management Team
DRH	Department of Reproductive Health (MOH)
EOC	Essential Obstetrical Care
FP	Family Planning
HCDC	Health Centre Development Committee
IP	Infection Prevention
IR	Intermediate Result
ITN	Insecticide-treated nets
IPT	Intermittent preventive treatment
IUD/ IUCD	Intra-uterine Contraceptive Device
MIP	Malaria in Pregnancy
MOH	Ministry of Health
PHO	Public Health Officer
PHT	Public Health Technician
RH	Reproductive Health
RH T&S	Reproductive Health Training and Supervision
SP	Sulfadoxine–pyrimethamine
USAID	United States Agency for International Development
WB	Western Bridging

Table of Contents

1.Introduction.....	1
2.Project Goals and Results Framework.....	1
A. Project Goal and Strategic Approach	1
B. Project Results Framework	1
3.Technical Approach.....	2
A. Province-level Support	2
B. Central-level Support to the DRH	4
4.Achievements.....	4
A. Health Facility Utilization	4
B. Increasing Clinical and Non-clinical Skills	5
C. Expanding Access to Services	6
D. RH Promotion in the Community	6
E. Preventive Malaria Activities	7
F. Support to Decentralized RH Training and Supervision	7
G. RH Trainer Knowledge Increased	7
5.Summary	8

Appendix Table A1: Indicator Table showing Targets and Actuals

1. Introduction

APHIA II Western Bridging (WB) was funded for the period July 1, 2006 to June 30, 2007. Working in close partnership with the Ministry of Health and the communities, EngenderHealth used the bridging money to assist the DRH headquarters to launch and initiate training in the RH Curricula and to conduct support supervision in Western Province. In Western Province, the project continued the general RH support initiated during the AMKENI Project to 48 target health facilities and provided focused support to selected additional health facilities in the six target districts. Implementation activities in the province emphasized revitalization of the IUCD contraceptive method and included the rollout of the RH T&S system down to the health facility level in all target districts.

Because the APHIA II Western project was awarded in late 2006 to another organization, the province-level aspects of WB ended in December 2007. Field work continued into January only to collect information from the target health facilities and the field office closed its doors in mid-February. Support to the national level continued through June 2007.

2. Project Goals and Results Framework

A. Project Goal and Strategic Approach

The goal of the project was to achieve a sustainable increase in the quality of, the demand for and the utilization of integrated FP/RH/CS services at the facility and community levels. The two approaches were:

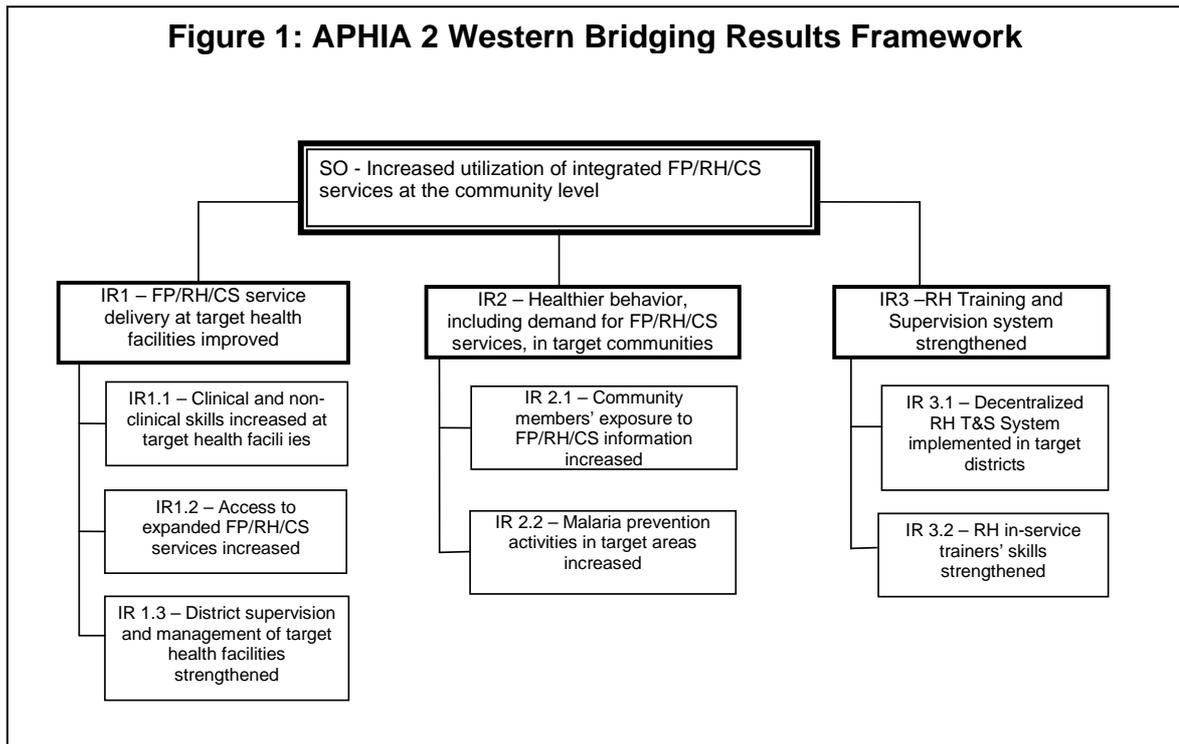
- To work in six target districts in Western Provinces, in partnership with the Ministry of Health and local partners, to improve the quality of FP/RH/CS services in forty-eight target facilities in Western Province, and to increase the community's demands for these services.
- To work directly with the central level of the Ministry of Health, specifically the Division of Reproductive Health, to strengthen and reform its systems for managing FP/RH/CS training and supervision, especially with respect to the re-introduction of the IUCD, and

B. Project Results Framework

The Project's Results Framework, like that of the USAID/Kenya Office of Population and Health, was based upon a hierarchy of reproductive health sector development objectives. The overall **Strategic Objective (SO)** was to increase the utilization of integrated FP/RH/CS services at the community level. During this bridging period the project continued to support and to sustain the improvements made during the time of the AMKENI Project, with targets of increasing utilization by 5% over the period of a calendar year. This increased utilization would be achieved through the success of three intermediate results:

- IR1 – FP/RH/CS service delivery at target health facilities improved;
- IR2 – RH behavior in target communities, including higher demand for FP/RH/CS services, healthier; and
- IR3 – RH Training and Supervision system strengthened.

Each Intermediate Result had lower order results that were requisite contributors. These are shown in Figure 1.



3. Technical Approach

A. Province-level Support

Province-level support is shown in the Results Framework as IR1, which is focused on health facility improvement, and IR2, which is focused on community awareness. In the discussion that follows, similar activities may be found under both of these intermediate results. Whenever logical and practical the project integrated activities that were connected to both the health facility and the community. Health Days, for example, are integral to both of these intermediate results, and an integrated approach was used with the facility support focused on assisting the health facility in human and clinical resources and community support focused on promotion of the events and transportation assistance. In the case of strengthening the RH Training and Supervision System (IR1.3 and IR3.1), there was a specific division of activities based upon the administrative level of the support. Supervision activities supported at the district level and below are listed only in intermediate result one, although they could have obviously some impact on the national system.

To achieve IR1, the project facilitated the improved quality and an extended range of FP, ANC and maternity services in the target health facilities. Training occurred in these clinical areas and in logistic management where gaps were identified. IUCD kits were provided and support was given to the district officers to promote contraceptive commodity security. The project coordinated well with the MOH to disseminate the FP and ANC guidelines and job aids, and to facilitate supportive supervision. Finally, the project continued to support the MOH in conducting outreaches, Health Days and Mothers Days in the project areas.

The project continued specific community interventions to encourage and reinforce RH preventive and health-seeking behaviors, focusing on the topics of FP, IUCD, ANC, maternity, and malaria in order to achieve IR2. Services at the target facilities, and special events such as outreaches, Health Days and Mothers' Days were actively promoted in the communities around the target health facilities. Field activities were coordinated with facility-based PHO/PHTs whenever possible.

IR1 activities aimed to improve family planning and reproductive health services at target health facilities included the following.

- Facilitate training of service providers to ensure that clinical knowledge gaps in IUCD, EOC and newborn care, and MIP (a module in the RH curriculum) in the target health facilities are filled;
- Support the MOH in whole site orientations/training in RH/FP and ANC at target health facilities;
- Assist the MOH to strengthen logistic management through training and follow-up;
- Support outreach activities and health days at target health facilities, and Mothers' Days at selected health facilities where this approach is indicated;
- Organize and participate in district planning meetings to incorporate project activities in each of the target district current annual workplans;
- Facilitate the MOH in the distribution of the revised FP Guidelines and job aids;
- Ensure contraceptive security by working with the MOH in the target districts in the monitoring and distribution of commodities;
- Procure and provide IUCD kits;
- Assist District RH T&S teams and DHMTs to conduct facilitative supervision.

IR2 Activities expected to produce healthier reproductive health behavior, including demand for FP/RH/CS services, in the surrounding communities stressed the following.

- Facilitate continued community level activities in FP with emphasis on the IUCD using animators ;
- Continue ANC / maternity messages in communities around target health facilities;
- Adapt and facilitate a province-wide IUCD communications campaign based upon ACQUIRE Project experience in Kisii District.

- Continue strengthening referral networks and linkages (VHCs, DHCs, and HCDCs);
- Work with community groups / agents to mobilize clients for outreach services;
- Support field activities of the PHO/PHTs in public health prevention of malaria in project areas.

B. Central-level Support to the DRH

The project focused its support on initiating the training of the new RH Curriculum by training of trainers, and facilitating supportive supervision by the DRH in Western Province. Specific activities were:

- Support the roll out of the RH T&S system down to the health facility level by facilitating training in CTS, FS, and QI and two follow-up visits in Vihiga and Kakamega districts (months 1 – 6) and Busia, Butere-Mumias and Lugari districts (months 7-12);
- Facilitate DRH HQ support supervision in Western Province.
- Facilitate the national launch of the new curricula and training materials for FS and RH;
- Facilitate training in the RH curriculum for the DRH HQ trainers, Provincial RH Coordinators, and provincial RH T&S trainers;

And later in the project:

- Support stakeholders' meeting to discuss among other issues, repositioning of LAPM with a focus on IUCD, and the need for the APHIA II projects to help establish/strengthen the MOH's Decentralized Reproductive Health Training & Supervision teams at the district and facility levels
- Support DRH in conducting support supervision to at least two provinces before the project finally ends

4. Achievements

The Project's 20 indicators with target values and achieved results are shown in Table 1. Targets and achievements for indicators 1 through 19 are based upon six months of field interventions since all field operations were handed over to the APHIA II Western Project in early 2007. Indicator 20 which summarizes the support at the national level includes achievements through June 2007. In the following discussion, achievements for the expansion of services include both IR1 and IR2 results, and similarly support to the decentralized RH T&S system includes both IR1 and IR3 results.

A. Health Facility Utilization

The targets for the attendance data (indicators 1 through 7) were based upon achieving a 5% annual increase over the previous year

The Project exceeded targets:

- by 15% new FP acceptors;
- by 3% total FP acceptors;
- by 21% CYP,
- by 10% for deliveries;
- by 9% for post-abortion care services; and
- by 68% for ANC clients receiving SP2 dose

attendance at the target health facilities. This baseline on attendance was documented from information of the AMKENI Project. The Project exceeded all attendance targets except one. New FP acceptors, total FP acceptors and the related CYP all exceeded their targets by 15%, 3% and 21%, respectively. The number of deliveries was almost 10% above the target for the six month period, while the number of clients receiving post-abortion care was 9% above target. Although ANC service attendance was below the target by almost 6%, it is felt that the seasonality of ANC attendance was a large factor. As evidence of this, for example, in the baseline year, ANC attendance in the October to December quarter was 9% lower than the quarterly average for the year. The best achievement of all attendances was the increase in the number of ANC clients receiving their second dose of SP: the Project was 68% above the target for the six month period.

There were no targets set for individual FP methods but a comparison is shown in Table 1 between the Project's achievement and the previous six month period during 2006. Long term and permanent methods showed the largest increases. The increase of IUCD acceptance was the largest, even out performing the increase in the implant method. Targets for other indicators associated with the IUCD campaign, ie the distribution of IUCD kits and whole site orientations, were also exceeded. The Project did not reach the target number of health providers to train in IUCD insertion and removal because of competing tasks within the target districts. However two trainings were conducted and a total of 38 health providers out of the target of 45 were trained.

Table 1: Comparison of FP method acceptance 2005 and 2006

Method	Q3-4 2005	Q3-4 2006	% Increase
Injectable	35,437	37,849	6.8%
Pill	15,096	15,338	1.6%
Implant	547	1,386	153.4%
IUCD	317	865	172.9%
BTL	1,274	1,546	21.4%
NSV	6	8	33.3%
Total	52,677	56,992	8.2%

A huge increase in IUCD usage occurred

B. Increasing Clinical and Non-clinical Skills

The Project aimed to increase contraceptive security in the target health facilities and had a mid-year target of 20 health facilities having the required buffer stock in all relevant contraceptive commodities. The Project also supported two trainings in Logistic Management – one in each quarter of field operations. Finally, the project assisted the DHMT, especially the DPHNs, to (re)distribute commodities accordingly. An exercise to determine the correct buffer stock based upon usage in the previous six months was carried out in all health facilities at the end of the first quarter. These values were then compared to the actual stock at the end of December. By the end of the field operations 11 of the

health facilities did have the buffer stock needed, which did fall short of the target of 20. Given the large increase in acceptance, the health facilities would have used their stocks at a greater level than expected.

The Project was not able to train as many service providers as anticipated. For the topics of IUCD, EOC and new born care (one training session not done for each topic), the main issue was the difficulty of scheduling with the District trainers. Additionally, the project's timeframe was short and the District workplans had already been determined by the time the WB Project was initiated. The two trainings in MIP for nurses were not accomplished for the additional reason that the provincial trainers had not yet been trained in this module in the new RH curriculum¹. However, the Ministry of health trained all the PHOs/PHTs in all the districts. The project was working closely with this cadre of staff, so the community still obtained this service. The target of training 50 health workers in Logistics Management was met.

C. Expanding Access to Services

Targets of 36 outreaches and 36 Health Days were set to occur by the end of December; the Project achieved 49 and 36, respectively. For outreaches there were 26 focused on BTL and long term methods and 22 Mothers' Days. Mothers Days, where additional resources are provided to the health facility and the activity is only for women, was a new concept in Western Province, having been initiated in Coast Province the

233 IUCD insertions were done at 72 outreaches and health days

previous year in the AMKENI Project. In some communities this facilitates greater involvement of women because of traditional and religious values restricting their contact with men. Almost 750 women attended ANC services at the 22 Mothers' Days, and 132 IUCDs and 485 implants were

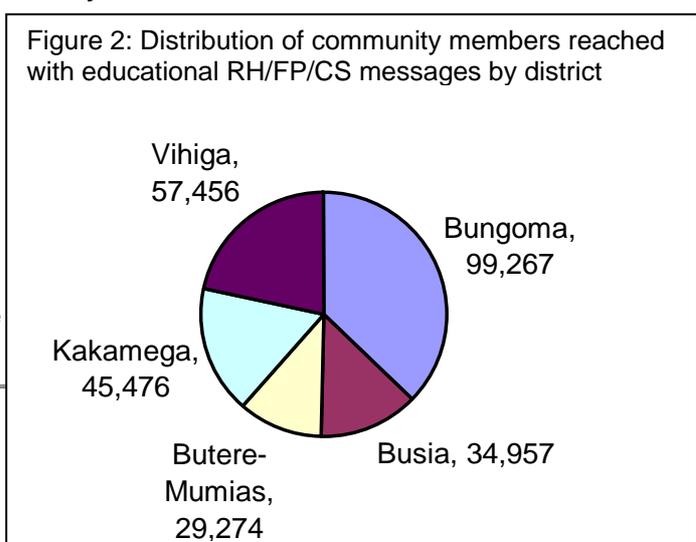
399 BTLs were reported from 26 Outreaches

911 Implants were done at 72 outreaches and health days

inserted, showing that these outreaches focused are an effective way to increase female access to RH services. These special events contributed to both IR1 and IR2 results because both expanded access was provided, either at the health facility or in an outer catchment area, and community awareness was increased through direct community promotional activities before the event.

D. RH Promotion in the Community

Community activity targets were reached by the Project. These activities were carried out by volunteer animators and included traditional media, such as drama, songs and verse to



¹ The Project was also responsible for the This is discussed in the next section.

reinforce messages in an entertaining and informative way to the larger community. By the end of December, there were 3,000 active animators. Over the six month period, 15,150 sessions were reported reaching 266,430 people, and both of these values are above the set targets. The distribution of people reached by district is shown in Figure 2.

E. Preventive Malaria Activities

After a startup period because it was a new innovation, the community prevention of malaria activities were doing very well and both the number of sessions held and the number of people reached were above the half year targets. Fifty-two PHO/PHTs visited 581 villages in their catchment areas (well above the half year target of 500) and had 34,000 members attend their promotional, educational sessions on how the community can act to reduce malaria. Although the attendance number did not quite meet the six month target of 37,500, the second quarter results indicated that if the Project had continued, this target would have been surpassed: the number reached was 7,811 and 25,330 for quarters one and two, respectively. These promotional sessions were designed to mobilize community volunteers in actually carrying out basic preventive environmental interventions in the communities. Return visits were scheduled to do these interventions (only one visit per village was supported in order to capture as much of the catchment areas as possible). The reports of three basic interventions are shown in the box at the right.

Fifty-two PHO/PHTs worked with community volunteers in 567 villages and

- covered 864 waters sources,
- drained 1,418 stagnant water pools and
- cleared 1,972 areas of bush.

F. Support to Decentralized RH Training and Supervision

Support for the RH Training and Supervision system was given both at the provincial and national levels. In the province the Project was able to fill gaps in the implementation of the RH Training and Supervision teams at the district and health facility levels. The Project supported district level meetings of the RH Training and Supervision teams where schedules for supportive supervision and trainee follow-up were planned, and further provided assistance for the supervisions and trainee follow-ups to occur. A total of 126 visits by the district teams were supported and these occurred in all six of the target districts.

Forty team members were trained in facilitative supervision and in OJT techniques. This led to the strengthening, and sometimes re-establishment of the health facility RH training and supervision teams. Health facility teams supported included Webuyu SD Hospital, Malava SD Hospital, Kilingili HC, the Provincial General Hospital, Sirisia SD Hospital.

G. RH Trainer Knowledge Increased

The Project supported the national launch of the new RH curriculum which was held on 5th September. The plans were to train the HQ DRH staff in the new

curriculum shortly afterwards and then these national TOTs would train the Provincial RH coordinators. Unfortunately, there was a delay at the national level because of travel and other commitments of the DRH staff, and this training did not occur until the first quarter of 2007 after the field office had closed. The training was expanded to include the RH coordinators from all eight provinces in the country and 34 TOTs were trained. As stated above, this delay affected the training of MIP and the RH curriculum within the Project areas: since the Project office had closed by the time of the training, the training in MIP for health workers did not occur.

The Project also supported a supportive supervision visit by the DRH HQ to the Province. This occurred in February 2007, and included visits to three of the target districts. Finally a stakeholders' meeting with 52 participants was supported by WB in April 2007.

Later, the project support DRH HQ in field visits to Eastern and Rift Valley provinces. The project also support the stakeholders' meeting that brought together the provincial DRHT&S teams from all provinces and the COPs of the APHIA projects (see separate report - attached).

5. Summary

The Project strove to increase the quality and management of the RH services through support for training, supervision and commodity security. Training numbers were not achieved, primarily due to conflicting time schedules of the district RH T&S teams. The Project was not in existence during the MOH's time period of annual planning, and in addition, no training on MIP could occur since the provincial and district RH T&S trainers had not yet been trained in this module contained in the new RH curriculum. However a total of 216 health officers were trained during the six month period: this included 80 HF RH T&S team members in the topics of OJT techniques and facilitative supervision. Support for supervision, both in planning and facilitation, resulted in targets being met in this area. Commodity security was increasing, and by the end of the six month period 11 health facilities had the correct buffer stocks of all relevant supplies. Although this was lower than expected, the increase in FP acceptance meant that stocks depleted faster than anticipated, and this was difficult for the districts to react to quickly.

Comprehensive and LTPM-focused outreaches and health days were very successful, with the targets for numbers of events matched or exceeded. The services reported at the 84 events included about 233 IUCD insertions, 399 BTLs and 911 implant insertions.

Community informational activities were interlinked with the outreaches and health days, promoting the events and services in the catchment areas. In addition to this promotion, they provided separate educational interactive activities at market days, health facilities and at informal gatherings. Three thousand volunteer animators reached over 260,000 people in 15,150 sessions using the traditional media techniques of drama, song and verse. All targets were surpassed.

A new innovation for malaria prevention supported PHO/PHT's in providing educational sessions in catchment villages, mobilizing community members to action and then assisting the community to conduct basic malaria prevention activities. The number of villages reached with promotional sessions surpassed the target (581 vs a target of 500) while the attendance at these sessions was slightly below target. Given the large increase in quarter two (7,811 in quarter one versus 26,330 in quarter two), the attendance would have easily surpassed the targets if the field activities of the Project had continued only one more quarter.

At the national level, the launch of the new RH curriculum occurred and training of DRH HQ staff and Provincial RH Coordinators were trained in it. Unfortunately the roll out of this training to the district level and then for relevant HF staff did not occur because of the ending of the Project. DRH HQ staff were supported to visit Western, Eastern and Rift Valley provinces on support supervision. The holders' meeting was also held in April 2007.

Despite the extremely short life span of the Project and the need for collaborating all activities with the national, provincial and district MOH health managers, the Project met or surpassed almost all of its targets. The SO indicators of utilization were met or surpassed in family planning acceptance, deliveries, post abortion care and ANC clients receiving their second SP inoculation. The IUCD focus was particularly successful with an acceptance increase of over 170% compared to the previous year's acceptance of the method.

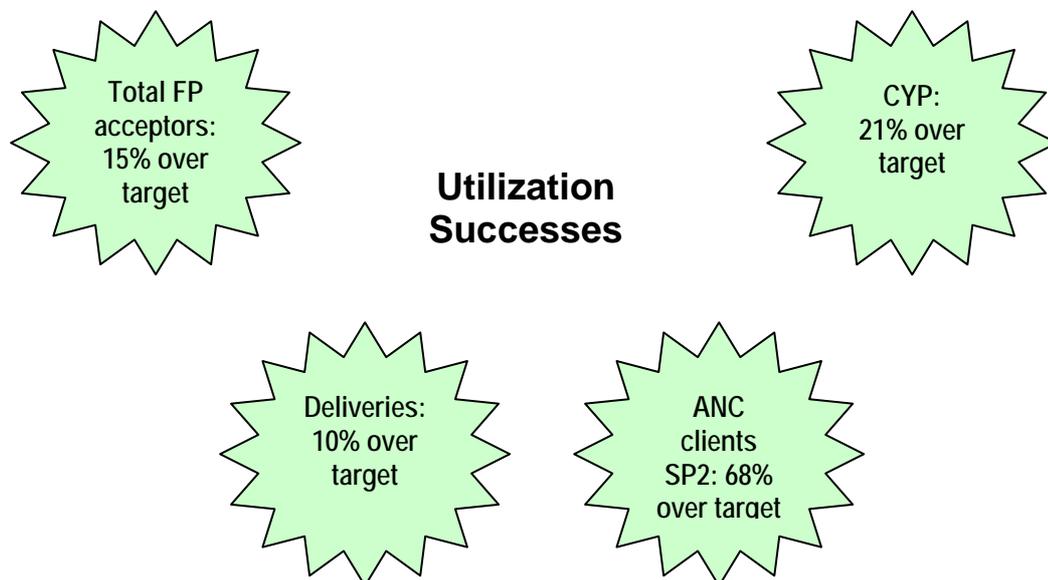


Table A1: Indicator Table showing Actual and Targets

Ref No.	APHIA Western Bridging Indicator	EOP *	
		Target	Actual
1	New family planning clients acceptors at target health facilities [USAID 7A]	11,870	13,627
2	Total family planning clients acceptors at target health facilities [USAID 7A] - by method	55,460	56,992
3	Couple years of protection provided at target health facilities [USAID 6A]	30,860	37,454
4	Number of deliveries managed at target health facilities [USAID 41]	7,070	7,765
5	Number of clients receiving post abortion care (PAC) services at target health facilities [USAID 40]	590	644
6	Number of ANC clients attending target health facilities	23,260	21,881
7	Number of ANC clients receiving their second dose of SP at target health facilities	7,400	12,449
8	Number health officers trained in FP/RH/CS clinical skills and management skills	215	136
	<i>IUCD</i>	45	38
	<i>EOC</i>	40	28
	<i>New born care</i>	40	20
	<i>Logistics Management</i>	50	50
	<i>MIP</i>	40	0
9	IUCD kits distributed to target health facilities	20	80
10	IUCD Campaign roll out in target districts		
	Posters distributed	as available	2,000
	Whole site orientations conducted	20	49
11	Number of Outreaches facilitated	36	48
	<i>BTL outreaches</i>		26
	<i>Mother's Days</i>		22
12	Number of Health Action Days facilitated	36	36
13	Number of District supervision visits facilitated	96	126
14	Number of target health facilities with buffer stocks of contraceptive commodities	20	11
15	Number of community sessions conducted on FP/RH/CS issues	4,200	15,150
16	Number of community members attending community sessions on FP/RH/CS - [USAID 38C]	210,000	266,430
17	Number of villages visited by PHO/PHT's about public health prevention of malaria	500	581
18	Number of community members attending PHO/PHT community sessions on malaria prevention - by sex	37,500	34,141
19	Decentralized roll out of RH T&S system in four districts		
	# districts with HF teams identified	3	3
	# HF team members trained	90	80
	<i>CTS</i>		0
	<i>FS</i>		40
	<i>OJT</i>		40
	# districts where HF teams operational	2	2
20	Number of health officers trained in new RH curriculum	45	34

* EOP for indicators 1-19 was December 2006 while EOP for indicator 20 was March 2007