

**ACCESS/ JHPIEGO - USAID QUARTERLY MEETING REPORT  
OCTOBER-DECEMBER 2006  
MEETING DATE- 17 January 2007**

**ACCESS/ JHPIEGO Kenya**

**USAID- Quarterly Report**

**October- December 2006**

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**A. Summary of Accomplishments**

#	Program	Funding	Activity Description	Achievements	Achievements to Date (Cumulative)	Constraints / challenges	Plans for Next Quarters
1.	<b>IBP</b>	\$250,000	<ul style="list-style-type: none"> <li>• Endline Report</li> <li>• Reinforcement Training</li> </ul>	<ul style="list-style-type: none"> <li>• Family Planning increased; Homa Bay 22%, Nakuru 21%, Nyeri 3%.</li> <li>• The great majority of providers are utilizing skills learned through training.</li> <li>• Supervision skills improved among supervisors in target districts.</li> </ul>	<ul style="list-style-type: none"> <li>• More than <b>1000</b> copies of IBP manual reproduced.</li> <li>• Over <b>300</b> new FP guidelines disseminated.</li> <li>• At least <b>40</b> (20 phase I and 23 phase II) supervisors have had their knowledge and skills strengthened.</li> <li>• Collaboration between <b>3</b> PRHT&amp;S teams, <b>4</b> DRHT&amp;S teams, community, MOH/DRH and JHPIEGO very successful.</li> <li>• A total of <b>25</b> facilities were sampled for the baseline and end line surveys.</li> <li>• <b>202</b> service providers updated in family planning counseling and infection prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• The realization that a 5-days FP training is not adequate especially for service providers lacking technical update for many years.</li> <li>• Irregular contraceptive supplies. The findings show that the availability of contraceptives can lead to increased use. For example, the availability jabelle, coupled with the training on insertion and removal led to a tremendous increase in all the districts.</li> <li>• Shortage of service providers for FP. Many providers</li> </ul>	<p>With additional funding available:</p> <p>1. Training and supervisory support. (see endline report).</p>

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					<ul style="list-style-type: none"> <li>• Rapport created between health workers and community .</li> <li>• <b>23 supervisors</b> trained in supervision skills for the first time.</li> </ul>	<p>indicated that FP tended to be relegated low priority given the lack of staff and in many cases FP practice was being overtaken by the emphasis placed on HIV/AIDS in the health care sector.</p> <ul style="list-style-type: none"> <li>• Lack of training and resources for support supervision</li> <li>• Limited geographical access to FP services (for example, Homa Bay has only 25 facilities compared to 160 in Nyeri and 190 in Nakuru) in some of the districts.</li> <li>• Poor record keeping for tracking FP monitoring</li> </ul>	
2.	<b>Malaria</b>	\$300,000 \$100,000	<ul style="list-style-type: none"> <li>• Support supervision of Community – Reproductive Health</li> </ul>	<ul style="list-style-type: none"> <li>• C-RH trainees supported.</li> <li>• Re-invigoration of</li> </ul>	<ul style="list-style-type: none"> <li>• Development of C-RH/MIP materials</li> </ul>	<ul style="list-style-type: none"> <li>• Due to MOH schedule, programme</li> </ul>	<p>With funding available:</p> <ul style="list-style-type: none"> <li>• Support the DOMC in the training of</li> </ul>

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			<ul style="list-style-type: none"> <li>(C-RH) trainees.</li> <li>25 service providers trained on Focused Antenatal Care (FANC) Malaria in Pregnancy (MIP).</li> <li>Documentation of urban malaria in Mombasa.</li> <li>Two day meeting to discuss lessons learnt and best practices observed during the C-RH programme.</li> </ul>	<p>FANC/MIP.</p> <ul style="list-style-type: none"> <li>A situational analysis of malaria in urban areas in Mombasa carried out.</li> <li>Documentation of C-RH programme has begun.</li> </ul>	<ul style="list-style-type: none"> <li>Reinvigoration workshop held</li> <li>CTS training undertaken</li> <li>Scale up of C-RH training of CORPS and service providers</li> </ul>	<p>activities have not always taken place as planned</p> <ul style="list-style-type: none"> <li>Urgent need to clarify the role to SP in relation to IPT and malaria case management</li> <li>Community deeply held community based cultural hindering the uptake of some reproductive health services</li> </ul>	<p>supervisors on ACTs</p> <ul style="list-style-type: none"> <li>Documentation of IPTp1 and IPTp2</li> <li>Establishment of SP for IPT in ANC</li> <li>Limited BCC interventions for community buy-in (BCC) in indoor residual spraying</li> </ul>
<b>Other Programs</b>							
3.	<b>ACCESS-FP PPFP</b>	\$50,000 phase 1 (ACCESS core funds) Phase 2 \$100,000 PP-IUD \$200,000	<ul style="list-style-type: none"> <li>Training of service providers on PP-FP</li> <li>Performance Standards</li> <li>Materials development</li> </ul>	<ul style="list-style-type: none"> <li>Draft PP-FP orientation package finalized.</li> <li>25 Service providers from the 4 study sites namely ; Karurumo Health Centre, Kabugi Health Centre, Kianjokoma Health Centre and Embu.P.G hospital orientated to PP-FP.</li> <li>19 supervisors</li> </ul>	<ul style="list-style-type: none"> <li>Draft PP-FP orientation package finalized.</li> <li>25 Service providers from the 4 study sites namely ; Karurumo Health Centre, Kabugi Health Centre, Kianjokoma Health Centre and Embu.P.G hospital orientated to PP-</li> </ul>		<ul style="list-style-type: none"> <li>Conduct support supervision activity for the 28service providers trained on PP-FP</li> <li>Start the implementation of the PP-IUD program</li> </ul>

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				<p>provided with skills on supervision through five day course. During this training performance standards were developed for each site.</p> <ul style="list-style-type: none"> <li>• The DRH draft PPH register disseminated and service providers orientated on how to use it.</li> </ul>	<p>FP.</p> <ul style="list-style-type: none"> <li>• 19 supervisors provided with skills on supervision through five day course. During this training performance standards were developed for each site.</li> <li>• The DRH draft PPH register disseminated and service providers orientated on how to use it.</li> </ul>		
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**B. Program Reports**

**Introduction**

The ACCESS Program, through JHPIEGO, continues to strengthen capacity within the Ministry of Health; ACCESS has worked in 6 provinces and in 32 districts in 2006. ACCESS/ JHPIEGO technical support targets reproductive health (RH) and family planning, safe motherhood and malaria and HIV/AIDS. These comprehensive efforts aim to affect positive change for women and their families in Kenya. Specifically, ACCESS affords women and their partners family planning services through international best practices; creates informed demand at the community level around comprehensive RH services targeting malaria in pregnancy; and strengthens providers' capacity to deliver antiretroviral therapy (ART) and counseling and testing (CT) services for HIV-positive Kenyans.

**I. Implementing Best Practices**

**Background**

Implementing Best Practices (IBP) is an initiative, begun in 1999, that works enhance the ability of countries to identify and apply evidence-based and other demonstrated practices that improve the quality and delivery of reproductive health services. The 2003 Kenya Department of Health Survey (KDHS) study shows that the maternal mortality ratio (MMR) remains high (estimated at 414 per 100,000 live births). Similarly, the data show that fertility levels remain high in rural areas (5.4 children per woman) and unplanned pregnancies are common with 20% of births being characterized as such. Contraceptive use is estimated at 41% among married women indicating that approximately 59% of women in their reproductive age are not using modern family planning methods. Additionally, 38% of women discontinue use within a twelve-month period after adopting the method. Thus, in order for women to have family planning (FP) choices, and thereby address some of the gender imbalances that lead to the unacceptably high MMR, it is essential for FP service providers to have contraceptive counseling skills and ensure that clients receive contraceptive advice and methods that meet their needs. JHPIEGO's current work in IBP builds on successes and lessons learned from IBP Phase I: supporting Migori district.

**Achievements**

**1. Reinforcement training for service providers from Nakuru, Migori and Nyeri**

A training workshop was held from November 6-10, 2006 with the goal of updating service providers in the latest information on family planning, infection prevention and facilitative supervision. The workshop targeted 24 service providers from Nakuru, Migori and Nyeri districts. Participants were selected from districts that were not included in the original IBP training program. It is worth noting that 4 out of the 24 participants had previously not received any updates in these technical areas in quite a long time; the range was 16 – 26 years. HomaBay, which was included in the pilot

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program, already sent most of its key representatives for training during the first IBP phase; the district has approximately 20 facilities that offer FP, thus service providers were not targeted from this district.

**Key Outcomes:**

- All participants updated their skills in IUCD insertion and removal and implant (Jadelle and Implanon) insertion and removal.
- Knowledge and skills in counseling, infection prevention and facilitative supervision were updated.

**Workshop Findings:**

1. Emergency contraception (EC) is not available in some of the health facilities because service providers had a general lack knowledge on the importance of EC. The World Health Organization (WHO) Family Planning Eligibility Criteria were new to the majority of the participants.
3. The Standard Days Method and use of cycle beads was new to all participants.
4. Cancer of the cervix screening using VIA/VILI was new to all providers. Materials/resources are needed at the facilities to initiate these services.
5. Implanon had not been disseminated in Migori.

**2. Endline survey for Nakuru, Nyeri and Homabay**

The endline survey for Nakuru, Nyeri and Homabay was finalized this quarter (Q1, PY3). The survey targeted 33 health facilities and 53 service providers to better assess the broad achievements of the program.

Overall, the endline survey showed a clear improvement in the delivery of FP services due to increased provider and supervisor capacity. Delivery of FP services increased by 22% in Homabay, 21% in Nakuru and 3% in Nyeri. As noted in previous reports to USAID, training is a key element to this notable improvement in family planning uptake.

Following the training conducted by JHPIEGO, the majority of service providers were able to apply newly-acquired training skills to their daily work. 78% of providers were able to apply family planning skills in their jobs and 70% were able to apply infection prevention practices. Across districts, 60% of providers received formal performance appraisals in the last 3 months.

However, continued support is needed in supervision and key technical areas including infection prevention training and contraceptive updates for those providers who have not yet received them.

**Challenges**

- A one 5-day Clinical Training Update is not adequate for most providers who were trained; this is especially for service providers who had not received technical updates for many years

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- Irregular contraceptive supplies continue to be burdensome on providers' ability to apply the skills and knowledge garnered from these trainings. The findings from the endline show that the availability of contraceptives can lead to their increased use. For example, the availability of Jadelle, coupled with the training on its insertion and removal, led to a tremendous increase in the use of implants in all districts surveyed.
- The persistent shortage of service providers for FP. Many providers indicated that FP tended to be relegated as a low priority given the lack of staff. In many cases, FP practice was being overtaken by the emphasis placed on HIV/AIDS in the health care sector.
- Lack of training and resources for support supervision results in inadequate follow-through to make a sustainable change.
- Limited geographical access to FP services (for example, Homa Bay has only 25 facilities compared to 160 in Nyeri and 190 in Nakuru) in some of the districts means that many potential clients are not reached.
- Poor record keeping for tracking FP monitoring makes monitoring and evaluation of programmatic interventions difficult.

## **II. MALARIA**

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

#### **Background**

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

Key activities included: supporting the Ministry of Health to scale up the implementation of the community RH/MIP package; capacity development in reproductive health/malaria in pregnancy; strengthening MIP interventions in urban areas; and reinvigoration of malaria in pregnancy activities.

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**Achievements**

- A team of staff from JHPIEGO, the Division of Reproductive Health (DRH) and Division of Malaria Control developed and administered focus group discussions during the support supervision activity. The broad objective of the activity was to assess the progress made by the Community- Reproductive Health trainee's towards completing their work plans. Most CORPs had made significant strides in completing their work plans even though they faced a myriad of cultural practices which affect uptake of reproductive health services.
- One FANC/MIP training of trainers (TOT) course for 25 participants was conducted to equip district reproductive health co-coordinators (deputy district health nurses/DDPHNs) and Medical Training College Tutors with the knowledge and skills to scale up FANC/MIP services. Prior to taking the course, participants were unfamiliar with the new Kenyan national guidelines for malaria treatment and prevention. Therefore, they were taken through the new national guidelines and encouraged to continuously refer to the document and update their colleagues once back at their work stations.
- A situational analysis of malaria in urban areas was carried out in Mombasa.

Some preliminary findings are;

- All service providers interviewed are comfortable giving anti-malarial drugs to pregnant women. Yet, 11.1% do not give sulfadoxine-pyrimethamine (SP) to pregnant women for routine malaria prevention due to lack of drug (SP) and equipment (cups and water) supply
- 23.5% of service providers reported running out of SP during routine provision of ANC services.
- 30% of service providers sometimes supervise the provision of SP as directly observed therapy. A key reason given for not providing SP as DOT is that the mother may not have eaten recently and would therefore not respond well to the medication.
- 58.8% of service providers prescribe SP as the 1<sup>st</sup> line treatment for malaria case management.
- AL (Artemether-Lumefantrine) is currently available in only 28% of the health facilities.
- A two day meeting was held with a core group of trained CORPs and their District Public Health Education Officers (DPHEOs) to discuss lessons learnt and best practices observed during the Community Reproductive Health Programme.

**Challenges/ Constraints**

- There is an urgent need to clarify the role of SP in relation to Intermittent Preventive Treatment for pregnant women and malaria case management.

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- At the community level, there are many cultural beliefs that may take time to change due to cultural practices in relation to reproductive health and especially safe motherhood.
- There is a lack of structure at the community level to support the activities of the trained CORPs. Many of the CORPs have expressed concerns over their inability to implement all their activities due to lack of resources and continued volunteerism.

**Plans for the next quarter**

If funding is available, JHPIEGO recommends that the following support be provided:

- The DOMC should receive assistance in disseminating the ACT guidelines and training of service providers
- Efforts should be made to document IPTp1 and IPTp2
- SP for IPT in ANC should be established.
- Limited behavior change communication (BCC) interventions should be carried out to garner community buy-in for indoor residual spraying

**III. Counseling and Testing**

Program funding ended April, 2006.

**Achievements**

During this quarter ACCESS supported the National AIDS and STD Control Program (NAS COP) CT working group in the development of the CT Learning Resource Package (LRP). As part of an ongoing capacity building effort for NAS COP staff, a five-day instructional design workshop was conducted to develop and repackage these materials. With the development of the national Kenyan CT guidelines, there was a felt need among the national CT working group to develop and repackage these materials. Additionally, the package expanded from a 3 day orientation to a 5 day workshop so that skills could be transferred to providers. The participants expanded their skills in materials development. The participants were drawn from all partners who are members of the CT working group, including; Center for Disease Control (CDC), Liverpool VCT and Care Kenya (LVCT), National Laboratories, Kenyatta National Hospital (KNH), National TB & Leprosy program (NLTP), and the University of Nairobi.

**IV. Post Partum Family Planning (PP-FP) :**

**INTRODUCTION**

The Post Partum Family Planning (PP-FP) initiative is a collaborative program with ACCESS-FP, the Ministry of Health and Frontiers. This program is based on the large unmet need for postpartum FP in Kenya and will be implemented initially in two phases in Embu District of Eastern Province, and will lead to the strengthening of the outdated-

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MOH postnatal program in Kenya. The other partners are ACCESS-FP, who will focus on interventions, and Frontiers, which has will conduct operations research for this initiative..

**JHPIEGO hopes that the USAID-Kenya Mission will have funding available to support this program so that it can be taken nationally in its next phase.**

**ACHIEVEMENTS**

- Draft PP-FP orientation package finalized
- 25 Service providers from the 4 study sites orientated to PP-FP; Karurumo Health Centre, Kabugi Health Centre, Kianjokoma Health Centre and Embu.P.G hospital
- 19 supervisors provided with skills on supervision through five-day course. During this training, performance standards were developed for each site.
- The DRH draft Preventing Postpartum Hemorrhage (PPH) register was disseminated and service providers were orientated on how to use it.

**Plans for the next quarter**

- Conduct a support supervision activity for the 25 service providers trained on PP-FP during the first quarter
- Start the implementation of the postpartum IUD (PP-IUD) program