

IMPROVING HEALTH FACILITY-BASED SERVICES IN NYANZA PROVINCE, KENYA: THE APHIA II NYANZA PROJECT

(AIDS, Population, and Health Integrated Assistance, June 2006–December 2010)



INTRODUCTION

Despite marked progress in many areas over the past decades, Kenya continues to grapple with challenging health problems and issues of health service delivery. At the end of 2005, the United States Agency for International Development (USAID) issued a series of Requests for Applications (RFAs) covering assistance to the health sector for the entirety of Kenya through separate agreements for all provinces. The proposed assistance programs were titled APHIA II (AIDS, Population and Health Integrated Assistance). EngenderHealth led the consortium that submitted the winning proposal for Nyanza Province. Other partners include the Academy for Educational Development, the Christian Health Association of Kenya, the Inter Diocesan Christian Community Services, and the Program for Appropriate Technology in Health. The project is slated to run from June 2006 through December 2010, with an initial budget of US\$21 million, which has since been increased to US\$36 million.

APHIA II Nyanza now works with Kenya's Ministry of Health, as well as faith- and community-based organizations and other agencies, to reduce the risk of HIV transmission and the fertility rate in Nyanza. Specifically, the project focuses on the following three objectives:

- Improve and expand facility-based HIV and AIDS, tuberculosis, reproductive health/family planning, malaria, maternal and child health, and male circumcision services
- Improve and expand civil society activities to increase healthy behaviors
- Improve and expand care and support for people and families affected by HIV and AIDS



Masaba Hospital undergoing renovations to provide youth-friendly services.

BACKGROUND AND STRATEGY

Despite economic gains, Kenya continues to confront a number of health challenges, including increased demand for health services at the community level, and, in turn, and need to decentralize services to communities. The need exists to strengthen the ability of the country's Ministry of Health—including associated health facilities—to deal with these challenges.

The central strategy of the APHIA II Nyanza health facility–based services component is to build the capacity of the Ministry of Health to increase access to and quality of health services, as well as to integrate services. Building the capacity of the Ministry of Health means working with decentralized structures such as District Health Management Teams to enhance their capability, in turn, to train and mentor health facility staff. Through project support, decentralized Ministry of Health teams provide formal training, on-the-job training and clinical mentoring to health facility staff. APHIA II Nyanza also enables the Ministry of Health to sponsor facility upgrading, which includes building renovations, furniture, and equipment support. **Project health facility activities are synergistically linked to the community strategy component**, which works to strengthen the ability of existing community structures, community-based organizations, and other groups to forge strong links with health facilities and to promote behavior change among their constituents. The community strategy also contributes to the need to improve and expand health facility–based services by increasing community demand for health services. APHIA II Nyanza encourages the use of community volunteers at different levels of health facility activities (including such tasks as outreach, treatment adherence and cleaning) to reinforce the link to the community strategy.

The two main objectives of APHIA II Nyanza health facility-based activities are to:

- Expand the availability of HIV and AIDS prevention, care, and treatment services, including tuberculosis and male circumcision services
- Expand the availability of reproductive health/family planning and maternal and child services, integrated with HIV and AIDS services

The project's health facility–based component covers a number of different services, as listed below:

- HIV and AIDS services, such as:
 - Counseling and testing
 - Antiretroviral treatment (ART)
 - Palliative care
 - Prevention of mother-to-child transmission of HIV (PMTCT)
 - Tuberculosis (TB)
 - Male circumcision
- Reproductive health, including focused antenatal care, postpartum care, adolescent sexual health, infection prevention, and postabortion care
- Family planning, including integration of family planning into HIV and AIDS services
- Malaria prevention, especially for pregnant mothers and children under 5 years of age
- Child survival, including immunization

“Facilities were chosen in collaboration with the Ministry of Health ... A holistic approach to initiating new services and improving existing services within each facility is being taken—infrastructure, human resources, and community development are being assessed with the District Health Management Teams (DHMTs) and the results used in the development of implementation plans. Facilitating outreach further achieves geographic coverage. Training ... includes formal sessions as well as whole-site orientations, and capacity of staff at supported sites is built through mentoring and facilitative supervision coordinated with the DHMTs.”

Improved and Expanded Facility-based HIV/AIDS, TB, STI and Male Circumcision Services, APHIA II Nyanza, 2008

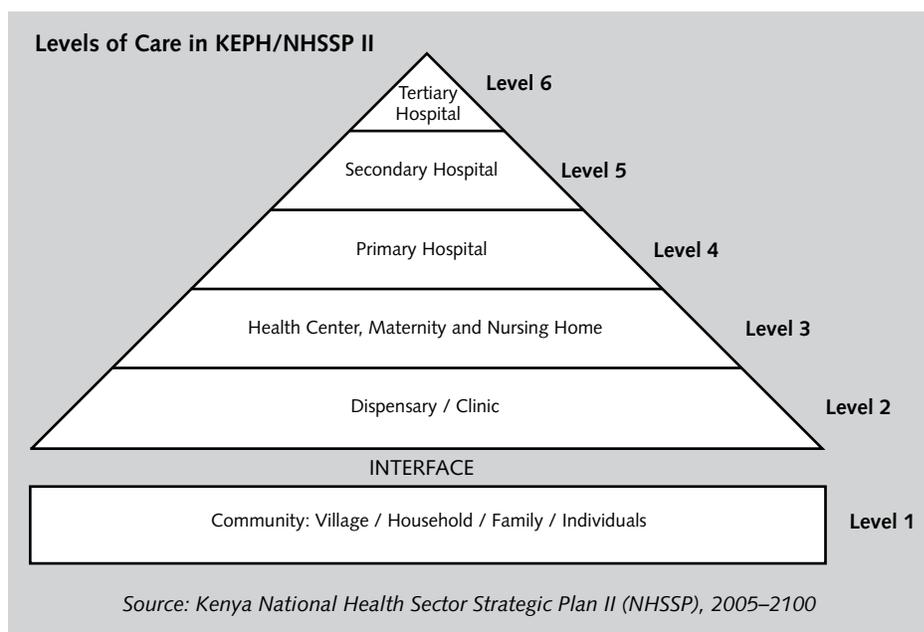


A staff member benefiting from clinical mentorship on patient consultation and review during Family Clinic Day at the Awendo Subdistrict Hospital Comprehensive Care Clinic

Four cross-cutting themes are strategically incorporated into all health facility-related activities: **facilitative supervision, quality assurance, infection prevention, and clinical mentorship**. Facilitative supervision emphasizes mentoring, joint problem solving, and two-way communication between supervisors and supervisees. In the case of the APHIA II Nyanza Project, facilitative supervision is an integrated approach by which all members of a district or provincial health team are involved in joint supervision, discussing problems, and tackling them on-site. Clinical mentorship is a professional system that includes practical training and consultation resulting in sustainable, high-quality health services. All of these strategies for service improvement rely on staff training and development. Infection prevention and quality assurance are established practices for health care services.

To conduct health facility-related activities, **APHIA II Nyanza works closely with both the Provincial Health Management Team (PHMT) and the District Health Management Teams (DHMTs)**. **This collaboration is important for sustainability**, as the Ministry of Health cannot afford to finance most activities, including new equipment and renovations, but is learning to maintain these improvements through the involvement of the PHMT and DHMTs. The project uses a holistic approach to initiating new and improving existing services: DHMTs help to assess each health facility's infrastructure, human resources and community involvement before developing site-specific implementation plans.

The degree of service integration varies according to site level. At lower levels of the health system (levels 1–3; see diagram below), the number of service providers is limited, and the project works to ensure that they are adequately trained to deliver all appropriate services. At higher levels, (levels 4–6), the project strategy is for sites to provide the full range of services, even if they are offered in different departments or clinics. Identifying and supporting **referral sites** is a further strategy for making sure that the full range of services is available to all clients.



IMPLEMENTATION AND RESULTS

The project began implementation with the selection of 35 health facilities from six districts within Nyanza Province for support during Year 1. All facilities received support for reproductive health, family planning, and maternal and child health services, while 16 received support for PMTCT, 13 for HIV counseling and testing, and nine for ART, palliative care, and TB services. **By the end of March 2009, APHIA II Nyanza was providing support to 155 health facilities in 18 districts.**

FACILITY RENOVATIONS AND UPGRADING

Facility renovations and upgrading are linked to the need for improved, expanded space for specific services, due both to the lack of these services at certain health facilities and the increased demand created by community outreach and advocacy. APHIA II Nyanza works through the PHMT and the DHMTs to ensure that facilities are renovated and upgraded, including having space for the private, confidential delivery of HIV and AIDS, family planning, postabortion care, and male circumcision services. In the area of child survival, the project provides support for cold-chain systems to maintain vaccines (either through electrification or procurement of gas), as well as logistical support for transporting and distributing vaccines.

Other project-funded equipment and furniture include tanks for rain catchment, water pumps, Tiahrt charts, portable examination lamps, suction machines, instrument trolleys, stethoscopes, and blood pressure machines. Providing supplies for infection prevention (including buckets for the disposal of sharps) is also a part of APHIA II Nyanza-sponsored renovations and upgrading. A project needs assessment, which took into consideration the number of clients served at each facility, helped identify these sites. Facilities benefiting from renovations are in the districts of Homa Bay, Rongo, Rachuonyo, Nyamira, Masaba, and Kuria. Table 1 (page 6) provides a sample of health facility renovations conducted since the project began in 2006.

Where health facilities have laboratory capacity, **the project funds the purchase of needed lab equipment and supplies**, including reagents, to allow these facilities to conduct lab work they were unable to do before. Where lab capacity is not available, facilities are linked to existing laboratories. **By March 2009, APHIA II Nyanza had sponsored renovations and upgrading at a total of 48 health facilities.**

HIV and AIDS

A major element of the APHIA II Nyanza health facility services component is **using comprehensive care clinics to provide high-quality care for people living with HIV and AIDS. The strategy is for all sites to offer HIV- and AIDS-related services—**including ART, palliative care, TB prevention and treatment, family planning, reproductive health services and focused antenatal care**—to all clients.** Project-supported **HIV counseling and testing** activities began with the training of health care providers from 13 sites. Health care provider training routinely includes provider-initiated counseling and testing. As part of a pilot program to test effectiveness, APHIA II Nyanza is providing training to lay counselors in three districts to implement **home-based counseling and testing**, along with **family counseling and testing**, allowing for health care providers to spend more time providing care and treatment to HIV-positive clients. The project also sponsors “**moonlight counseling and testing**

outreach” activities—conducted at night in the vicinity of bars and lodges—to reach the most-at-risk populations, including commercial sex workers. **More than 107,000 people have benefited from HIV counseling and testing** under the project to date.

Project support for **ART services** and **palliative care** was initiated with the training of health care workers and others on the provision of ART. APHIA II Nyanza ensures that clinical mentorship on ART and palliative care is offered continuously to all care and treatment sites. Activities include patient consultations and reviews, continuous medical education, and case presentations and discussion. **Nearly 27,000 people have benefited from project-supported ART, while more than 68,000 people have received palliative care.**

In the area of **PMTCT**, APHIA II Nyanza worked with the DHMTs and the U.S. Centers for Disease Control and Prevention (CDC) to set up PMTCT services at locations where they are lacking, in addition to “mother-to-mother” activities to encourage the uptake of existing services. Mother-to-mother activities can take the form of antenatal care clubs, which provide a forum to encourage and support mothers who have participated in activities for the prevention of mother-to-child transmission of HIV. The project began PMTCT work with the training of 21 staff members at 16 facilities, leading to counseling, testing, and antiretroviral prophylaxis for eligible pregnant women. APHIA II Nyanza is supporting PMTCT services in an ever-larger number of facilities, including supporting logistics for transport of blood samples to the PCR laboratory in Kisumu, capital of Nyanza Province. Mentoring to promote early infant diagnosis is also part of PMTCT support, along with outreach activities to encourage PMTCT. **Almost 40,000 mothers have benefited from PMTCT services, and nearly 4,000 children have received these services.**

As **TB infection** is closely related to HIV infection, APHIA II Nyanza focuses on coordinating TB and HIV services, as well as upgrading laboratories, providing

Table 1: Sample of APHIA II Nyanza Health Facility Renovations

District	Health Facility	Renovation
Homa Bay	Homa Bay District Hospital	Voluntary surgical contraception theatre created
Kuria	Masaba Health Centre	Comprehensive care clinic added
Rachunyo	Kandiege Health Centre	Room partition for maternal and child health services
Homa Bay	Got Kojowi Health Centre	Facility painted
Homa Bay	Asumbi Mission Hospital	Rooms created for maternity, maternal and child health, and male circumcision services
Kehancha	Tisinye Dispensary	Space created for HIV counseling and testing, pharmacy, and consultation
Rachunyo	Rachuonyo District Hospital	Rooms created for maternal and child health and maternity services
Rongo	Awendo District Hospital	Patient-support center block and male circumcision room created
Nyamira	Nyamira District Hospital	Labor ward created
Masaba	Masaba District Hospital	Youth-friendly space created
Kisii	Kisii District Hospital	Laboratory space added
Rachunyo	Kendu Bay Sub-district Hospital	Male circumcision room added

needed laboratory equipment and supplies, and training health care providers on TB, multi-drug-resistant TB, and HIV and TB interactions. The project has helped improve TB recording and reporting systems to enhance planning, procurement, distribution, and maintenance of adequate drug stocks, and has provided fume chambers, centrifuges, hemometers, and microscopes to conduct TB diagnostic tests in laboratories. APHIA II Nyanza has also trained community health workers to conduct defaulter tracing of TB patients. The project uses World TB Day activities, such as theatre presentations, to carry out community sensitization on TB and HIV.

Table 2 (page 8) summarizes current statistics related to APHIA II Nyanza HIV and AIDS activities.

FAMILY PLANNING, INCLUDING INTEGRATION OF FAMILY PLANNING INTO HIV AND AIDS SERVICES

APHIA II Nyanza **family planning** activities focus on the following objectives:

- Strengthening the health system for improved service delivery
- Enabling facilities to provide an increase range of methods, especially long-acting and permanent methods
- Supporting outreach activities for family planning information, education, and service provision
- Integrating family planning into HIV prevention, care, and treatment
- Increasing demand for quality family planning services among women and communities, and supporting women's choices to use family planning

To **integrate family planning into HIV and AIDS services** (such as counseling and testing, ART, and PMTCT services), APHIA II Nyanza organizes orientations, training, supervisor support, and the provision of Ministry of Health job aids for staff members at project-supported facilities. In supporting health facility-based family planning services, the focus is on providing a complete mix of contraceptive methods. When this is not possible at a particular site, APHIA II Nyanza works to build linkages to sites that do offer all methods. Thanks to these linkages, basic oral contraceptives and injectable contraceptives are now available at all project-supported and eligible sites. (Some faith-based facilities do not offer these modern methods.)

The project also identified district hospitals with resident medical officers interested in family planning and followed up by equipping these facilities for sterilization. Regular voluntary sterilization camps now take place in the same hospitals. Support in the form of quality monitoring of the reproductive health/family planning focal persons to identify overstocked facilities and to redistribute commodities has ensured relative contraceptive security within the project areas. Whole-site orientations on integrating family planning and HIV and AIDS services are also a major element of support for family planning activities. Training of health care providers in family planning has taken place on topics such as contraceptive technology, logistics management, customer care, insertion and removal of both implants and intrauterine devices, and integration of family planning into HIV counseling, HIV testing, and ART services.

By March 2009, through project support, 107 health care workers had received training in contraceptive technology, 127 had been trained in long-acting and

"[A]t a district hospital, while the provider tending to a client's ART needs may counsel her on family planning, the actual method may only be available through the site's family planning unit ... APHIA II Nyanza works to ensure that the full range of services are available at the site ... We also strive to link the supported sites to other areas of service delivery by identifying and supporting referral sites to be able to deal with referred cases from the peripheral facilities."

Improved and Expanded Facility-based HIV/AIDS, TB, STI and Male Circumcision Services, APHIA II Nyanza, 2007

permanent contraceptive methods, 63 had received contraceptive logistics management training, 28 had learned about youth-friendly services, 19 had received training in family planning counseling, and 84 had been trained in the integration of family planning into HIV-related services. APHIA II Nyanza-sponsored family planning services have led to the achievement of a total of 94,910 couple-years of contraceptive protection to date.

REPRODUCTIVE HEALTH, INCLUDING POSTABORTION CARE

Key elements of APHIA II Nyanza activities related to **reproductive health** are reaching youth with reproductive health services and improving the availability and quality of postabortion care services. In addition to facility renovations, the project sponsored whole-site orientations on specific topics—such as neonatal resuscitation and management of the third stage of labor—as a means of improving sites' capacity to offer reproductive health services. The project also supports quality monitoring of reproductive health services, as well as training on such topics as emergency obstetric

Table 2: APHIA II Nyanza Project: Indicators Related to HIV and AIDS Activities

Indicator	Current cumulative total
<i>HIV Counseling and Testing</i>	
No. of facilities receiving project support for HIV counseling and testing	66
No. of health care workers trained in HIV counseling and testing	145
No. of beneficiaries of HIV counseling and testing	107,201
<i>Antiretroviral Treatment</i>	
No. of facilities receiving project support for antiretroviral treatment	47
No. of health care workers trained in antiretroviral treatment support	300
No. of beneficiaries of antiretroviral treatment	26,966
<i>Palliative Care</i>	
No. of facilities receiving project support for palliative care	78
No. of health care workers trained in palliative care	1,094
No. of beneficiaries of palliative care	68,105
<i>Prevention of Mother-to-Child Transmission of HIV (PMTCT)</i>	
No. of facilities receiving project support for PMTCT	90
No. of health care workers trained in PMTCT support	197
No. of mothers benefiting from PMTCT	39,699
No. of children benefiting from PMTCT	3,967
<i>Tuberculosis (TB)</i>	
No. of facilities receiving project support for TB care and treatment	66
No. of health care workers trained in TB care and treatment	90
<i>Male Circumcision</i>	
No. of facilities receiving project support for male circumcision	12
No. of health care providers trained to promote male circumcision	51
No. of beneficiaries of male circumcision	1,853

care, focused antenatal care, malaria in pregnancy, customer care, youth-friendly reproductive health services, and postabortion care. In practical areas such as focused antenatal care and postabortion care, trained health care providers are the subjects of monitoring and assistance in establishing procedure areas for these services. APHIA II Nyanza also supports the establishment of mothers' clubs to promote reproductive health and child survival.

By March 2009, APHIA II Nyanza support had facilitated training for health care workers in the following areas of reproductive health: reproductive health customer care (76 health care workers), postabortion care (32), emergency obstetric care (84), and focused antenatal care (141).

MALARIA PREVENTION

To help prevent malaria, especially in pregnant women, APHIA II Nyanza supports the distribution of insecticide-treated nets, intermittent preventive treatment for pregnant women (of sulphadoxine 500 mg and pyrimethamine 25 mg), and the incorporation of the prevention of malaria in pregnancy into the focused antenatal care training program. In addition, the project has sponsored the training of community health workers, care and support mentors, peer educators (in beach communities), and workplace motivators to provide strategic information on malaria in pregnancy. APHIA II Nyanza has also engaged schoolteachers and youth groups to raise the profile of malaria control in their communities and to create demand for services.

CHILD SURVIVAL, INCLUDING IMMUNIZATION

In addition to facility upgrades for such elements as cold-chain systems for vaccine maintenance, support provided by the project for child survival activities includes training on the Integrated Management of Childhood Illnesses and control of diarrheal diseases, as well as facilitative supervision and clinical mentoring to improve the quality of facility-based maternity services. APHIA II Nyanza also facilitates whole-site orientation on neonatal resuscitation and the formation of mothers' clubs (one of whose objectives is to promote breastfeeding), in addition to community outreach on the benefits of immunization and the dispensing of vitamin A supplements for children under 5 years of age and for postnatal mothers.

Trained health care providers have received project support to set up methodologies for the integration of treatment of childhood illnesses into their respective health facilities. These include establishing oral rehydration therapy corners, setting up appropriate resuscitation equipment for neonates, and providing emergency care for children. The project also provides support to maternal and child health clinics to conduct growth monitoring. To promote child survival, 81 health care workers have benefited from training in the integrated management of childhood illnesses, 42 in child nutrition, and 16 in the control of diarrheal diseases. APHIA II Nyanza has also sponsored 19 whole-site orientations on child survival.

MALE CIRCUMCISION

In recent years, a number of research studies have suggested that safe, clinical male circumcision is effective in reducing the risk of HIV transmission. The APHIA II Nyanza Project faced a number of challenges in implementing the male circumcision element of its efforts to improve and expand health facility-based services. Following the release of a national policy on male circumcision, the project began addressing these challenges in June 2008 in the districts of Homa Bay, Rachuonyo, and Rongo, in both Ministry of Health and faith-based facilities, focusing on an integrated approach (relying on existing health facility staff, as opposed to bringing in special teams) to ensure sustainability. First, there was the issue of staff training. Male circumcision has not been a common clinical practice in most of Nyanza Province. The project addressed this issue by offering an increased number of training sessions for clinical staff on the skills needed to conduct male circumcision at health facilities, then by supporting training for other health care staff on how to counsel clients about male circumcision. Second, many facilities were not equipped to provide male circumcision services. APHIA II Nyanza provided support to renovate health facilities (such as the one shown in the photograph below, in Kandiege), so as to offer the privacy and sterile conditions necessary to conduct clinical male circumcision.

Third, there was a definite need to promote the uptake of male circumcision as an HIV prevention and reproductive health measure within communities. In addition to community media messages promoting male circumcision as a part of safer behaviors, the project began to include male circumcision in HIV prevention activities targeting community and church leaders, young people in and out of school, and workplaces. APHIA II Nyanza is working especially closely with the Luo Council of Elders to increase the acceptability of male circumcision as an HIV prevention initiative. In 2008, the Provincial Male Circumcision Taskforce, of which APHIA II Nyanza is a member, organized a Medical Male Circumcision workshop in Kisumu. A total of 15 journalists participated. The workshop helped enhance journalists' understanding of the concept of safe medical male circumcision as part of a comprehensive HIV prevention strategy and identified ways to improve the quality of coverage on issues related to male circumcision and HIV prevention, as well as build the capacity of journalists to convey complex scientific information to the public.

Promotion of male circumcision as an HIV prevention measure is still challenging in Nyanza Province. But APHIA II Nyanza has made a good start. **By the end of March 2009, through project support, 12 facilities were offering male circumcision services, more than 900 health care workers had received training to promote these services, and a total of 1,853 men had been circumcised since the beginning of the project.** The project also ensures that men who opt for circumcision have the opportunity to be tested for HIV. Those who test HIV-positive are referred to care and treatment services.

SUSTAINABILITY AND RECOMMENDATIONS

While the service-related statistics above are encouraging, perhaps the most significant outcomes of the APHIA II Nyanza health facility component are the **increasing ownership by the Kenya Ministry of Health of the expansion and improvement of its health facilities** and the **growing demand within communities for health facility-based services**.

The APHIA II Nyanza strategy of providing capacity building to Ministry of Health employees such as public health officers and public health technicians, in addition to service providers such as medical and clinical officers, has been essential to ensuring the sustainability of activities well beyond the end of the project. The PHMT and the DHMTs—which now include staff from departments outside of the Ministry of Health—have gained the capacity to offer support in areas such as HIV and AIDS care and treatment and reproductive health. These teams will continue providing technical support to health facilities.

Project-supported capacity building for government staff members (such as the District Health Information and Records Officers) means that the Ministry of Health has the ability to continue training health facility personnel on tools and a framework for support supervision. Regular meetings that APHIA II Nyanza helped establish on health topics such as HIV counseling and testing, HIV care and treatment, PMTCT, male circumcision, reproductive health and family planning, laboratory needs, and the Health Management Information System will continue to provide a forum for follow-up, as well as sharing challenges and possible solutions.

The specific renovations and upgrades funded by APHIA II Nyanza have improved the infrastructure of many health facilities and enhanced their ability to provide confidentiality for HIV and AIDS, family planning, and reproductive health services, as well as creating spaces in which to carry out clinical procedures. The laboratory networks that the project has helped establish have improved access to laboratory services.

APHIA II Nyanza's work in improving and expanding health facility-based services has yielded some important lessons:

- Sustainability of health programs and services is most likely if Ministry of Health structures (including PHMTs and DHMTs) are trained and empowered to deliver the vast majority of these services themselves.
- The creation of community demand for health services must be matched by the availability of improved services within health facilities. A comprehensive, integrated approach to a multidimensional health program helps ensure that communities ultimately access the services they need.
- To encourage uptake of specific services, including HIV counseling and testing, family planning, and male circumcision, health facilities need dedicated spaces that guarantee confidentiality.
- Successful promotion of new health services, such as male circumcision, must be accompanied by an intensive and targeted outreach campaign, in addition to integrating the new service into existing health structures.



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