ACCESS/ JHPIEGO Kenya

USAID- Quarterly Report

October - December 2005

ACCESS/ JHPIEGO - USAID QUARTERLY MEETING REPORT
OCTOBER – DECEMBER 2005
MEETING DATE- 25 JANUARY 2006

A. Summary of Accomplishments

#	Program	Funding	Activity Description	Achievements	Achievements to Date (Cumulative)	Constraints / challenges	Plans for Next Quarter
1.	**IBP**		• Needs assessment finalized • Cascade Training • Support Supervision materials and training	• Baseline report complete • **19 supervisors** trained in 3 IBP districts	•	• The number of providers who need training updates continues to be higher than the program can manage or include. • The Rapid Results Initiative was not planned for initially so it required some shifting of activities and funding during the quarter.	• Advocacy, baseline and training in Migori district • Continuous communication with service providers for 3 districts • Support supervision for 3 districts
2.	**Malaria**	$300,000	• Planning	• Reinvigoration of MIP- discussion with DOMC • Preparation for scale up of community focused program	•	• Due to MOH schedule, activities were postponed until next quarter	• In the next quarter, technical support will be offered to the MOH to scale up in three districts - Bondo, Makueni and Kwale • The training is planned for March-April, 2006 • Further discussion with DOMC to be held

							on support needed in ensuring that MIP activities are strengthened and scaled up.
3.	**CT**	$200,000	• Baseline, Materials, Training	• Baseline survey complete in 3 provinces • CT training and orientation package developed and endorsed by NASCOP • Collaboration with CDC- CDC is providing HIV testing kits to all program sites • **41 trainers** from **28 districts** trained in training skills • **266 health providers** have undergone DCT training from **18 facilities**	•	• Trainers need continued support from JHPIEGO trainers • Nairobi province postponed activities due to polio campaign	• Continue with 3 day CT courses in remaining facilities (9) • Conduct support supervision
4.	**ART**	$270,000	• Baseline, Training	• Baseline survey complete in 2 provinces • **23 trainers** trained from 2 provinces	•	• NASCOP ART curriculum not approved • Program sites only recently approved by NASCOP • PARTOs do not attend TOTs but they	• 5 day courses for ART service providers • One day meeting to share experiences • Support Supervision activity in the two provinces

						lack training skills.	• Document final program results

B. Program Reports

Introduction

The ACCESS Program through JHPIEGO continues to strengthen capacity within the Ministry of Health working in 6 provinces and 32 districts. ACCESS/ JHPIEGO technical support targets reproductive health and family planning, safe motherhood and malaria and HIV/AIDS. These comprehensive efforts aim to affect positive change for women and their families. Specifically- affording women and their partners family planning services through international best practices; creating informed demand at the community level around comprehensive RH services targeting malaria in pregnancy; and strengthening capacity to deliver ART and CT services for HIV positive Kenyans.

I. Implementing Best Practices

Achievements

1. Needs assessment report finalized

Key aspects of the report revealed-

- Knowledge, beliefs and practice of contraceptives by community was high
- 62% of the respondents agreed that there were still myths of negative beliefs on the dangers of contraceptives.
- Inconsistent supply of contraceptives caused lack of contraceptive method mix
- Inadequate staffing affected non emergency services like FP

2. Support supervision

- **19 supervisors** from the 3 IBP districts (Nakuru, Nyeri, Homabay) were taken through the supervision course
- Emphasized problem solving skills, working with people, becoming facilitative supervisors, assessing skills and developing job descriptions for staff. Some of the findings during the workshop included

3. Development and adaptation of support Supervision tools

- A joint three-day meeting was held between IBP partners under the guidance of JHPIEGO and DRH to review the existing tools for RH supervision and adopt it for partners to use in their IBP districts.
- Draft support supervision tools developed.
- This is in effort to standardize supervision

4. Rapid Results Initiative

This exercise mandated by the public service commission of Kenya and conducted by various ministries one of which was the MOH, was supported by JHPIEGO to initiate immediate plans for creating contraceptive demand in the district and orientate service providers on prompt record keeping. JHPIEGO was

able to support this initiative as a prelude to other follow up visits to be held in early 2006.

Challenges

- The number of providers who need training updates continues to be higher than the program can manage or include.
- The Rapid Results Initiative was not planned for initially so it required some shifting of activities and funding during the quarter.

Plans for the next quarter

- Advocacy, baseline and training in Migori district
- Continuous communication with service providers for 3 districts.
- Support supervision for 3 districts
- Finalize report for phase one

II. MALARIA

Intermediate Result 3: Strengthen national level capacity to improve demand or appropriate prevention and treatment of malaria

Background

The proposed activities for 2004-2005 focused on strengthening the community component for Focused Antenatal Care (FANC)/Malaria in Pregnancy (MIP) through support to the development of an orientation package on community reproductive health emphasizing on malaria in pregnancy. The focus of the community Reproductive Health (RH) package is in ensuring not only awareness at community level, but also that community members are able to take positive actions in relation to RH issues and MIP. The districts in which the activities were implemented are: Makueni, Bondo and Kwale. The community component targets existing community resource persons in order to create awareness on safe motherhood and malaria in pregnancy.

Achievements

1. Supported the MOH in finalizing the community orientation package.
   - The package has been used by the Ministry of Health to leverage funding from the World Health Organization (WHO) and is already being used to train and to implement RH/malaria in pregnancy in other districts.

2. Consultations and preparations undertaken with the DOMC and DRH on training needs in RH and malaria in pregnancy. Training needs and skills required have been identified.

3. Consultations held between MAC partners (CDC/RPM+) and JHPIEGO/ACCESS on support to DOMC in the implementation of ACTs as it relates to case management and malaria in pregnancy

4. JHPIEGO has had informal consultations with DOMC on the reinvigoration of MIP.
   - Indications from the DOMC are that SP is currently available to the division.

Challenges/ Constraints

- Due to MOH schedule, activities were postponed until next quarter

Plans for Next Quarter

- In the next quarter, technical support will be offered to the MOH to scale up in three districts - Bondo, Makueni and Kwale
- The training is planned for March-April, 2006
- Further discussion with DOMC to be held on support needed in ensuring that MIP activities are strengthened and scaled up.

C. Counseling and Testing

Background

In order to ensure that there will be **no missed opportunities for HIV testing** in Kenya and to increase awareness on the new guidelines on HIV testing in clinical and medical settings, JHPIEGO will orientate approximately **450 health workers** in **28 districts** in **3 provinces namely; Eastern, Nairobi & Central** on the new Ministry of Health (MOH) guidelines for HIV testing in Kenya, thereby building their capacity to routinely provide HIV testing and to enable them refer patients for. This activity will lead to **2,250** orientated colleagues through the cascade approach *(Ref. FHI evaluation of JHPIEGO cascade approach, August 2001)* during FY05 . JHPIEGO will also strengthen referral systems between CT sites and sites where ARV treatment is available.

Achievements

1. Counseling & testing baseline survey.

   - Conducted in 12-13 facilities in Eastern, Central and Nairobi provinces.
   - Preliminary review from the facility data indicates that most facilities have not started DTC program except in facilities that provide TB/HIV services.

2. Draft NASCOP Counseling & Testing training/orientation package developed and ready for use.

    - Package endorsed by NASCOP
    - The package was developed using the NASCOP HIV Testing in the clinical settings 3 day training manual and the National guidelines for HIV Testing in clinical and medical settings
    - The CT package was presented to the CT stakeholders meeting in Nairobi; it was received well by participants. During the stakeholders meeting it was realized that JHPIEGO is the only organization that has produced training materials for Diagnostic Counseling or Testing / DTC.

3. Training of trainers course conducted.

    - Two courses for a total of 41 **trainers** drawn from the **28 districts** in three provinces; Eastern, Central and Nairobi completed.
    - The participants were trained on CT training skills through a five-day course held in Nairobi and Meru.
    - JHPIEGO collaborated with CDC during this training. Dr. June Odoyo conducted the HIV testing sessions.
    - The competency based learning approach was use; participants prepared for and demonstrated /practiced their training skills in the plenary. Each participant was video taped during this process. Trainers and colleagues provided feedback to participants on their training skills.
    - Each participant developed an action plan with a clear way forward.
    - The CT orientation package was also pretested during this training and feedback incorporated later.

4. Counseling and Testing courses conducted in 22 hospitals/sites in the three provinces.
    - A total of **266 health workers** have undergone DCT training in the three provinces in **18** health facilities
    - Each participant demonstrated skills of counseling through role-plays and testing in the classroom.
    - The DHMT support for this training was tremendous with District Medical Officers of Health participating in the first day.
    - Each participant developed action plans. The discussion on Action plans involved other key stakeholders in the facility management to agree on issues like where tests will be conducted and how will counseling be done in the clinical setting.

- Each participant agreed to provide HIV testing in the departments they work in, especially the wards.

What Changed in the proposal

- Implementation format changed from orientation to training of health workers. A three-day course was developed instead of one-day orientation. The target of 450 health workers to be trained remained the same
- Skills of counseling and Testing was inbuilt into the proposal so that one of the expected outcome is that the participant will know how to test & counsel HIV patient.

Challenges / Constraints

- The Trainers trained still required support from JHPIEGO trainers to start the training, this delayed the planning & the schedule.
- Currently in the process of analyzing the data. The delay was caused by the service provider forms which were administered during the CT trainings
- Nairobi province have postponed the activities to next year due to polio campaigns.

2. Plans for the next quarter

- Continue with the 3 day CT courses in the remaining facilities (9)
- Conduct Support supervision activity in March 06.

Annex 1 : STORIES FROM THE FIELD

MISSED OPPORTUNITY IN MEDICAL WARDS:

"….After going through this TOT for CT Course, I have realized the many opportunities that I have lost and might have put clients/patients in great danger and jeopardized their lives, and how many more opportunities that my colleagues (Doctors) have also missed "IT IS SAD" how we take these opportunities for granted…..".

The story… I (doctor) was working in a ward where one client had been admitted on and off with frequent headaches with no improvements for a long time. I had not been involved with HIV/AIDS programs hence it never occurred to me that I should do through investigations and specifically DTC. One of my colleagues suggested that a cerebral spinal fluid be taken for culture and sensitivity. On that particular (first) day the client was very dull. On day two, the client could not walk

himself out of the bed, and on day three he could not see at all (total blindness). When the results came back, the client had cryreptococcal meningitis and it was too late to save his life.

Impact:→The clinicians missed clients' diagnosis and assumed it was unexplained headache.

→ Lost this client due to missed opportunity to diagnose and counsel for HIV

→ Increased bed occupancy in the wards due to misdiagnosis.

→ Increased work load for the ward staff

→ Increase cost of drugs, food etc for the hospital.

Moyale: From one participant

"…I now see the need for DTC Skills course so that I can help my community and minimize missed opportunities for HIV testing…"

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The story ……*During the AIDS day, one lady came out public and indicated her HIV status.*

The lady is a teacher and her husband died over three years ago. She did not know that her husband had died of AIDS. After frequent episodes of pneumonia and skin rash and cough, she was counseled for TB testing. While they were counseling her for the TB test, she also realized her husband might have died of AIDS. She then accepted to be tested for HIV and for sure she was positive.

She gathered courage and during the World AIDS day she went public. This was the first lady to come out in Moyale and was treated with a lot of superstition, however the administration and MOH Moyale came forward and offered to refer her to Embu for ARTs. She was also to be involved in community mobilization activities to help them accept that AIDS is here with us and not witch craft.

Marsabit:

From one of the participants from Marsabit.

A brother' sister was very sick and was being treated for meningitis. They then transferred the lady to Nairobi Hospital. The doctors counseled her brother and mother to establish her HIV status. She was HIV positive and was started on ARTs. She improved very fast and in two weeks she was discharged.

The relatives have consulted me to help them in informing her of HIV status. I was not in a position then… But now after this DTC Skills course, I am confident I will help the family. I will also ensure no missed opportunity for HIV testing in my department…"

D. ANTIRETROVIRAL THERAPY (ART) PROGRAM

Background

ACCESS/JHPIEGO in collaboration with NASCOP and selected NGOs in the two provinces (Eastern and Nairobi) will strengthen the capacity and technical skills of health workers (including supervisors) on ART in the provision and support of treatment services. At least **250 health care workers will be trained**. About **21 ART sites in 21 districts** in the eastern half of Kenya will directly benefit. The training program will build on the established materials already prepared by NASCOP and will result in accreditation of the providers in accordance with the national standards that are being developed. ACCESS/JHPIEGO will develop training teams who will have on the ground experience, but also time to train; these services will complement the currently existing activities by NASCOP.

Achievements

1) Baseline conducted in 9 sites in two provinces (Eastern & Nairobi).

- Currently in the process of analyzing the data.

2) Review of existing NASCOP ART curriculum.

- NASCOP has an ART curriculum that requires update. The power points provided do not have up to date information on HIV AIDS.
- JHPIEGO will in addition to this curriculum develop a learning resource package.

3) Training of Trainers course conducted.

- A total of 23 participants drawn from the two provinces trained. Most of them were key PHMT and DHMT in the two provinces, which included the PASCO/PARTO and DASCOs.
- The NASCOP curriculum was used during this training. The trainers were drawn from JHPIEGO and a former Mildmay trainer facilitated during this training.
- Each participant developed an action plan and the participant selection criteria for facility training was done.

Challenges / Constraints

- Not having a final approved ART curriculum from NASCOP

- The program sites are not yet finalized and approved as the NASCOP ART task force has not met for 5 months. But recently the ART manager from NASCOP gave JHPIEGO a go ahead to implement the program on proposed sites.
- The ART trainers (PARTOs) do not see the need of attending JHPIEGO TOT. They feel they are already trained as trainers. The reality is that the course they attended did not prepare them as trainers but only gave them ART content.

Plans for the next quarter

- 5 day courses for ART service providers
- One day meeting to share experiences
- Support Supervision activity in the two provinces
- Document final program results