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APHIAplus NURU YA BONDE

PROJECT PROGRESS Update

HIV Care & Treatment

August 2015

Introduction

AIDS, Population and Health Integrated Assistance (APHIAplus Nuru ya Bonde) project works to improve access to quality health services in five counties in Kenya's Rift Valley region.

Key in the project's strategy is support to health facilities to effectively plan for and deliver quality, integrated comprehensive health care for people living with HIV. Project support includes building staff capacity through mentorship and on-job-training by quality of care teams, renovations to improve infrastructure, provision of essential equipment, improving commodity supply chains and enhancing data quality and use. Also critical are efforts to strengthen facility-community linkages and integrate into HIV services maternal and child health, and reproductive health and family planning.

This brief update highlights some of the project achievements in improving access to quality HIV care and treatment.

1. Mapping the Challenges

At the start of the APHIAplus Nuru ya Bonde project in 2011, assessments identified broad issues that affected delivery of health services across the health system. Although the extent of these challenges varied, they were common across HIV, TB, malaria and reproductive health services. These broad challenges were:

- National standards were not uniformly applied in all service delivery areas
- Inadequate capacity among service providers and managers
- Low level of support supervision
- Tools were not available in some health facilities or not at all
- Data quality

To address these challenges, the project implemented comprehensive health system strengthening interventions that combine capacity building with direct technical and financial support to improve coordination, critical infrastructure, linkages and service delivery.

Great improvements have been made in HIV care and treatment and reproductive health services since the project started in 2014. This progress has been achieved mainly through orientation, mentorship and on—job-training by multidisciplinary teams working at district level.

The following includes some of the achievements in strengthening systems to deliver quality services.

APHIAplus Nuru ya Bonde project has adopted a comprehensive quality and health systems strengthening strategy that integrates a mix of approaches: *Mentoring and training, Quality Assurance, Quality Improvement.*

Health workers learn how to use point of care equipment for CD 4 testing deployment to project-supported sites.

Box 1: Joint work plans guide collaboration

Kenya's Constitution promulgated in 2010 devolves health services to 47 counties. APHIAPlus Nuru ya Bonde project provides support to health management teams at county, sub-county management and facility levels to effectively coordinate services and ensure their sustainability.

To ensure project interventions are well aligned with Government of Kenya priorities set out in the Kenya Expanded Package of Health Services and the process of devolution, APHIAplus Nuru ya Bonde project has signed Memorandum of Understanding (MoUs) with with the county and district health management teams and other health stakeholders.

The MoUs outline broad areas of collaboration to increase access to health services, particularly maternal and child health as well as care and treatment for HIV, tuberculosis and malaria. The MoU's inform formulation of annual work plans that respond to local needs.

The plans outline key result areas, targets, responsibilities and the support expected from different stakeholders and the project.

Project staff, the Ministry of Health and partner organizations regularly review teh plans to ensure activities are on track and respond effectively to emerging challenges.

Quarterly activity and financial reports are also used to monitor implementation of plans.

MoUs have been signed with the Ministry of Health and specific health facilities to ensure targeted support that addresses priority areas.

Joint plans have also been developed with other government ministries and agencies that the project works with to address social determinants of health.

The joint work plans are a mechanism to ensure sustainability of the interventions initiated by the project.

APHIAplus Nuru ya Bonde project support to improve health service delivery has taken various forms as outlined below:

1. Facility annual work plans: The project has signed formal MoUs with 73 health facilities and health management teams in five sub-counties.
2. Support supervision: The project provides assistance to enable health teams to implement support supervision according to national standards.
3. Performance review meetings: The project supports meetings of facility in-charges to review performance data and share experiences to improve decision-making and service delivery.
4. Linkages for leadership and governance training by national programs, including those supported by USAID.

2. Role of multidisciplinary teams

APHIAplus Nuru ya Bonde project adopted a multidisciplinary mentorship model that brings together health care practitioners from different technical areas, varied training and experience to collectively address challenges across the health system.

APHIAplus Nuru ya Bonde project works in five counties in Kenya's Rift Valley region. In each county and sub-county, the project has assembled teams that work in tandem to ensure system-wide support. At minimum, each technical team includes a clinical officer, nurse/midwife, reproductive health officer, laboratory technologist and health records and information officer.

Through mentorship, on-job training and orientations, these teams help build the capacity of facility-based health care workers in their own settings. The multidisciplinary model is based on a comprehensive mentorship plan that the project developed in early 2012. The plan, which draws on national guidelines and best practice, is informed by the lessons from the project's first year of implementation.

It sets out broad guidelines for the on-site technical support to health care workers at county and lower level facilities. While allowing flexibility to address local system issues, the strategy aims to ensure that

national standards for services delivery are uniformly enforced across different facilities according to site-specific plans.

The mentorship process starts with sensitization of managers and facility in-charges. This is followed by:

i. Assessment to identify gaps;
ii. Action planning to prioritize remedies and indicate level of support from project;
iii. Action review to assess progress on agreed actions.

Mentorship helped to improve service quality.

3. Implementing national quality improvement programs

A key mandate of APHIAplus Nuru ya Bonde project is quality improvement of health services. This section highlights two approaches that were successfully used to mainstream quality improvement in the health system.

i) Implementing national quality improvement model

APHIAplus Nuru ya Bonde project is working with USAID's Quality Health Improvement Project to implement the Kenya Quality Model for Health (KQMH) at the county and sub-county level.

The model provides a conceptual framework for quality improvement in all aspects of health services and systems in the country. Rolling out the quality improvement model involves the following steps:

1. Sensitization of district health management teams on the national framework for the quality improvement model.
2. Formation of work plans by health management teams to implement KQMH in counties, sub-counties and facilities.
3. Dissemination of implementation guidelines to facility in charges.
4. Formation of district quality improvement teams to drive the process.
5. Identifying coaches.
6. Constituting facility and divisional quality improvement teams.
7. Identifying indicators and conducing baseline surveys.
8. Benchmarking followed by continuous mentoring

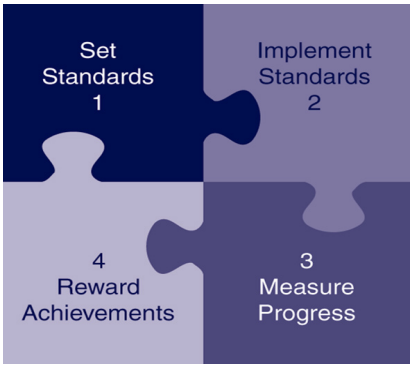
By December 2014, almost all health management teams and facility in charges in areas supported by the project had been sensitized.

Baseline surveys had been conducted in the facilities and coaches identified at each facility to provide on-site support and sustain the quality improvement process.

ii) Standard Based Management and Recognition (SBMR)

The project collaborated with the Ministry of Health to implement Standards-Based Management and Recognition (SBMR) approach in five hospitals, resulting in major improvements in delivery of integrated RH/family planning services.

SBMR is a practical management approach for improving performance and quality of health services that uses operational, observable performance standards for on-site assessment and it must be tied to a reward or incentive program.



The SBMR process

The approach involves a four-step process to set and implement standards, following by measurement of progress and rewarding of facilities that perform well.

The SBMR approach was used to scale up Integrated Family Planning Performance Standards (IFPS) in Rift Valley Provincial General Hospital as well as Kericho, Kapsabet, Kitale and Nanyuki hospitals.

The process led to improved compliance, with facilities reaching an average of 82% adherence to the 122 quality standards *(See table).*

	Area	Total Standards
1.	Human and Physical Resources	12
2.	Management System	12
3.	Information Education & Communication (IEC)	7
4.	Infection Control (IP)	17
5.	Family Planning Methods	42
6.	Family Planning Follow Up	32
	Total	122

The five participating hospitals showed tremendous improvement in family planning service delivery and quality of care besides. Below are some of the achievements that can be attributed to the SMBR process:

- Infrastructure improved to enhance quality services. Additional space was provided, rooms equipped with furniture and clients privacy enhanced.
- Interventions to address gaps identified by SMBR teams resulted in near 100% compliance, up from an average 50% in the baseline. For instance, documentation and reporting improved as did support supervision.
- Information, education and communication materials were made available to educate clients on MCH/FP services.
- From baseline 6% compliance to infection prevention standards, four of the participating facilities scored more than 80%.
- There was an improvement of about 50% in technical knowledge, skills and practice. The service providers were able to counsel, initiate FP methods and provide follow up instructions to clients as per the standards.

4: Improving access to HIV care and treatment

One of the biggest successes of APHIAplus Nuru ya Bonde project is in increasing access to antiretroviral treatment (ART). Between January 2011 and June 2014, over 53,000 individuals were started on ART.
To ensure effective patient monitoring and quality, all 113 facilities providing ART have been linked to laboratory services for CD4 tests and almost all can access viral load testing. Improvements have also been made in commodity management, data quality and youth-friendly services, among other areas.

Key achievements

- **Antiretroviral treatment (ART) systems have been streamlined:** Improvements in reporting, supply of commodities, strengthening laboratory networks and building staff capacity have improved patient monitoring and management. By June 2015, a total of over 53,400 patients were accessing antiretroviral treatment.
- **Monitoring and evaluation (M&E):** The project improved M&E by providing technical assistance to the Ministry of Health staff to record, report and use data for decision making. Reporting tools for ART, HTC and PMTCT were provided and staff trained to use them. Computers were provided to high-volume facilities and regular review meetings held to ensure quality data.
- **Stronger public-private partnerships:** In partnership with the Gold Start Network, a social franchise, the project is building the capacity of private clinics and hospitals to provide quality comprehensive HIV care and treatment services as well as family planning.
- Y**outh-friendly services have been improved** both through dedicated service delivery points in high-volume hospitals (eight) and during integrated outreaches to the community. the project has also

partnered with the government-run Youth Empowerment Centres to establish drop-in centres that provide equip youth with information on reproductive health, including HIV prevention, and refer those in need for services at health facilities.

- T**hree comprehensive drop-in centres have been established** in Laikipia, Naivasha and Narok to provide a package of health services to sex workers.
- **High-volume facilities have been renovated** to improve working environment for health care workers and patients. *(See box 3).*
- **Supply of commodities has been streamlined**: Orientations and on-the-job training have resulted in improved quantification, reporting and forecasting of commodities. Now tools are being used systematically to generate consumption data which is then used to forecast supplies required for each quarter. This ensures facilities are supplied with what they need.
- **Improved patient monitoring:** The quality of patient monitoring in facilities has been improved through mentoring and provision of tools including activity diaries. Stronger links with laboratory networks ensure results are returned on time and aligned with clinic days. *(See box 2)*
- **Community linkages have been strengthened** to support referrals and defaulter tracing.
- **Private care service providers engaged** to ensure services is being offered to national standards.
- **Hard-to-reach populations:** Clinical services provided as part of integrated package at satellite clinics within drop-in centres for male and female sex workers in three sites.

Box 2: How project improved patient monitoring

Effective monitoring of HIV patients is a challenge in many programs. Yet these patients are on life-long treatment and accurate longitudinal data on each of them is critical for clinical decisions.

The project has put in place measures to ensure ART failure is detected in time and patients moved to second-line drugs. These measures include:

- Mentorship and technical updates to facility staff
- Encouraging health care workers to identify suspected cases of treatment failure for confirmation (70% of sample failed).
- Collecting and analyzing data to identify characteristics of patients whose treatment is failing, with a focus on those enrolled for longer periods.
- The project has developed a structured system for patient monitoring and is now mentoring health care providers in 113 facilities offering ART on how to effectively use it.

The patient-tracking system makes it possible to accurately assess the workload at various clinics and plan accordingly.

Link desks have improved linkages bwteen health facilities and communities they serve.

Using appointment diaries, it is now possible to align CD4 test results collection with clinic days so that patients make just one visit for both. It is also easier to track patients who default on treatment using mobile phone numbers in the appointment books.

A dedicated link desk for community health volunteers also helps reach patients who cannot be contacted by phone.

Ultimately, it will be possible to obtain accurate data on a patient or group of patients over any period of time. Additionally, efforts are being made to improve transition of individuals who test HIV positive to care and treatment.

Box 3: Renovations help hospital to cope with influx of patients

When an HIV clinic run by a faith-based organization was closed in 2012 in Loitoktok, Kajiado County, a large number of patients enrolled there were transferred to a comprehensive care centre (CCC) at the county hospital. The increased patient load overwhelmed the CCC, which was housed in one room awaiting completion of a custom-made clinic building.

To help the facility cope with the upsurge of patients, APHIAplus Nuru ya Bonde project intensified its support to the CCC. The project liaised with a USAID-supported health workforce improvement program, Capacity Project, to post additional staff to the facility and provided three computers to help manage patient records.

The hospital administration identified completion of the CCC building as a priority. The project agreed to fund completion of the building, which was almost half-way done.

As a stop-gap measure, APHIAplus Nuru ya Bonde supported the hospital to partition a bigger room to serve as a temporary clinic. In the old room, sections were only divided by curtains. Patients had no privacy and security of records was not guaranteed. The new temporary clinic had three consultation rooms, a secure records office and pharmacy. This improved services to patients and the working environment for health workers.

With USAID support, the new building was completed and now comfortably accommodates the CCC, ensuring quality services to patients.

Other high-volume facilities renovated include Gilgil Sub-District Hospital and Narok County Hospital.

A pharmacist works at the renovated Gilgil District Hospital pharmacy. New lockable shelves aid record-keeping and enhance security.

Box 4: More efficient management of commodities

Stock-outs of commodities required for HIV services, including testing and patient monitoring, are often due to inefficiencies at the facility level.

The project has improved management of commodities through training and use of tools for quantification, forecasting and reporting of consumption. Below are some of the improvements in place due to capacity building in this area:

Health workers and community volunteers (for family planning) now routinely submit commodity tracking forms for monitoring the distribution of family planning commodities

Improved collection and verification of data has enabled health facilities to more accurately forecast their needs and order only commodities they require, reducing overstocking.

Information collected is analyzed at the lowest levels and informs decision-making to improve services. The project also supports commodity management for HCWs with special focus on short expiry commodities and redistribution done through the district Pharmacist in Baringo North

In addition, the project has enhanced the use of reporting tools for proper commodity management in five counties.

5. Data highlights: HIV Care & Teatment - 2011- 2014

2,223,826: Number of people received HIV CT services and their test results since 2011 to date

53,443: Number of individuals ever started on ART; **9,200 (17.2%)** of them initiated in the last 12 months to June 2014

1 in 10 (9.46%) patients ever started on ARV are children under 15 years

81 %: Percentage of Individuals retained on ART in the last 12 months to June 2014

95%: HIV-positive pregnant women who received antiretroviral (ARV) prophylaxis in the last one year to June 2014 to prevent mother-to-child HIV (MTCT) transmission

55-60% of those on ARV have undergone viral load testing in the last 12 months

27,370 patients had a viral load test June 2014-June 2015); **21,622 (79%)** achieved viral suppression

Mother-to-Child Transmission of HIV reduced from **14% in 2011 to 8% in 2014**

12,122 dry blood samples (DBS) analysed for early infant diagnosis since 2011

10,976: Male circumcisions performed December 2013-June 2015

AIDS, Population and Health Integrated Assistance (APHIAplus) program is supported by the President's Emergency Fund for AIDS Relief and the US Agency for International Development (USAID). It aims to empower people lead healthier lives by increasing access to high quality HIV and AIDS, reproductive health, family planning, maternal and child health services.

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