NOVEMBER 2021

Children And Mothers Partnerships (CHAMPS) Initiative - Kenya

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Children And Mothers Partnerships
(CHAMPS) Initiative - Kenya

**2 Diseases program
aims to address**

• Cancer (Cervical)

3 Beneficiary population

• Women
• Youth (5-18yrs)
• People with low income
• Rural Populations

4 Countries

• Kenya

5 Program start date

September 01, 2017

6 Anticipated program completion date

August 31, 2020

7 Contact person

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8 Program summary

The overall aim of the Children And Mothers Partnerships (CHAMPS) initiative is to promote primary prevention of cervical cancer among girls and women through vaccination against Human Papilloma Virus (HPV) among eligible young girls and improving access to early diagnosis and treatment for women. While there is a favorable policy framework and encouraging movement toward policies across health and education, many gaps exist in implementation of these policies, especially in areas of high risk populations such as adolescent girls, as they are a high risk population for exposure to HPV at an early age due to exposure of risks. Another risk is the parents' resistance to HPV vaccination and cancer screening for their daughters. The protective factor of schooling is also limited due to high dropout rates between primary and secondary levels.

HPV vaccinations in conjunction with cervical cancer screenings and treatment are paramount for reducing the mortality rate for cervical cancer in Kenya. The Catholic Medical Mission Board (CMMB) is working with the rural, poor and marginalized communities in Kitui South to improve access to maternal and child health services as well as enhance quality of care at lower level facilities. By training community health workers, nurses and health professionals in local government health facilities through provision of training programs on cancer screening and care ensuring that women are able to access these services beyond the project implementation period.

Project objectives:
• To strengthen primary prevention and protective factors for girls through education and promotion of HPV vaccination.
• To strengthen secondary prevention through increased screening, early diagnosis and treatment for cervical cancer in women in the project area.
• To advocate for the inclusion of adolescent girl issues in national policies and cervical cancer prevention and control strategic plans in support with First Lady's "Beyond Zero Campaign"

Program Overview

8   Program summary, cont.

Project Components:
- CMMB will enhance training for community health workers, nurses and other health professionals on cancer screening with low cost technology VIA, followed by cryotherapy whilst strengthening the referral system through leveraging existing resources to improve access to cancer care at:
- National level, county level and grassroots level to advocate for the government to allocate funds and resource mobilization for cancer prevention and control and to generate evidence for advocacy.
- In the CHAMPS zone of project area, focused on:
  - Integrating health education on cervical cancer screening with other interventions in 34 health facilities and 80 schools.
  - Integrating awareness and education training on HPV and cervical cancer into 2100 newly recruited community health volunteers (CHVs) training curriculum.
  - Convening and taking the lead in the awareness campaigns with focus on reproductive health.
  - Offering support to cancer survivors and people living with HIV/AIDS (PLWHA). These could include income generating activities (IGAs) and psycho social support.

Monitoring and evaluation:
Monitoring and evaluation will be facilitated through the already existing CHAMPS programmatic portfolio and structures within Kenya and remain the responsibility of CMMB. Periodic reports will provided to Bristol Myers Squibb Foundation (BMSF).

Expected outcomes focused on cervical cancer prevention, early detection and treatment:
- Improved capacity of community health workers, nurses and health professionals in local government health facilities to detect and treat cervical cancer.
- Improved access to women's healthcare services for underserved communities through increasing community awareness.
- Improved advocacy on policies towards improving access to health care for both cancer prevention and treatment.
- Improved access to maternal and child health services as well as enhance quality of care at level of community, dispensaries and health centers related to HPV vaccines and cervical cancer screening.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Awareness campaigns with focus on reproductive health will be implemented in the CHAMPS zone of project area. Education on cervical cancer screening in 80 schools.
Mobilization	National, country and grassroots level mobilization of allocate funds for cancer prevention and control.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training for community health workers, nurses and other health professionals will be completed on cancer screening with low cost technology VIA, followed by cryotherapy. Training on HPV and cervical cancer will be completed for 2100 newly recruited community health volunteers (CHVs).
Management	The program will integrate cervical cancer screening with other interventions in 34 health facilities such as psychosocial support.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Sponsor and funder.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Bristol-Myers Squibb Foundation	Sponsor and funder. The Bristol-Myers Squibb Foundation is a distinct legal entity from Bristol-Myers Squibb. However, Bristol-Myers Squibb (Parent Company) is the IFPMA member. https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html	Private
Kenyan National Cancer Institute (KNCI)	Kenyan National Cancer Institute (KNCI) is a collaborating partner. https://www.uicc.org/membership/national-cancer-institute-kenya	Voluntary
First Lady Beyond Zero Campaign	First Lady Beyond Zero Campaign is a collaborating partner. Launched in January 2014 by Her Excellency Margaret Kenyatta the First Lady of the Republic of Kenya, Beyond Zero was inspired by the realization and knowledge that maternal and children deaths are preventable. Beyond Zero is a call to action for policy prioritization and formulation, increased resource allocation, improved service delivery and better individual health seeking behaviors and practices. Through this high level advocacy platform, the First Lady leverages on the convening power to bring to focus key challenges facing Kenyans and build strategic partnerships that will address these challenges. https://www.beyondzero.or.ke/about-us/	Voluntary
Kenya Ministry of Health	Government collaborating partner. http://www.health.go.ke/	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Bristol-Myers Squibb Foundation	Kenya
Kenya Ministry of Health	Kenya
Kenyan National Cancer Institute (KNCI)	Kenya
First Lady Beyond Zero Campaign	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Kenyan MoH is a Government implementing partner.
Non-governmental organization (NGO)	First Lady Beyond Zero Campaign is a collaborating partner.
Local Hospitals and Health Facilities	Kenyan National Cancer Institute (KNCI) is a collaborating partner.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Adolescent girls are a key demographic in the fight to reduce HIV and HPV infections, AIDS and cervical cancer because they are disproportionately at risk. Significant advancements have been made against HIV/AIDS over the past decade amongst adult populations. However, the threat from HPV/cervical cancer to this demographic is increasing especially in the presence of HIV co-infection. Currently, approximately 10.3 million women aged 15 years and above in Kenya are at risk for cervical cancer, with an annual incidence projected to rise by 74% by the year 2025.[1] In terms of primary prevention, a major development in the past few years has been the introduction of the HPV vaccine through a GAVI-supported HPV vaccination demonstration project in 2013-2014. Highly successful, the two-year demonstration project in Kitui County, Kenya, utilized a school-based approach targeting girls in form 4 and out of school girls 10 years of age. The project vaccinated 40,000 girls with a coverage rate of over 85% in both years. While initially thought to be cost effective, this strategy resulted in $20.67 per student, inclusive of vaccine costs. Thirteen key lessons that emerged from this project included the critical importance of community sensitization, engagement and male involvement, the importance of accurate targeting to avoid vaccine shortfalls, and the need to explore ways to bundle HPV vaccine with other adolescent health services. As a follow-up to this project, GAVI approved a follow-up demonstration project to be implemented within 2017 to vaccinate 65,240 girls in and out of school, utilizing a facility/mobile outreach approach, coordinating with schools as well as the First Lady's "Beyond Zero" campaign around cervical cancer. The Ministry of Health plans to review and revise the Kenya Cancer Prevention and Management Strategy, possibly providing a window of opportunity for policy advocacy.[1]

a How needs were assessed
[No response provided]

b Formal needs assessment conducted
[No response provided]

16 Social inequity addressed

HPV vaccinations in conjunction with cervical cancer screenings and treatment are paramount for reducing the mortality rate for cervical cancer in Kenya. The Catholic Medical Misson Board (CMMB) is working with the rural, poor and marginalized communities in Kitui South to improve access to maternal and child health services as well as enhance quality of care at lower level facilities. By training community health workers, nurses and health professionals in local government health facilities on cancer screening and care, this program helps to reduce the inequity in cervical cancer prevention, diagnosis and care between poor rural communities in Kitui South and urban communities.

17 Local policies, practices, and laws considered during program design

The overall aim of the Children And Mothers Partnerships (CHAMPS) initiative is to promote primary prevention of cervical cancer among girls and women through vaccination against Human Papilloma Virus (HPV) among eligible young girls and improving access to early diagnosis and treatment for women. The activities of the program including training of health professionals, HPV vaccination awareness campaigns and cervical cancer screening are implemented in line with local practices and laws. Since HPV vaccination is currently included in the national vaccination program this program follows international guidelines and recommendations of HPV vaccination.

18 How diversion of resources from other public health priorities are avoided

[No response provided]

Local Context, Equity & Sustainability

19 Program provides health technologies (medical devices, medicines, and vaccines)

[No response provided]

20 Health technology(ies) are part of local standard treatment guidelines

N/A.

21 Health technologies are covered by local health insurance schemes

N/A.

22 Program provides medicines listed on the National Essential Medicines List

N/A.

23 Sustainability plan

Enhanced training for community health workers, nurses and other health professionals on cancer screening with low cost technology VIA, followed by cryotherapy and strengthening the referral system will be done by leveraging existing resources to improve access to cancer care at the national, county, and grassroots level. Training community health workers, nurses and health professionals in local government health facilities through provision of training programs on cancer screening and care will ensure that women can access services beyond the project implementation period. Additionally, the program will generate evidence for advocacy and mobilization for cancer prevention. This evidence can be used to gain government allocation of funds on a long term basis. The CHAMPS zone of the project area will be focused on integrating health education in 34 health facilities and 80 schools. This education can continue once program funding ends.

Additional Program Information

24 Additional program information

No additional information at this time.

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Resources

1. Bruni L, Barrionuevo-Rosas L, Albero G, Serrano B, Mena M, Gómez D, Muñoz J, Bosch FX, de Sanjosé S. ICO Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases in Kenya. Summary Report 27 July 2017.
    http://www.hpvcentre.net/statistics/reports/KEN.pdf

Program Indicators

Not yet available for this program

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 **Health technologies are covered by local health insurance schemes**

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 **Program provides medicines listed on the National Essential Medicines List**

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 **Sustainability plan**

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 **Additional program information**

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a **Potential conflict of interest discussed with government entity**

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 **Access Accelerated Initiative participant**

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 **International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership**

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 **List of indicator data to be reported into Access Observatory database**

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 **Data source**

For this indicator, please select the data source(s) you will rely on.

29 **Frequency of reporting**

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 **Data collection**

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 **Data processing**

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 **Data validation**

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 **Challenges in data collection and steps to address challenges**

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.