CHAK TIMES

"FOR THE HEALING OF THE NATION"

ISSUE NO. 60

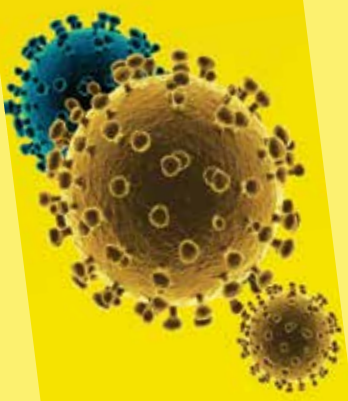
A PUBLICATION OF THE CHRISTIAN HEALTH ASSOCIATION OF KENYA

Family Planning

& Reproductive Health

Delivering services through the CHAK network

Also in this issue....



Focus on the Corona Virus global pandemic

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CHAK TIMES
"For the healing of the nation"
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Good progress in FP uptake but need to close gaps

Great progress has been made towards uptake of family planning in Kenya. Kenya is among nine countries that are on track to surpass the Family Planning 2020 (FP2020) goals on growth in modern contraceptive use.

According to FP2020, a global partnership that works with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community to enable millions more women to use contraceptives, Kenya has recently exceeded its 2020 target of 58 per cent modern contraceptive use by married women

Research indicates that family planning, including planning, delaying and spacing pregnancies, is linked to improved birth outcomes for babies, either directly or through healthy maternal behavior during pregnancy.

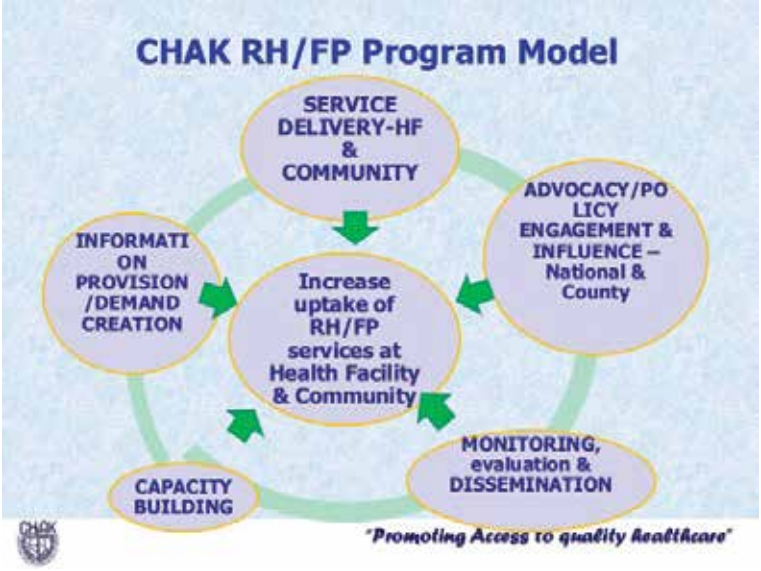
Contraceptive methods have a range of benefits other than their primary purpose of pregnancy prevention. They reduce pregnancy-related morbidity and mortality, the risk of developing certain reproductive cancers and can be used to treat many menstrual-related symptoms and disorders.

In addition to contraception, a range of other beneficial health services are available to clients at family planning clinics. Services to prevent, screen for and treat diseases and conditions such as chlamydia, gonorrhea, HIV, HPV and cervical cancer, as well as to address intimate partner violence, benefit both female and male clients who visit these clinics.

However, not all women have equal access to the many benefits of contraception and other health services in Kenya. There is more work to be done in implementing programs and policies that advance contraceptive access and improve health outcomes for all women.

Sexual and reproductive health services in Kenya, for example, fall short of meeting adolescents' needs. For example, an estimated 665,000 young women aged 15–19 in Kenya are married or sexually active and want to avoid becoming pregnant in the next two years. More than half of this group—357,000 adolescents—have an unmet need for modern contraception because they either use no contraceptive method or use traditional methods. This is according to data from the Guttmacher Institute.

Each year, almost two-thirds of the estimated 345,000



pregnancies among adolescent women aged 15–19 in Kenya are unintended. The vast majority (86 per cent) of these unintended pregnancies occur among adolescents who have an unmet need for modern contraception.

Addressing Kenya's rapid population growth, which is close to three per cent per year, is seen as key to sustainable development.

A key challenge for Kenya has been increasing the portion of the national budget for family planning services.

Whereas the Government is committed to meeting its FP2020 goals, domestic financing for FP has reduced from Ksh600 million in 2010 to Ksh62 million in the 2018-2019 financial year. The current funding gap is Ksh520 million up to June 2019.

While the number of counties that have family planning budget allocations has increased, this remains a small share of the overall health budget. To address this, if only in a small way, CHAK is working in Murang'a, Meru and Kiambu counties to advocate for increased FP budgetary allocations and encourage development of Costed Implementation Plans (CIPs).

Additional effort is also required to ensure contraceptives are included in existing health insurance schemes to increase access to FP. Permanent methods (BTL and Vasectomy) are currently covered under the Linda Mama programme.

CHAK is working through to increase access to family planning in its member hospital catchment communities through two main projects – Christian Advocacy for Family Planning (CAPFA) and Delivering Sustainable and Equitable Increases in Family Planning in Kenya (DESIP).

In this issue of CHAK Times, we share with our readers some of the strategies of the two projects and show case a few of CHAK's achievements in promoting access to family planning services, especially in marginalized communities.

COVID-19 global pandemic

The World Health Organisation (WHO) declared COVID-19 a global pandemic in March 2019. Even before this declaration, many countries around the world were already battling to keep the highly infectious disease at bay.

As at April 14, 2020, 210 countries and territories around the world had reported a total of 1,946,781 confirmed cases of the coronavirus COVID-19 and a death toll of 121,710.

CHAK health facilities are in the frontline in fighting this pandemic in Kenya as the Government takes measures to stem its spread to the country's rural counties.

This issue of the newsletter therefore also takes cognizance of the threat posed by COVID-19, detailing CHAK's strategy and encouraging health facilities' preparedness to deal with the pandemic in the long run.

We sincerely hope you will enjoy reading the newsletter.

We invite our readers to send feedback on our social media platforms or by writing to the editor: communications@chak.or.ke.

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Cover photo: Family planning training for health care workes and community health volunteers in Narok County.

Learning from our God, the Master Planner

Our God is a planner. This fact is elucidated in many verses of scripture. Beginning with the book of Genesis where He created heaven and earth in six days and rested on the seventh day, each day accomplishing a singular task, up to the New Testament where our Lord and Saviour Jesus Christ came to die for us on the cross, the Bible presents to us a God who is a master planner.

Luke 14:28-33 says: " For which of you, desiring to build a tower, does not first sit down and count the cost, whether he has enough to complete it? Otherwise, when he has laid a foundation and is not able to finish, all who see it begin to mock him, saying, 'This man began to build and was not able to finish...?"

In a similar vein, we as Christians need to be planners.

The Bible in Genesis 1: 27-28 says: So God created mankind in his own image, in the image of God he created them; male and female he created them. God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground."

Many people have taken Genesis 1:28 to mean that family planning is not acceptable for Christians. But remember earlier we saw that God is a planner. In any case, man needs to be healthy to rule over the earth and subdue it.

Again in Psalms 127:3-5 (NIV) the Word of God says: Sons are a heritage from the LORD, children a reward from him. Like arrows in the hands of a warrior are sons born in one's youth. Blessed is the man whose quiver is full of them. They will not be put to shame when they contend with their enemies in the gate. And in Psalms 128: 2 (NIV): Your wife will be like a fruitful vine within your house; your children will be like olive shoots around your table.

These verses paint a picture of very healthy and strong children and wife.

In 1 Timothy 5:8, (NIV) the Bible says: "Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever." Successfully providing for one's family in this day and age requires that parents have the number of children they can support.

Global health practitioners have long observed that increasing the interval between pregnancies and reducing the number of childbirths dramatically decreases the death rates of women, newborns and children.

Contraception enables women to prevent unintended or high-risk pregnancies and reduces the rate of abortions, which account for 13 percent of maternal deaths globally, according to WHO figures.

In Kenya, a study published on November 25, 2019, in the journal Plos One reflects data from the Kenya National Bureau of Statistics indicating almost half of pregnancies among married women are unintended.

In Nairobi, 22.4 per cent of women seeking abortion services were in a union. Among the key reasons for induced abortions were socio-economic stress and lack of support from partners.

By enabling couples to time and space pregnancies in a healthy way, family planning and contraception protect mothers and children and enables fathers to be prepared to accept the responsibility that comes with the gift of children.

Nowhere in the Bible is there explicit or implicit prohibition of contraception. Onan's example in Genesis 38 is many times used to demonstrate God's condemnation of contraception. However, deeper study of these verses of scripture reveals that it was not the use of contraception that was wrong, but Onan's selfish motivation behind his action. He did not want to have children with Tamar since he would have had to split his inheritance with them as they would be regarded as his brother's offspring.

God has commanded us to increase and multiply. However, this does not mean that we do it without considering the effect on the earth, our families' and our own health.

Some parts of this devotional have been adapted from: https://www.healthforallnations.

CHAK begins implementing strategy to fight COVID-19 global pandemic

Problem statement

On March 11, 2020, the World Health Organisation (WHO) declared the spread of the new coronavirus (SARS-CoV-2) a "global pandemic".

Kenya recorded the first case on March 13, 2020. The virus is highly contagious and causes a respiratory disease referred to as COVID-19.

The course of the disease is often mild. However, in some cases, it can lead to serious illness and premature death, especially of elderly patients and those with pre-existing health conditions. These patients get severe pneumonia, need oxygen support and in the worst case scenario, intensive care treatment.

Where many of these cases occur at once, the disease puts an enormous burden on already stretched out health systems.

In light of the rapidly evolving situation caused by the global novel Coronavirus (COVID-19) pandemic, the Government of Kenya has established the Emergency Response Team which is coordinating a national response. The Government through the President and CS-MOH has continued to make major declarations and directives towards control of COVID-19 and management of those affected.

CHAK COVID-19 strategy

CHAK is working to ensure that the Secretariat and its Member Health Units (MHUs) effectively safeguard the health and safety of their workforce, families and the people we serve.

CHAK has established an internal COVID-19 Technical Working Group that will oversee the review and dissemination of relevant information on COVID-19, ensure infection prevention and control (IPC) practices have been put in place, including screening in MHUs, Secretariat and the Guest House.

It is expected that MHUs will follow recommendations and guidelines by the Ministry of Health as well as respective Infection Prevention Policies and guidelines.

Intervention 1: Information and knowledge dissemination

Knowledge and correct information on the coronavirus, pathophysiology, and spread of Covid-19 is very important.

This will enable change of behavior needed for social distancing and effective preventive measures of regular handwashing with soap, use of sanitizers and cough and sneezing hygiene. It will also provide appropriate technical knowledge on infection prevention and control and case management. Activities for this intervention include:

- CMEs for all the health facility staff.
- Design and dissemination of e-Posters
- Design and dissemination of printed posters to CHAK MHUs

Intervention 2: Infection prevention and control practices

Infection prevention is an integral intervention. Activities under this strategy include:

- Disseminate the MoH COVID-19 Infection Prevention and Control (IPC) guideline to all MHUs.
- Establish a system of screening and triage for all patients and staff accessing the health facility.
- Triage for all coughing patients at OPD with all respiratory cases attended away from the general out patient.
- Provision of N95 masks to all clinicians and nurses designated to attend to 'coughers'.
- Frequent (every 2 hours) disinfection and cleaning of the OPD consultation rooms and waiting bays.
- All facilities to have a designated isolation ward/room in the event of suspected or confirmed COVID-19 cases.
- Health care worker education on COVID-19 case detection and prevention intervention.
- Availing job-aids on cough etiquette and proper hand washing to prevent COVID-19 in all OPDs waiting bays and consultation rooms.
- Providing frequent patient education sessions in the waiting bays. This will be provided by health care providers and will include promoting safe sneezing and coughing practices and frequent handwashing with soap and running water.
- Set up handwashing points at well visible and labelled locations in the health facility.
- Promote effective hand washing practices by using the WHO and MOH handwashing guidelines.
- Use IPC standard operating procedures (SOPs) as per the health facility policies and/or MOH Guidelines.

Health workers are advised to stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for 2019-nCoV disease

It is expected that MHUs will follow recommendations and guidelines by the Ministry of Health as well as respective Infection Prevention Policies and guidelines

Intervention 3: Emergency response plans

Activities under this intervention will include:

- Print and mount the hotline numbers at the specific points in the health facility COVID-19 hot lines in Kenya are as follows:
  a) 0800721316 (toll free)
  b) 0729471414
  c) 0732353535
  d) Also call 719 or dial *719# for information on COVID-19
- Use the CDC facility preparedness tool for self-assessment and planning. The tool has been modified and adapted from https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- Develop protocols and SOPs providing guidance on how to handle a suspected coronavirus case brought to the health facility as per MOH COVID-19 guidelines.
- Every facility is encouraged to identify and designate isolation room/wards where applicable and/or identify the nearest isolation center established by the national or county government.

Hospital preparedness checklist for suspected or confirmed COVID-2019 patients

All hospitals should be equipped and ready to:

- Prevent spread of 2019-nCoV
- Identify and isolate patients with 2019-nCoV and inform key facility staff and public health authorities
- Care for a limited number of patients with known or suspected 2019-nCoV as part of routine operations
- Potentially care for a larger number of patients in the context of escalating transmission
- Outline protocol for internal and external communication
- Monitor and manage healthcare personnel with potential for exposure to 2019 nCoV
- Manage the impact on patients, the facility, and healthcare personnel

Healthcare professional preparedness checklist for transport and arrival of patients potentially infected with 2019-nCoV

Front-line healthcare personnel in Kenya should be prepared to evaluate patients for novel corona virus (2019-nCoV). The following checklist highlights key steps for healthcare personnel in preparation for transport and arrival of patients potentially infected with 2019-nCoV.

- Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for 2019-nCoV disease.
- Review your infection prevention and control policies and National infection control recommendations for 2019-nCoV for:

a) Assessment and triage of patients with acute respiratory symptoms

b) Patient placement

c) Implementation of standard, contact, and airborne precautions, including the use of eye protection

d) Visitor management and exclusion

e) Source control measures for patients (e.g. put facemask on suspect patients when outside isolation room)

f) Requirements for performing aerosol generating procedures

- Be alert for patients who meet the case definition for persons under investigation (PUI)

a) Know how to report a potential 2019-nCoV case or exposure to facility infection control leads and public health officials

b) Know who, when, and how to seek evaluation by occupational health following unprotected exposure (i.e. not wearing recommended PPE) to a suspected or confirmed nCoV patient

c) Remain at home, and notify the nearest health facility, if you are ill

d) Know how to contact and receive information from your state or local public health agency.

More information on the COVID-19 pandemic is available on the MOH Kenya, WHO and CDC websites. MOH Resources and information can be downloaded from http://www.health.go.ke/#1585137302557-b337f64d-c55873d1-981a.

CHAK health facilities are also advised to take advantage of the many informative COVID-19 webinars being offered by CHAK, MOH and partners to ensure they are well prepared to deal with this pandemic. For more information on these webinars, the facilities can liaise with CHAK Secretariat.

Hospital preparedness checklist for suspected or confirmed COVID-2019 patients

Objective	YES	NO
Ensure facility infection prevention and control policies are consistent with guidance provided for 2019 nCov.		
Review procedures for rapidly identifying and isolating suspected 2019-nCoV patients.		
Ensure ability to implement triage activities based on public health guidance including at the facility and using remote (i.e. phone, internet-based) methods where appropriate to minimize demand on the health care system.		
Ensure that airborne infection isolation rooms are available and functioning correctly and are appropriately monitored for appropriate airflow.		
Assess availability of personal protective equipment (PPE) and other infection prevention and control supplies (e.g. hand hygiene supplies) that would be used for both health care personnel (HCP) protection and source control for infected patients (e.g. facemask on the patient).		
Have contingency plans if the demand for PPE or other supplies exceeds supply		
Facility to have a tentative team of HCP identified and specially trained/educated on 2019 nCoV management to manage any suspected or confirmed cases of 2019 nCoV.		
Review procedures for laboratory submission of specimens for 2019-nCoV testing.		
Assess effectiveness of environmental cleaning procedures and provide education/refresher training for environmental services personnel.		
Review policies and procedures for monitoring and managing HCP with potential for exposure to 2019- nCoV, including ensuring that HCP have ready access, including via telephone, to medical consultation.		
Ensure that appropriate HCP have been medically cleared, fit-tested, and trained for respirator (N95) use.		
Provide education and refresher training to HCP regarding 2019-nCoV diagnosis, how to obtain specimen testing, appropriate PPE use, triage procedures including patient placement, HCP sick leave policies, and how and to whom 2019-nCoV cases should be reported, procedures to take following unprotected exposures (i.e., not wearing recommended PPE) to suspected 2019-nCoV patients at the facility.		
Review plans for visitor access and movement within the facility.		
Ensure that specific persons have been designated within the facility who are responsible for communication with public health officials and dissemination of information to other HCP at the facility.		
Confirm the national/county department of health contacts for reporting 2019-nCoV cases.		

***HCP – Health Care Provider**

National emergency response

Nationally, MOH has established isolation and treatment units in several hospitals including Mbagathi, Kenyatta and Kenyatta University hospitals in Nairobi and several more at the county level.

Quarantine facilities have also been identified and set up. Hotlines have been set up and shared with the public. The MOH has released guidelines on COVID-19 infection prevention and case management.

Coordinated media briefings are being done regularly by the CS-MOH and regular updates are provided through MOH COVID-19 website.

CHAK will disseminate the relevant messages to the member health facilities.

The Government continues to step up measures to ensure social distancing. A 7pm-5am curfew and containment in the three counties of Nairobi, Mombasa and Kilifi are currently in effect.

CHAK MHUs preparedness and capacity status is unknown. Communication as regards the same will be sent to MHUs and any other supported facilities for preparedness.

Insights on Corona Virus Disease transmission and prevention

What is COVID-19 and how does it spread?

Coronavirus disease (COVID-19) is an infectious disease caused by a new virus (SARSCoV-2).

The disease causes respiratory illness and in more severe cases, difficulty breathing.

You can protect yourself by washing your hands frequently, avoiding touching your face, and avoiding close contact with other people. Keep a safe distance from others of at least one meter or three feet.

The spread of COVID-19 from person to person is being driven by droplet transmission. The virus is carried in the small droplets that emerge from the nose or mouth, when a person with COVID-19 speaks, coughs or sneezes.

Infection can also happen when a person touches a surface or object that has the virus on it, then touches their eyes, nose or mouth.

The pandemic has accelerated exponentially:

- The first 100,000 cases took 67 days
- The second 100,000 cases took 11 days
- The third 100,000 took four days
- The fourth 100,000 just 2 days

Epidemiological insights

At diagnosis:

Approximately 80 per cent of cases are mild or moderate, 15 per cent severe and 5 per cent critical

Disease progression:

Approximately 10-15 per cent of mild/moderate cases become severe, and approximately 15-20 per cent of severe cases become critical.

Average time frames

- From exposure to symptom onset is 5-6 days after infection
- From symptoms to recovery for mild cases is 2 weeks
- From symptoms to recovery for severe cases is 3-6 weeks
- From symptoms onset to death is from 1 week (critical) to 2-8 weeks

COVID-19 much less frequent in children than adults and children tend to have milder disease.

Can people who do not have symptoms spread COVID-19?

There are reports of transmission in the pre-symptomatic period which is on average 5-6 days between infection and developing actual symptoms.

Common symptoms of COVID-19 disease are dry cough, fever and fatigue. People with mild symptoms may think they have another infection such as a common cold.

Additional symptoms such as loss of smell, loss of taste and red eyes have been reported in some COVID-19 patients

Studies show that the viral load in COVID-19 patients is highest at symptom onset, or shortly afterwards. It is possible that patients could be infectious immediately before symptom onset; however the extent of transmission in the presymptomatic phase is not yet known.

COVID-19-infected respiratory droplets can land on people who are less than one meter away from the sick person. People with respiratory symptoms such as a cough, are more likely to transmit the disease than pre-symptomatic people.

How can we protect ourselves and others if we don't know who is infected?

- Practicing hand and respiratory hygiene is important at all times and is the best way to protect yourself and others.
- If you have been in contact with someone with COVID-19, you may be contagious; therefore self-isolate to prevent spreading COVID-19 to others.
- Even if you develop very mild symptoms you must self-isolate.
- If you did not know you had been exposed to COVID-19 but develop symptoms, self-isolate and monitor yourself.
- Transmission is more likely in the early stages of the disease (due to the high viral loads at symptom onset); therefore early self-isolation is critical.
- If you have had COVID-19 and your symptoms have disappeared, then self-isolate for 14 days after symptoms have disappeared as a precautionary measure. It is not yet known how long people remain infectious after they have recovered.

Children and adolescents

Children and adolescents can be infected and spread COVID-19. Children tend to have milder disease than adults and young children are as likely to be infected as adults.

Children and adults should follow the same guidance on self-isolation if there is a risk they have been exposed or are showing symptoms. It is important that children avoid contact with older people and others who are at risk of more severe disease.

Article adapted from presentation by Bread for the World with information from EPI-WIN/WHO

Infection Prevention Control strategies in health care settings for COVID-19

To achieve the highest level of effectiveness in the response to a COVID-19 outbreak, an IPC program with a dedicated and trained team, or at least an IPC focal point, should be in place and supported by national and facility senior management.

In facilities where IPC is limited or nonexistent, it is critical to start by ensuring that at least minimum requirements for IPC are in place as soon as possible.

IPC strategies to prevent or limit transmission in health care settings include the following:

1. Ensuring triage, early recognition, and source control (isolating patients with suspected COVID infection)
2. Applying standard precautions for all patients
3. Implementing empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19 infection
4. Implementing administrative controls
5. Using environmental and engineering controls

Ensuring triage, early recognition, and source control

Clinical triage includes a system for assessing all patients to allow early recognition of possible COVID19 infection and immediate isolation of patients with suspected COVID-19 infection in an area separate from other patients (source control).

To facilitate early identification of cases of suspected COVID-19 infection, health care facilities should:

- Encourage HCWs to have a high level of clinical suspicion
- Establish a well-equipped triage station at the entrance of health care facility, supported by trained staff
- Institute the use of screening according to the updated case definition
- Post signs in public areas reminding symptomatic patients to alert HCWs
- Promote hand hygiene and respiratory hygiene as essential preventive measures

Applying standard precautions for all patients

Standard precautions include hand and respiratory hygiene, use of appropriate PPE according to risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning and sterilization of patient-care equipment.

Ensure that the following respiratory hygiene measures are used:

- All patients cover their nose and mouth with a tissue or elbow when coughing or sneezing
- Offer a surgical mask to patients with suspected COVID 19 infection while they are in waiting/public areas or in cohorting rooms
- Perform hand hygiene after contact with respiratory secretions.

HCWs should apply the WHO's 5 Moments for Hand Hygiene approach:

1. Before touching a patient
2. Before any clean or aseptic procedure is performed
3. After exposure to body fluid
4. After touching a patient
5. After touching a patient's surroundings

Hand hygiene includes either cleansing hands with an alcohol-based hand rub (ABHR) or with soap and running water. Alcohol-based hand rubs are preferred if hands are not visibly soiled. Wash hands with soap and water when they are visibly soiled.

Implementing empiric additional precautions

Contact and droplet precautions

In addition to using standard precautions, all individuals, including family members, visitors and Health Care Workers (HCWs), should use contact and droplet precautions before entering the room where suspected or confirmed COVID-19 patients are admitted.

- Patients should be placed in adequately ventilated single rooms. For general ward rooms, natural ventilation, is considered to be adequate.
- When single rooms are not available, patients suspected of being infected with COVID-19 should be grouped together.
- All patients' beds should be placed at least one metre apart regardless of whether they are suspected to have COVID-19 infection or not.
- Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.
- HCWs should use an N95 mask
- HCWs should wear eye protection (googles) or facial protection (face shield) to avoid contamination of mu-

cous membranes.

- HCWs should wear a clean, non-sterile, long-sleeved gown.
- HCWs should also use gloves.
- The use of boots, coverall and apron is not required during routine care.
- After patient care, appropriate doffing and disposal of all PPEs and hand hygiene should be carried out. Please note that a new set of PPEs is needed, when care is given to a different patient.
- Equipment should be either single-use and disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g. by using ethyl alcohol 70 per cent).
- The HCWs should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands.
- Avoid moving and transporting patients out of their room or area unless medically necessary. Use designated portable X-ray equipment and/or other designated diagnostic equipment. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient using a medical mask.
- Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE.
- Notify the area receiving the patient of any necessary precautions as early as possible beforethe patient's arrival.
- Routinely clean and disinfect surfaces which the patient is in contact.
- Limit the number of HCWs, family members and visitors who are in contact with a suspected and confirmed COVID-19 patient.
- Maintain a record (name and contacts) of all persons entering the patient's room, including all staff and visitors

Implementing administrative controls

Administrative controls and policies for the prevention and control of transmission of COVID-19 infections within the health care setting include, but may not be limited to:

- Establishing sustainable IPC infrastructures and activities
- Educating patients' caregivers
- Developing policies on the early recognition of acute respiratory infection potentially caused by COVID 19
- Ensuring access to prompt laboratory testing for identification of the etiologic agent
- Preventing overcrowding, especially in the emergency department
- Providing dedicated waiting areas for symptomatic patients
- Appropriately isolating hospitalized patients
- Ensuring adequate supplies of PPE
- Ensuring the adherence of IPC policies and procedures for all facets of health care

Maintain a record (name and contacts) of all persons entering the patient's room, including all staff and visitors

Administrative measures related to HCWs

- Provision of adequate training for HCWs
- Ensuring an adequate patient-to-staff ratio
- Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 among HCWs
- Ensuring that HCWs and the public understand the importance of promptly seeking medical care
- Monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed
- Workflow processes should be adjusted to ensure rapid triaging and separation of suspected COVID-19 patients.

Using environmental and engineering controls

These controls address the basic infrastructure of the health care facility. They aim to ensure there is adequate ventilation in all areas in the health care facility, as well as adequate environmental cleaning.

Additionally, spatial separation of at least one meter should be maintained between all patients. Both spatial separation and adequate ventilation can help reduce the spread of many pathogens in the health care setting.

Ensure that cleaning and disinfection procedures are followed consistently and correctly. Cleaning environmental surfaces with water and detergent and applying commonly used hospital disinfectants (such as sodium hypochlorite) is an effective and sufficient procedure.

Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

http://www.health.go.ke/

WHO guidance for support of health care workers in the COVID-19 frontline

The health sector, including healthcare workers and professionals are the backbone of a country's defenses to save lives and limit the spread of disease.

They play a central and critical role in global response efforts to the COVID-19 pandemic. Health workers face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma.

President Uhuru Kenyatta recently announced a welfare package for frontline staff to deal with the health, mental and emotional needs of the medics.

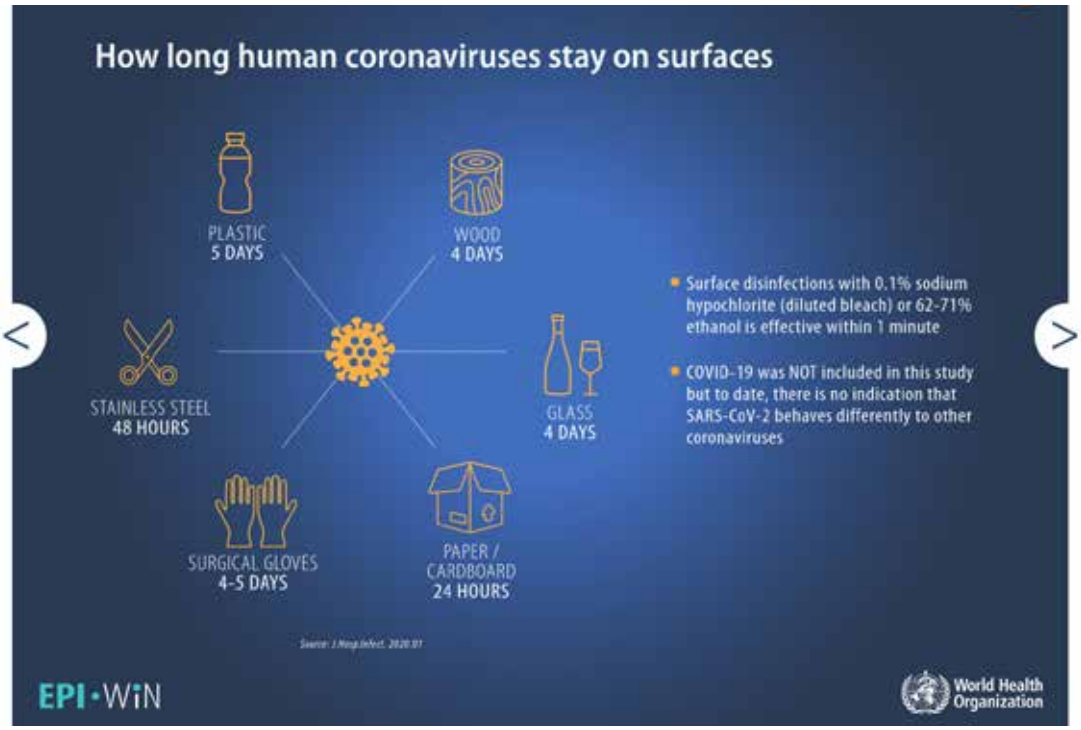
The WHO has provided essential advice, guidance and training for the health sector in critical areas from infection prevention and control, clinical management to health worker rights and protection and mental health.

Staff management in the COVID-19 crisis

According to the WHO, health care facilities should:

- Provide psychosocial support to health workers during quarantine, or duration of illness if a health workers becomes a confirmed COVID-19 case
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for the duration of quarantine/illness
- Provide refresher infection prevention and control training for the health care facility staff, including health workers at high risk for infection once he/she returns to work at the end of the 14-day period.
- Train all frontline workers (including nurses, ambulance drivers, volunteers, case identifiers, teachers and other community leaders), including workers in quarantine sites, on essential psychosocial care principles, psychological first aid and how to make referrals when needed.
- COVID-19 treatment and isolation and quarantine sites should include trained MHPSS staff. Online trainings might be used if it is not possible to bring staff together due to infection risks.
- Training in psychological first aid can benefit leads, managers and workers in having the skills to provide the necessary support to colleagues.

For more information visit: https://www.who.int/teams/risk-communication/health-sector



Policy guidelines for implementation of the family planning programme in Kenya

Kenya identifies family planning as a rights issue and underscores its role in both economic and social development. Family Planning (FP) has been identified as a crucial investment for Kenya's health and development.

FP has been identified as a priority component in the Constitution of Kenya (2010), Kenya Health Policy (2014-2030), Vision 2030, among other policy documents.

All individuals have the right to access FP, including all FP-pertinent data regarding benefits and scientific progress made in the area of contraception.

These individuals include special needs clients such as adolescents and youth, people living with disabilities, mobile populations, and persons living in informal settlements and humanitarian settings.

In Kenya, FP services are included in the devolved package of services by the counties. The Central Government (MOH Headquarters) is mandated with the roles of policy making, developing standards, regulation and research.

Male engagement in FP in Kenya

According to the National FP Guidelines for Service Providers, men's active participation in decisions about family planning and reproductive health promotes better health for families.

Importance of male engagement in FP

- Men are often the decision makers about sexual activity and the desired number of children. If they lack accurate information on FP they may not support their spouses to utilize FP services.
- Involving men can lead to better health outcomes including those specific to family planning knowledge and sustained contraceptive use.
- Engaging men can foster a positive environment for the couple's broader sexual and reproductive health

All individuals have the right to access FP, including all FP-pertinent data regarding benefits and scientific progress made in the area of contraception

Ways of engaging men in FP

Among the ways recommended for engaging men in FP are:

- Empower men with FP information and clarify any myths and misconceptions
- Enlighten them on male-specific FP methods such as male condoms and vasectomy.
- Utilize platforms like community meetings and church functions to share family planning information and create awareness.
- Utilize male peer educators and champions.
- Encourage men to accompany their spouses to the health facility and commend them when they come
- Address women's fears regarding male engagement in Family Planning
- Involve male political and opinion leaders to act as role models
- Utilize male health workers to reach other men as role models
- Introduce family clinics and organize FP outreaches that target males at appropriate places e.g. place of work.
- Add services that are beneficial to men (e.g. prostate cancer screening, male circumcision) to the FP package.

Use of contraceptives in Kenya

Contraceptive services in Kenya are provided in family planning clinics separate from clinics providing maternal and child health services, nutrition, antiretroviral therapy (ART) and related care for HIV-infected individuals, STI clinics, gynecology clinics and post rape care clinics.

A wide range of FP methods are available in Kenya. These include:

a) Hormonal contraceptive methods

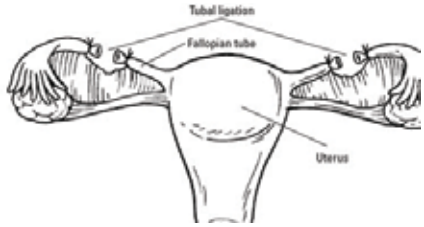
These include combined oral contraceptives (COCs), progestin-only contraceptive pills (POPs), progestin-only injectable contraceptives (DMPA, NET-EN), progestin-only contraceptive implants e.g. Jadelle®, Implanon®, Zarin® (Sino-implant), hormone-releasing intrauterine systems (LNG-IUS) and dedicated

products for emergency contraception

b) Intrauterine contraceptive devices (IUCD)

These include copper-based devices and hormone releasing devices.

c) Voluntary surgical contraception



Voluntary surgical contraception (VSC) includes surgical procedures that are intended to provide permanent contraception. These include bilateral tubal ligation (female) and vasectomy (male).

d) Barrier methods

Barrier methods prevent the sperm from gaining access to the upper reproductive tract and making contact with the ova. These methods include male and female condoms, diaphragms, cervical caps and spermicides. Currently in Kenya, the use of diaphragms, cervical caps, and spermicides is negligible.

e) Lactational amenorrhoea method (LAM)

The LAM is a temporary, postpartum method of FP based on the natural effect of breastfeeding on fertility. LAM works primarily by preventing ovulation but for this to occur, exclusive breastfeeding is mandatory.

f) Fertility awareness-based methods (FAMS)

These include calendar-based methods, symptoms-based methods and withdrawal method (coitus interruptus).

National Family Planning Costed Implemetation Plan 2017-2020

The CIP 2017-2020 is the second FP CIP to be developed in Kenya.

The purpose of the CIP is to articulate national FP priorities and provide guidance at national and county levels on evidence-based programming for FP. This would enable the country to achieve the expected results and identify the resources needed for the CIP's implementation.

The CIP is aligned to FP2020 goals and serves as a framework to inform counties in development of their own county specific CIPs.

The CIP focuses on six thematic areas. These are FP commodity security, FP financing and sustainability, stewardship, governance and partnerships, information management, demand creation and service delivery.

The total estimated funding requirements for the four-year CIP is KSh30.80 billion (US$ 305 million). This investment will result in enormous benefits which include:

- About 2 million unplanned pregnancies averted
- Over one million unplanned births averted
- Over half a million unsafe abortions averted.

Additionally, improved health outcomes are expected to be realised through reduced maternal and child mortality.

National FP CIP priority areas

The CIP has seven strategic priority action areas:

- Improve FP commodity procurement and distribution and ensure full financing for FP commodities in the public and private sectors to prevent stock-outs
- Increase the sustainability of FP commodities and services through government commitment, integration of the private sector, and diversification of funding sources
- Strengthen FP leadership at national and county levels; integrate FP policy, information, and services across sectors for holistic contribution to social and economic transformation
- Strengthen evidence base for effective programme implementation through research and information dissemination to enhance relevant programming
- Improve ability of individuals within the population as a whole, and special needs groups to achieve their fertility desires by providing tailored FP services, and information on SRH and linkage between fertility and general health and well-being
- Promote and nurture change in social and individual behaviour to address myths and misconceptions and improve acceptance and continued use of FP with a special focus on increasing age-appropriate information, access, and use of FP among young people, ages 10-24 years and populations living in ASAL areas
- Enhance skills of new and existing health care workers through adequate practical training in the full FP method mix, and empower community health workers to provide counselling and referral services, and short-term methods

Delivering sustainable and equitable increase in family planning in Kenya

CHAK is a partner in the DESIP project, working towards greater and more equitable access to family planning services through its network of health facilities in Homa Bay, Narok and Turkana counties. CHAK is working in the Faith2Action network consortium in the project.

The project focus counties are Turkana, Narok, Isiolo, Marsabit, Garissa, Mandera, Wajir, Homa Bay and Migori. The project is expected to run from June 2019 to November 2023.

Goal of the DESIP project

The programme aims at ensuring that women and girls, particularly the young, rural, and marginalized, are able to safely plan their pregnancies and improve their sexual and reproductive health rights.

The programme is expected to contribute to reduced maternal mortality, newborn, and child mortality, and increased modern Contraceptive Prevalence Rate (mCPR) in Kenya by the time it closes in 2023.

The DESIP project has four expected outputs:

- Greater availability of FP commodities
- Greater demand for FP commodities
- Sustainability of the private sector
- Improved and sustainable national ownership (strengthened public sector).

The project will reach 90,000 additional FP users by December 2020, at least 322,000 additional FP users by 2023 with specific attention given to youth and adolescents, People with Diabilities and poor rural women, resulting in at least 2.3 million CYPs generated and 2,221 maternal deaths averted.

CHAK target groups

CHAK is working with several groups in it's target counties of Homa Bay, Narok and Turkana as shown in the table below:

Target groups in the CHAK DESIP programme

County	Number of Facilities	Number of health workers	CHVs	Peer educators	Faith leaders
Turkana	17	34	34	34	34
Homabay	17	28	32	42	24
Migori	25	30	28	32	27
Narok	21	42	42	42	42

Some of the strategies the project is employing are as follows:

- Coordination, community entry and support supervision
- Facility based services
- Outreaches
- Health workers trainings
- CHV, peer educators, faith leader – led Social and Behaviour Change Communication
- Trainings, dialogues, radio messages, edutainment, among others.

Health workers and CHVs are tasked with giving health talks at the health facilities and pass FP messages to clients. The CHVs are also tasked with educating people at the community level on FP.

Uptake of FP methods in outreaches in Narok County – January 2020

CHAK supported 13 health facilities in Narok County to undertake outreaches with the following results:

As can be seen from the table below, uptake of IUCDs was very low.

Supportive supervision in Homa Bay County

One of the cornerstones of supportive supervision is to work with health service providers to set goals, monitor performance, identify and correct problems and proactively improve service quality.

Supervision visits are also an opportunity to identify and encourage good practices and help health workers maintain quality service delivery.

Training through coaching, mentorship, On-Job Training and employee development are best achieved through onsite supervision and help staff improve their performance.

Method uptake in outreaches in Narok County - January 2020

Method	DMPA	Jadelle	NXT	Pills	Male condoms	IUCD
Total uptake	**90**	**19**	**24**	**12**	**12**	**0**

Challenges and mitigation measures identified through support supervision in Homa Bay County– January 2020

Challenges	Mitigation
Discrepancies in data reporting	Routine DQAs and Supportive Supervision to ensure data quality
Lack of some equipment e.g. IUCD insertion sets	Project to procure key service delivery kits i.e. IUD insertion and removal sets and implant removal sets
Commodities stock outs	Complete reporting and correct quantification of the commodities. Liaise with SCRHC for redistributions where possible
High staff attrition in FBO facilities	Mentoring and OJT to build the capacity of new staff
Low staffing level in FBO facilities	
FP service charge in FBO facilities e.g. Injections @Ksh50, IUD/Implant Insertions @ Ksh100 to Ksh200. These high costs may deter some clients.	Scale up outreaches where FP services are offered free-of-charge.

During DESIP project supportive supervision in Homa Bay County in January 2020, the following key findings were made:

1. All facilities visited provide FP services and compile routine reports.
2. All FP commodities were available except NXT which was lacking in most facilities.
3. All FP services providers found on duty were FP/Long-Acting Reversible Contraceptive (LARC) trained. Majority had been trained by DESIP/OAIC.
4. The health care providers demonstrated good knowledge and skills gained during these trainings.
5. Ownership of the supervision process and discussions was clearly demonstrated by the County & Sub county RHCs.

Opportunities and action points identified during supportive supervision visits in Homa Bay County

1. Mentorship by project and MOH teams
2. Data quality assessment
3. Deliberations on possible approaches that can improve FP uptake
4. Engagement of male champions: Identification, recruitment and sensitization on key FP messaging
5. Adolescent and youth peer engagement: Training during school holidays is best.
6. Social and Behavoir Change Communication for health care providers to address value conflict e.g. FP provision to adolescents
7. Safe spaces for adolescents/Youth seeking FP services e.g. special day/hours
8. Targeted and well mobilized outreaches. This could be accompanied by edutainment
9. Need for continuous quality improvement (CQI) in facilities
10. Joint data review meetings with participation from county, facility and project.

AIC Litein Hospital Tumaini Clinic staff (from left) Dr. Matthew Loftus, Dr. Abiuty Omweri (Family Medicine resident) Brenda Chepngetich and Nicholas Langat.

Community dialogues in Turkana County

In a community dialogue session conducted by Nanam Dispensary, issues affecting family planning uptake, both in the facility and at the community level were discussed. The low uptake of family planning services in the county has been attributed to negative perception, cultural practices, myths and misconceptions.

The CHVs in the county will include awareness on FP services in their community health talks to mitigate this. They have agreed to ensure the community is well equipped with facts about and refer those who would like to take the FP services to the facilities.

Use of community radio for family planning advocacy in Turkana County

CHAK has consistently used mass media to reach communities with family planning messages.

Health workers in Turkana County were the main presenters in a one-hour interactive radio show aimed at promoting uptake of modern contraceptives in the county.

Daniel Erus from AIC Health Ministries (AICHM), Cephas Lokipi a TOT and Otieno Saddat James (MOH - Director of Communication in the county) were among the health workers who took part in the show organized under the DESIP project.

The health workers were able to capture a large part of the audience in the county as they combined the family planning talk with discussions on the on-going COVID-19 pandemic.

Together with other county officials, the health workers began by giving a health talk on COVID-19 on Monday, March 30, 2020, through four community radio stations – Echami Radio which reaches audiences in Turkana South; Maata Radio which reaches Turkana Central and is based in Lodwar, Biblia Husema Broadcasting which reaches Turkana West and Ata Nayeche Radio whose main audience is in Kakuma.

The four community radio stations came together to transmit the COVID-19 interactive health talk to the community. This was followed by the family planning discussion between 9-10pm.

Because most of the county relies on community radio for information and Kenya is on a 10-hour daily curfew between 7pm and 5am due to the COVID-19 pandemic, the health messages reached a large segment of the population.

Daniel says information on family planning was especially timely as un-planned pregnancies were likely to increase during the curfew. The health workers encouraged the community to take full control of their health and plan their families with modern contraceptives.

Discussions during the interactive family planning session centred on:

Right defination of family planning

This entailed ensuring the community understood family planning as getting the number of children that one could take care of and meet their needs, not necessarily getting few children.

This would contribute to changing negative perceptions of FP in the community. Some of the community members were reluctant to take up modern contraception because they thought their population was quite low compared to other bigger communities in the country.

Importance of family planning

The community was informed that family planning would ensure that the health of the mother was not compromised by pregnancies that occured too close to each other. This would ensure a mother was also able to care for her other children.

A family's income needed to be adequate to meet the needs of every member. The children would needed to be educated, clothed and fed with this income.

Family planning would also reduce the burden on health, education and other social services.

The health workers combined the family planning radio talk with discussions around the on-going COVID-19 pandemic

Who can practise family planning?

All women of reproductive age who were sexually active were urged to seek family services from the nearest health facility. The community was told that any woman in the reproductive age bracket could practise family planning. This included women with chronic health conditions. All women needed to be assessed, discuss and agree with their FP service providers on the method that would best suit them.

Cost of services

The FP services were offered free of charge in FBO and County health facilities in the DESIP project.

Male involvement

The men were advised on the family planning methods available for them including male condoms, male sterilisation, among others. The male audience however expressed deep reservations about male sterilisation, wondering about its effect on their virility. The health workers assured them that the two issues were unrelated.

Family planning methods

During the programme the family planning methods available in health facilities in the county, advantages and disadvantages of each, were outlined.

Side effects

A number of listeners called in to inquire about the side effects of modern contraceptives. The listeners complained of various side effects including:

- Discharge
- Delayed fertility after going off a method
- Heavy bleeding
- Infections such as candidiasis , among others
- Callers also sought answers to reproductive health problems that they were experiencing.

The health workers were careful to explain that return to fertility depended on the method used. They also gave an overview of the time that a woman should typically take to conceive for each of the methods offered by health facilities in the county.

Cultural issues and a family's unique situation sometimes contributed to the length of time a woman took to conceive after being taken off a modern contraceptive method. For example, where a man was working outside the home and came home consistently on certain days of the month when the lady was safe, conception would not be possible.

Where a client was experiencing side effects, it was important to visit a health facility to seek the advice of a health worker

The community was encouraged to always have an assessment done by a health worker before settling on a method to avoid side effects.

The health workers cautioned clients against taking up a method due to its popularity as every woman was different. A good example was Depo Provera which was widely used because a woman only needed to get an injection.

Myths and misconceptions

A number of myths and misconceptions centering around FP were identified by the listeners. For example, many members of the community believed that people who used contraceptives would get twins once they were taken off a method.

The health workers clarified that twins were not the result of contraceptive use but of many different factors such as genetics.

Domestic violence

Some callers reported incidences of domestic violence where a husband would turn on the wife for her inability to conceive. This was common where the wife and husband were not open to each other about FP.

The FP presentation was well received by the community and response very positive. Given that it was not possible to address all the FP concerns raised by the community during the one-hour discussion, the radio station was able to avail a recording of the programme to the health workers who committed to answer all the questions.

A follow-up programme in which the health workers tackled more questions from the community took place a week later.

Daniel Erus (top photo) and Cephas Lokipi on air at Echami FM radio during the programme on family planning.

The Turkana County population is considered as deeply entrenched in cultural values. However, judging from the volume of questions during the community radio presentation.

Moving forward

For family planning to be effective and successful, it would have to be a joint effort of both the man and woman. Men have a big say in family planning in the Turkana community. There was therefore critical to involve them in all FP initiatives.

Community Health Volunteers in Narok trained to offer family planning services

A total of 36 Community Health Volunteers (CHVs) from Narok County have been trained to give Depot Medroxyprogesterone Acetate (DMPA-IM), an injectable contraceptive, in their communities. Following the three-week intensive training, a graduation ceremony for the CHVs was held on March at the County Referral Hospital.

The training involved five days of class work, a combination of theory instruction, role plays, case scenarios and class-based practicum sessions. This was followed by 10 days of clinical experience in busy health facilities in the county.

The three-week training was conducted by the Division of Reproductive and Maternal Health (DRMH) and Narok County Health Management Team (CHMT) with support from the CHAK-DESIP FP project. The CHVs were taken from nine Community Health Units (CHUs) in sub-counties of Narok County.

The Community Health Units from which the CHVs were taken and their link facilities are as shown in the table below:

No.	Community Health Unit	Link Facility	No. CHVs/CBDs
1	Naikarra	Naikarra	5
2	Aitong	Aitong	5
3	Talek	Talek	5
4	Ngiito	Tenwek H/C	2
5	Siyaipei	Siyaipei	5
6	Olasiti	Olasiti	2
7	Olendem	Olendem	5
8	Ewaso Nyiro	Ewaso Nyiro	2
9	Narok Town	Fountain	5
		Total	36

Delivering his opening remarks at the training, Narok County Director for Health Dr Francis Kiio said the the Community Based Distributors for DMPA capacity building was crucial in increasing uptake and reducing the unmet need for Family planning in Narok.

CHAK is one of the partners in the DESIP project which is committed to ensuring that women and girls are able to safely plan their pregnancies and improve their sexual and reproductive health. The project particularly focuses on young, rural, and marginalized women and girls, contributing to reduced maternal, new-born, and child mortality and increased modern contraceptive prevalence in Kenya.

During the training, participants were equipped with knowledge, skills and attitudes to:

- Counsel clients on the full range of FP methods
- Educate and motivate clients to accept and use family planning methods
- Provide IEC on the use and effectiveness of contraceptives and on the prevention of STI/HIV/AIDS
- Provide selected contraceptives to clients by use of a screening checklist
- Offer DMPA
- Refer clients for family planning and other RH services as appropriate
- Keep and maintain records on new and old acceptors, referrals, dropouts and motivational activities
- Do follow up of family planning clients
- Prepare and submit a monthly summary of activities carried out
- Attend monthly CHV meetings and participate in discussing problems, constraints and their experiences in the CHV program
- Order and store contraceptives
- Collaborate with other individuals, organizations and government ministries in provision of FP services.
- Carry out other PHC services in addition to FP services
- Form village networks for sharing experiences
- In addition to the above, youth CHV will:

a) Provide information to peers on various RH issues

b) Follow up with special groups, e.g. youth provided with services and information

c) Collaborate with other CHV

d) Organize and attend sporting activities and other forums with youths in attendance to give educational talks and distribute IEC materials.

(Left) Dr. Cyprian Kamau, CHAK Health Services Manager, and (right) Dr Francis Kiio, Narok County Director for Health, present certificates to Community Based Distributors during the graduation ceremony at the Narok County Referral Hospital grounds.

A laid-down criteria was followed in selecting the CHVs to participate in the training. Requirements for participating in the training were as follows:

- Literacy with at least primary level education
- Active participant in community activities or member of a CBO
- Supporter of family planning or RH activities
- The participant was required to be settled in the community he/she was intending to serve.
- A currently active CHV agent
- Willing and able to participate in the CHV program
- Willing to work as a volunteer with no expectations of receiving monetary rewards or job opportunities from the MOH or the supporting organization, unless otherwise stated during the recruitment
- A respected individual who is creative, committed, open minded, tolerant and be able to act as a role model in the community
- A good role model for other health related activities
- Additionally, for the youth:

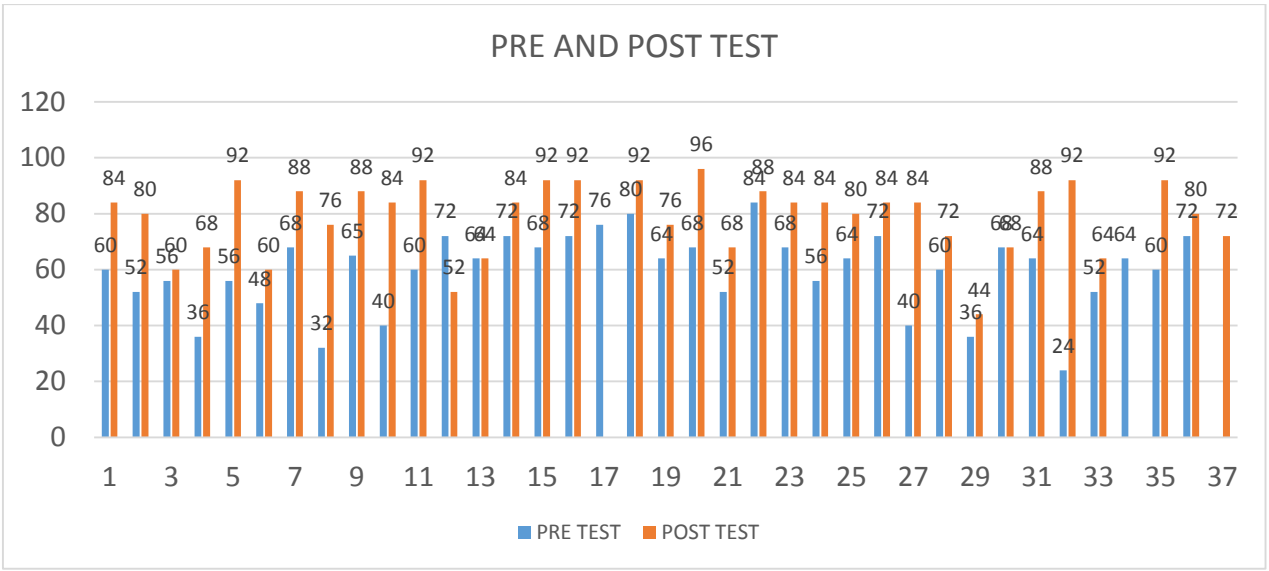
a) Active member of an existing youth group

b) Person of good conduct

c) The training purposed to have an equal proportion of male and female youth, irrespective of marital status.

d) Religious beliefs were required to conform to education, promoting, and providing current RH/FP practices.

e) The youth were also required to work as volunteers.



In the pre-training assessment, the highest score was 84 per cent while the lowest was 24 per cent. The average score was 60 per cent. The pre-test showed participants with different levels of knowledge on FP. The post test showed that learning had taken place. While the highest scored 96 per cent, the lowest score was 52 per cent while the avearge score was 79 per cent.

Religious leaders in family planning and youth reproductive health advocacy efforts

Involving religious leaders in health matters is important because they are critical influencers of health outcomes. Religious leaders are able to reach policy makers and influence key decisions. They are engaged community members and understand their communities' culture, beliefs, and other factors that may influence health.

CAPFA project

The Christian Advocacy for Family Planning in Africa (CAFPA) project, funded by the Bill & Melinda Gates Foundation through Christian Connections for International Health (CCIH), has been engaging religious leaders to advocate for community and policy maker support for family planning to drive positive policy change.

The project aims to improve family planning access through faith-based organizations in support of FP2020 strategies and goals.

It seeks to demonstrate that Christian health networks and other FBOs can be effective family planning advocates at local, national and regional levels.

The project is implemented in three counties in Kenya: Meru, Muranga and Kiambu, with the goal of improving the policy and funding environment for FP in Kenya by engaging and training faith-based organizations as advocates, and creating a replicable model for faith-based advocacy for FP.

Strategies

Religious leaders have proven to be powerful advocates for family planning in the three counties reached by the project at both the policy and community level.

The religious leaders have been trained in family planning advocacy by CHAK through CCIH/Gates Foundation and are able to answer technical and ethical questions with regard to family planning.

The religious leaders are also equipped to refer patients who want to take up modern family planning methods to the nearest health facility.

International advocacy

The religious leaders working in the project have taken their advocacy efforts to the international level through various conferences. These includes the CCIH Annual Conference and the International Conference for Family Planning (ICFP).

Use of social media

Social media has emerged as a key communication and advocacy tool around the world. Religious leaders in the CAPFA project have used their social media platforms to advocate for family planning.

An advocacy training was held for the religious leaders during which they were also helped to strengthen their social media skills.

Use of mass media

a)Editorials

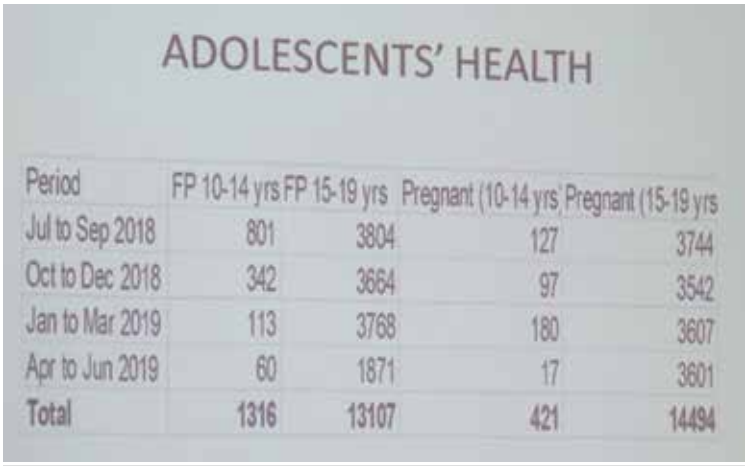
Two religious leaders in the project have published editorials in the Star newspaper in support of family planning. This has been a powerful advocacy strategy as they have taken a very public stand in support of family planning.

Religious leaders in the CAPFA project advocating for FP through social media (Left, Rev. Silas) and community mass media (right) Rev. Carol and Rev. Micheni.

b) Community radio and TV

Religious leaders working in the CAPFA project in Meru County have been at the forefront in using mass media to encourage communities to take up modern family planning methods. They have actively used radio and TV to share information about raising healthy families with their community.

Reverend Carol Mberia, then attached to Maua Methodist Church and Venerable Reverend Silas Micheni, Arch-deacon, Anglican Church of Kenya, Meru Diocese, for example, were on Weru TV and community radio to discuss how family planning protects the health of mothers and children and is consistent with Christian values. Weru TV and community radio reach audiences in Meru and Embu counties in Eastern Kenya.



Period	FP 10-14 yrs	FP 15-19 yrs	Pregnant (10-14 yrs	Pregnant (15-19 yrs
Jul to Sep 2018	801	3804	127	3744
Oct to Dec 2018	342	3664	97	3542
Jan to Mar 2019	113	3768	180	3607
Apr to Jun 2019	60	1871	17	3601
Total	1316	13107	421	14494

A presentation slide showing teenage pregnancies in Kiambu County over a time period.

Reverend Jamlick Murimi of the Anglican Church of Kenya, Nyanya, also in Meru County, hosts a programme on MERU TV focusing on the role of the Church in several aspects of life. Before he started hosting the TV programme, Reverend Murimi hosted a similar show on, Thiiri FM, a community radio station.

The TV programme, which started in August 2019, airs every Saturday morning from 7 to 8am and is repeated on Sunday between 6 and 7pm. These are prime viewing times for the TV channel.

Religious leaders reaching youth and adolescents in Kiambu County with sexual and reproductive health messages

Religious leaders from Kiambu County are working in close collaboration with the county health officials to address sexual reproductive health challenges among youth and adolescents in the area under the CAPFA project.

Working with the county government

One of the major challenges identified was early sexual debut and pregnancies among youth and adolescents in the county. The county health department and church leaders decided to work closely together to tackle this pressing issue.

The first step was to sensitize a bigger group of religious leaders from the County on the situation and the need for intervention. A meeting was held at CHAK Guest House where the religious leaders trained in family planning advocacy invited their counterparts from the county.

Over 40 religious leaders drawn from Christian (both Protestant and Catholic) as well as Islam faiths attended the meeting. County Health officials sensitized them on the prevailing situation in Kiambu County with regard to family planning, teenage pregnancies, sexual and reproductive health and asked for collaboration to address the teenage pregnancies.

Discussions were held on how the religious leaders could contribute to improvement of sexual reproductive health in the county, especially among the youth. Among the observations made during the meeting were:

- The youth lacked role models, even in the Church. A few religious leaders were involved in sexual immorality, denting the image of the Church in society and especially among the youth.
- There was need to immediately begin addressing the issues of teenage pregnancy, early sexual debut and other sexual reproductive health issues in the county. The religious leaders agreed that they had a big role to play as the youths and their parents or guardians were part of their congregations.
- The religious leaders shared ideas and best practices on programmes that they could use to reach the youth. Some of the social amenities e.g. football stadiums in the county could be used for activities to bring the youth together. During such activities, the youth would be counseled on sexual reproductive health (SRH).
- The religious leaders admitted that the Church was losing the adolescents and youth, especially during their teenage years. Many of the youth went to Sunday school as young children, disappeared from church during their adolescent years only to re-appear when they got married or already had families. A lot was happening to the youths in the years they did not attend church.
- While the religious leaders and parents routinely advised the youth to abstain from pre-marital sex, the youth were not following this instruction. It was there-

Religious leaders and Kiambu County health department officials who took part in a meeting to identify solutions to youth and adolescents sexual reproductive health challenges in the county.

fore necessary to change the SRH messages to the youth. During the meeting, the religious leaders agreed to continue stressing on abstinence. However, where abstinence was not possible, the youth would be advised on other options and the consequences of their actions.

- The religious leaders asked the county health department to allocate a budget to empower and equip them to handle FP and SRH issues in their congregations.
- There was also need to reach parents with messages on sexual reproductive health issues among youth and adolescents.
- There was need to give children age-appropriate information on sex and reproduction. Parents needed to be empowered to do this. If parents did their job well, religious leaders would not experience difficulty in counseling the youth on sexual reproductive health.
- There was need to end sexual reproductive health stigma among religious leaders. Some religious leaders found it challenging to offer counseling in this area due to stigma. They would need to be empowered in order to be able to reach out to youth and adolescents with the right messages.

The church leaders agreed to come up with strategies to reach the different groups of youth in the county. A key strategy to address the problem was to invite the county community health team to the various church functions and forums to deliver SRH messages to the adolescents, youth and their guardians.

Youth forums

The AIC Kijabe Region senior youth camp where discussions centered on adolescent pregnancies and their attendant challenges and mental health.

The religious leaders agreed to invite the County Health department to the Church sponsored and organized rite of passage forums held annually in various venues.

The forums held in December every year target both young men and women who are sensitized on reproductive health issues through a biblical approach as they move from childhood to adolescence and onto adulthood. It was envisaged that over 2,000 youth would be reached through the forums in 2019.

The various churches held youth forums during the school holidays in December 2019 to ensure as many youth as possible were able to attend. As agreed during the meeting at CHAK the churches invited the county health officials to speak on sexual reproductive health to the youths present.

Kiambu County Health officials addressed the youth at the AIC Kijabe Region senior youth camp where discussions centered on adolescent pregnancies and their attendant challenges and mental health.

The youth were also empowered on building bridges with parents and siblings and healthy relationships.

At the Pentecostal Evangelical Fellowship of Africa (PEFA) Church youth conference held at a local secondary school, the County Government health officials similarly spoke to the youth about mental health and adolescent pregnancies.

Positive use of technology was also discussed at the forum in order to encourage the youth to harness technology to improve their lives and their communities.

Other channels identified to reach the youth in the county are mass media, social media, football tournaments, county youth meetings and other events.

Partnerships key in family planning services delivery at Kendu hospital

Kendu Adventist Hospital (KAH) has been offering family planning (FP) services to its clients for many years. The hospital covers a wide catchment area focusing on women in the reproductive ages.

Knowledge on all FP methods is shared with clients and through counseling, the most appropriate method is chosen. The client makes an informed choice based on the knowledge, patient history, general assessment and reproductive health needs.

The commonly available methods are implants, injectables, oral pills, tubal ligation, vasectomy, condoms, both male and female, and cycle beads.

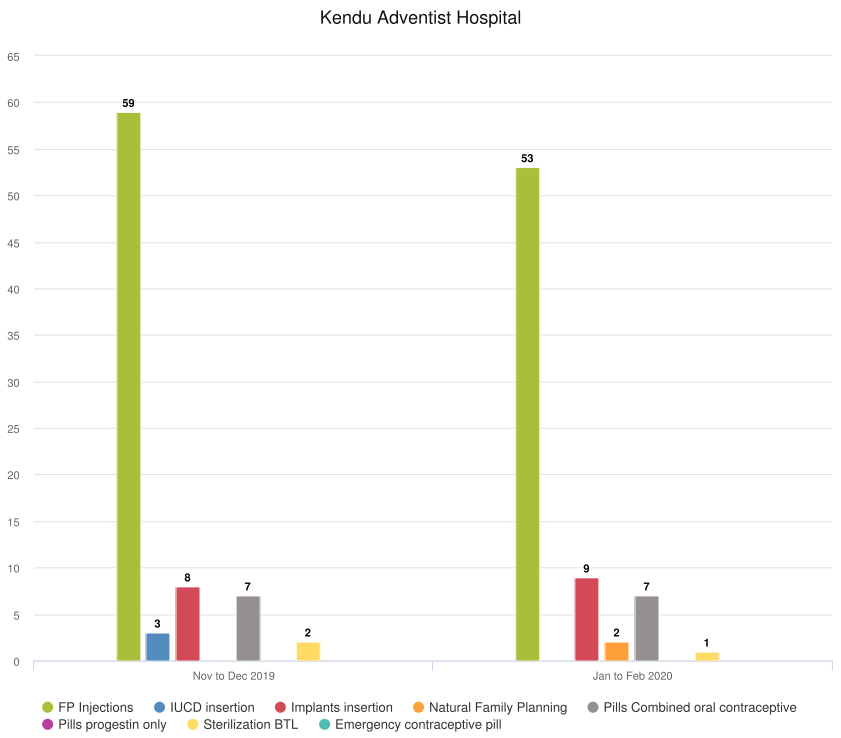
The most preferred methods are implants and injectables. The department carries out continuous sensitization on other available methods.

The choice of method by the client is mostly based on general information available in the community, past experiences and level of knowledge. On average, monthly facility uptake is 40 clients and 80 clients per outreach.

The staffing is adequate and student nurses are additionally posted for learning purposes. The staff provide supervision based on the client's choices and needs, are adequately trained and have the required skills to handle all types of clients.

Partnerships

a) MOH facilitates implementation of policies through support supervision and organizes for updates through seminars. The MOH issues commodities and supplies on a monthly basis.



b) TUNZA: The hospital has been in partnership with TUNZA which has handed over to DESIP (Delivering Sustainable and Equitable Increases in FP). TUNZA/DESIP provides tranport and lunches for staff during outreach services, allowances for Community Health Voluteers and supply of consumables like disposable instruments.

c) Religious leaders take the lead in mobilisation in their respective churches and refer clients to the facility. Their impact is yet to be realized.

d) Continous Medical Education is facilitated by MOH, CHAK and TUNZA/DESIP.

Other services offered at the clinic are cervical and breast cancer screening.

Challenges

- The community has many misconceptions which prevent effective uptake of the methods.
- The clients' economic status may mean they are not able to afford some of the methods. The cost of some methods has been subsidized for sustainability.
- The room where FP methods are offered is small and cannot accommodate more than one client at a time. This has resulted in prolonged waiting time for the clients.
- It has been noted that method failure rate among HIV-positive clients is increasing, especially for those on hormonal contraceptives. This may be due to drug interactions. Staff therefore consult extensively with the patient support centre healthcare providers.
- Inconsistent supply of female condoms

Faith-based Medical Training Colleges preparing nurses to offer quality services

Sheila Ayuma, a third-year student nurse at Kendu Adventist School of Medical Sciences explains why she is confident she will be able to competently offer FP services when she completes her course

As a third-year student nurse at Kendu Adventist School of Medical Sciences, I have confidence in the skills I have acquired to handle family planning clients.

During the second semester of my first year, I was taken through a unit on family planning also known as contraceptive technology. This is one of the units within the reproductive health course.

The unit covered 24 hours within a six-week classroom teaching period. The teaching methodology was lecture–discussion. Students interacted with clients often, and discussions came in handy to clarify issues arising from these interactions. These interactions happenned in the maternity ward, female ward, maternal and child health clinics.

As students, were were trained in the following areas:

- Scope of family planning
- Family planning approaches to different groups (adolescents, youth, IDPs, PLWHAs)
- Balanced counseling strategy
- Medical eligibility criteria for each methods so as to assess the suitability of the method.
- Hormonal methods: pills, implants, injectables, IUCD
- Non- hormonal methods – condoms (female and Male), copper based IUCD,
- Permanent FP methods: tubal ligation and vasectomy
- Natural family planning approaches: basal body temperature monitoring, billings method, use of the cycle beads
- FP commodity and supplies management: ordering, receiving, storage, issuing, record keeping and report writing.

Theory was supported with practice/demonstration where appropriate, for example, in areas such as usage of cycle beads, condom use and disposal. Upon completion of the theory training, we sat a written exam, then proceeded on clinical placement in busy hospitals in the county.

My clinical placement was in the Maternal Child Health Clinic and Family Planning (MCH/FP) room in Kendu Adventist Hospital, Homabay County, and a rural health facility in Mbale, Vihiga County.

I was closely supervised by the nurses in the department, from receiving clients, counseling, educating them about the methods, clinical assessment, issuing the chosen method, post method counseling, on to indicating the return date. The most preferred FP methods, in my own view, are depo-provera and implants.

A key challenge in family planning uptake is male involvement. Strategies need to be in place to ensure men's participation in FP. The strategies may include favorable clinic hours, infrastructural adjustments, further training of health care workers on how to effectively involve men in health matters and provision of IEC materials attractive to men.

(Left) Sheila during clinical placement at KAH and (right) with a tutor from KASMS.

President launches new quality framework towards Universal Health Coverage

President Uhuru Kenyatta has launched the Quality of Care Framework and Manual for Kenya's health sector. The President launched the two publications during the first Kenya Health Convention on March 9, 2020.

During the ceremony, the National Government MOH, COG, KHF and CHAK signed a communique committing themselves to ensuring quality health services in universal health coverage.

The President presented copies of the two policy documents to each of the agencies.

CHAK General Secretary Dr. Samuel Mwenda received the two publications on behalf of the CHAK network from the President during the launch at Sarit Centre, Westlands, Nairobi.

The policy documents are based on the KQMH and were launched on the wings of the first Kenya Healthcare Convention.

Quality of Care Certification Framework for the Kenyan health sector

The framework is premised on Kenyan law and national health sector policy as spelt out in several legal documents including the Constitution of Kenya 2010.

Its implementation is expected to result in sustainable health care and positive experiences for all stakeholders. The framework will better health services in the country and provide Government with appropriate tools for strengthening health sector oversight.

According to the document, institutions and organisations undergoing the certification processes will benefit through improved competitiveness and image building.

The Quality of Care Certification Framework notes that defragmentation of licensing processes has led to inadequate regulatory enforcement, duplication of efforts and poor information sharing among the regulators and MOH.

This has led to the development of Joint Health Inspections which uses a combined tool, the Joint Health Inspection Checklist which has already been gazetted.

The JHIC has 13 key elements which to some extent overlap with the KQMH.

The framework also notes that there is no formal MOH mechanism for certification. Kenya Accreditation Service (KENAS) is the sole national accreditation body for Kenya and offers several health sector-related services. The document notes that KENAS has a ready system for accreditation of health facilities (ISO/IEC 17021-1 + KQMH).

On the other hand, NHIF has been using KQMH to maintain and improve health services in health facilities with which it has contractual obligations.

The framework will therefore establish a quality assurance framework for all service providers therefore providing a level playing field in the health sector. Certification standards, the document notes, will have to be consistently and uniformly applied to maintain the credibility of the process and consumer confidence.

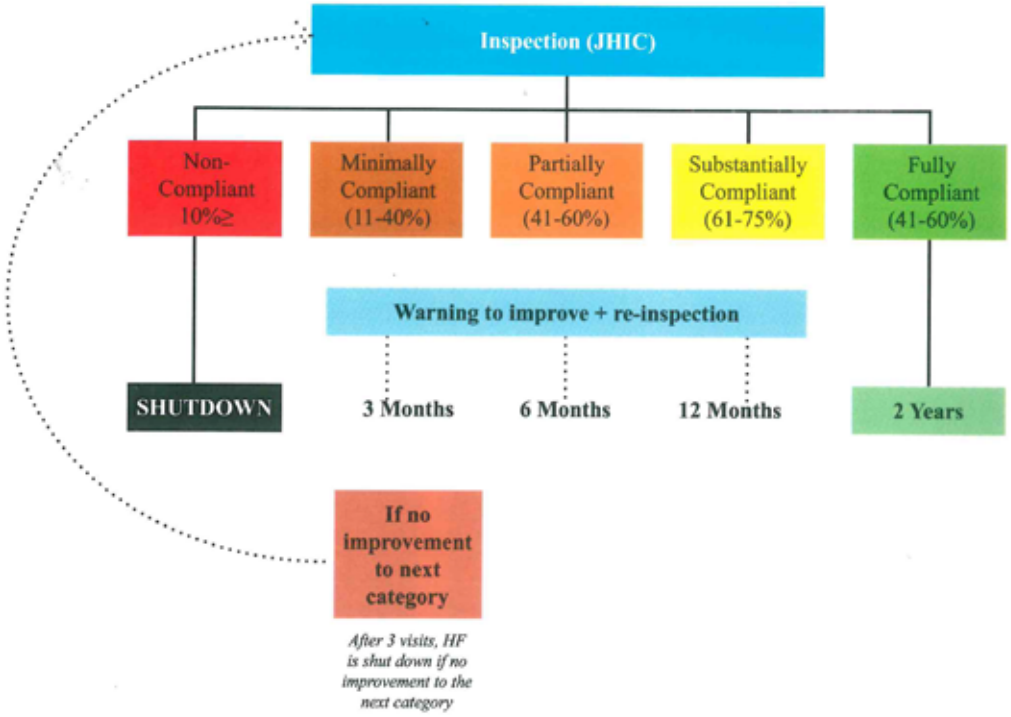
Quality of Care Certification Manual

The certification manual has been developed to guide health sector stakeholders on the accreditation process in order to ensure the highest stand-

Joint Health Inspection Checklist Areas of Focus

Administrative Information (*including licenses*)	Theatre
Health Facility Infrastructure	Pharmacy
General Management and Recording of Information	Laboratory
Infection Prevention and Control	Radiology
Medical and Dental Consultation Services	Nutrition and Dietetics Service Unit
Labour Ward	Mortuary
Medical and Pediatric Wards	

The Joint Health Inspection Checklist has already been gazetted.



JHC scores for health facilities and risk-based actions.

ard of health care for all Kenyans as provided for in the Constitution of Kenya 2010.

As the Government works towards Universal Health Coverage in Kenya, equitable access to quality essential health services for all citizens will underline the success of this major undertaking.

The manual therefore:

a) Outlines the procedure to be followed for:

- Health facility licensure/registration/gazettement
- Health facility certification process on compliance with the set standards of service delivery
- Conformity Assessment Body (CAB) accreditation on demonstrating competence to conduct conformity assessment of the health facilities with respect to the set standards.

b) Provides clarity on roles and responsibilities to avoid overlaps

Quality of care certification in Kenya will have three components as outlined in the document:

a) Registration/licensure/gazettement which is compulsory and ensures compliance with minimum standards

b) Certification which is voluntary for health facilities and is conferred upon evaluation by an authorized CAB to establish compliance with designated standards (KQMH) and demonstration of continuous quality improvement. Certification is based on star rating and linked to incentives (NHIF rebates and compensation from other insurers).

c) Accreditation which is voluntary for CABs and conferred by the Kenya Accreditation Service (KENAS) upon demonstration of compliance with minimum requirements.

The manual also outlines the procedures for the three components.

All health facilities will be required to undergo inspection prior to licensing. A Joint Health Inspection Team will inspect the health facility upon application by the proprietor and give recommendations.

The inspection team will be required to collect the facility bio-data for entry into the Master Facility List.

The manual also provides for periodic scheduled inspections using the Joint Health Inspection Checklists.

The Joint Health Inspection Team is expected to release a yearly joint inspection schedule to all health facilities. Such inspection may be impromptu. Using an electronic inspection tool already in place, a facility will be categorized as

a) Non-compliant (0-10 per cent)

b) Minimally compliant (11-40 per cent)

c) Partially compliant (41-60 per cent)

d) Substantially compliant (61-75 per cent)

e) Fully compliant (>75 per cent)

Follow up actions are provided for as in the diagramme below.

Reactive inspection will be carried out following suspicions of health facilities non-compliance to minimum standards or complaints from the public.

These inspections will be immediate and unscheduled with no prior warning to the health facility.

Certification

Although certification is voluntary, all health facilities are encouraged to go through the process. Incentives will be created and instituted in due course.

Certification will be based on KQMH standards although other standards may be used that will require benchmarking with the KQMH standards.

The health facility will conduct its own self-assessment to identify gaps in quality and address them. The health facility through the county or umbrella body, such as CHAK, will communicate to the Certification Oversight Body and request for an external assessment. The oversight body will then delegate the assessment to the Certification Assessment Body.

In case of non-conformities, the CAB may allow for a time not exceeding 30 days for the facility to demonstrate compliance.

The Certification Oversight Body will award a star rating and a recognition certificate to a health facility that successfully completes the process. The certification will be according to the facility level.

The star rating has been set as follows:

a) 50 per cent and above score on the KQMH – 1 star

b) 60 per cent - 2 stars

c) 70 per cent - 3 stars

d) 80 per cent - 4 stars

e) 90 per cent - 5 stars

Health facilities will be assessed yearly and rating assigned for that specific period. The star rating will not be revised until 12 months have lapsed.

To achieve certification, Quality Improvement Teams and Work Improvement Teams will be essential. A health facility will identify champions for quality improvement to act as the focal person for quality improvement in the facility.

Centres of Excellence

For a health facility to qualify as a centre of excellence, it will need to:

a) Deliver specialised programmes in a particular medical discipline – maternal and new natal health, orthopaedic care, fistula management, eye care, etc.

b) Demonstrate a high level of competence and interdisciplinary collaboration.

c) Have the prerequisite resources to deliver the service in a comprehensive manner

d) Attain 80 per cent and above on the KQMH score

e) Score highly on a set of identified outcome indicators for the medical discipline

Accreditation of Conformity Assessment Bodies (CABs)

A CAB will be accredited by KENAS and will be a legal entity. Such a body will need to meet accreditation standards (ISO/IEC 1702 – 1 + KQMH).

Accreditation status will be valid for three years or a period determined by the accreditation body subject to satisfactory periodic assessments. The accreditation process has been clearly outlined in the document.

Roles and responsibilities

The document has also outlined the roles and responsibilities of the following key players in the Quality of Care Certification framework:

a) Oversight Authority for Certification Activities

b) Department of Health Standards, Quality Assurance and Regulations

c) Kenya Accreditation Service

d) Regulatory Boards and Councils

e) County Governments

f) Conformity Assessment Bodies

g) NHIF

h) Professional bodies and learning institutions

i) Health facilities' umbrella bodies such as CHAK, KEC and KHF

Implementation road map

Implementation will be realized in several phases expected to extend to the end of the current Kenya Health Sector Strategic Plan 2018-2023. Among the key undertakings are:

a) Identification and strengthening of the Certification Activities Oversight Body

b) Strengthening of the regulatory function and training of additional county health inspectors

c) Identification and traning of CABs, especially in use of KQMH

d) Training of a critical mass of county quality of care mentors and peer assessors

e) Identification of pilot health facilities and counties

f) Training of health facilities in KQMH

g) Phased KQMH assessments through different KEPH levels

h) Creation of a quality improvement performance data base

i) Accreditation of CABs by KENAS

j) Resource mobilisation

k) Branding for certified health facilities

The Quality of Care Certification Manual and Certification Framework for the Kenya Health Sector therefore provide for the establishment of a collective quality assurance platform for all service providers as the Government works towards making Universal Health Coverage a reality.

College diversifies training programme as students fail to meet nursing requirements

Maua Methodist College of Health Sciences has expanded its range of training programmes to enhance its contribution to human resources for health in the country and ensure sustainability.

The college, previously known as Maua College of Nursing, earlier only offered a nursing diploma (Kenya Registered Community Health Nurse (KRCHN) to its students. It has now delved into HIV and health management courses due to the low number of students qualifying for the nursing diploma after secondary school examinations.

Maua Methodist Hospital which runs the college has been training nurses since 1942.

In the last three years, performance in science subjects in the Kenya Certificate of Secondary Education (KCSE) has been wanting. Performance in biology, which is a mandatory cluster subject for students wanting to enroll into nursing training, has been especially dismal. The Kenya National Examinations Council expressed dismay at the poor performance in biology in 2019.

In addition to the nursing diploma for which the entry grade is a C-plain aggregate, a C-plain in biology and other subject grades as specified by the Nursing Council, the college is also offering the following courses:

- Clinical counselling psychology requiring an aggregate grade of C (minus)
- Medical records and information technology
- Community health and development requiring an aggregate grade of C (minus)
- Community health and social work requiring an aggregate grade of C (minus)
- Community health and HIV Management

The college is also offering short courses in:

- Basic life support
- Computer packages and applications

Recent developments in Kenya's education sector pose a serious threat to the development of human resources for health, especially for faith based organisations.

Middle level colleges run by church-sponsored hospitals are facing daunting challenges in recruiting trainees who meet the qualifications set out by regulatory bodies such as the Nursing Council of Kenya.

Also facing the same challenge are faith based universities offering medical courses.

These middle-level faith based colleges have been at the forefront of developing high caliber staff in cadres such as nursing and clinical officers.

In Kenya, nurses provide the bulk of direct patient care at all levels of health services delivery.

The Nursing Council of Kenya stipulates that the minimum entry requirement for a Diploma in Nursing in the pre-service category is a C-plain aggregate in the Kenya Certificate of Secondary Education (KCSE), C-plain in English or Kiswahili as well as Biology or Biological Sciences.

The applicant should also have scored a C-minus in physics, mathematics, chemistry and physical sciences.

However, following the dismal performance of many KCSE candidates over the last three years, faith based medical colleges are finding it difficult to get enough students to fill their classrooms, some of which admit as few as 20 students per intake.

It is feared that this poor enrolment in middle level medical colleges may further worsen the shortage of human resources for health in Kenya.

Students' enrolment per year

Intake per year	Expected numbers	Actual numbers
2016	50	26
2017	50	25
2017	50	20
2018	50	13
2019	50	21
Total	**250**	**105**

Religious leaders in fresh commitment to empower men in fight against HIV/AIDS

Religious leaders under the NCCK umbrella have launched the Faith and Community Initiative (FCI), a programme that is aimed at empowering men to actively engage in the journey to a HIV- Free Generation.

CHAK is one of the project implementing partners. Through the Faith and Community Initiative supported by PEPFAR, the partners are seeking to increase the number of men and children who know their HIV status and to stop Sexual Violence Against Women and Children.

To contribute to the global goal of zero new HIV infections by 2030, the heads of NCCK member churches committed to:

1. Lead by example by taking the HIV test in public so as to inspire members of their churches to also take the test
2. Establish and strengthen support groups within their congregations for persons affected and infected by HIV
3. Strengthen the Rites of Passage programmes within their congregations and use them, alongside the regular children and youth programmes, to inculcate positive values in the children and the youth. These programmes would address risk factors including drug and substance abuse, violence, and responsible sexual behaviour.
4. Facilitate their congregations to design and implement HIV information sharing programmes targeting men, women, youth and children
5. Fight HIV&AIDS stigma by creating a healthy environment for persons affected and infected by HIV within their churches and wider community
6. Reach out to men to empower them to be champions of the journey towards a HIV- Free Generation, and to protect children from violence
7. Establish safety nets within their congregations where survivors of sexual violence against Children are cared for and supported to pursue justice
8. Establish programmes within churches for regular dissemination of information on HIV&AIDS and on prevention of sexual violence against children

CHAK General Secretary Dr Samuel Mwenda issues HIV self-test kits to NCCK General Secretary Chris Kinyanjui to be distributed to the FCI Champions in member churches.

NCCK General Secretary Chris Kinyanjui reads a communique at the end of the launch and sensitization training.

In a communique issued by the religious leaders during the launch, they expressed confidence that the above interventions would overcome the main hurdles to a HIV-free generation. The religious leaders identified the four main hurdles as follows:

1. Incorrect perceptions about HIV, which they said would be dealt with through dissociation of HIV from sex. This would ensure HIV discussions were free of sex-related taboos.

2. Forced sex and sexual violence, against which they pledged to educate their members and the wider community. Communities would also be informed on appropriate responses and the pursuit of justice.
3. High numbers of Kenyans who are not aware of their HIV status. The religious leaders called on the National Aids and STIs Control Programme (NASCOP) to partner with pastors to provide testing services during weekly worship services.
4. The failure by men to be actively engaged in initiatives to combat HIV and sexual violence against children.

The faith leaders expressed their commitment to ensure that men were actively involved in the fight against HIV&AIDS. They observed that because men play a leadership role in the family and community, when they are reached:

i) The correct information about HIV would spread in the community
ii) Sexual violence against children, men and women would reduce and survivors get justice
iii) The number of people who test and know their HIV status annually would increase thereby reducing transmission by those who don't know their status
iv) Infants will receive Prevention of Mother to Child Transmission services since men will be promote ante natal care
v) Big strides will have been made towards attaining a HIV-free generation.

The clergy further observed that men are expected to not only provide materially for their families but also protection from exposure to HIV and sexual violence.

They called on other clergy to differentiate between HIV the virus, AIDS the disease, and moral character and empower men to play their role in the journey towards a HIV-free generation.

CHAK Annual Health Conference and Annual General Meeting 2020 postponed

Due to the prevailing situation with regard to the Corona Virus (COVID-19) global pandemic, the Government has issued a directive banning conferences, meetings and gatherings in an effort to contain the spread of the highly contagious disease.

In compliance with this directive, CHAK Executive Committee and Management Team have taken the decision to postpone the Annual Health Conference and General Meeting earlier scheduled for April 28-30, 2020, at the AACC Desmond Tutu Conference Centre, Nairobi.

A new date will be set and communicated once the COVID-19 threat is settled and Government of Kenya lifts the restriction on public meetings.

We appeal for your understanding and support and hope that you will be able to join us when a new date is set and announced.

Thank you.

Covid-19 resources for CHAK member network

a) CHAK member health units are urged to visit our social media pages (Facebook: CHAK, Christian Health Association of Kenya; Twitter: CHAK_Kenya; Instagram: CHAK_Kenya) to view available resources from MOH-Kenya, CDC and WHO.

b) Support materials for religious leaders from WCC and other partners are also available on our social media platforms.

c) Working closely with the Ministry of Health, CDC, USAID, and others have been developing COVID 19 posters in English and Kiswahili, creating a distribution plan that aligns with the epidemiology of this disease, and distributing them through the Ministry of Health's county health promotion officers. A list of the counties that have received the posters is available on CHAK social media pages. CHAK has also printed COVID-19 posters and sent them out to all MHUs.

d) CHAK Secretariat will be conducting weekly COVID-19 webinars for member health units. Invites for these webinars will be sent out via text messages (SMS) and e-mail. Member health units are requested to get in touch with CHAK Secretariat for more information on these sessions. Kindly take this opportunity to learn more about COVID-19.

KENDU ADVENTIST SCHOOL OF MEDICAL SCIENCES

For more info.

CONTACT: The Principal
Kendu Adventist School of Medical Sciences,
P. O. Box 20 – 40301, Kendu Bay
Phone: 0711954609, 0721230535, 0734000009, 0780500507

The Kendu Adventist School of Medical Sciences [KASMS] which was established in 1948, has continued to produce highly skilled nurses and clinicians who are ready serve in nearly any kind of environment that provides them an opportunity.

The School, formerly known as the Kendu Adventist School of Nursing initially offered training at certificate level until the year 2007 when the Diploma program was established giving room for both direct admission and qualified nurses seeking to upgrade to Diploma level. The name was changed to School of Medical Sciences upon introduction of a new diploma course in Clinical Medicine and Surgery in 2011.

The Programmes offered at the School are regulated by the Nursing Council of Kenya (NCK), Clinical Officers Council of Kenya (COC), Technical and Vocational Education and Training Authority (TVETA), as well as the Adventist Accrediting Authority (AAA).

Students admitted for the Diploma in Clinical Medicine and Surgery normally take 3 years to complete their course before proceeding for 1 year internship placement by the government of Kenya, while those enrolled for the Diploma in Community Nursing take 3½ years of course work.

KASMS also offers opportunities for distant learners who hold Certificate in Enrolled Nursing and meet the relevant requirements for upgrading into Diploma course. The program is designed for those who are already employed and who may not get opportunity for full time study at the School.

With the Mission to train competent multidisciplinary professionals who will provide holistic care to the community, the Kendu Adventist School of Medical Sciences is well known for producing men and women who have not only demonstrated excellence in service but also displayed leadership skills in various capacities in their service areas.

ADMISSION REQUIREMENTS

CLINICAL MEDICINE & SURGERY

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics, Chemistry or Physics

Intake for the above course is only once a year and is during the month of **September.**

NURSING

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics or Chemistry

Nursing intake takes place during the month of **March** and **October.**

FINANCIAL SUPPORT PLAN

Students are supported through Higher Education Loans Board [HELB], constituency bursaries and student work-plan.

APPLICATIONS

All interested candidates are expected to send their application letters with a copy of the result slip or certificate at any time of the year while waiting for the upcoming month of entry. Application forms can be obtained from the school or by email request to medicalschool@kenduhospital.org