

ACCESS/Jhpiego Kenya

USAID Quarterly Meeting Report

January – March 2008



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Meeting date: 22 April 2008

A. SUMMARY OF ACCOMPLISHMENTS

Program	Previous Achievements	Activities planned for this quarter	Achievements this quarter	Current Constraints / Challenges	Activities for next quarter
1. Malaria FY07- exp \$150,000	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • None – money not received 	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • NA
2. CT FY06 - \$500,000	<ul style="list-style-type: none"> • 95 PHMT members and NASCOP staff from 8 provinces developed as trainers • 97 PHMTs NASCOP and NLTP staff and program managers trained on supervision • 310 service providers in 7 PGHs and 2 teaching hospitals • End of program report ready 	<ul style="list-style-type: none"> • Printing of completed learning resource package • Program dissemination meeting 	<ul style="list-style-type: none"> • Materials on order are 1,250 PITC Reference Manuals; 1,250 PITC Participants Note Books; 4,250 Orientation Packages; 4,250 CT Job Aids and 500 posters • 2007 program evaluation presented to the CT technical working group 		<ul style="list-style-type: none"> • End of FY06 program
2. CT – PITC FY07 - \$500,000	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • Conduct baseline • Conduct 1 day facility advocacy meetings • Provide TA to NASCOP to review PITC guidelines 	<ul style="list-style-type: none"> • Tools for baseline PITC assessments almost complete • Facility advocacy and planning mtg conducted in central & coast, provinces • TA to NASCOP for the finalization of the national HTC guidelines 	<ul style="list-style-type: none"> • Delay of initiation of activities due to political situation in the country 	<ul style="list-style-type: none"> • Conduct baseline PITC survey • Conduct facility advocacy and planning meetings • Start facility based PITC training • Continued TA support to NASCOP

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3. ART FY07- \$1,000,000	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • None as scope of work changed from original workplan 	<ul style="list-style-type: none"> • New draft workplan and budget accepted • Development of FP/STI/HIV OPs underway • Consensus reached with NASCOP on content of PwP training materials 	<ul style="list-style-type: none"> • Funds received in March 08 so initiation of activities delayed • Many stakeholders (RH/FP, STI, NASCOP) need to agree on materials 	<ul style="list-style-type: none"> • Conduct baseline survey in 24 selected sites • Develop FP/STI/HIV integration OP • Train 175 CCC health workers on FP/STI/HIV integration • Develop PwP materials • Train 20 TOTs in PwP • Facilitate first mentorship meeting
4. PMTCT FY07 - \$1,082,740	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • Advocacy meeting of all government stakeholders • Start development of PMTCT-Plus OP • Support quarterly DRH supervision 	<ul style="list-style-type: none"> • New workplan and budget documented • Advocacy meeting reached consensus to 1) use MCH platform for PMTCT-Plus, 2) develop national standards for SBM-R and 3) use PGHs for testing • PMTCT-Plus OP started 	<ul style="list-style-type: none"> • The need for documenting new workplan and budget plus the political unrest delayed implementation • DRH's other commitments 	<ul style="list-style-type: none"> • Finalize PMTCT-Plus OP • Agree on PMTCT standards • Conduct SBM-R Module 1 for PMTCT • Implementation of SBM-R in 4 PGH • Print PMCT supervision training materials and tools and PMTCT/ART OP • Conduct advocacy and Orientation training for TOT on PMTCT-Plus • Conduct SBM-R Module 2 for PMTCT

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5. Injection Safety FY07- \$250,000	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • Planning and advocacy meeting at the central level 	<ul style="list-style-type: none"> • Two meetings with heads of NASCOP and Division of Nursing (DON) held • Jhpiego workplan accepted by NASCOP 	<ul style="list-style-type: none"> • Funds received in March 08 	<ul style="list-style-type: none"> • Two provincial planning meetings with the PHMT/DHMT • Conduct baseline survey • Develop orientation materials • Pretest of materials
6. DRH Support FY07- \$300,000	<ul style="list-style-type: none"> • Anatomic models received • Consensus built for Reproductive Tract Cancer • 16 SP and 16 DRH staff trained in Post Rape Trauma • DRH mtg to review program • Sponsored 5 attendees to international mtgs 	<ul style="list-style-type: none"> • Orientation of care and use of anatomic models • Dissemination of models • Adapt SP Orientation package for Reproductive Tract Cancer • Support national level SS 	<ul style="list-style-type: none"> • 19 DRH staff and provincial RH coordinators were oriented on the care and use of anatomic models. • Circulation for review of the draft national reproductive health cancer guidelines. 	<ul style="list-style-type: none"> • The political unrest delayed the DRH SS and the dissemination of models 	<ul style="list-style-type: none"> • Disseminate anatomic models. • VIA/VILLI training for DRH staff. • Finalize national reproductive health cancer guidelines. • Print finalized copies of the national reproductive health cancer guidelines. • Validation/stakeholders meeting.

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7. PNC-FP (previously PPFP / PPIUCD) FY06- \$190,000	<ul style="list-style-type: none"> • 20 trainers developed • 23 SP updated on PPIUCD • 24 HW trained on PPIUCD • 198 IUCD kits purchased and distributed • 300 copies of training manual printed and distributed • 100 copies of PNC Register printed and distributed • Presentations made at two international conferences 	<ul style="list-style-type: none"> • Planning and Advocacy meeting for DHMT & CHEWs /CHWs • PPIUCD skills training for service providers from Embu Provincial General Hospital 	<ul style="list-style-type: none"> • 25 midwives and other Service providers trained on PPIUCD • 126 Clients were counseled during the PPIUCD training • 18 Clients were inserted PPIUCD during training • 13 Community intervention managers (DHMTs) sensitized on PPIUCD in Embu • 48 Public health technicians and technologist sensitized on PPIUCD 	<ul style="list-style-type: none"> • The training process was slowed down due to some participants not having any training for 10 years • Inadequate equipment and supplies for PPIUCD services • The DHMT has requested ACCESS to train 68 CHEWs from 34 divisions. The funding through Access FP will only manage to train 25 community providers. • Provider bias towards PPIUCD in some of the facilities provides a hindrance to the FP method acceptance among clients. 	<ul style="list-style-type: none"> • Hold a one – two days PNC/FP training materials finalization meeting • Dissemination of PPFP program results (ACCESS and FRONTIERS) • Reproduction of Materials (MOH RH community package, brochures, pamphlets) • Train CHEWs / CHWs on PPIUCD • Conduct support supervision to the trained PPIUCD service providers

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Program	Previous Achievements	Activities planned for this quarter	Achievements this quarter	Current Constraints / Challenges	Activities for next quarter
8. PPH FY06- \$105,141 FY07- \$150,000	<ul style="list-style-type: none"> • DMS distributed MOH Oxytocin position letter on AMTSL • SS conducted in Eastern and Western provinces • KNH and Pumwani given supplies and equipment for AMTSL • Standardization of AMTSL skills for SP • Stakeholders mtg on clinical guidelines • Clinical practice guidelines finalized 	<ul style="list-style-type: none"> • Orientate DRH trainers on AMTSL • Print AMTSL guidelines 	<ul style="list-style-type: none"> • Draft clinical practice guidelines on management of PPH have been reviewed by DRH and stakeholders • Training of 19 service providers (doctors and nurses) was conducted by the APHIA II Eastern program • Training of 22 service providers (nurses/midwives) was conducted by APHIA II Western program 	<ul style="list-style-type: none"> • The DRH wants to have the PPH guidelines revised 	<ul style="list-style-type: none"> • Sensitization meeting for all stakeholders • Print copies of finalized clinical practice guidelines • Conduct CTS for 10 – 15 service providers • Through APHIA Eastern and Western, train 200 service providers on AMTSL

B. PROGRAM REPORTS

1. Introduction

ACCESS in Kenya has been on the cutting edge of new approaches for health promotion, disease prevention and treatment of conditions that affect Kenyan women and their families. ACCESS works in close collaboration with multiple central Ministry of Health (MOH) divisions in Kenya – Division of Reproductive Health (DRH), Division of Malaria Control (DOMC), and the National AIDS and STI Control Program (NASCOP) – to strengthen both central and provincial capacity to roll-out priority interventions in maternal and newborn health. ACCESS targets several technical areas: HIV counseling and testing (CT), antiretroviral therapy (ART), prevention of mother to child transmission of HIV (PMTCT), injection safety, postpartum hemorrhage (PPH), postpartum family planning (PPFP), and TB ANC. ACCESS support is linked with the USAID-funded AIDS, Population, and Health Integrated Assistance (APHIA II) projects, whose mandate is to improve health by scaling-up evidence-based interventions at district and community level. By linking with the APHIA II projects, ACCESS-supported initiatives are being scaled-up at the district and community levels in many parts of Kenya.

2. Counseling and Testing

2.1 Objectives and Strategy

The HIV Testing and Counseling (HTC) program is aimed at providing technical support to NASCOP at the central level and at providing HTC training for 30 district facilities across all 8 provinces in Kenya. Through this program, ACCESS seeks to ensure the availability of high quality provider initiated testing and counseling (PITC) services in Ministry of Health facilities. PITC is a vital entry point to HIV prevention, treatment, care and support.

- Increase availability of high quality PITC services in 30 districts facilities
- Provide technical support to NASCOP

2.2 Achievements

- Held advocacy meetings at Ministry of Health and NASCOP for buy in,
- Jhpiego HTC work plan approved
- A series of meetings were held with APHIA 2 consortia to arrive at consensus on the facilities that will be involved in HTC training. 30 districts for implementation were selected
- Advocacy and planning meetings were conducted for facilities in the Coast and Central provinces
- Jhpiego has continued to provide technical support to NASCOP in the development of the new policy guidelines on HIV Testing and Counseling
- Development of tools for PITC baseline assessments almost complete

2.3 Challenges

- Due to the political unrest, activities were delayed and this will mean implementation activities for the remainder of the period will be rushed

2.4 Plans for next quarter

- Facility advocacy and planning sessions for 24 which provincial facilities

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- Baseline data collection
- PITC Service provider training

3. ART – Integration of STI / FP into CCC services

3.1 Objectives and Strategy

The objectives of the ART funding for FY07 were changed from that which was anticipated during the planning process at the end of 2007. The focus of the current year ART- ACCESS funding will now be used to provide TA to NASCOP-MOH ART National program to equip ART service providers with knowledge and skills on Family Planning, Sexually Transmitted Infections and Prevention with Positives (PWP).

The objectives are:

- Increase access to FP and STI services in Comprehensive Care Clinics
- Improve knowledge and skills of ART service providers in prevention with positives (PwP)
- Develop of national NASCOP Mentorship Model and materials

3.2 Achievements

- A revised workplan and budget was accepted by USAID and NASCOP
- Consensus reached with NASCOP on content of PwP training materials
- FP OP for ART service providers developed
- At their request, Jhpiego will provide TA to NASCOP on development of the integrated national mentorship guidelines

3.3. Challenges

- Funding was received in March 2008
- The intervention is cross cutting (RH, STI, ART, Prevention) and hence the need for involvement and agreement of many key stakeholders

3.4 Plans for next quarter

- Conduct baseline assessment in 24 selected sites
- Finalize FP/STI/HIV integration OP
- Train 175 CCC health workers on FP/STI/HIV integration
- Develop PwP materials
- Train 20 TOTs in PwP

4. PMTCT

4.1. Objectives and Strategy

In FY 2007, ACCESS will continue to build upon FY 2006 activities by further supporting the DRH to strengthen its leadership, supervisory, coordination and oversight role for the Kenya PMTCT program. This will be achieved by supporting the development of PMTCT national standards using Jhpiego's standard-based management and recognition (SBM-R) approach; piloting draft standards in four provincial general hospitals; supporting the development of an orientation package on PMTCT-plus for service providers; reproducing PMTCT supervision training materials, supervision tool

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and PMTCT/ART integrated orientation package; and advocating with the APHIA II partners to roll-out PMTCT-plus activities at the district level. The objectives are:

- Strengthen DRH leadership and coordination
- Implement PMCT National standards
- Implement SBM-R

4.2 Achievements this quarter

- The workplan and budget were revised and accepted by USAID and DRH
- An advocacy meeting of all stakeholders was organized and held. Consensus was reached at this meeting of all of the following:
 - to use of the MCH platform for PMTCT-Plus services
 - to develop PMTCT national standards and use the SBM-R approach
 - to pilot the national standards at selected PGHs
 - to strengthen leadership, supervision and coordination functions for the PMTCT within the DRH

4.3 Challenges

- The workplan and budget needed to be revised because of a change in the scope of work
- DRH has many commitments

4.4 Plans for next quarter

- Finalize PMTCT-Plus OP
- Agree on PMTCT standards
- Conduct SBM-R Module 1 for PMTCT
- Implementation of SBM-R in 4 PGH
- Print PMCT supervision training materials and tools and PMTCT/ART OP
- Conduct advocacy and Orientation training for TOT on PMTCT-Plus
- Conduct SBM-R Module 2 for PMTCT

5. Injection Safety

5.1 Objectives and strategy

Injection Safety/infection prevention program is aimed at strengthening and improving safe injection and medical waste disposal practices through training and dissemination of the national injection safety and management guidelines to health workers in Nyanza and Rift Valley provinces in Kenya. Training at the health facility level will be on-site and involve the whole site.

5.2 Achievements this quarter

- Three meetings have been held with key departments and stakeholders implementing injection safety program as follows;
 - 1) Meeting held with heads of NASCOP and Division of Nursing for buy in
 - 2) Program managers at NASCOP to review the work plan and identify program districts. These districts are :
 - Nyanza province: Kisumu, Bondo, Nyamira, Kisii, Homabay and Suba
 - Rift Valley province : Nakuru, Laikipia, Koibatek, Kericho, Uasin Gishu and Nandi

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- 3) Meeting with John Snow International (JSI) being a key Injection Safety partner

5.3 Challenges

- Funds received 3 months late

5.4 Plans for next quarter

- Conduct two planning meetings with the PHMT and DHMT in Nyanza and Rift valley provinces
- Conduct a baseline survey
- Develop orientation materials
- Pretest the materials

6. DRH Support

6.1 Objectives and Strategy

- To improve family planning through Implementing Best Practices;
- To expand the knowledge base through introduction of technical updates in RH;
- To strengthen the capacity to deliver quality services targeting reproductive tract cancers; and
- To improve the Division of Reproductive Health capacity to provide post-rape care services.

6.2 Achievements

- A one-day workshop was organized to orientate DRH staff and provincial RH coordinators on the care and use of anatomic models. The workshop was attended by 19 participants.
- Draft national reproductive health cancer guidelines were circulated for review and comments/suggestions have been incorporated in finalizing of the guidelines.

6.3 Challenges

- The post-election disturbances that took place in January and February made it difficult to implement activities.

6.4 Plans for next quarter

- Disseminate anatomic models.
- Conduct a 5-day workshop/training on VIA/VILLI for DRH staff.
 - 4) Finalize national reproductive health cancer guidelines.
 - 5) Print finalized copies of the national reproductive health cancer guidelines.
 - 6) Organize a validation/stakeholders meeting to discuss dissemination of national reproductive health cancer guidelines.

7. PNC-FP

7.1 Objectives and Strategy

The Post Partum Family Planning (PP-FP) initiative is a collaborative program with the Ministry of Health/ DRH, ACCESS-FP and FRONTIERS aiming to

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reinvigorate postpartum care services, including family planning, in Kenya. This program is based on the large unmet need for postpartum care services (including FP) in Kenya and has been implemented in three phases to date. The first phase focused on baseline collection of data, which confirmed the need to re-introduce postpartum services with emphasis on family planning. The second phase targeted improving capacity among service providers to address postpartum needs of women and their babies with emphasis on family planning.

Currently the program is implementing phase three, which targets the inclusion of postpartum IUCD and aims to increase the method choice for postpartum mothers. IUCD insertion in the immediate postpartum period represents an alternative approach to increasing coverage with less commonly used methods. Eight health centers, one district hospital and the provincial hospital in Embu district of Eastern province have been selected as sites for stage three.

7.2 Achievements

- Planning and Advocacy meeting for PPIUCD community strengthening in Embu done for 13 DHMT and CHW in Embu
- PPIUCD skills training for service providers from Embu Provincial General Hospital
- Two preceptors (PPIUCD “champions”) from Kianjokoma and Kibugu health centres were involved effectively in the clinical practice to demonstrate and supervise participants in the clinical areas (EPGH and Runyenjes SD Hospital). They were very enthusiastic and it was rewarding for them to be recognized and have the opportunity to assist in the training of their colleagues
- 126 Clients were counselled during the practicum period
- 18 Clients were inserted PPIUCD services in the maternity and obstetric departments, including Runyenjes S.D Hospital
- 32 clients made options to use other methods of FP for example LAM, interval IUCD, Implants, OCs among others
- 2 clients from the Embu PGH maternity were referred for treatment to the OPD (since they had PID,)

7.3 Challenges

- Some of the participants had never had any updates for over 10 years and this slowed the training process as the understanding and conceptualization was at different levels
- Inadequate equipment and supplies for PPIUCD services
- The funding through Access FP will only manage to train 25 community providers. Jhpiego- ACCESS need to liaise with APHIA II Eastern to train at least 68 CHEW's from 34 divisions from Embu district.
- Provider bias towards PPIUCD in some of the facilities provides a hindrance to the FP method acceptance among clients.

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7.4 Plans for next quarter

- Hold a one day meeting for MOH –DRH and other RH stakeholders meeting to adapt and approve the draft Post Natal Care and Family Planning (PNC/FP) orientation materials.
- Dissemination of PPFP program results (ACCESS and FRONTIERS)
- Reproduction of Materials (MOH RH community package, brochures, pamphlets)
- Train CHEWs / CHWs on PPIUCD
- Conduct support supervision to the trained PPIUCD service providers



PPIUCD Preceptors and participants during one of the practical sessions

8. PPH

8.1 Objectives and Strategy

- To improve knowledge and skills of skilled service providers to prevent and treat PPH in Kenya.

8.2 Achievements

- Draft clinical practice guidelines on management of PPH have been reviewed by DRH and stakeholders and will soon be finalized.
- Training of 19 service providers (five doctors and 14 midwives) from six hospitals in Eastern province was conducted by the APHIA II Eastern program and 8 additional trainings are planned for the rest of the financial year.
- Training of 22 service providers (nurses/midwives) was conducted on 21-25 March 2008 by APHIA II Western program and 2 more trainings are planned for by the APHIA II Western program.

8.3 Challenges

- None

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8.4 Plans for next quarter

- Organize a sensitization meeting for all stakeholders.
- Print copies of the finalized clinical practice guidelines.
- Conduct CTS for 10 – 15 service providers of the group trained on AMTSL in July 2007.
- Through APHIA Eastern and Western, train 200 service providers on AMTSL.