

<b>Country/Bureau:</b>
<b>ACCESS Field Representative:</b> Elaine Roman
<b>US-based ACCESS Contact Person:</b> TBD
<b>Year 3 Funding Amount and Sources: PEPFAR:</b> ART- \$401,592; CT- \$500,000; PMTCT- \$250,000. <b>POP:</b> DRH Central Support- \$250,000. Malaria - \$250,000
<b>ACCESS Partners:</b> JHPIEGO
<b>Other Collaborating Organizations:</b> MOH Kenya – NASCOP,, DRH, DOMC

### **Program Approach:**

JHPIEGO/ ACCESS will provide direct support to the Ministry of Health (MoH)/ Division of Reproductive Health (DRH) to strengthen DRH’s capability at the central level. JHPIEGO/ ACCESS will build on programming efforts to date in safe motherhood and maternal and newborn health aiming to improve DRH’s ability to directly support provincial level programs.

With decentralization in effect and the start up of the USAID APHIA II projects throughout Kenya, it is not only important but also a priority for DRH at the national level to provide overarching and guiding support for provincial level initiatives. This includes making sure materials and supplies are available at the provincial and district level and emerging evidence for RH services is disseminated to national level and provincial level trainers and managers.

In addition, JHPIEGO/ ACCESS will build on programming efforts in HIV/AIDS prevention and care; specifically, strengthening DRH’s and the National AIDS STI program (NASCOP) Programs ability to address HIV/AIDS priorities for Kenya. This will result in stronger linkages and improved collaboration between DRH and NASCOP.

### **Achievements Program Year 2 (FYO5):**

#### **DTC**

- 450 service providers trained on DTC in Eastern, Nairobi and Central provinces
- Baseline survey conducted in sample 13 sites in the three provinces
- 60 NASCOP staff and PHMT teams orientated to DTC
- DTC Orientation package developed
- Support supervision conducted
- Lessons learned and results documented.

#### **ART**

- 250 service providers trained on ART
- Baseline survey conducted in sample 9 sites in two provinces
- 40 NASCOP staff and PHMTs oriented to ART
- Support Supervision conducted
- Results and lessons learned documented

## **Summary of Activities Program Year 3 (FY 06):**

### **DTC**

- Planning and advocacy meeting with PHMTs and APHIA II Consortia
- Development of DTC learning resource package,
- Reproduction of materials
- Conduct TOT course for NASCOP staff and PHMTs
- Conduct supervision course for health care managers, at NASCOP and PHMT,
- Monitoring and Evaluation to document Program results

### **ART**

- Planning and Advocacy meeting with ART TWG, APHIA II Consortia and PHMTs
- Development of orientation materials on clinical mentorship for adult/pediatric ART
- Train 50 trainers/clinical mentors on IMAI-ART, Paediatric -ART and supervision
- IMAI-ART and Paediatric -ART training for 200 health workers
- Support 50 clinical mentors to conduct facilitative supervision
- Monitoring and end of program review to document program results

### **PMTCT**

- Planning and Advocacy meeting with APHIA II Consortia and PHMTs
- Adapt / produce PMTCT supervision manual for integrated services
- Train DRH & provincial teams on PMTCT supervision
- Support DRH/NASCOP to conduct quarterly facilitative supervision
- Conduct 2 semi-annual PMTCT supervision review meetings
- Stakeholder workshop on PMTCT Communication Strategy
- Finalize/reproduce PMTCT Communication Strategy document
- Monitoring and end of program review to document program results

### **DRH Direct Technical Support**

- Support collaboration between DRH and Kenya Clinical Officers Association (KCOA).
- Two Technical Updates- Emerging RH issues.
- Procurement and orientation to use of essential equipment for RH.
- 2 Technical Training Workshops.

### **Malaria**

#### **Sensitization/orientation of service providers on case management of malaria**

- Develop Orientation package for SP on ACTs
- Orientate and sensitize service providers on ACTs
- Support supervision

## **Year 3 Outputs:**

### **DTC**

- 100 participants PHMT (PASCOs and PARTOs) in each province updated
- Training approach and TOT incorporate these profiles
- 100 trainers trained in training methodology, supervision
- 250 sets of orientation materials for trainees reproduced
- 155 sets of DTC Learning Resource Package
- 250 DTC counseling job aid produced
- Program evaluation report, including lessons learned
- Dissemination meeting report

### **ART**

- The ART TWG, PHMTs and APHIA II Consortia for target provinces sensitized and supportive of efforts to decentralize and strengthen ART via training and clinical mentorship
- Clinical mentorship curriculum and orientation package developed for adult and pediatric ART
- 25 Trainers/clinical mentors on IMAI-ART,
- 25 trainers/Clinical mentors trained Paediatric -ART and facilitative supervision
- 200 health workers trained on adult/IMAI-ART and Paediatric -ART
- 50 clinical mentors supported to conduct facilitative supervision for ART in target provinces
- Improved ART service delivery and linked with other HIV care, treatment and prevention services
- Dissemination of results of clinical mentorship program for ART

### **PMTCT**

- PMTCT TWG, PHMTs and APHIA II Consortia for all provinces sensitized and supportive of DRH/NASCOP efforts to strengthen PMTCT supervision
- PMTCT supervision manuals adapted and developed
- 8 provincial DRH/NASCOP Teams trained on PMTCT Supervision
- DRH/NASCOP supported to conduct quarterly facilitative supervision in all provinces
- Two semi-annual review meetings on PMTCT supervision conducted
- PMTCT Communication Strategy developed
- Dissemination of results on PMTCT supervision

### **DRH Direct Technical Support**

- Action plan developed between DRH and KCOA outlining RH linkages and collaborative support.
- 50 central and provincial level managers and trainers with improved knowledge and understanding of emerging RH issues.
- 150 total- Madam zoes, implant arm models, IUCD handheld models, breast models, penile models and African baby models procured and provincial level trainers orientated to their use.
- 50 central and provincial level trainers updated in core technical areas.

### **Malaria**

- Orientation materials developed

- 50 orientation packages reproduced
- 500 Service providers sensitized/oriented on ACTs
- Support supervision on selected service providers undertaken
- Findings of the programme disseminated

### **Program Management:**

JHPIEGO/ Kenya will manage the project and have overall responsibility for meeting the project goals and objectives, monitoring implementation, tracking the budget and reporting to USAID/ Kenya. and the ACCESS Program. JHPIEGO/ Kenya will work in close collaboration with the Ministry of Health – National Aids STI control program and Division of Reproductive Health (DRH) and APHIA II team to plan for roll out of activities to the provinces.

### **A. PEPFAR SUPPORT**

#### **ACTIVITY 1: STRENGTHENING COUNSELING AND TESTING SERVICES FOR HIV IN CLINICAL SETTINGS**

JHPIEGO will use its past training experiences from FY05 to extend Diagnostic Counseling & Testing (DTC) services through training of NASCOP staff and PHMTs and assisting them to train health workers from the Ministry of Health (MOH) facilities in Western, Coast and Nyanza Provinces. In order to increase awareness on the new guidelines on HIV testing in clinical and medical settings and ensure that there will be *no missed opportunities for HIV testing in Kenya*, JHPIEGO will directly **train NASCOP staff and provincial health management teams (PHMTs)**. Through the APHIA II Consortia, the PHMTs will be provided support to orientate 600 health workers in 32 districts in three additional provinces namely; Western, Nyanza and Coast, Rift Valley using the MOH/NASCOP guidelines for HIV testing in Kenya, thereby enhancing knowledge and competency in HIV testing and referral of HIV positive patients for care and treatment. This activity will result in **3,200** health workers orientated by colleagues in cascade approach (*ref. FHI evaluation of JHPIEGO cascade approach August 2001*) during FY06. JHPIEGO will also assist NASCOP staff and Provincial Health Management Teams (PHMT) to develop an implementation plan for rollout in the provinces.

In order to train the target numbers of providers in DTC, and to make the training sustainable, and ongoing, JHPIEGO will train trainers and supervisors, who will be involved in strengthening and continuing the services. JHPIEGO will also conduct ongoing supportive supervision and follow up to ensure that the trainings and orientations are of good quality and sustainable. Practical orientation on diagnostic counseling and testing with development of action plans and supervision during DTC implementation will promote health worker motivation and compliance with guidelines for testing in clinical settings. This activity will result in increased human resource capacity to provide both diagnostic and voluntary counseling and testing and subsequently increase access to diagnostic counseling and testing services as well as ART provision in clinical settings.

### **Program goal**

Increase availability of Counseling & Testing in clinical and medical settings

### **Objectives**

1. Train 100 NASCOP staff and PHMT on Diagnostic Counseling & Testing
2. Develop a learning resource package for DTC
3. Develop a national DTC implementation plan for roll out in the 4 provinces

**Activity Lead:** Nancy Koskei

**Activity Location(s):** NASCOP, 32 districts in Western, Rift Valley, Coast and Nyanza Provinces

<b>Specific Tasks</b>	<b>ACCESS Partner(s)</b>
<b>Task 1:</b> Conduct central level advocacy/planning meetings for DTC scale with NASCOP staff and PHMT team and APHIA II representatives for Western, Coast, Rift and Nyanza provinces	JHPIEGO
<b>Task 2 :</b> Develop a DTC learning resource package ( Trainer, Participants notebook and reference manual)	JHPIEGO
<b>Task 3:</b> Reproduction of DTC training materials	JHPIEGO
<b>Task 4:</b> Conduct TOT for 100 PHMT (PASCO, PARTO, PTLC, and NASCOP staff)	JHPIEGO
<b>Task 6:</b> Train 100 health care managers on supervision	JHPIEGO
<b>Task 8:</b> Monitoring and evaluation to document lessons learned	JHPIEGO

## ACTIVITY 2: SCALING UP ART SERVICES

In FY05 JHPIEGO supported the training of 250 health workers in ART across 20 districts in Eastern and Nairobi province, thereby strengthening the delivery of ART services in existing ART sites. In this program JHPIEGO will produce competency-based tools for training in comprehensive care, increase the number of skilled ART trainers and support NASCOP to advance the ART skills of health workers in Eastern, Central and Nairobi Province. In addition to coordinating all proposed activities with the NASCOP ART unit, Provincial ART Officers (PARTOs), links will be established with Elizabeth Glazer Paediatric Aids Foundation (EGPAF) programs, APHIA II consortia, IMPACT and AMREF's ART activities, to assure long term capacity building and minimize duplication of efforts.

This program will use a multi-pronged approach toward scaling up ART service provision; directly supporting NASCOP at the central level to strengthen provincial level support. This will include the development of coordinated training and clinical mentorship plans through advocacy and planning meetings with 50 stakeholders from NASCOP's ART TWG, PHMTs and APHIA II Consortia. Production orientation materials for clinical mentorship of adult and adolescent ART will be produced, possibly based on WHO's IMAI (Integrated Management of Adult Illnesses) handbook for HIV/AIDS and comprehensive care and materials for treatment & prevention for HIV exposed and infected children. These materials will help facilitate delivery of practical training and supervision of lower cadre staff in ART. JHPIEGO/ACCESS will support NASCOP to strengthen the knowledge and skills of 50 selected provincial clinical mentors (primarily PARTOs and expert clinicians) in critical technical areas including management of CCCs and M&E. The program will support NASCOP's efforts to decentralize HIV related services to lower cadres This will result in increased referrals of HIV infected adults, adolescents and exposed children to comprehensive care centers (CCCs) where services will be strengthened through activation of HIV facility committees. Finally, an end of program review meeting will be held in collaboration with 60 stakeholders from the NASCOP ART TWG, PHMTs, relevant APHIA II partners and supervisors of target health facilities to confirm whether JHPIEGO's multi-pronged approach has increased access for HIV infected adults, adolescents and exposed children to comprehensive care, prevention and treatment services with provision of ART for 4,000 HIV infected patients in the target provinces.

**Activity Lead:** Saade Abdallah

**Activity Location(s):** Eastern, Central and Nairobi Provinces

Specific Tasks	ACCESS Partner(s)
Task 1: Conduct advocacy/planning meeting on ART training & clinical mentorship	JHPIEGO
Task 2.1: Develop orientation materials for clinical mentorship on adult and adolescent ART based on IMAI approach.	JHPIEGO
Task 2.2: Produce orientation materials for clinical mentorship for paediatric ART	JHPIEGO
Task 3: Support NASCOP to train provincial clinical mentors and healthcare providers	JHPIEGO
<b>Task 3:</b> Monitoring and end of program review to document lessons learned	JHPIEGO

### **ACTIVITY 3: ENHANCING SUPERVISION AND INTEGRATION OF PMTCT SERVICES**

The Ministry of Health's (MOH) Division of Reproductive Health (DRH) is responsible for overall leadership and coordination to the National PMTCT program in partnership with the National AIDS and STI Control Program (NASCO). In 2006, JHPIEGO will support the central level Division of Reproductive Health to strengthen its supervisory function and quality assurance program and system to ensure the delivery of high quality PMTCT services in public sector and faith-based facilities. JHPIEGO will work with the PMTCT Technical Working Group to finalize guidelines and tools for PMTCT supervision and then adapt a simple, easy to use PMTCT Supervision Manual for integrated services using its Supervision for HIV training materials (developed jointly with CAFS and USAID REDSO) to conduct this training. The DRH with support from JHPIEGO will integrate RH and HIV training and supervision schedules then build capacity of 8 provincial DRH/NASCO training and supervisory teams (each team comprising of 2 central and 2 provincial DRH/NASCO representatives) to manage comprehensive PMTCT, Safe Motherhood and Child Survival services. JHPIEGO in consultation with PHMTs and APHIA II partners will organize quarterly PMTCT supportive supervision visits for the 8 provincial DRH/NASCO supervisory teams to monitor delivery of PMTCT and provide mentorship to PMTCT facility supervisors and service providers in selected districts. Finally, two PMTCT supervision review meetings will be organized semiannually by DRH/NASCO for all PHMTs and APHIA II consortia to assess progress and effectiveness of facilitative supervision in improving the delivery and outcomes of PMTCT services. Lessons learnt will be documented and disseminated to concerned stakeholders.

DRH and NASCO have an important role of raising general awareness and increasing the demand for better PMTCT services through advocacy, social mobilization and interactive communication using traditional and multi-media channels. In addition to enhancing PMTCT supervision, JHPIEGO will support the DRH and NASCO to convene one consultative meeting for 50 key PMTCT stakeholders to develop a much needed national PMTCT communication strategy based on other country experiences.

It is expected that by the end of the program, the DRH will have capacity to supervise and coordinate the scale up of integrated family planning/PMTCT services and support the establishment of effective linkages between PMTCT, PMTCT plus services and HIV treatment services for HIV positive women, their infants and family members at both public and faith based facilities. In addition, DRH will be ready to launch the first National PMTCT Communication Strategy that will eventually lead to positive attitudes and behavior change towards PMTCT. It is assumed that central-level DRH and NASCO, as well as the PHMTs and APHIA II Consortia will facilitate subsequent PMTCT support supervision and dissemination of the communication strategy to increase resource mobilization and delivery of quality PMTCT services.

**Activity Lead:** Saade Abdallah

**Activity Location(s):** Primarily central level support extended to all provincial headquarters

Specific Tasks	ACCESS Partner(s)
<b>Task 1:</b> Planning and Advocacy Meeting	JHPIEGO
<b>Task 2:</b> Adapt/produce PMTCT supervision manuals	JHPIEGO
<b>Task 3:</b> Train 8 provincial DRH/NASCOP training & supervision teams	JHPIEGO
<b>Task 4:</b> Support DRH/NASCOP to conduct facilitative supervision	JHPIEGO
<b>Task 5:</b> Conduct semi-annual PMTCT Supervision review meetings	JHPIEGO
<b>Task 6:</b> Organize 2-day PMTCT Communication Strategy Workshop	JHPIEGO
<b>Task 7:</b> Finalize/Reproduce PMTCT Communication Strategy document	JHPIEGO

**PEPFAR Timeline:**

Complete list of activities and tasks based upon above workplan. Fill in “X” for planned month in which the activity will take place.

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Strengthening Counselling and Testing services for HIV in clinical setting</b>												
Task 1: Conduct Central level advocacy and planning meeting for DTC scale up with NASCOP staff and PHMT team	X	X										
Task 2: Develop a DTC learning resource package ( Trainer notebook, Participants notebook and Reference manual)	X											
Task 3: Reproduction of DTC training package		X	X									
Task 4: Conduct TOT for 100 NASCOP staff and PHMT team					X	X						
Task 5: Train 100 health care managers on Supervision							X	X				
Task 6 : Provide support and TA to NASCOP CT working group	X		X		X		X		X		X	
Task 7 : Monitor and Evaluate to document program results											X	X
<b>Activity 2 : Scaling up ART services</b>												
Task 1: Conduct advocacy/planning meeting on ART training & clinical mentorship	X											
Task 2.1: Develop orientation materials for clinical mentorship on adult and adolescent ART based on IMAI approach.		X										

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
Task 2.2: Produce orientation materials for clinical mentorship for paediatric ART		X										
Task 3.1: Train 25 trainers/clinical mentors from 3 provinces on IMAI-ART and facilitative supervision			X									
Task 3.2: Train 25 trainers/ clinical mentors from 3 provinces on paediatric -ART				X								
Task 4.1: Train 100 health workers from 3 provinces on IMAI-ART					X							
Task 4.2: Train 100 health workers from 3 provinces on paediatric- ART						X						
Task 5: Support 50 provincial clinical mentors to conduct facilitative supervision for adult, adolescent and paediatric ART							X	X	X			
<b>Task 6:</b> Monitoring and end of program review to document lessons learned			X			X			X		X	X
<b>Activity 3 : Enhancing PMTCT supervision and Integration with other RH and HIV services</b>												
<b>Task 1:</b> Planning and Advocacy Meeting	X											
<b>Task 2:</b> Adapt/produce PMTCT supervision manuals		X										
<b>Task 3:</b> Train 8 provincial DRH/NASCOP training & supervision teams			X									
<b>Task 4:</b> Support DRH/NASCOP to conduct facilitative supervision			X			X			X			
<b>Task 5:</b> Conduct semi-annual PMTCT Supervision review meetings					X					X		
<b>Task 6:</b> Organize 2-day PMTCT Communication Strategy Workshop						X						
<b>Task 7:</b> Finalize/Reproduce PMTCT Communication Strategy document							X					
Task 8: Monitoring and end of program review to document lessons learned.			X			X			X		X	

## **B. DRH DIRECT TECHNICAL SUPPORT**

### **ACTIVITY 1: SUPPORT COLLABORATION BETWEEN DRH AND KENYA CLINICAL OFFICERS ASSOCIATION (KCOA).**

DRH has specifically requested JHPIEGO's support to bring together the newly qualified Clinical Officers trained in RH. Clinical Officers play an important role in bridging the gap where there are no Medical Officers in Kenya. DRH would like to initially hold a one-day meeting with these trained COs to share experiences and challenges in order to better inform program planning and any gaps that may exist in the current training program for COs.

**Activity Lead:** Elaine Roman

Activity Location(s): Kenya

Specific Tasks	ACCESS Partner(s)
Task 1: Plan for meeting	JHPIEGO
Task 2: Hold meeting	JHPIEGO

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## ACTIVITY 2: TWO TECHNICAL UPDATES- EMERGING RH ISSUES

JHPIEGO/ACCESS began a technical update series in collaboration with DRH under its malaria in pregnancy program. This series provided an important opportunity to update central and provincial level managers and trainers in key technical areas. The technical updates are set up as a 1 day workshop to orientate key stakeholders to important issues affecting RH implementation. JHPIEGO/ ACCESS will work with the DRH Safe Motherhood Working Group in this program year to identify the most appropriate and needed technical updates for DRH staff. Possible topics, already discussed with DRH, may include fertility, emergency obstetric care and malaria/HIV interactions among pregnant women.

**Activity Lead:** Elaine Roman

**Activity Location(s):** Kenya

Specific Tasks	ACCESS Partner(s)
Task 1: Continued participation in Safe Motherhood Working Group	JHPIEGO
Task 2: Selection of Technical Update Topics	JHPIEGO
Task 3: Preparation for Technical Update	JHPIEGO
Task 4: Technical Update 1	JHPIEGO
Task 5: Technical Update 2	JHPIEGO

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## ACTIVITY 3: PROCUREMENT AND ORIENTATION TO USE OF ESSENTIAL EQUIPMENT FOR RH

Use of anatomic models in RH training and service provision is essential to establish and strengthen service providers' skills in client provision and counseling support. DRH has been using these anatomic models to train trainers and service providers in competency based skill provision for years. However, many of these models are old and ineffective for actual practicum use. DRH has requested models for its 13 training sites and clinical sites. JHPIEGO/ACCESS will procure the following models and conduct a one day orientation for central and provincial level staff on how to use these models correctly. While many staff have been trained previously to use these models, refreshing these skills is essential for maintaining the knowledge and skills they already have.

1. Madam Zoe- 25
2. Arm model for implants- 25
3. IUCD handheld model- 25
4. Breast model- 25
5. Penile model- 25
6. African Baby Model- 25

**Activity Lead:** Elaine Roman

**Activity Location(s):** Kenya

Specific Tasks	ACCESS Partner(s)
Task 1: Procure Models	JHPIEGO
Task 2: Plan one-day orientation	JHPIEGO
Task 3: Conduct orientation	JHPIEGO
Task 4: Distribute models to DRH	JHPIEGO

## ACTIVITY 4: TWO TECHNICAL TRAINING WORKSHOPS

DRH has already taken steps to strengthen its capacity in new technical areas including gender integration, post-rape care and cervical cancer. DRH has requested support from JHPIEGO/ ACCESS to provide technical support to central level staff to strengthen the knowledge and skills of provincial level trainers and managers in these technical areas. JHPIEGO/ ACCESS will support 2 Technical Training workshops to co-train with DRH targeting provincial level trainers and managers in 2 select technical areas.

**Activity Lead:** Elaine Roman

**Activity Location(s):** Kenya

Specific Tasks	ACCESS Partner(s)
Task 1: Select technical training area	JHPIEGO
Task 2: Prepare for technical training	JHPIEGO
Task 3: Conduct Technical Training 1	JHPIEGO
Task 4: Conduct Technical Training 2	JHPIEGO

### DRH Timeline:

Complete list of activities and tasks based upon above workplan. Fill in “X” for planned month in which the activity will take place.

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Support collaboration between DRH and Kenya Clinical Officers Association (KCOA).</b>												
Task 1: Plan for meeting	X	X										
Task 2: Hold meeting			X									
<b>Activity 2: Two Technical Updates- Emerging RH issues.</b>												
Task 1: Continued participation in Safe Motherhood Working Group	X	X	X	X	X	X	X	X	X	X	X	X
Task 2: Selection of Technical Update Topics		X					X					
Task 3: Preparation for Technical Update			X	X				X	X			

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
Task 4: Technical Update 1						X					X	
Task 5: Technical Update 2												
• Activity 3: Procurement and orientation to use of essential equipment for RH.												
Task 1: Procure Models	X	X	X									
Task 2: Plan one-day orientation				X								
Task 3: Conduct orientation					X							
Task 4: Distribute models to DRH					X							
• Activity 4: 2 Technical Training Workshops.												
Task 1: Select technical training area			X	X								
Task 2: Prepare for technical training					X	X						
Task 3: Conduct Technical Training 1								X				
Task 4: Conduct Technical Training 2											X	

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## ACTIVITY 5: SUPPORT TO THE DIVISION OF MALARIA CONTROL AND DIVISION OF REPRODUCTIVE HEALTH

### BACKGROUND

Malaria is one of the leading causes of morbidity and mortality in Kenya. It accounts for 32% of outpatient visits and causes an estimated 5% of total deaths with about 26,000 deaths per annum. The National malaria strategic plan (GOK 2001) estimates that more than 20 million Kenyans are regularly affected or at risk of the disease with about 70% of the population living in malaria endemic areas. Pregnant women living in endemic areas are at increased risk as malaria lowers their immunity. Maternal malaria increases a woman's risk to spontaneous abortion, still births and low weight babies. The government estimates that 170 million working days are lost each year as a result of the disease (Ibid)

In 2001, Kenya developed a ten year national malaria strategic plan indicating the interventions that would be implemented to address the problem of malaria. Four strategic approaches were identified: Clinical management through the provision of effective and prompt treatment. This includes ensuring adequate supply of drugs, appropriate case management by service providers and monitoring of drug efficacy. The second strategic approach is prevention of malaria in pregnancy. Key to this aspect is ensuring the free provision of SP to pregnant women, emphasis on prevention of malaria through the use of insecticide treated nets and ensuring effective treatment of malaria during pregnancy. This is in line with the WHO recommendation of using Intermittent Preventive Treatment for pregnant women with at least two doses of an effective antimalarial (currently sulfadoxine-pyrimethamine - SP) during antenatal clinic visits. The third key strategic approach is the use of insecticide treated nets and other vector control measures. This is based on creating an enabling environment, provision of subsidized nets to the vulnerable and creating demand for nets and epidemic preparedness and response. The supporting structures include IEC and M& E.

In 2004, Kenya changed its case management policy to the current first line treatment for malaria from SP to artemether-lumefantrine (*Coartem*) while the recommendation for IPT still remains SP. This of necessity required the development of guidelines and training materials for service providers. With available funding from donors, the Division of Malaria Control (DOMC) has trained about 9000 service providers of an estimated 17,000 on the provision of ACTs. The MOH/DOMC has however identified a gap in reaching all the service providers with comprehensive 3.5 days training and also ensuring that providers have access to the new guidelines. During a recent follow up on trained providers, it emerged that many clinicians lacked confidence in laboratory Rapid Diagnostic Results (RDTs) hence the tendency among clinicians to dispense ACTs despite negative laboratory results. In addition, there was lack of clarity on the use of second line drugs and drug management. Other issues that need to be clarified further relate to the prevention and management of malaria in pregnancy. JHPIEGO will support the MOH in the dissemination of the national guidelines for the diagnosis, treatment and prevention of malaria and create awareness of the new policy and provision of correct information on emerging issues.

JHPIEGO will support the DOMC in orientation of service providers and dissemination of the national guidelines for diagnosis, treatment and prevention of malaria. The activities will be undertaken in Coast and Nyanza Provinces. JHPIEGO will specifically support:

- Development of a trainers guide/ orientation package on key issues
- Advocacy and planning meeting of provincial and district teams
- Orientation of service providers and dissemination of guidelines
- Support supervision of oriented service providers.
- Dissemination of findings

**Activity Lead:** Kaendi Munguti  
**Activity Location(s):** DOMC, DRH

Specific Tasks	ACCESS Partners (s)
Task 1: Development of orientation package on ACTs	JHPIEGO
Task 2: Advocacy with Provincial and district teams	JHPIEGO
Task 3 :Orientation and sensitization of service providers	JHPIEGO
Task 4 Support supervision	
Task 5 : Final report and dissemination	JHPIEGO

**Timeline:**

Complete list of activities and tasks based upon above workplan. Fill in “X” for planned month in which the activity will take place.

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Support to the Division of Malaria Control (DOMC) and Division of Reproductive Health (DRH)</b>												
Task 1: Planning and advocacy with DOMC	X											
Task 2: Development of orientation package						X						
Task 3: Orientation of service providers							X	X	X	X		
Task 4: Support supervision											X	
<b>Task 5: Disseminate findings</b>												X



**Performance Monitoring Plan:  
ACCESS/Kenya Monitoring and Evaluation Framework (\* indicates a required PEPFAR indicator)**

Indicator	Definition / Calculation	Data Source / Collection Method	Frequency of Data Collection	Responsible Party
<i>USAID/Kenya I.R.3.2: Increased use of proven, effective interventions to decrease risk of transmission and mitigate the impact of HIV/AIDS</i>				
<i>ACCESS Kenya Program Result : Strengthening Counselling &amp; Testing services for HIV in clinical setting.</i>				
Number of trainers trained in Clinical training skills	Trained trainers are those who were trained in clinical training skills through ACCESS-supported training events or by ACCESS developed trainers.	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff
Number of Supervisors trained in supervision skills	Trained supervisors are those who were trained in supervision skills through ACCESS supported training events or by ACCESS developed trainers.	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff
*Number of individuals trained in counseling and Testing according to national & International standards	Trained individuals are those who are trained through ACCESS-supported training events or by ACCESS developed trainers. Data will be disaggregated by job function ( e.g trainer, supervisor and provider)	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff
<i>ACCESS/ Kenya Program Result : Scaling up ART services</i>				
*Total number of health workers trained to deliver ART according to national and international standards, in the provision of ART treatment.	Trained individuals are those who are trained through ACCESS-supported training events or by ACCESS developed trainers. Data will be disaggregated by job function ( e.g trainer, supervisor and provider)	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff
Number of trainers trained in clinical training skills	Trained trainers are those who were trained in clinical training skills through ACCESS-supported training events or by ACCESS developed trainers.	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff
Number of supervisors of ART services trained in clinical mentorship skills	Trained supervisors are those who were trained in ART clinical mentorship skills through ACCESS	Self-administered Training Participant Registration forms as part of TIMS	Immediately after training	Trainers, Kenya Program staff

	supported training events or by ACCESS developed trainers.			
*Number of service outlets providing ART	Trained service providers are those who were trained in CT through ACCESS-supported training events or by ACCESS developed trainers.	Support Supervision report, MOH/NASCOP-726/727 forms	Quarterly During support supervision visit (Once) End of project evaluation	Support Supervision team, Kenya Program staff MOH – DASCO,PASCO, PARTO
Number of individuals newly initiating antiretroviral therapy during the reporting period	Data will be disaggregated by age, sex and type of SDP	Support Supervision report, MOH/NASCOP-726/727 forms	During monthly support supervision visit last 3 months End of project evaluation	Support Supervision team, Kenya Program staff MOH – DASCO,PASCO, PARTO
Number of individuals who ever received ART by the end of the reporting period	Data will be disaggregated by age, sex and type of SDP	Support Supervision report, MOH/NASCOP-726/727 forms	During monthly support supervision visit last 3 months End of project evaluation	Support Supervision team, Kenya Program staff MOH – DASCO,PASCO, PARTO
Number of facilities that receive at least one supervisory visit for ART, every 3 months	Facilities will be randomly selected among total facilities in target provinces providing ART using service providers trained through ACCESS-supported training events If used quarterly, at least 1 supervisory visit should be noted per facility every 3 months	Support Supervision report, MOH/NASCOP-726/727 forms	During monthly support supervision visit last 3 months End of project evaluation	Support Supervision team, Kenya Program staff MOH – DASCO,PASCO, PARTO
<i>USAID Kenya Intermediate Result: (3.1) Improved enabling environment for the provision of health services and (3.13) Quality of health services in health facilities improved</i>				
<i>ACCESS Program Result: Partnerships initiated towards increasing community support for birth planning</i>				
Number of trainers and managers (central and provincial) whose knowledge has been updated in key RH technical areas.	Trainers and managers are from the central and provincial levels. Community groups are organizations working to improve local conditions, e.g., the White Ribbon Alliance, FBOs, etc. Targeted stakeholders will utilize their knowledge and skills in the implementation of their programs. Evidence-based RH knowledge will be informed by technical assistance from the ACCESS Program, international standards, and other	Technical Update Action Plans	Per Technical Update (twice/year)	ACCESS, Elaine Roman

	stakeholders.			
Number of equipment procured for DRH implementation support.	Equipment refers to: 1. Madam Zoe (pelvic model)- 25 2. Arm model for implants- 25 3. IUCD handheld model- 25 4. Breast model- 25 5. Penile model- 25 6. African Baby Model- 25	Procurement Statements	Annual	ACCESS, Elaine Roman
Number of trainers, managers and tutors oriented to use of essential RH equipment.	Trainers, managers and tutors will be oriented to use of essential equipment (see above).	Orientation records	Annual	ACCESS, Elaine Roman
Number of individuals trained in key technical RH areas	ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff. Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.	Training database and/or other training records	Compiled from training database raw data semi-annually	ACCESS, Elaine Roman
<i>ACCESS/ Kenya Program Result: Enhanced and Integrated PMTCT with RH and HIV Services</i>				
Number of individuals who have been trained in PMTCT supervision according to national and international standards	Focal points are mid-level managers coordinating and gathering quarterly reports on RH and HIV service delivery on behalf of the DRH and NASCOP activities. Trained focal points are those who complete a PMTCT supervision training event satisfactorily according to the criteria established for the course. The number will be calculated as an annual count of provinces that have sent at least one person to an ACCESS-supported PMTCT supervision course and who satisfactorily completed that training as recorded in program records. Data will be disaggregated by affiliation of focal point (e.g., DRH or NASCOP, and also specify which	Program records including training database and/or other training records	Training records reviewed to compile relevant information annually ACCESS	Support Supervision team, Kenya Program staff MOH – DRHT&S TEAMS,

	province).			
Number of service delivery points providing the minimum package of PMTCT services according to national and international standards	Service delivery points are medical facilities where clinical care is provided for clients. The Prevention of Mother to Child Transmission package of services aims to prevent HIV+ transmission through the provision of ANC including a number of HIV related interventions. The provision of integrated PMTCT, ANC and HIV services at ACCESS target sites will be determined through follow-up and supportive supervisory review. Data will be disaggregated by affiliation of SDPs (e.g., public, FBO, private).	Support Supervision reports Records review to compile targeted SDPs that reach service provision goals	Annual	Support Supervision team, Kenya Program staff MOH – DRHT&S TEAMS,
Number of facilities that receive at least one supervisory visit for PMTCT, every 3 months	Facilities will be randomly selected among total facilities in target area that provide PMTCT services If used quarterly, at least 1 supervisory visit should be noted per facility every 3 months	Support Supervision reports Records review to compile targeted SDPs that reach service provision goals	Annual	Support Supervision team, Kenya Program staff MOH – DRHT&S TEAMS,
Number of facility, zonal and regional managers who have received the national PMTCT supervision guidelines		Program activity records	Summary information will be compiled at the end of the reporting year.	Program technical staff with ACCESS M&E review
<i>ACCESS Kenya Program Result : Strengthening malaria support to DOMC and DRH .</i>				
Number of supervisors trained/sensitized on ACTS	Service providers from provincial levels. .	Training data base and other records	Immediately after training)	Kenya program staff