

KENYA

Improved Maternal, Newborn and Women’s Health through Increased Access to Evidence-based Interventions

INTRODUCTION

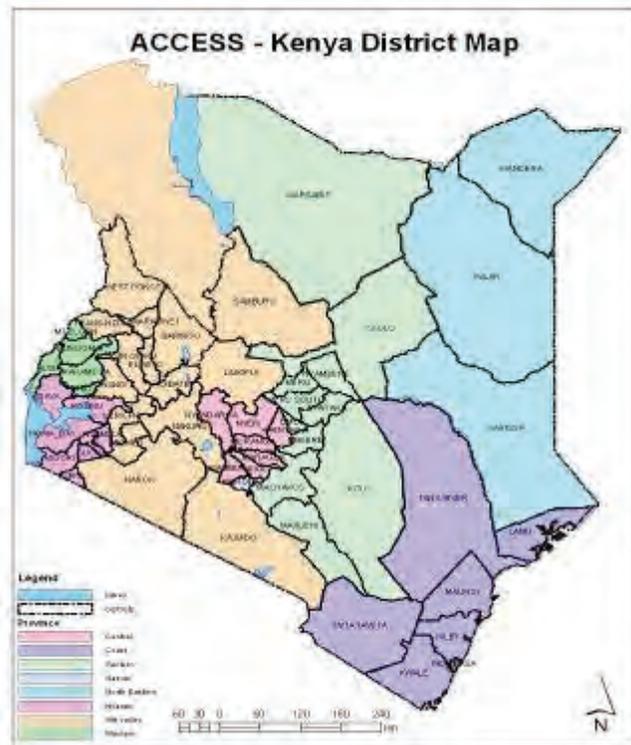
Although Kenya is seen as an example among African countries of rapid progress in health, increases in total fertility and maternal and infant mortality—as well as the HIV/AIDS burden and weak health systems—are complicating the situation. At the request of USAID, ACCESS worked with the Kenyan Ministry of Health (MOH) to adopt and adapt cutting edge technical innovations to address health promotion and disease prevention and treatment. In addition, the Program prepared state-of-the-art, standardized learning materials; developed national- and provincial-level resource persons; and provided technical assistance to implement these innovations through the AIDS, Population, Health Integrated Assistance Program⁵² (APHIA II) structure.

PROGRAM OBJECTIVES

In 2005, ACCESS began targeting several priority technical areas in Kenya with the following objectives:

1. HIV/AIDS:

- a. Provide technical support to the National AIDS and STI Control Program (NAS COP) at the central level, and technical assistance for HIV testing and counseling (HTC) for 30 district hospitals across all eight provinces.
- b. Strengthen the Department of Reproductive Health (DRH)’s leadership, supervision, coordination and oversight role for the Kenya PMTCT program.



KEY INDICATORS

- **Maternal mortality:** 414
- **Infant mortality:** 77
- **Contraceptive prevalence rate:** 33%
- **Antenatal care attendance:** 88%

KEY HIV INDICATORS (KAIS 2008):

- **Number of people (15–64 years) living with HIV:** 1.4 million
- **Adult HIV prevalence:** 7%
- **Women (≥15 years) living with HIV:** 8% compared to Men 5%
- **Deaths due to AIDS (per year):** 150,000

Source: DHS 2003

⁵² APHIA II—a five-year program funded by USAID with support of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and Population funds—helps communities in Kenya’s Eastern Province address health concerns by strengthening linkages between health care providers and community groups.

- c. Help equip antiretroviral therapy (ART) service providers with knowledge and skills on family planning (FP), sexually transmitted infections (STIs) and prevention with positives (PwP).
- d. Introduce prevention of mother-to-child transmission of HIV-plus (PMTCT-plus) in selected hospitals.

2. Injection Safety:

- a. Strengthen and improve safe injection and medical waste disposal practices through training and dissemination of national injection safety and management guidelines to health workers in Nyanza and Rift Valley Provinces.

3. Maternal and Newborn Health:

- a. Improve knowledge and skills of service providers to prevent and manage postpartum hemorrhage (PPH).
- b. Improve capacity of service providers to address postpartum needs of women and their babies with an emphasis on FP.
- c. Integrate tuberculosis (TB) screening during antenatal care (ANC).

4. Malaria:

- a. Support the DRH to integrate prevention of malaria in pregnancy (MIP) services with focused antenatal care (ANC) services at two facilities and, as part of outreach efforts by community health workers (CHWs), in three malaria-endemic districts.

INTERVENTIONS AND RESULTS

In addition to supporting APHIA II (mandated to improve health care by scaling up evidence-based interventions at the district and community levels), ACCESS worked with the MOH to strengthen central and provincial capacity to roll out priority interventions in HIV/AIDS, reproductive health (RH), and maternal and newborn health (MNH). Key interventions and results are described below.

MAJOR RESULTS

- Developed national guidelines for: HTC, HIV clinical mentorship, prevention of PPH, reproductive tract cancers and PMTCT standards.
- Trained 3,057 service providers in integrated management of adult illnesses (IMAI), PMTCT, HTC, postpartum FP and injection safety.
- Developed 595 trainers in clinical training skills.
- Trained 1,102 CHWs in infection prevention and focused ANC/MIP.
- Implemented PMTCT standards in eight provincial general hospitals for improved quality of PMTCT services.
- Developed and disseminated an FP/STI/HIV integration package.

Increased Access to HTC

Kenya introduced HTC services in 2001 to provide Kenyans with access to confidential services. To date, more than 900 HTC sites have been established nationwide. Since 2005, the Program provided critical support to NASCOP to introduce high-quality HTC to meet the Government of Kenya's priority of expanding access to these services through the health system.

Results include:

- Developed 95 HTC core trainers at national and provincial levels to roll out training through APHIA II.
- Trained 627 providers from 73 health facilities on provider-initiated HTC who have cascaded their skills to 679 providers and oriented 409 providers.
- Initiated 63 new HTC sites in 15 districts.
- Enabled 73% of trained providers to offer HTC in nine national referral and teaching hospitals, with more than 100,000 patients tested in these facilities.
- Worked with NASCOP to implement activities for HTC Campaign Week, including: workplace testing, door-to-door campaigns, testing at the health facilities, “Moonlight HTC” (which takes place at night to reach high-risk populations such as commercial sex workers) and other outreach initiatives.
- Developed HTC learning resource package and a simplified and comprehensive job aid.
- Developed national guidelines for HTC.

Expanded High-quality PMTCT Services

The Program supported the DRH to strengthen its leadership, supervisory, coordination and oversight role for the Kenya PMTCT program. In particular, ACCESS supported the development of supervisors’ assessment tools and training packages, which include all components of maternal and child health with an emphasis on PMTCT and introduction to the quality improvement process for strengthened PMTCT services.

Results include:

- Developed 284 PMTCT trainers.
- Trained 624 service providers in PMTCT at the provincial level.
- Trained 29 national- and provincial-based PMTCT managers in supportive supervision.
- Developed national integrated RH and HIV supportive supervision tool.
- Supported DRH to conduct quarterly supportive supervision visits to the provinces.
- Developed and implemented national PMTCT service standards in eight provincial general hospitals using the Standards-Based Management and Recognition (SBM-R) approach to quality improvement.
- Printed and distributed 150,000 mother and child health booklets⁵³ to the APHIA II programs.



Mother and child health booklets distributed through Jhpiego's PMTCT program

Improved Antiretroviral Therapy Skills

In 2006, ACCESS supported the Kenyan MOH to roll out WHO's IMAI training approach to build the capacity of nurses and clinical officers to provide HIV prevention, care and treatment in first-level health facilities. During these training courses, people living with HIV/AIDS (PLWHA) are trained and used as expert patient trainers. The Program also assisted the MOH in creating training materials and developed trainers at the national and provincial levels. In



Group session during IMAI training, Eldoret, Kenya

⁵³ The mother and child health booklet is a tool developed by the MOH to track key health data during pregnancy and childhood.

collaboration with the APHIA II projects, these trainers have trained providers at the district level. In addition, ACCESS strived to ensure high-quality implementation and supervision of ART services, prevention with positives (PwP), and FP and STI/HIV integration, among other services.

Results include:

- Developed and disseminated pediatric ART orientation package.
- Developed HIV clinical mentorship guidelines and an orientation package.
- Developed national FP/STI/HIV integration training package.
- Developing (in process) community PwP orientation package.
- Conducted ART training of service providers in 64 districts (38% of all districts in the country), covering a total population of 32,084,400 of which 8,609,171 are women of reproductive age (15–49).
- Trained 1,338 service providers in IMAI (347 trainers and 991 providers).
- Developed 123 PLWHAs as expert patient trainers.
- Developed 26 providers as HIV mentors.
- Trained 56 HIV managers in supportive supervision.
- Trained 200 providers in FP/STI/HIV integration and 570 providers in PwP.
- Initiated ART services at 162 sites, 70 of which included pediatric ART services.

Strengthened Infection Prevention Practices in Rift Valley and Nyanza Provinces

The Injection Safety/Infection Prevention Program strengthened and improved safe injection and medical waste disposal practices in 12 health facilities in Rift Valley and Nyanza Provinces, and oriented community health workers (CHWs) on infection prevention. All 12 target hospitals saw improvements in waste management, with New Nyanza Provincial General Hospital in particular demonstrating exceptional results. Some facilities bought protective gear for their waste handlers, trained them on care of accidental injuries, and fenced off the waste disposal areas. Notable in these health facility units was the formation of functional Infection Prevention Control Committees, and the availability of infection prevention IEC materials, national guidelines and injection safety procedures. The CHWs continued educating their communities on infection prevention, some positively influencing those communities without tapped water to improvise with running handwashing buckets that hang from trees. In Baringo District, communities were mobilized to construct toilets.

Increased Capacity of the Department of Reproductive Health

The Program supported the DRH to strengthen its in-house capacity and address the MOH's priority RH issues. Key areas of support included: 1) improved FP through the Implementing Best Practices program; 2) expanded knowledge base through RH technical updates; 3) improved quality of RH services through the development of trainers and supervisors; 4) strengthened capacity to deliver high-quality services targeting reproductive tract cancers; and 5) improved capacity to provide post-rape care services.

Results include:

- Developed national reproductive tract cancer (including breast and prostate cancers) guidelines and training materials.
- Developed training package for community-based distribution of Depo-Provera.
- Procured and disseminated three cryotherapy machines to selected referral hospitals.
- Procured 25 sets of anatomic models to strengthen RH training capacity for selected national training sites.

- Oriented 19 DRH staff and provincial RH coordinators on care and use of anatomical models.
- Oriented 19 DRH managers and officers to the concepts of post-rape trauma counseling.
- Provided three technical updates on MIP, PMTCT and prevention of postpartum hemorrhage (PPH).
- Trained 62 providers in cervical cancer screening and pre-eclampsia.
- Trained 37 providers on comprehensive management for survivors of sexual violence.
- Supported DRH meetings for technical working groups in RH, FP and adolescent RH.

Strengthened Prevention of PPH Skills

Prevention of PPH efforts aimed to institutionalize active management of the third stage of labor (AMTSL) throughout the country.

Results include:

- Developed 16 national trainers in AMTSL.
- Oriented 41 providers from APHIA II Eastern and Western districts on AMTSL.
- Strengthened AMTSL skills of 14 providers.
- Developed reference manual for prevention of PPH.
- Established Kenyatta National Hospital as a center of excellence for AMTSL.



Mother and baby, Kenya

Integrated Tuberculosis Screening During Antenatal Care

In collaboration with the DRH and the Division of Leprosy TB and Lung Disease, the ACCESS strengthened and integrated TB screening, referral, diagnosis and treatment for pregnant women with focused ANC (FANC) services—the only ACCESS country to do so. Building on prior DRH efforts to scale up FANC service delivery, this project aimed to: 1) improve service delivery for ANC clients; 2) improve service provider knowledge and skills to effectively screen, refer, diagnose and treat TB and ANC patients; and 3) strengthen linkages between the national TB Division and the DRH.

Results include:

- Developed an orientation package for FANC, including MIP, PMTCT and TB.
- Trained 50 service providers and 30 supervisors from four pilot sites.
- Increased screening of new ANC attended from 0.4% to 91% during the intervention period.

Improved Prevention and Control of Malaria in Pregnancy

ACCESS supported the DRH in integrating the prevention of MIP with FANC services and provision of outreach services by CHWs in three malaria-endemic districts. CHWs promoted community awareness on MIP and the link with comprehensive RH services.

Results include:

- Developed RH community orientation package for service providers and CHWs.
- Trained 497 CHWs and 135 service providers in three malaria-endemic districts.
- Based on the service providers trained and communities sensitized by ACCESS in Asembo, the CDC conducted an evaluation of MIP. Results showed increased uptake of intermittent preventive treatment

during pregnancy (IPTp) in the intervention district (Asembo) compared with the control district (Gem).⁵⁴

In 2004, Kenya changed its case management policy from sulfadoxine-pyrimethamine (SP) to the current first-line treatment with artemisinin-based combination therapy (ACT). ACCESS worked with the MOH Division of Malaria Control to roll out the policy change in Coast Province.

Results include:

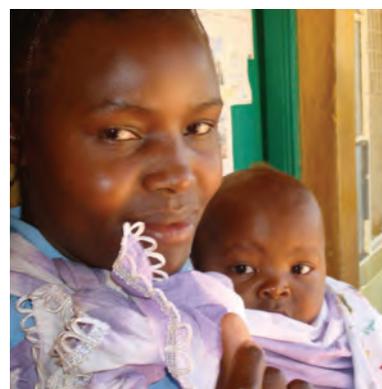
- Developed orientation package for service providers on ACT and received MOH endorsement.
- Oriented 965 providers and supervisors from Coast Province on ACT, quinine, laboratory diagnosis and MIP/IPTp.

Strengthened Postnatal Care and Family Planning Services

ACCESS took advantage of the skills and resources available through the global ACCESS-FP program to improve postpartum FP services. Working with the DRH, the Program strengthened existing postnatal programs by increasing the number, timing and context of the postnatal consultations that women and their newborns receive.

Results include:

- Purchased and distributed postpartum intrauterine contraceptive device (IUCD) instruments to one provincial hospital, one sub-district hospital and six health centers.
- Trained 106 providers in postpartum FP and postpartum IUCD use.
- Inserted 402 postpartum IUCDs in target facilities in a one-year period.
- Printed 300 copies of the training manual and 100 copies of MOH postnatal care register.
- Distributed FP handbook and charts to 20 sites in Embu District in Eastern Province.
- Developed postnatal care learning resource packages (trainer, participant and reference manual) and a brochure.
- Conducted needs assessment of postpartum, long-acting and permanent methods (PPLAPM) at Embu Provincial General Hospital.
- Held advocacy meeting on PPLAPM with 18 members of the Embu Provincial General Hospital Management Team to establish a PPLAPM Center of Excellence at the facility.
- Formed a RH team at Embu Provincial General Hospital to address RH issues.
- Pre-tested postpartum IUCD standards.



Mother and baby, Kenya

LESSONS LEARNED AND SUSTAINABILITY

Through advocacy, development of guidelines and training materials, and provision of financial and technical support, ACCESS demonstrated that working at the central level is vital for the introduction and scale-up of high-impact interventions at the peripheral levels. Policies, standards and guidelines were essential for coverage and standardization, as was MOH approval. These factors—and its advocacy efforts—enabled

⁵⁴ Ouma et al. TMIH 2007.

ACCESS to successfully support MOH efforts to create a strong human resources base and develop tools to support expansion of high-quality health care services. The development of a critical pool of trainers, supervisors and champions at national and provincial levels supports continued scale-up of high-quality implementation of key interventions for RH/HIV services throughout the country.

