

**JHPIEGO - USAID QUARTERLY MEETING REPORT
JULY – SEPTEMBER 2005
MEETING DATE- 18 OCTOBER 2005**

JHPIEGO Kenya

USAID- Quarterly Report

July-September 2005

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A. Summary of Accomplishments

#	Program	Funding	Activity Description	Achievements	Constraints / challenges	Plans for Next Quarter
1.	IBP		<ul style="list-style-type: none"> • Training 	<p>1. 153 service providers updated in family planning skills</p> <p>2. 75 sites targeted from 3 districts: Nyeri, Homabay and Nakuru</p> <p>3. 15 trainers from national and district level developed as master trainers.</p>	<p>1. The number of providers who need training updates is higher than the program can manage or include. Many HIV positive clients are seeking FP services.</p> <p>2. Contraceptive supplies are limited at health facilities- method mix not plentiful.</p> <p>3. During the training sessions it was noted that IP practices, specifically, Homabay district, need strengthening.</p>	<p>1. Service providers will be supported to cascade the trainings through continuous communications from JHPIEGO.</p> <p>2. Needs assessment report finalized/ Baseline survey implemented in Migori District.</p> <p>3. Support supervision courses conducted in the three districts to build the capacity of the DRHT&S teams to enable them to monitor and supervise FP services.</p> <p>4. Follow up visits at the facilities</p>
2.	Malaria		<ul style="list-style-type: none"> • Orientation & Training 	<p>1. 77 TOTs were trained in Bondo, Makueni and Kwale.</p> <p>2. 146 CORPs were oriented/trained in 7 divisions of the 3 target districts</p>	<p>1. Ensuring clarity in terms of prevention of malaria in pregnancy in a context of drug policy change</p> <p>2. Strengthening health care systems to meet the needs of women and to address the</p>	<p>1. Continue to support the MOH/DOMC/DRH in malaria/safe motherhood activities through ensuring community participation by scale up in additional divisions in present districts and other districts</p>

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				3. PHAST training completed for Peace Corps Volunteers*	critical issues in safe motherhood including malaria in pregnancy 3. Ensuring that policy makers have access to both evidence based findings and analysis/discussions of what those findings mean for policy development and implementation in RH and malaria in pregnancy *4. PHAST training completed using MAC funds- reimbursement needed from USAID.	2. Strengthen the linkages between communities and health services building on already gained experience in implementing Focused Antenatal Care (FANC)/ Malaria in Pregnancy. 3. Capacity development in reproductive health and malaria 4. Strengthening MIP interventions in urban areas
3.	ART : Strengthening human capacity knowledge and skills in the provision of ART	\$270,000	• Planning & advocacy	1. 64 key administrators (PARTO, PASCO, PLTP, DLTP, DASCO) in the provincial and district level sensitized and planning for the ART program in the two provinces .	1. Funding received late and timeline is short to implement the activities and achieve sustainable impact 2. Shortage of personnel specifically clinicians in the facilities 3. Some designated districts have trained ART staff already. Need to agree with USAID on where to focus the training	1. Develop training capacity of the provincial & district teams by conducting TOT course for 30 participants. 2. Train district based clinicians on ART knowledge & skills.
4.	CT : Orientation of health workers	\$200,000	• Planning & advocacy	1. 89 key administrators (1. Funding is late and timeline is short to implement the	1. Conduct baseline survey in 10 sample facilities in the 3

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	to national guidelines on HIV testing in clinical settings.			<p>PARTO, PASCO, PLTP, DLTP, DASCO) in the provincial and district level sensitized and planning for the CT program in the three provinces .</p> <p>2. Draft CT orientation package shared and pretested. The feedback will be incorporated in the final package.</p>	<p>activities and achieve sustainable impact</p> <p>2. Confusion around DTC yields implications for implementation</p> <p>3. The priorities for implementation have changed and require clarity. Need to agree on way forward with USAID .</p>	<p>provinces to assess knowledge.</p> <p>2. Develop training capacity of the provincial & district teams by conducting TOT course for 40 participants .</p> <p>3. Conduct orientations for health workers in the 3 provinces</p>
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B. Program Reports

Introduction

JHPIEGO continues to strengthen capacity within the Ministry of Health working in 6 provinces and 32 districts. JHPIEGO's 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

In the months of July-September training updates on family planning counseling and contraceptive technology were conducted in Nyeri, Nakuru and Homabay districts using the nationally adopted training package. The focus of the updates were the application of the new FP guidelines and the WHO eligibility criteria as applied to contraceptive use. Emphasis was laid on the latest technologies on all the contraceptive methods including integration of FP into HIV/AIDS.

Additionally, providers FP skills were reviewed and updated through classroom demonstrations and coaching. These included:

- FP counseling skills
- IUCD insertion and removal skills
- Implant insertion and removal skills
- Management of FP methods side
- Dispelling rumours and misconceptions of FP methods (problem solving approach)

Achievements

- **15** national and district level trainers co-trained with master trainers resulting in improved skill level among these national and district level trainers. JHPIEGO is now confident that these trainers are now able to support the district reproductive training and supervision teams (DRHT&S), to cascade updates on IBP and other RH issues within their districts.
- **75 sites** targeted from 3 districts: Nyeri, Homabay and Nakuru. In this quarter, the training covered 2 courses in Nakuru (50 participants), 2 courses in Nyeri (52 participants) and 2 courses in Homabay (51 participants).
- **153 service providers** updated in family planning skills. Providers are expected to update a minimum of 5 others. Each provider carried with them

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materials to assist them report on their progress. They also had with them a work-plan that indicated the areas they identified as needing extra attention within their facilities in order to implement IBP.

- By the end of the activity, it is projected that a minimum of **765** providers will have been updated through the cascade approach.

Tales from the field...

Providers conveyed great thanks to the facilitators for the opportunity to participate in the updates. All participants had not received any FP updates in at least 3 years and at least for one participant it had been 20 years since his last update. This inconsistency with provider updates leads to lack of knowledge and capacity to delivery quality services. Service providers mentioned the fact that herbalists have played a partial role in discouraging clients from using FP methods. This has propagated rumors on some methods e.g pills pile up in the stomach and so are dangerous for your health. With the lack of consistent refresher training it is not surprising that incorrect messages are sometimes taken for fact. As a result of the workshop/ update, some providers attending the workshop are planning to go back to their communities and work with herbalists to convey correct messages.

One provider from Nakuru told JHPIEGO, "I feel so good when a client comes back and thanks me for getting a FP method". However, even with reports on client satisfaction with some of the FP methods, service providers feel the burden of having to travel on public transport and using personal resources to collect contraceptive supplies from the District stores, where they may often find few methods or none at all. While trainings are motivational and necessary for providers knowledge and skills- systems must also be strengthened to ensure adequate supplies are available for providers to do their jobs.

Challenges

1. The number of providers who need training updates is higher than the program can manage or include. Many HIV positive clients are seeking FP services.
2. Contraceptive supplies are limited at health facilities- method mix not plentiful.
3. During the training sessions it was noted that IP practices, specifically, Homabay district, need strengthening.

Plans for the next quarter

1. Service providers will be supported to cascade the trainings through continuous communications from JHPIEGO.

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2. Needs assessment report finalized./ Baseline survey in new district- Migori
3. Support supervision courses conducted in the three districts to build the capacity of the DRHT&S teams to enable them to monitor and supervise FP services.
4. Follow up visits at the facilities

II. MALARIA

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

1. 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.

2. Results/Achievements/Accomplishments

Activities	Achievements/accomplishments
Support the implementation of community FANC/MIP and safe motherhood <ul style="list-style-type: none"> • Training of Trainers workshop for DHMT members, service providers, local administration and civil society organizations • Divisional training for community owned resource persons (CORPS) 	<ul style="list-style-type: none"> • 77 TOTs were trained in Bondo, Makueni and Kwale. • Built capacity of the DHMT members and civil society organisations involved in community RH activities • CORPS were oriented in seven divisions. Bondo district -Madiany and Usigu; Kwale district -Lunga Lunga, Msambweni and Kinago; Makueni district -Wote and Kaiti • 146 CORPs were oriented/trained on community RH
Trainee follow up for supportive supervision on implementation	<ul style="list-style-type: none"> • Trained COPRs were supported to ensure completion of work plans and challenges noted • Rapid facilitative supervision carried out at health facilities to gauge changes in health seeking behaviour • Anecdotal evidence from the recent support trainee follow up suggests, the community RH package has the potential of reaching many community members through working with the CORPs.

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Tales from the field...

The CORPS were pleased with the comprehensive package available to support community awareness. Multiple CORPS said that the information in the package was comprehensive enough to cover areas that would help dispel myths related to danger signs in pregnancy in addition to awareness around malaria in pregnancy. To reach community members further CORPS did feel that the package needed to be translated into Kiswahili so that it would be better understood by all community members.

3. Challenges

- Ensuring clarity in terms of prevention of malaria in pregnancy in a context of drug policy change
- Strengthening health care systems to meet the needs of women and to address the critical issues in safe motherhood including malaria in pregnancy
- Ensuring that policy makers have access to both evidence based findings and analysis/discussions of what those findings mean for policy development and implementation in RH and malaria in pregnancy

4. Plans for next quarter future directions/recommendations

- Continue to support the MOH/DOMC/DRH in malaria/safe motherhood activities through ensuring community participation by scale up in additional divisions in present districts and other districts
- Strengthen the linkages between communities and health services building on already gained experience in implementing Focused Antenatal Care (FANC)/ Malaria in Pregnancy.
- Capacity development in reproductive health/malaria in pregnancy
- Strengthening MIP interventions in urban areas

5. Support to US Peace Corps

JHPIEGO provided technical support to improve the knowledge and skills of 20 US Peace Corps Volunteers and their counterparts in participatory approaches for improved community participation and sustainability of preventive and promote health interventions. The approach was PHAST (Participatory Hygiene and Sanitation Transformation). This workshop prepared participants in learner-based techniques, which stimulate the mind of the learner to participate actively as active member of a community. Participants and facilitators agreed that this should be a standardized training for volunteers and that JHPIEGO should continue to provide further technical support for the development of tools for the PHAST approach.

*Although the workshop has been implemented, JHPIEGO has not received the funding support from USAID for implementation. JHPIEGO MAC funds have been used in the interim until reimbursement is received from USAID/Kenya.

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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 27 districts in 3 provinces namely ; Eastern, Nairobi & Central**, the Ministry of Health (MOH) facilities on the new 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 by colleagues in 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.

2. Achievements

Activity : Planning and Advocacy meeting at the provincial and district level

- **89** key administrators PHMT & DHMTs (PASCOS, PARTOs, PLTP, DASCOS, DLTP, District Lab Technicians,) bought in to the program.
- Each district developed an action plan for wayforward for implementation
- The Counselling and Testing orientation package was presented and pretested among this team. The feedback and response received will be incorporated into the final package
- The participants SELECTION CRITERIA for the district trainers was agreed upon and a list developed.

3. Challenges / Constraints

- Funding is late and timeline is short to implement the activities and achieve impact
- Diagnostic Testing & Counselling (DTC) being a new concept its not clear as yet how it will be implemented.
- The approval of the implementation of this program not clear from USAID. Need to agree jointly on wayforward.

4. Plans for the next quarter

- Conduct baseline survey in 10 sample facilities in the 3 provinces to assess knowledge.
- Build the training capacity of the provincial & district teams by conducting TOT course for 40 participants .
- Conduct orientations for health workers in the 3 provinces

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D. ANTIRETROVIRAL THERAPY (ART) PROGRAM

1. Background

JHPIEGO in collaboration with NASCOP and selected NGOs in the two provinces 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**. This will contribute to the **provision of care for approximately 4000** people. About **20 ART sites in 20 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. 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.

2. Achievements

- **64** key administrators PHMT & DHMTs (PASCOS, PARTOs, PLTP, DASCOS, DLTP, District Lab Technicians,) bought into the program through advocacy.
- Each district developed an action plan for wayforward for implementation
- The participants SELECTION CRITERIA for the district trainers was agreed upon and a list developed.

3. Challenges / Constraints

- Funding is late and timeline is short to implement the activities and achieve impact
- Shortage of personnel specifically clinicians in the facilities will affect the training
- Some districts have trained ART staff. Need to agree with USAID on where to focus the training

4. Plans for the next quarter

- Build the training capacity of the provincial & district teams by conducting TOT course for 30 participants .
- Train district based clinicians on ART knowledge & skills.