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TECHNICAL
BRIEF.4

Community Strategy | **Clinical Services** | Health Communication | Monitoring & Evaluation

Strengthening HIV clinical care and antiretroviral therapy

APHIAplus Nuru ya Bonde will work with the Ministries of Health (MOH) of the Government of Kenya to increase access and utilization of HIV/AIDS prevention, care and treatment services in public and selected private health facilities in 11 counties of the Rift valley region.

Access to antiretroviral therapy and clinical care is essential to the reduction of morbidity and mortality and to improving the quality of life and the long-term survival of People living with HIV and AIDS (PLWHA). APHIAplus Nuru ya Bonde will continue to strengthen and expand ART services in selected public and private sector facilities.

Key features of Care Treatment

- Focus on improving quality of ART.
- Clinical mentorship and intensive supportive supervision.
- Stronger link to community strategy.
- Integration and services.
- Decentralization of services.
- Focus on higher-level technical assistance and shifting oversight functions to provincial level.
- Stronger focus on Monitoring & Evaluation

Program focus

Guiding principles

The project supports efforts to expand the family planning options available to women of reproductive age in public and private sector setting by:

- Supporting the Government to implement the national strategy to increase uptake long-acting and permanent methods (LAPM).
- Universal access include to services including laboratory monitoring, nutrition services, provision of cotrimoxazole for opportunistic infection prevention and integration of reproductive health and other prevention with positive interventions
- Decentralization of treatment services to enhance access.
- Capacity building of health care workers, persons living with HIV, and communities.
- Continuous mentorship and coaching of health care workers to ensure quality service delivery.
- Strengthening longitudinal patient monitoring and follow up.
- Strengthening linkages at facility and community level and with other relevant intervention areas.
- Engagement of private sector to provide HIV services.
- Advocacy for consistent commodity security.

Program priorities

In the second year of the project, APHIAplus Nuru ya Bonde project will prioritize improvements in quality of ART service delivery at the facility level, integrated service delivery at the community and facility level, establishment and strengthening of the community health units and the community strategy as a whole, and strengthening the project's monitoring and evaluation.

These improvements will be driven by a refined staffing structure five core elements of our staffing structure that covers clinical mentorship, community strategy, orphans and vulnerable children (OVC) interventions, HIV prevention and M&E. This staffing structure emphasizes three aspects:

1. On-the-ground clinical mentorship and intensive supportive supervision to health care providers,

2. allocation of more staff to scale up of the community strategy, and
3. focus on the higher-level technical assistance and oversight functions in the Rift Valley Province as opposed to Nairobi.

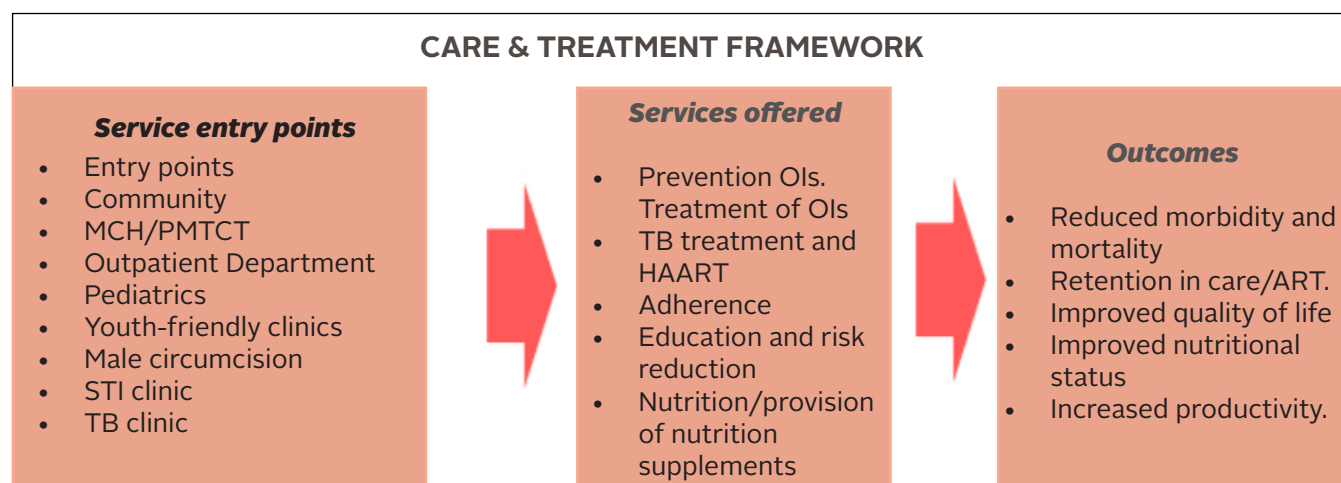
The program will intensify clinical mentorship and improvement of health care services in the province while also continuing to build the capacity of the District Health Medical Teams (DHMTs) to ultimately assume full leadership in training and mentoring health care providers.

Technical Strategies and key activities

STRATEGY	ACTIVITIES
Adapt policies, guidelines, job aids and standard operating procedures (SOPs) and revisions if necessary in line with MOH requirements.	<ul style="list-style-type: none"> • Participating in the MOH/National AIDS Control Council (NACC) and other technical working groups. • Presenting to MOH/NACC evidence or research based ideas innovations and recommendations for consideration for adoption at national level .
Initiate and strengthen ART services, including provision of HAART to eligible pregnant women in public and private health facilities.	<ul style="list-style-type: none"> • Strengthen and initiate ART services in public and private health facilities through mentorship and supportive supervision. • Strengthen ART outreach services at health facilities. • Initiate mobile ART outreach to selected non-ART sites (PMTCT) to initiate eligible HIV-positive pregnant women on HAART. • Strengthen intra facility referral of HIV positive eligible pregnant women between ART clinics and MCH clinics.
Capacity building of health care workers (HCWs) and Community Health Workers (CHWS) in prevention and HIV care to support clinical care/ ART services.	<ul style="list-style-type: none"> • Provide orientation to HCWs in ART/ opportunistic infections (OI) management, including post-exposure prophylaxis (PEP), effective management of OIs in line with national guidelines, injection safety and waste disposal, prevention strategies including male circumcision and adherence counseling. • Train Community Health Workers as adherence support workers and intensify strategies for prevention for positives • Train selected CHW in defaulter tracing for ART/TB patients and treatment literacy.
Strengthen linkages between clinical care and CT/PMTCT/TB/STI/Youth-Friendly Services/MC/FP	Develop client flow charts to show linkages and improve documentation of internal referrals.

STRATEGY	ACTIVITIES
Strengthen data management and patient care through the use of an Electronic Medical Records system in line with the minimum standards provided by National STI and AIDS Control Program.	<ul style="list-style-type: none"> • Orient health care workers (HCWs) on the different clinical reports. • Mentor HCW in the use of electronic medical records (EMR) system. • Generation and utilization of EMR clinical reports to improve quality of care provided.
Support provision of quality HIV services through the implementation of QA/QI systems for ART and clinical care, in collaboration with provincial county and district HIV/AIDS coordinators.	<ul style="list-style-type: none"> • Dissemination of the relevant QA/QI tools. • Provide technical assistance to HCWs to implement QA/QI in order to improve quality of patient care. • Use information from the QA/QI too is to improve program implementation. • Establishment of quality of care teams at all Level 4 and 5 facilities.
Build capacity of both patients and health care staff to manage HIV as a chronic condition, including longitudinal care and integration of routine hypertension/diabetes screening and adverse drug conditions among long-term ART patients.	Using IEC materials and job aids including the Chronic Care Checklist, provide education to patients and health workers on management of HIV as a chronic illness including screening for diabetes and hypertension.
Support the implementation of task shifting of prescribing ART from medical and clinical officers to nurses in collaboration with MOH and the private sector.	Support orientation of nurses to prescribe ART through mentorship and coaching of nurses including monitoring and follow up
Support nutritional programs for people living with HIV/AIDS (PLHWA).	Collaborate with the Nutrition and HIV Program (NHP) in to improve nutrition status and education of the PLHAs, screening and provision of nutritional supplements
Support facility- and community-based risk reduction and prevention with positives interventions.	<ul style="list-style-type: none"> • Provide on-going counseling to clients on risk reduction including distributing of condoms and appropriate IEC materials at ART sites and through CHWs and PLWHA support groups. • Promote screening for and prompt treatment of STIs at comprehensive care centres (CCCs) and drop-in centers.
Establish one high-performing model site in each county to be a referral center of excellence.	Support one site in each county to be a center of excellence where patients on HAART with drug toxicities, treatment failure and other complications will be managed optimally. These will also be learning resource sites for health workers..
Work national programs and the MOH to implement pharmaco-vigilance activities.	Disseminate registers and orient clinicians and pharmacists on the usage of the registers to report adverse drug reactions.
Strengthen patient tracking by piloting the use of using cell phone text messaging to track and retain ART clients	Pilot in all level CCCs the use of cell phone text messaging to track and retain ART clients by sending appropriate standard SMS as reminders.

PAEDIATRIC ART	
STRATEGY	ACTIVITIES
Strengthen the family centered approach for pediatric HIV services.	Support the establishment of family clinics on selected at four pilot facilities.
Provide supportive supervision and mentorship for trained staff to ensure delivery of quality health services in general and with particular focus on pediatric ART.	Provide technical assistance and mentoring in all aspects of ART including pediatric AIDS treatment and implementation of the WHO recommendation to initiate HAART in infants who test HIV positive by DNA PCR.
Strengthen pediatric HIV service through entry points such as early infant diagnosis via DNA PCR (sample referral of dried blood spots (DBS) using filter paper), as well as routine counselling and testing for children.	<ul style="list-style-type: none"> Facilitate access to care and treatment for children and improve follow up of children on treatment. Ensure that children receive cotrimoxazole prophylaxis when indicated. Support EID network to all PMTCT sites. Support MOH to standardize a system for DNA PCR results recording.
Improve uptake and utilization of DBS results.	<ul style="list-style-type: none"> Strengthening linkage of pediatric HIV programs to PMTCT, including intra- and inter-facility referral of peri-natally exposed children for DNA PCR and CT in all APHIAplus-supported facilities including usage of patient locator forms and SMS technology where feasible. Provide mentorship and coaching to service provider on DBS collection.

**Abbreviations:**

CT: Counselling and testing
 DBS: Dry blot test
 EID: Early infant diagnosis
 HAART: Highly Active Antiretroviral Therapy
 HCW: Health care worker
 HCM: Health Communication and Marketing
 MCH: Maternal and child health

OI: Opportunistic infection
 MOH: Ministry of Medical Services or Ministry of Public Health and Sanitation.
 PCR: Polymerase chain reaction
 PMTCT: Prevention of mother to child transmission
 STI: Sexually transmitted infection

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