REPUBLIC OF KENYA
MINISTRY OF HEALTH

TASK SHARING POLICY GUIDELINES

2017-2030

THEME; "*Expanding access to quality health services through task sharing*"

Kenya Task Sharing Policy Guidelines

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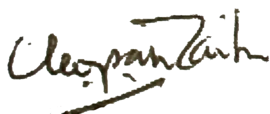
FOREWORD

According to the World Health Organization (WHO) report of 2013, sub-Saharan African countries, including Kenya, experience health workforce challenges. The shortage and inequitable distribution of the health workforce is a major barrier to the access of essential health care services. Indeed Kenya will take several years to achieve the WHO recommended minimum human resources for health (HRH) levels, one of the strategies of addressing health workforce challenges.

Task sharing is the rational distribution of tasks among trained and supervised health professionals and health workers; it will be employed to increase access to essential health services in Kenya. As a public health approach, task sharing can improve health outcomes and offer practical solutions amidst the health workforce shortage. It maximizes use of the existing pool of health workforce in resource-constrained settings by using a standardized approach to extending appropriate clinical skills to less highly-trained health workers and non-professional cadres. Furthermore, task sharing enables these providers to perform tasks safely, through guided, comprehensive training, supportive supervision, and mentoring.

The Task Sharing Policy guidelines will enable implementation of the Task Sharing Policy 2017-2030. They will enable the health sector to more effectively utilize health workforce so as to increase service provision as well as improve the quality of health services. These policy guidelines will undergo a periodic review by the MoH and partners to ensure that the tasks allocated to each cadre meet Kenya's national health needs. The MoH fully supports introduction and implementation of the *Task Sharing Policy guidelines*.



Dr. Cleopa Mailu, EGH.
Cabinet Secretary

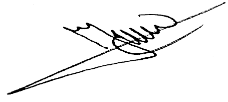
PREFACE

This *Task Sharing Policy guidelines* aim to ensure that task sharing, as recommended by the WHO, is formally adopted as a way of strengthening and expanding the impact of the health workforce in the country. It is well acknowledged that task sharing is already being implemented informally and is a pragmatic response to the human resources challenges in the health sector in Kenya. Task Sharing will be a means of rapidly increasing access to health services.

The health workforce shortage in Kenya negatively affects the quality of health service delivery, the attainment of universal health coverage, and the achievement of desirable health outcomes. The implementation of these guidelines will allow for the rational re-distribution of tasks among healthcare teams at various levels within the health system. This will minimize the day to day service delivery challenges health workers face by reducing individuals' work load and allowing more time to be spent on each patient to improve the quality of service provision. It will also allow more highly trained professional cadres to delegate time-intensive tasks to other cadres which have been adequately trained to provide these services to patients, albeit with proper supervision. This is a far more efficient use of the existing health workforce.

Reorganizing health service delivery through formalized task sharing will support Kenya as it aims to achieve the intended health outcomes outlined in the Kenya Health Policy (KHP 2014 – 2030) and Vision 2030. The Kenya *Task Sharing Policy* guidelines focus on tasks relevant to optimizing delivery of key health interventions targeting non-communicable disease (NCD) and communicable diseases – HIV/AIDS, TB, and malaria. Other service delivery areas addressed by these guidelines include: family planning (FP), reproductive health (RH), maternal neonatal child health (MNCH), youth & adolescent care, nutrition, sexual gender based violence (SGBV), disabilities & vulnerable population, neglected tropical diseases (NTDs) and mental health. Inclusion of all of the aforementioned service delivery areas helps in alignment of the *Task Sharing policy 2017-2030* with other policies which are in place nationally. Successful implementation of the guidelines will require the National and County governments to prioritize financing and allocation of resources including mobilizing additional investments from partners. While task sharing alone cannot resolve all health workforce issues, these guidelines, coupled

with other complimentary policies aims to strengthen health systems and health workforce performance to meet health needs of Kenyans and increase universal access to health services.



Julius Korir, CBS.
Principal Secretary

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These guidelines have been developed through a collaborative process, involving many individuals from a broad number of institutions across Kenya's health sector. I would like to take this opportunity to thank all of those involved for their time and efforts. Several institutions served in various capacities, including serving on the policy's Project Advisory Committee (PAC) which oversaw the process and the five Technical Working Groups (TWGs) which drafted the document. The PAC and TWGs enjoyed active participation from key organizations and institutions from across Kenya's public, private and faith-based sectors (see Annex III).

Participating institutions included the Ministry of Health, County Departments responsible for Health, the National AIDS Control Council (NACC). Development partners/External actors like CDC, USAID and WHO. In addition, health professional regulatory boards and councils also contributed towards content development of the task sharing policy guidelines. These included; the Kenya Medical Practitioners and Dentists Board (KMPDB), the Clinical Officers Council (COC) the Nursing Council of Kenya (NCK), the Kenya Pharmacy and Poisons Board (KPPB), the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB), the Kenya Occupational Therapists Association (KOTA), Association of Clinical Medicine Practitioners of Kenya (ACMPK), the Public Health Officers and Technicians Council of Kenya (PHOTC), and the Kenya Nutritionists and Dieticians Institute (KNDI).

Kenya's health professional associations included Kenya Medical Association (KMA) and National Nurses Association of Kenya (NNAK), among others. Christian Health Association of Kenya (CHAK), the Kenya Conference of Catholic Bishops (KCCB) and the Supreme Council of Muslims of Kenya (SUPKEM) supported the guideline development process. Both mid- and tertiary level health professional training institutions provided direction and recommendations in support of this guideline, and were represented by the following institutions: University of Nairobi, Kenya Methodist University (KEMU), Mt. Kenya University and the Kenya Medical Training Colleges (KMTC).

Several partner organizations also supported development of the national task sharing policy guidelines. These include: Emory University Kenya Health Workforce Project (KHWP) and consultants, which facilitated the process; Emory University, Atlanta, GA; Kenya Medical Research Institute (KEMRI) – Wellcome Trust, Amref Health Africa, the University of Maryland Project, ICAP, AMPATH, IntraHealth International – FUNZO Kenya and Abt. Associates. Special thanks to the technical team from the Ministry of Health, CDC Kenya for technical support towards finalization of this document.

We are grateful for the support of Emory University and the Emory University Kenya Health Workforce Project, who were the lead implementing partners, as well as for the financial support for the development of this policy. It is my hope that the policy will facilitate enhanced quality service delivery in Kenya through the implementation of an integrated task sharing framework, improving access to essential health services, including HIV/AIDS prevention, care and treatment. Special acknowledgement goes to the members of the technical working group and secretariat for devoting their time and resources to ensure the policy guidelines were completed.

Dr. Kioko Jackson K., OGW.

Director of Medical Services

ACRONYMS

ACMPK	Association of Clinical Medicine Practitioners of Kenya
ACT	Accelerating Children's Treatment
ACT	Artemisinin Combination Therapy
AHA	Amref Health Africa
AIDS	Acquired Immune Deficiency Syndrome
AMPATH	Academic Model for Prevention and Treatment of HIV/AIDS
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASPPH	Association of Schools and Programs of Public Health
BScN	Bachelor of Science in Nursing
CDC	Centers for Disease Control & Prevention
CH	Child Health
CHAK	Christian Health Association of Kenya
CHEW	Community Health Extension Workers
CHV	Community Health Volunteer
CHW	Community Health Worker
CM	Clinical Mentorship
CME	Continuous Medical Education
CNE	Continuing Nursing Education
COC	Clinical Officers Council
CORP	Community Owned Resource Person
CPD	Continuing professional development
DFH	Division of Family Health
DOT	Directly Observed Therapy
EAC	East African Community
EMR	Electronic Medical Record
ENT	Ear Nose & Throat
FANC	Focused Antenatal Care
FP	Family Planning
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HRD	Human Resources Department
HRH	Human Resources for Health
HRIM	Human Resource Information Management
HRIO	Human Resources Information Officer
HRIS	Human Resources Information System
HSHRS	Health Sector Human Resource Strategy
ICAP	International Center for AIDS Care and Treatment Programs
ICCM	Integrated Community Case Management
ICT	Information Communication Technology

IPT	Isoniazid Preventive Therapy
KCCB	Kenya Conference of Catholic Bishops
KDHS	Kenya Demographic Health Survey
KEMRI	Kenya Medical Research Institute
KEMU	Kenya Methodist University
KEPH	Kenya Essential Package for Health
KHP	Kenya Health Policy
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board
KMPDB	Kenya Medical Practitioners and Dentists Board
KMTC	Kenya Medical Training College
KNDI	Kenya Nutritionists & Dietitians Institute
KOTA	Kenya Occupational Therapists Association
KPI	Key Performance Indicator
KPPB	Kenya Pharmacy & Poisons Board
KSPA	Kenya Service Provision Assessment
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MUAC	Middle Upper Arm Circumference
MVA	Manual Vacuum Aspiration
MSW	Medical Social Worker
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Program
NCD	Non-communicable Disease
NCK	Nursing Council of Kenya
NHSSP	National Health Sector Strategic Plan
NLLTBP	National Lung Leprosy Tuberculosis Program
NNAK	National Nurses Association of Kenya
NTD	Neglected Tropical Disease
OHS	Occupational Health and Safety
OJT	On Job Training
OT	Occupational Therapy
OVC	Orphans and Vulnerable Children
PAC	Policy Advisory Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PHOTC	Public Health Officers and Technicians Council
PLHIV	People Living with HIV/AIDS
QA	Quality Assurance
QI	Quality Improvement
RDT	Rapid Diagnostic Testing
RUTF	Ready-To-Use Therapeutic Foods
SDG	Sustainable Development Goals
SGBV	Sexual & Gender-based Violence
SS	Supportive Supervision

SSA	sub-Saharan Africa
STI	Sexually Transmitted Infections
SUPKEM	Supreme Council of Muslims of Kenya
TB	Tuberculosis
TSP	Task Sharing Policy
TWG	Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization

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1 Chapter 1: Introduction

1.1 Background Information

Kenya is one of 36 countries in Africa which has a critical shortage of health workforce (WHO, 2006). This has affected the overall quality and access thus posing a challenge to achieving universal health coverage.

In view of these challenge, there is need to formulate policies to rectify this situation. One of the strategies is to share tasks among various cadres of the health workforce. ***Task sharing*** entails the systematic delegation of tasks, where appropriate, from more highly skilled professional cadres to less specialized cadres in an order to improve efficiency and maximize use of existing human resources for health (HRH). Despite variations in models for task sharing across countries, documented experiences suggest that it has potential to vastly improve access to health services with a markedly higher number of health workers empowered and licensed to provide critical care (WHO, 2006, WHO 2013). In line with this view, *The Global Strategy on Human Resources for Health (HRH): Workforce 2030* recognizes the pivotal role of health personnel in addressing health service delivery gaps with the vision to accelerate progress to achieving universal health coverage (UHC) and the SDGs (WHO, 2016).

Implementation of task sharing guidelines is therein addressed as a key means of increasing service access. These guidelines adapts WHO recommendations on task sharing for HIV services as well as for maternal and new born health services (ref). These recommendations have been extrapolated to be applied in other areas like non-communicable disease. The evidence base for sharing various prioritized tasks is referenced in the Task Sharing Tables 4.5 and 4.6 and includes WHO and Government of Kenya sources.

1.2 Kenya's Health Status

Kenya has experienced significant health gains. Over the past decade, there has been general improvement in the health profile for Kenya. Life expectancy (LE) at birth in Kenya dropped from 58 years in 1993 to a low of 50 years in 2000, but rose to 59 years by 2009[1]. There has been a noticeable decline in under 5 mortality between 2003 and 2014 (115 deaths per 1,000 live births to 52 deaths per 1,000 live births)[2] see figure 1.1.

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[1] Kenya Health Policy 2014-2030

[2] Kenya Demographic and Health Survey 2014

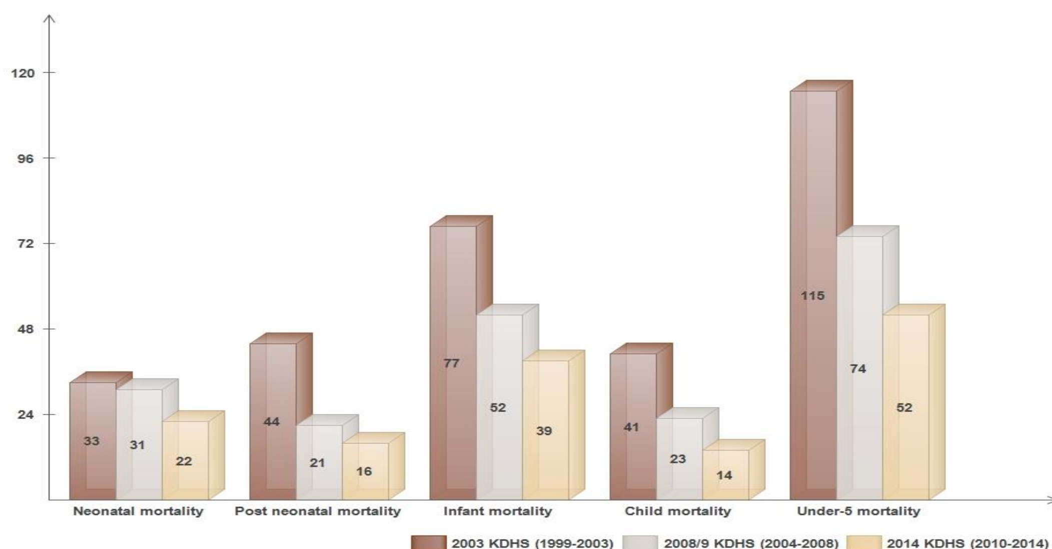

Figure 1.1 Health Trends in Kenya 1999-2014 – Deaths per 1,000 live births
Source: Kenya Demographic and Health Survey (KDHS, 2014)

Kenya will continue making progress to reach the UN's Sustainable Development Goals (SDGs) including Goal 3 on Health and its targets such as ending HIV/AIDS, TB, malaria and NTDs by 2030 and reducing maternal mortality to below 70 per 100,000 live births. As shown in Table 1.1.

Table 1.1 Kenya Statistical Profile: Millennium Development Goals (MDGs)

Indicators	Statistics	
	Baseline*	Latest**
Maternal mortality ratio (per 100,000 live births)	490	400
Deaths due to HIV/AIDS (per 100,000 population)	383.9	126.3
Deaths due to malaria (per 100,000 population)	36.9	27.7
Deaths due to tuberculosis among HIV-negative people (per 100,000 population)	18	20
**1990 for maternal mortality; 2000 for other indicators* ***2012 for deaths due to HIV/AIDS and malaria; 2013 for other indicators*		

Source: WHO Statistical Profile, Kenya; available at http://www.who.int/gho/countries/ken.pdf?ua=1

1.3 Kenya's Health System

The *Constitution of Kenya* states in section 43. (1), "Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care." National Health Sector Strategic Plans (NHSSP I, II and III) have been developed to help realize this right. The NHSSP II (2005-2010) aimed to achieve the MoH vision of "Reducing the downward trend in health indicators", as well as addressing

health inequalities. It also introduced the Kenya Essential Package for Health (KEPH) as a key innovation to improve service delivery. The KHSSP III (2013 - 2017) maintains the KEPH and aims towards universal access to health. Enactment of the new Constitution in 2010 ushered in changes in government structure under Article 10, resulting in Kenya's devolution from a central government into 47 newly-created counties, each with their own systems of administration. All provincial, district and local government structures at these levels were replaced by the County government, which is now charged with provision of health services.

Kenya's health care system is arranged from level 1 to level 6, with staffing norms and standards assigned to each level, as defined by the KEPH. The Kenya Essential Medicines List (2016) provides a clear outline of the service delivery levels as follows: Level 1 represents the Community level and service delivery at this level, unlike all others, is guided by the Community Strategy which, like KEPH, aims to ensure that marginalized communities have access to comprehensive and integrated health services (Campbell & Stilwell, 2008). Level 2 is the dispensary or clinic. Level 3 is the health center. Level 4 is the Primary Hospital [Formerly District Hospitals, now (Sub-County Hospitals]. Level 5 is the Secondary Hospital [Formerly Provincial Hospitals, now County Referral Hospitals]. And Level 6 is the Tertiary Hospital [National (Referral) Hospitals] (MOH - Essential Medicines List, 2016)

Under the newly devolved government which consists of a national-level and county-level, each level of government has core functions which are distinctly different. Service functions expected under the national government include policy formulation, oversight and management of referral & tertiary facilities, and technical assistance to and capacity building of counties (MOH, 2012).

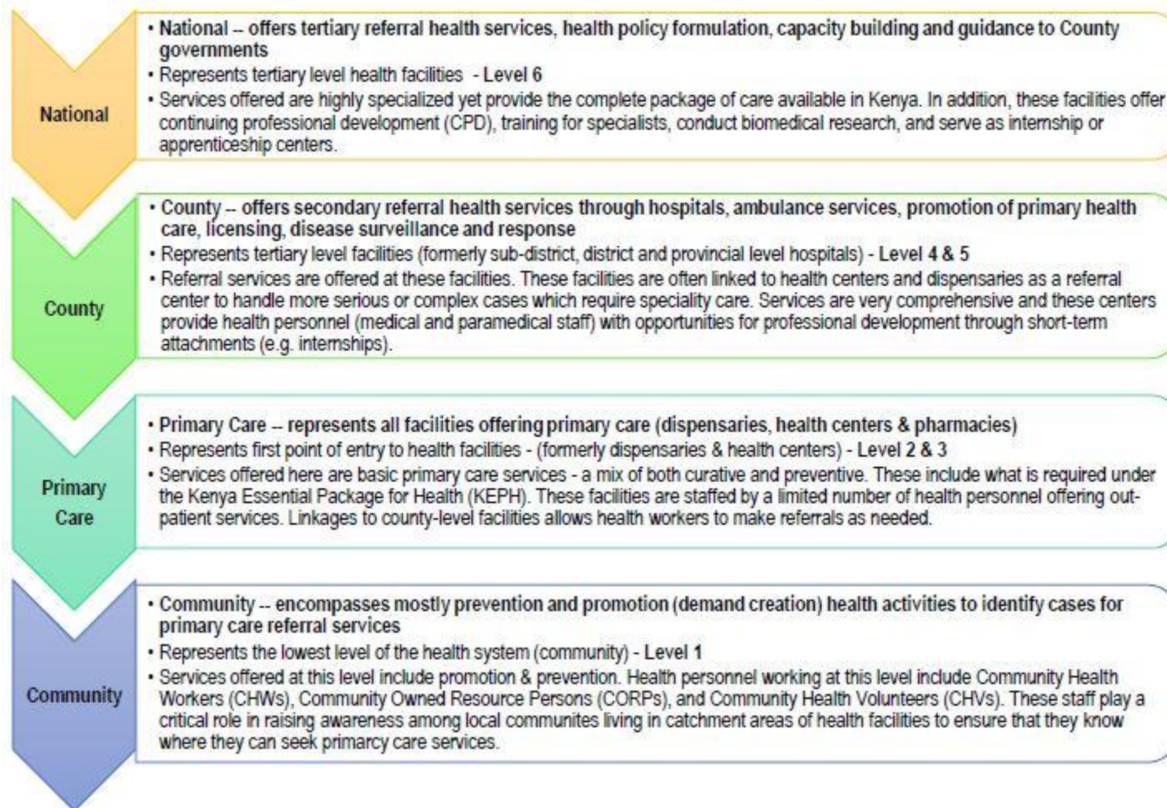

Figure 1.2 Health System Overview

Source: Constitution of Kenya, 4th Schedule; Kenya Health Policy (2014-2030); KPMG, 2013.

1.4 Health Workforce Shortage

The prescribed staffing levels delineated in the KEPH are what the MOH deems necessary for optimal service delivery. For instance, key cadres of the health workforce in Kenya include: medical officers/ specialists; clinical officers; nurses and specialist nurses; pharmaceutical technologists, medical laboratory technologists; community health workers and support staff (NHSSP – 2013-2017; KHP, 2014). Recent data extracted from the HRIS database shows poor population to health workforce ratios – for example, in counties plagued by high HIV prevalence and low pediatric coverage, total number of medical officers to population was reported to be 14.7 per 100,000. In comparison, clinical officers were slightly higher at 26.8 per 100,000 and a markedly higher ratio for nurses at 82.6 per 100,000. The WHO health workforce threshold is a much higher ratio of 445 physicians, nurses and midwives per 100,000 people (Global Strategy on HRH - Workforce, 2030). In part due to a lack of medical officers and clinical officers, nurses initiate and manage the most patients on HIV treatment in Kenya (KSPA. 2010). With adequate training and supervision, nurses can provide equal or higher quality HIV treatment than physicians (WHO, 2013).

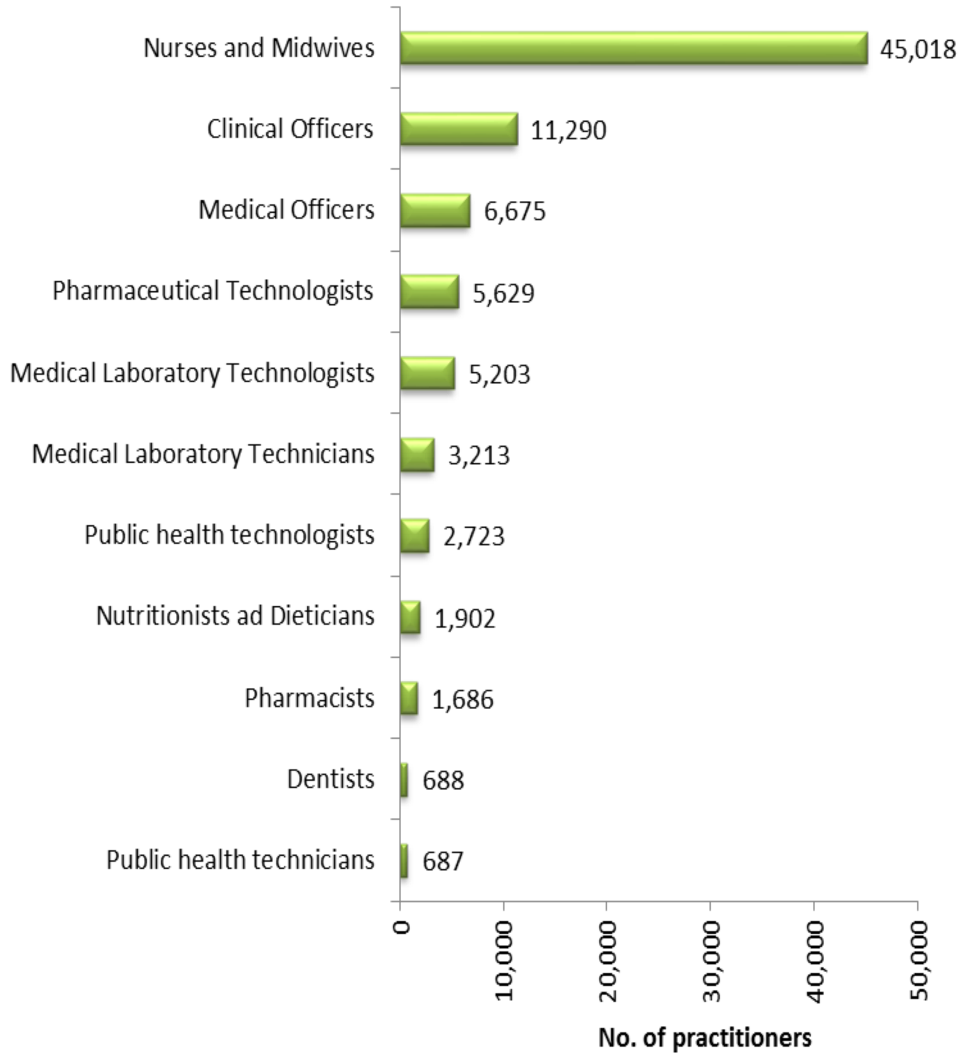

Figure 1.3 Human Resources for Health in Kenya - 2016

Source: regulatory Human Resources Information Systems (rHRIS) professional retention data set- 2016

In an effort to improve service delivery and responsiveness across the health sector, the updated Human Resources for Health Norms & Standards Guidelines 2015 provides clear guidance of workloads by KEPH level, taking into consideration other factors that are likely to impact service delivery (i.e. patient case load, facility type, etc.). While revised workload standards per cadre across KEPH levels 1 to 6 is useful, this document advocates for solutions, such as task shifting, to complement existing efforts to meet health service demand amidst the workforce deficit.

1.5 Key Policy Statements Guiding Implementation of Task Sharing in Kenya

Policy Statement	Description
#1. Adopt and Implement Task Sharing	The MOH shall work in collaboration with county governments to oversee the adoption and implementation of this task sharing policy at all levels of health service delivery
#2. Harmonize National Laws, Policies and Regulations	The MOH shall work in collaboration with stakeholders at national and county levels to harmonize laws, policies, regulations and guidelines to support and enable evidence-based task sharing.
#3. Ensure Adequate Training for Quality Healthcare	The MOH shall work in collaboration with health professional regulatory boards and councils and stakeholders at national and county levels to ensure quality healthcare through adequate pre-service, internship, in-service and continuing professional development training to equip health workers with the necessary knowledge, skills and competencies.
#4. Organize Clinical Care Services	The MOH shall work in collaboration with health professional regulatory boards and councils and stakeholders at national and county levels to organize clinical care services to ensure equitable access to quality healthcare through technical guidance, supportive supervision, strong referral networks and continuous quality improvement.
#5. Implement, Monitor and Evaluate the Task Sharing Policy	The MOH shall work in collaboration with health professional regulatory boards and councils and stakeholders at national and county levels to implement monitor and evaluate this task sharing policy to ensure health workers are authorized and empowered to deliver safe, high-quality care.

1.6 Global Evidence-based Recommendations for Task Sharing

The WHO ART Guidelines support formalization of task sharing in countries with a high burden of HIV.[3]

Summary recommendations from the WHO ART Guidelines (2013) include:

- Trained non-physician clinicians, midwives and nurses can **initiate** first-line ART.
- Trained non-physician clinicians, midwives and nurses can **maintain** ART.
- Trained and supervised community health workers can **dispense** ART between regular visits.

A summary of the global recommendations from WHO's *Treat, Train, Retain: Task Shifting Global Recommendations and Guidelines*, 2008, for task sharing are presented in Table 1.2 below. However, it is important to note that some recommendations may not be applicable in Kenya.

Table 1.2; Summary WHO Global Recommendations for HIV Task Shifting

Recommendation Category	Specific Recommendations
A - Recommendations on adopting task shifting as a public health initiative	1. Countries in collaboration with relevant stakeholders, should consider Implementing and/or extending and strengthening a task shifting approach where access to HIV services and to other health services, is constrained by health workforce shortages. Task shifting should be implemented alongside other efforts to increase the numbers of skilled health workers. 2. In all aspects concerning the adoption of task shifting, relevant parties should endeavor to identify the appropriate stakeholders, including people living with HIV/AIDS, who will need to be involved and/or consulted from the beginning. 3. Countries deciding to adopt the task shifting approach should define a nationally endorsed framework that can ensure harmonization and provide stability for the HIV services that are provided throughout the public and non-state sectors. Countries should also explore a framework for the Exploration of task shifting to meet other critical public health needs. 4. Countries should undertake or update a human

[3] Source: www.who.int/hiv/pub/guidelines/arv2013/operational/hr/en/index1.html

Recommendation Category	Specific Recommendations
	resource analysis that will provide information on the demography of current human resources for health in both the public and non-state sectors; the gaps in service provision; the extent to which task shifting is already taking place; and the existing human resource quality assurance mechanisms.
B - Recommendations on Creating an enabling regulatory environment for implementation	5. Countries should assess and then consider using existing regulatory approaches (laws and proclamations, rules and regulations, policies and guidelines) where possible, or undertake revisions as necessary, to enable cadres of health workers to practice according to an extended scope of practice and to allow the creation of new cadres within the health workforce. 6. Countries should consider adopting a fast-track strategy to produce essential revisions to their regulatory approaches (laws and proclamations, rules and regulations, policies and guidelines) where necessary. Countries could also simultaneously pursue long-term reform that can support task shifting on a sustainable basis within a comprehensive and nationally endorsed regulatory framework
C- Recommendations on ensuring quality of care	7. Countries should either adapt existing or create new human resource quality assurance mechanisms to support the task shifting approach. These should include processes and activities that define, monitor and improve the quality of services provided by all cadres of health workers. 8. Countries should define the roles and the associated competency levels required both for existing cadres that are extending their scope of practice, and for those cadres that are being newly created under the task shifting approach. These standards should be the basis for establishing recruitment, training and evaluation criteria. 9. Countries should adopt a systematic approach to harmonized, standardized and competency based training that is needs-driven and accredited so that all health workers are equipped with the appropriate competencies to undertake the tasks they are to perform.

Recommendation Category	Specific Recommendations
	10. Training programs and continuing educational support for health workers should be tied to certification, registration and career progression mechanisms those are standardized and nationally endorsed. 11. Supportive supervision and clinical mentoring should be regularly provided to all health workers within the structure and functions of health teams. Individuals who are tasked with providing supportive supervision or clinical mentoring to health workers to whom tasks are being shifted should themselves be competent and have appropriate supervisory skills. 12. Countries should ensure that the performance of all cadres of health workers can be assessed against clearly defined roles, competency levels and standards.
D - Recommendations on ensuring sustainability	13. Countries should consider measures such as financial and/or non-financial incentives, performance-based incentives or other methods as means by which to retain and enhance the performance of health workers with new or increased responsibilities, commensurate with available resources in a sustainable manner. 14. Countries should recognize that essential health services cannot be provided by people working on a voluntary basis if they are to be sustainable. While volunteers can make a valuable contribution on a short term or part time basis, trained health workers who are providing essential health services, including community health workers, should receive adequate wages and/or other appropriate and commensurate incentives. 15. Countries and donors should ensure that task shifting plans are appropriately costed and adequately financed so that the services are sustainable.
E - Recommendations on the organization of clinical care services	16. Countries should consider the different types of task shifting practice and elect to adopt, adapt, or to extend, those models that are best suited to the specific country situation (taking into account health workforce demography, disease burden, and analysis of existing gaps in service delivery). 17. Countries should ensure that efficient referral

Recommendation Category	Specific Recommendations
	systems are in place to support the decentralization of service delivery in the context of a task shifting approach. Health workers should be knowledgeable about available referral systems and trained to use them. 18. Non-physician clinicians can safely and effectively undertake a majority of clinical tasks (as outlined in Annex 1) in the context of service delivery according to the task shifting approach. 19. Nurses and midwives can safely and effectively undertake a range of HIV clinical services in the context of service delivery according to a task shifting approach. 20. Community health workers, including people living with HIV/AIDS, can safely and effectively provide specific HIV services (as outlined in Annex 1), both in a health facility and in the community in the context of service delivery according to the task shifting approach. 21. People living with HIV/AIDS who are not trained health workers can be empowered to take responsibility for aspects of their own care. People living with HIV/AIDS can also provide specific services that make a distinct contribution to the care and support of others, particularly in relation to self-care and to overcoming stigma and discrimination. 22. Cadres, such as pharmacists, pharmacy technicians or technologists, laboratory technicians, records managers and administrators, could be included in a task shifting approach that involves the full spectrum of health services.

Similarly, the WHO 2012 guidelines titled: *"Optimizing Health Worker Roles to improve access to key maternal and newborn health interventions through Task Shifting"* also highlights opportunities for sharing tasks related to maternal, new born and infant health. An overview of recommendations related to task redistribution among specific cadres is presented in table 1.3.

Table 1.3 Summary WHO Maternal and Newborn Health Recommendations for Task Sharing

Recommendation Category	Specific recommendations
✓ **We recommend the use of LAY HEALTH WORKERS to deliver the following interventions**	• The following promotional interventions for maternal and newborn health: ❖ Promotion of appropriate care-seeking behavior and antenatal care during pregnancy ❖ Promotion of companionship during labor» ❖ Promotion of sleeping under insecticide-treated nets during pregnancy ❖ Promotion of birth preparedness ❖ Promotion of skilled care for childbirth ❖ Promotion of adequate nutrition and iron and foliate supplements during pregnancy ❖ Promotion of reproductive health and family planning ❖ Promotion of HIV testing during pregnancy ❖ Promotion of exclusive breastfeeding ❖ Promotion of postpartum care ❖ Promotion of immunization according to national guidelines ❖ Promotion of kangaroo mother care for low birth weight infants ❖ Promotion of basic newborn care and care of low birth weight infants • Administration of misoprostol to prevent postpartum hemorrhage • Provision of continuous support for the woman during labor in the presence of a

Recommendation Category	Specific recommendations
	skilled birth attendant
✓ **We recommend the use of LAY HEALTH WORKERS to deliver the following interventions, with targeted monitoring and evaluation**	• Distribution of the following oral supplement type interventions to pregnant women: ❖ Calcium supplementation for women living in areas with known low levels of calcium intake ❖ Routine iron and folate/folic acid supplementation for pregnant women ❖ Intermittent presumptive therapy for malaria for pregnant women living in endemic areas ❖ Vitamin A supplementation for pregnant women living in areas where severe vitamin A deficiency is a serious public health problem • Initiation and maintenance of injectable contraceptives using a standard syringe
✓ **We recommend the use of AUXILIARY NURSES to deliver the following interventions:**	• Administration of oxytocin to prevent postpartum hemorrhage using a standard syringe • Administration of oxytocin to prevent postpartum hemorrhage using a compact, prefilled auto-disable device (CPAD) • Administration of misoprostol to prevent postpartum hemorrhage • Administration of misoprostol to treat postpartum hemorrhage before referral • Administration of intravenous fluid for resuscitation for postpartum hemorrhage • Suturing of minor perianal/genital lacerations • Initiation and maintenance of injectable contraceptives using a standard syringe
✓ **We recommend the use of AUXILIARY NURSES to deliver the following**	• Administration of oxytocin to treat postpartum hemorrhage using a standard

Recommendation Category	Specific recommendations
interventions, with targeted monitoring and evaluation:	syringe • Administration of oxytocin to treat postpartum hemorrhage using a compact, prefilled auto-disable device (CPAD) • Initiation of kangaroo mother care for low birth weight infants • Maintenance of kangaroo mother care for low birth weight infants • Internal bimanual uterine compression for postpartum hemorrhage • Insertion and removal of contraceptive implants
✓ **We recommend the use of AUXILIARY NURSE MIDWIVES to deliver the following interventions:**	• Neonatal resuscitation • Administration of intravenous fluid for resuscitation for postpartum hemorrhage • Internal bimanual uterine compression for postpartum hemorrhage • Suturing of minor perineal/genital lacerations • Initiation and maintenance of injectable contraceptives using a standard syringe • Insertion and removal of intrauterine devices
✓ **We recommend the use of AUXILIARY NURSE MIDWIVES to deliver the following interventions, with targeted monitoring and evaluation:**	• Initiation of kangaroo mother care for low birth weight infants • Maintenance of kangaroo mother care for low birth weight infants • Administration of antihypertensive for severe high blood pressure in pregnancy • Insertion and removal of contraceptive implant
✓ **We recommend the use of NURSES to deliver the following interventions:**	• Insertion and removal of intrauterine devices • Insertion and removal of contraceptive

Recommendation Category	Specific recommendations
	implants
✓ We recommend the use of NURSES to deliver the following interventions, with targeted monitoring and evaluation	• Diagnosis of preterm pre-labor rupture of membranes (PPROM) and delivery of initial treatment of injectable antibiotics, using a standard syringe, before referral • Delivery of a loading dose of magnesium sulphate to prevent eclampsia and referral • Delivery of a loading dose of magnesium sulphate to treat eclampsia and referral
✓ We recommend the use of MIDWIVES to deliver the following interventions:	• Insertion and removal of intrauterine devices • Insertion and removal of contraceptive implants
✓ We recommend the use of MIDWIVES to deliver the following interventions, with targeted monitoring and evaluation:	• Diagnosis of preterm pre-labor rupture of membranes (pPROM) and delivery of initial treatment of injectable antibiotics, using a standard syringe, before referral • Vacuum extraction during childbirth • Delivery of a loading dose of magnesium sulphate to prevent eclampsia and referral
✓ We recommend the use of ASSOCIATE CLINICIANS to deliver the following interventions, with targeted monitoring and evaluation:	• Delivery of a loading dose of magnesium sulphate to prevent eclampsia and referral • Delivery of a loading dose of magnesium sulphate to treat eclampsia and referral • Manual removal of the placenta
✓ We recommend the use of ADVANCED LEVEL ASSOCIATE CLINICIANS to deliver the following interventions:	• Vacuum extraction during childbirth • Manual removal of the placenta
✓ We recommend the use of ADVANCED LEVEL ASSOCIATE CLINICIANS to deliver the following interventions, with targeted monitoring and evaluation:	• Delivery of a loading dose of magnesium sulphate to prevent eclampsia and referral • Delivery of a maintenance dose of magnesium sulphate to prevent eclampsia and referral • Delivery of a loading dose of magnesium

Recommendation Category	Specific recommendations
	sulphate to treat eclampsia and referral • Delivery of a maintenance dose of magnesium sulphate to treat eclampsia and referral • Perform caesarean sections
✓ **We recommend the use of NON-SPECIALIST DOCTORS to deliver the following intervention, with targeted monitoring and evaluation:**	• External cephalic version (ECV) for breech presentation at term

Source: WHO Recommendations: *Optimizing Health Worker Roles to improve access to key maternal and newborn health interventions through Task Shifting* **WHO, 2012**

In 2015, WHO issued Guidelines for the Treatment of Malaria, which include the following statement on the importance of task sharing in the context of community management of malaria: "Community case management is recommended by WHO to improve access to prompt, effective treatment of malaria episodes by trained community members living as close as possible to the patients. Use of ACTs [*Artemisinin Combination Therapy*] in this context is feasible, acceptable and effective.[19] Pre-referral treatment for severe malaria with rectal artesunate and use of RDTs [*Rapid Diagnostic Tests*] are also recommended in this context. Community case management should be integrated into community management of childhood illnesses, which ensures coverage of priority childhood illnesses outside of health facilities."

With regard to tuberculosis, WHO and partners in the "Stop TB Partnership" developed the "Global Plan to End TB, 2016-2020." Among other areas, it urges increased involvement of community health workers in active case finding: "Community health workers play an important role in reaching people who are missed by case-finding efforts. Through community outreach and educational programs, community workers encourage people who have TB symptoms to contact a health care worker or visit a health facility. When people are not able to travel, community workers can also help to transport sputum samples to the nearest health facility for diagnosis. The participation of existing community health workers in such active case-finding initiatives has improved case detection and treatment outcomes[4] however; this role has yet to be fully maximized."

2 Chapter 2: Legal, Regulatory and Policy Framework

Following review of existing legal, regulatory, and policy documentation in Kenya, it was established that there are various provisions relevant to task sharing. However, it is important to note that some enable and promote task sharing while others are more restrictive and limiting to the concept of task sharing as defined in Chapter 1. Thus, this *Task Sharing Policy* is one of several existing legal, regulatory, or policy documents that govern task sharing practice in Kenya.

In an effort to harmonize the legal, regulatory and policy framework in support of evidence-based task sharing, summaries of the relevant policies are presented in section 2.2, section 2.4 and in Table 2.1. Table 2.1 presents examples of existing legislation and a review of whether it is enabling or restrictive. It is expected that the MoH, health professional regulatory boards, and other decision makers will further harmonize laws, regulations, and policies in support of evidence-based task sharing in Kenya.

2.1 Existing Laws, Regulations and Policies

Table 2.1 highlights relevant laws, regulations, and policies currently in place, although it does not include all such documents. Some examples of *enabling* legislation include the following. The Medical Practitioners and Dentists Act (revised 2012) allows for lower level cadres (non-physicians) to provided medical treatment under direct supervision of medical practitioners or dentists. One non-physician cadre is the Clinical Officer. The Clinical Officers Act (revised 2009) authorizes Clinical Officers to treat certain ailments and prescribe certain drugs. Similarly, the Nursing Council of Kenya's Scope of Practice for Nurses in Kenya (3rd edition, 2012) authorizes nurses and midwives to prescribe drugs for acute and chronic illness and to share other tasks.

Table 2.1 Select Laws, Regulations or Policies and their Enabling or Restrictive Provisions for Task Sharing

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
Medical Practitioners and Dentists Act, Chapter 253, Revised Edition 2012 [1983]	Allows for medical assistance by non-physicians under supervision of medical	

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
	practitioners. Section 22 "(3) Nothing in subsection (1) shall make it an offence for a person in the service of— (a) the medical department of the Government; or (b) a hospital, dispensary or similar institution which the Director of Medical Services, by notice in the Gazette, declares to be an approved institution for the purposes of this section, to render medical Assistance in the course of his duties in such service or for a person to carry out treatment under the direction, supervision and control of a medical practitioner or a dentist or of a person licensed under section 13. [Act No. 11 of 1992, Sch.]"	
Public Health Act, Chapter 242, Revised Edition 2012 [1986]		Reporting to medical officers and from medical officers to central level by outdated mode of communication Sections 18 & 41 require that infectious diseases be reported to Medical officers for geographic areas. See Section 18 "Notification of Infectious Diseases" and Section 41 "Medical officers of health to report notification of formidable epidemic diseases by telegraph."
The Clinical Officers (Training, Registration and Licensing) Act, Chapter 260, Revised Edition 2009 (1990)	Allows Clinical Officers to treat and prescribe. First Schedule includes many ailments COs can treat and the Second Schedule includes many drugs COs can prescribe.	Does not acknowledge referrals involving nurses, midwives, and others. Section 2: referral" means the transfer of responsibility for the condition existing at the time of referral to a medical practitioner by a clinical officer and vice versa." Section 13 limits HIV private practice: "(1) A clinical officer who is licensed to engage in private practice

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
		shall only treat the ailments listed in the First Schedule." But First Schedule does not include HIV as such an ailment and the Second Schedule approved drugs list does not include ARVs.
Nutritionist and Dieticians Act, No. 18, 2007 (Cap	The Accreditation Board shall prepare syllabuses of instruction and training courses for persons seeking registration under the Act (PART II. Section 13)	Subject to the provisions of this Act, no person shall practice under the name, title or style containing the words or phrases "Nutritionist" or "Dietician, unless that person is registered under this Act as a nutritionist or dietician, as the case may be (PART I. Section 3) Any person who, not being eligible to be registered persons or licensed under this Act, uses any title appropriate to a person so registered or licensed, or holds himself out directly or indirectly as being so registered or licensed, commits an offence and is liable on conviction to a fine not exceeding one hundred thousand shillings or to imprisonment for a term not exceeding two years, or to both. Any person who, not being eligible to be registered or licensed under the Act, practices for gain as a nutritionist or dietician, commits an offence and is liable on conviction to a fine not exceeding one hundred thousand shillings or to imprisonment for a term not exceeding two years, or to both. (PART V. Section 31. 1 & 2)
Kenya Medical Laboratory Technicians & Technologists Act (2000), CAP 253A		Part III (19) (1): No person shall act as a medical laboratory technicians or technologist in any health institution in Kenya

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
		unless such a person is registered under this Act.
Essential Medicines List, June 2016	Antiretroviral (with a few exceptions), as well as anti-tuberculosis medicines are listed as Level 2 medicines, and therefore should be distributed, stored, prescribed, and dispensed at dispensaries, clinics, and higher level facilities. "Level of Use. This indicates the lowest level of the healthcare delivery system at which each particular medicine may reasonably be expected to be appropriately used (ie. after correct diagnosis and a correct decision on management of the condition according to current best therapeutic practice). It is thus the lowest level at which the medicine is expected to be available for use (ie. distributed, stored, prescribed and dispensed). The current levels are as follows: 1 = Community Health Services 2 = Dispensary/Clinic 3 = Health Centre 4 = Primary Hospital [*Formerly District Hospitals, now (Sub-)County Hospitals*] 5 = Secondary Hospital [*Formerly Provincial Hospitals, now County Referral Hospitals*] 6 = Tertiary Hospital [*National (Referral) Hospitals*]"	
Pharmacy and Poisons Act, 2009		Restricts prescribers to medical practitioners, dentists, and veterinary surgeons despite Nurses and Midwives Act and Clinical Officers Act including them as prescribers

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
		"In this Act, unless the context otherwise requires – 'dispense', in relation to a medicine or poison, means supply a medicine or poison on and in accordance with a prescription duly given by a duly qualified medical practitioner, dentist or veterinary surgeon."
Kenya Health Policy - KHP (2014-2030)	2.4.5: Policy Imperative: Create an enabling environment for increased private sector and community involvement in health services provision and finance The government has also begun facilitating provision of health promotion and targeted disease prevention and curative services through community-based initiatives as defined in the 2007 Comprehensive Community Health Strategy (MOH 2006).	
Kenya Health Sector Strategic and Plan - KHSSP (2014-2018)	Table 11: KEPH interventions for accelerating reduction in the burden of communicable conditions by level of care and life cohort. Table 12: KEPH interventions for reversing rising burden of NCDs by level of care and life cohort Table 13: KEPH interventions for managing the rising burden of violence and injuries, by level of care and cohort Table 14: KEPH interventions for improving person-centered essential health services Table 15: KEPH interventions for addressing health risk factors by level of care and cohort Table 16: Critical health related sectors and their effect on health	

Law, Regulation, or Policy	Enabling of Task Sharing	Restrictive of Task Sharing
	Table 17: KEPH interventions for collaboration with health related sectors, by level of care and cohort Table 23: Strategies against service area.	
ICCM National Framework 2013 – 2018	Table 1. ICCM Scope in Kenya: Assessment of malnutrition, neonatal, treatment of diarrhea, malaria and referral of pneumonia cases at community level	Cannot treat complicated malaria, pneumonia, malnutrition and diarrhea: "Community health workforce needs to be well trained, motivated and supported".

2.2 Bills, Regulations, and Policies in the process of development

The MoH with support from health regulatory & professional bodies is in the process of developing and reviewing draft policies to support task sharing. Policies currently under consideration are those that cover aspects related to promoting provision of essential health services, universal health care and evidence-based health care. Promotion of multi-tasking among health workers to enhance skills is another element which is under consideration.

2.3 Existing Schemes of Service for health cadres

Schemes of service are administered by the Permanent Secretary of the MoH, in conjunction with the Public Service Commission and the Ministry of Public Service. These documents delineate provisions to promote fair and equitable treatment of the health workforce once employed and past the probationary period.

Schemes of service establish: career structures (various levels and required certifications); job descriptions; and standards for recruitment, training and advancement within the predefined career structure. In addition, they present desired qualifications, knowledge, merit and ability required to allow for career advancement. Finally, schemes of service are intended to support existing Acts, allowing for a clear yet concise interpretation of roles and functions of cadres which is in line with national health policy.

A summary of Schemes of Service is presented in Chapter 4. The reason for this is to enable the user of this report to compare current functions conducted by key cadres against the Task Sharing authorization tables (Tables 4.5 and 4.6), which are presented herein. Specific clauses were drawn from existing Schemes of Service, describing functions supported by this task sharing policy. In addition, the summary presents the range of duties they are expected to perform, which includes in some instances non-clinical tasks that can be delegated downwards to less specialized cadres or support staff.

3 Chapter 3: Training and Education

"Health training" includes formal education received at either mid-level and/or tertiary level health training institutions. Training centers offer a range of academic subjects in health. In addition, most institutions offer trainees the option to receive pre-service and/or in-service training.

Pre-service is a full-time formal health training course offered to future or current health workers provided by accredited academic health training institutions. It provides basic health training as well as training that will confer a higher qualification to allow for skills upgrading. Some pre-services curricula include a practicum (clinical attachment to a health facility).

In-service is offered for health personnel who are currently employed, usually as a distance-learning course, e-learning course or through part-time attendance. Most courses offer upgrading for health workers seeking to acquire additional skills for career progression.

Continuing professional development (CPD) is offered for most of the cadres targeted for task sharing. CPD allows health practitioners to continually learn new knowledge and skills over the life of their career. Health professional regulatory councils are responsible for guidance of course content for both formally and informally structured CPD courses. The main purpose of CPD is to: (i) Build skills & competency (ii) Increase knowledge to enhance professionalism (iii) Stay abreast of recent clinical practices or new developments in health sector (iv) Improve service quality (v) Fulfill requisite professional development objectives. New materials and knowledge are systematically made available through short courses to maximize their individual capacity and ability to perform better, more effectively and efficiently in their professional duties. CPD is common for most regulated health workers, as they are required to obtain a requisite number of CPD credits or hours in order to renew their professional practice licenses. This ensures a culture of continuing education that promotes the maintenance of high service quality standards.

3.1 Health Training to Support Task Sharing

This section explores training offered at health training centers for key cadres targeted under the task sharing policy. It provides a summary of the training programs, length of training and in some instances highlights key competencies expected for each cadre to support task sharing.

3.1.1 Medical Officers

Medical Officers are the most highly trained health professionals in Kenya and provide services at Level 4-6 of the health system. The MDPB has approved several tertiary level training institutions which offer academic programs in clinical medicine within the East Africa Community (EAC) partner states - Kenya, Burundi, Rwanda, Uganda, and Tanzania. Both undergraduate and graduate programs are offered at these institutions – awarding students with bachelor's degree, master's degree, doctor of medicine degree or post-doctoral degree in medicine.

Bachelor degrees offered for medicine include biochemistry, human anatomy, medicine and surgery, medical laboratory science and technology, and medical physiology. Program duration lasts from 4 to 6 years, depending on the course. Masters programs take between 1 to 6 years to complete, depending on the discipline of choice. A total of 23 areas of specialisation are offered which include: clinical psychology; medical physiology; medical microbiology; neurosurgery; biochemistry; human anatomy; clinical cytology; ophthalmology; pediatrics and child health; psychiatry; human pathology; radiology; otorhinolaryngology, head & neck, general surgery, obstetrics and gynecology; orthopedic surgery; pediatric surgery; pediatric anesthesia; anesthesiology; thoracic & cardiovascular surgery; and plastic, reconstructive & aesthetic surgery.

Post-graduate diploma programs have one year duration for course completion. Medical officers enrolled under the Doctor of Medicine degree program require a minimum of 3 years.

Table 3.1 Medical Officer training program:

Certification	Duration (years)
Bachelor's degree	5 – 6
Master's degree	3
Doctoral degree	3 – 5
Postgraduate diploma	1

3.1.2 Clinical Officers

Clinical Officers provide critical care in Kenya, serving at Level 3-6 of the health system. Health centers (Level 3), the majority of which are located in rural areas with fewer stations in urban centers, have clinical officers providing the most specialized services available at this level. Intensive training is offered for Clinical Officers as non-physicians who are required to provide skilled services. Post-basic areas of specialism for clinical officers to receive through additional training include: orthopedics, caesarian section, ENT, anesthesia and minor surgery. Training institutions offering clinical medicine include a mix of mid-level health training colleges and tertiary training institutions

Standard pre-service training at KMTC is a 3-year program followed by mandatory internship (attachment) to a health facility for an additional 1-1.5 years. Tertiary level training institutions offer a 4-year pre-service training in clinical medicine and surgery and 4-year training course in clinical medicine & community health. Opportunities for further specialization through continuing professional development (CPD) are offered for this cadre at select health facilities. Focus areas include: ophthalmology, advanced surgical procedures (i.e. cataract surgery, hernia repairs, C-sections and tonsillectomies), anesthesia administration, pediatrics, and reproductive health. However, it is important to note that CPD does not necessarily guarantee awarding a professional license to practice. Instead, it enables clinical officers to move from one grade to another.

Surgical tasks are considered to be specialized service only performed by medical officers. However, in many instances, minor surgical procedures are performed by Clinical Officers and Nurses. For clinical officers to perform more complicated surgical procedures, they must take upgrading skills training and enroll in the Bachelor of Science (BSc) in Clinical Medicine degree program at an accredited institution for advanced training in basic science, clinical and community health, equipping them with skills to effectively integrate curative and preventive

care services. Thereafter, clinical officers must receive licensure from the Clinical Officers Council (COC) to practice clinical medicine. The BSc degree for Clinical Officers is reported to take between 3 to 4 years, plus an additional year of medical internship.

Clinical officers who have not received upgrading certification are not permitted to carry out the following surgeries: appendectomy, intestinal obstruction, traumatic amputation, caesarian section, and hysterectomy or post mortem examinations. Alternatively, clinical officers based in more rural/ remote settings are encouraged to receive post-basic certification training which will teach them the core skills to allow them to carry out minor surgical tasks. As stated earlier, clinical officers are encouraged to undergo specialty medical training to enable them to have the skills and competencies required to perform complex surgical procedures, such as a C-section. Other upgrading courses which have recently been approved by the COC and has now been integrated into the KMTC Clinical Officer training curriculum which includes: anesthesia, pediatrics, medicine, ENT, ophthalmology, obstetrics & gynecology, and psychiatry.

Table 3.2 Clinical Officer training program:

Certification	Duration (years)
Diploma	3
Higher Diploma	1 - 2
BSc in Clinical Medicine degree	4
Master's Degree	3.5
Doctorate	3

3.1.3 Nurses (Nurse Midwife)

Nurse training is offered at 101 accredited health training institutions nationwide. Curricula offered for nursing include a mix of both pre-service, in-service and CPD training. Courses run from 1.5 years to 4 years, depending on the specific training programme and certification acquired. Accredited education providers offer the following certifications in nursing: certificate, upgrading diploma, basic diploma, bachelor's degree and master's degree.

The lowest level of training offered is for enrolled nurse trainees. Next, basic nurse training is provided as a diploma course offered through pre-service and distance learning/ E – learning for community health nursing. Higher diplomas offered through post-basic training courses

for nurses cover the following areas: psychiatric nursing, ophthalmological nursing, community health, midwifery, critical care and peri-operative nursing. In-service training offered includes basic nursing as well as an upgrading course for enrolled community health nurses to become registered community health nurses.

Enrolled community nurses are encouraged to upgrade their nursing skills through E-learning platforms and short-courses or through intensive workshops/ seminars. Once completed, nurses who have received adequate training must register with the Nursing Council of Kenya (NCK) to receive license to practice as a registered nurse. Review of current tasks routinely performed by nurses suggests that some tasks can be cascaded downwards to auxiliary staff. Such tasks include the following: janitorial work (cleaning), patient registration, decontamination and sterilization, basic bed making, laundry, food preparation, sluicing, and assistive care (patient feeding).

Table 3.3 Nurse training program:

Certification	Duration (years)
Certificate	2
Upgrading diploma	2
Diploma	3.5
Bachelor degree	4
Master's degree	2
Doctorate	3

3.1.1 Medical Laboratory Technicians & Technologists

Medical Laboratory Sciences (MLS) courses are offered in institutions approved by Kenya Medical Laboratory Technicians and Technologists Board, CAP 253A, Laws of Kenya. Training is offered at both KMTC, private and public tertiary institutions. Currently, training of medical laboratory technicians has been phased out, with institutions offering higher learning in MLS as basic diploma, post-diploma, degree and post-graduate programs. Mid-level training institutions offer basic diploma and post-basic diploma courses, while universities offer both degree and post graduate courses. Both course content and training duration varies based on certification. Post-basic training courses in MLS which includes diploma and degree programs enables one to specialize in any of the core units: in Medical Parasitology and Entomology, Master's degree in Clinical Chemistry, PhD in Virology.

Table 3.4 Laboratory technicians & technologist training program:

Certification	Duration (years)
Basic diploma	3
Bachelor degree	4
Master's degree	2
Doctorate	3

3.1.2 Nutritionists & Dieticians

Nutrition course is offered at KNDI accredited tertiary institutions. KMTC offers both certificate and diploma courses on community nutrition. The universities offer degree, masters and PhD's in Nutrition and Dietetics.

Nutrition services are offered from level 1 to 4 of the health system. At level 1, greater focus is placed on providing community nutritional support through assessments (screening for signs of nutritional deficiency, data collection on nutrition and dietetics). The health workers also conduct outreach activities on nutrition education focusing on prevention and promoting positive practices and choices with regard to diet, maternal and young infant feeding.

At the facility level, nutritionists & dieticians work to provide clinical nutrition and dietetics services, receiving nutrition referrals, patient diagnoses as they relate to nutrition, providing and/ or supervising inpatient feeding, prescribing nutritional supplements, and administering parenteral and enteral nutrition.

Table 3.5 Nutritionist and Dieticians training program:

Certification	Duration (years)
Certificate (Nutrition and Dietetics)	2
Diploma	3
Bachelor degree	4
Masters	2
Doctorate	3

3.1.3 Pharmacists and Pharmaceutical Technologists

Pharmacy is offered at mid-level and tertiary institutions. KMTC offers two programs - a diploma and higher diploma course while universities offer bachelors and above.

Service delivery skills required for support at level 1 and 2 facilities is largely satisfied through pre-service training and, where needed, through distance-learning. Routine tasks include dispensing drugs, patient counseling, compounding, medication requisition, and pharmacovigilance. At level 3 facilities, pharmaceutical technologists routinely complete dosage forms, arrange medicines, manage supply chain (stock control), manage patient records, and perform dosage calculations. These skills can be attained through pre-service training. At level 4 facilities, pharmaceutical technologists provide all the aforementioned services together with over the counter (OTC) prescriptions and RDTs.

Pharmaceutical technologists can take CPD courses, continuing medical education (CME), or short courses (approximately 3 month duration) to enhance their skills and competences. Specific competencies include: general dispensing, patient counseling, compounding, stock control and pharmacovigilance.

Table 3.6 Pharmacists, Pharmaceutical Technologists training program:

Certification	Duration (years)
Diploma	3
Higher diploma	1.5
Bachelor degree	5
Master's degree	2
Doctorate	3

3.1.4 Public Health Officer

Public Health Officers & Technicians (PHOTs) are professionals who undergo certificate, diploma and degrees in Environment/Public health courses offered in mid- and tertiary level health training institutions.

At tertiary level institutions, degrees are offered for PHOs who undergo a 4 year course in Environmental/Public Health.

Tasks routinely performed by PHOs include: health promotion; food quality control; port health services; occupational health and safety (OHS); solid waste management; vector control and water, sanitation and hygiene.

Table 3.7 Public health officers & public health technicians training at a glance

Certification	Duration (years)
Certificate	2
Diploma	3
Higher diploma	1
Upgrading diploma	2
Bachelor Degree	4
Master's Degree	2
Doctorate	3

3.1.5 Physiotherapy, Occupational Therapy and Orthopedic Technology

Pre-service training in physiotherapy, Occupational Therapy and Orthopaedic Technology is offered at KMTC. Tertiary institutions offer bachelor's degree in Physiotherapy.

Table 3.8 Physiotherapist/ Orthopedics training at a glance

Certification	Duration (years)
Certificate	2
Diploma	3
Bachelor degree	4

3.1.6 Medical Social Worker

These cadres primarily service level 1 of the health system by providing direct support to patients and families. They are trained at Kenya School of Government, Non-governmental Institutions, and Private Institutions and in tertiary Institutions.

The tertiary institutions offer degrees in Social Work, Counseling psychology or Sociology while the other Institutions offer either Diplomas or Certificates in Social Work or Community Health.

MoH recognizes the importance of this cadre and plans to introduce Medical Social Workers as a formal cadre in Health Sector for pre-service training at KMTC. MOH will ensure that CPD courses are offered with the aim of enhancing skills and competencies for this cadre.

Table 3.9 Medical Social Worker training at a glance

Certification	Duration (years)

Certificate Course	0.5
Diploma Course	2
Bachelor's Degree Course*	4

*this is for general social work

3.1.7 Health Records and Information Officer

Health records and information officers (HRIO) are a professional cadre in Kenya, serving at from level 2 to level 6 of the health system. The core function of this cadre is to support record keeping and management at health institutions.

Diploma in Health Records and Information Technology (HRIT) is offered as a pre-service course and as an In-service course for those with certificate course in HRIT. The Certificate training is a pre-service course. Tertiary Institutions offer Bachelor of Science and/or Masters in Science in Health Records Information Management.

Responsibilities (tasks) that this cadre is expected to carry out include direct management of patient health records. With the transition from both manual (hard copy) files to electronic filing (EMR), HRIO staff should be conversant in management of all record management systems – most of which entail data capture of new patients or retrieval of records and updating as necessary.

Table 3.10 HRIO training at a glance

Certification	Duration (years)
Certificate	2
Diploma	3
Bachelor of Science degree	4
Master of Science degree	2
Doctorate	3

3.1.8 Non-regulated Support Staff (Informal Health Workers)

Kenya's health workforce shortage has necessitated the use of less specialized staff, which includes non-professional health personnel providing support to formal health cadres. This cadre has not undertaken any formal training in any health or health related area yet they provide tremendous support to the health system. However, these staff are not regulated by any component of the health regulatory body.

The above section and subsections sees to ensure that all existing health cadres and staff (including non-professional cadres) are fully utilized to meet health needs. Similar to what was proposed by the WHO, there is need to engage un-regulated staff, including community owned resource persons (CORPs), community extension workers (CHEWS), patient families and/or expert patients, in routine, standardized and simplified activities that do not require extensive training. This pool of informal health workers can serve to support more highly specialized staff (WHO, 2010). Training may include basic workshops, on job training (OJT) coupled with supportive supervision (SS) and clinical mentorship (CM)[4]. This would largely be based on service demands and health workers training needs.

To ensure that un-regulated cadres receive the necessary guidance and support, it is recommended that regulatory boards and health professional councils develop standardized and simplified training courses specific to these staff, as well as a means of monitoring course completion and licensure at individual level prior to delegation of clinical tasks.

[4] Clinical mentorship involved practical training and consultation from clinical mentors (individuals who are experienced and competent clinicians) for continuing professional development of mentees to ensure that they deliver high quality clinical care and treatment. This can be captured under CPD but the key aspect is that it is largely driven by the needs of mentees. CM coursework

4 Chapter 4: Task Sharing by Cadre and Level

This chapter presents the range of cadres and tasks to be shared in order to achieve the overall goal of ensuring equitable access to the highest attainable standards of health services at all levels for Universal Health Coverage.

4.1 Cadres by level

The following cadres can provide the possible range of combinations and tasks to be shared or performed at various levels of health care.

Table 4.1 List of Cadres at KEPH Level1 and Level 2:

Clinical Officers
Nurses & nurse midwives
Public Health Officers; Public Health Technicians
Nutritionists & dieticians
Medical Social Worker & HIV Counselors
Community Health Officers
Community Health Assistants
Community Focal Persons
Health Promotion Officers
Community Health Volunteers
Patients / Families

Key cadres with the mandate to provide direct patient care at this level include clinical officers, nurses and nurse midwives. They provide basic primary care and treatment, preventive and promotive care through outreach activities and home-based care. They also

perform patient registration & consultations, conduct general physical assessment, rapid diagnostic testing and counseling, drug prescription and referrals depending on the health need of the client. The dispensary is the first formal entry-point for health care services offered to the community.

At the community level (outreach services), health workers (formal and informal) focus predominantly on health promotion, (e.g. safe water, immunization, HIV education, intravenous drug use (IDU)) and psychosocial services for wider communities and for patients and their families (caregivers). As mobile health care providers, Public Health Officers & Technicians, nutritionists, and community health workers/volunteers support clinical staff at facilities by assisting them in less clinical tasks and also serve the broader community through outreach activities carried out within the facility catchment area.

At the household level, community health workers, medical social workers, and HIV counselors provide patients, caregivers and families (including orphans and vulnerable children – OVC) with spiritual and psychosocial support services, adherence counseling, defaulter tracing & retention support, drug refills, and home-based care for critical cases.

4.1.1 Cadres at KEPH Level 3 to Level 6:

Services offered at these levels consist of Primary Care and County referral services at sub-national level (levels 3 to 5) and National referral services (level 6).

Table 4.2 List of cadres at Levels 3 to 6

Medical Officers
Nurses
Clinical Officers
Laboratory Technologists & Technicians
Pharmacists, Pharmaceutical Technologists
Physiotherapists & Occupational therapists (OT)
Orthopedic Technicians & Plaster Technicians

The above mentioned cadres offer highly specialized services from level 3 to level 6 which are not found at the lower levels. Through task sharing and depending on availability of supplies and medical equipment, the range of services can be broadened at the lower level health facilities.

Table 4.3. Descriptions of roles and functions of Cadres

Cadre	Function
Medical Officers	Schemes of Service, 2016 p.6,7 Provide direct management and oversight to a wide range of medical and health services – curative, preventive and promotive - provided at level 5 & 6 Provide direct patient care, train health personnel (formally and informally) and promote career development through guidance and supportive supervision. Lead epidemiological surveillance as needed. Participate in resource mobilization and planning at national and sub-national level.
Clinical Officers	(Schemes of Service, 2014) Provide direct patient care. Conduct patient consultations to examine, diagnose and treat presenting conditions. Working in both out-patient and in-patient departments of health facilities at level 2 to level 4. Additional tasks include community health care (outreach and health education activities) and the provision of supportive supervision to subordinate staff.
Nurses	(Schemes of Service, 2014 p.2) (Scope of Practice 2012) Apply nursing policies, standards and guidelines to provide direct patient care – holistic, preventive, curative, rehabilitative and palliative from level 1 to level 6. Key areas of specialization include: critical care, midwifery, pediatric & neonatal care, ANC, reproductive health, family health, TB, HIV/ADS, occupational health, mental health, psychosocial, ENT and ophthalmology. Participate in record maintenance and the training and mentoring of junior personnel.
Nurse–Midwives	(WHO, 2010 – Annex 1. Cadre definitions) Apply formal nurse training and certification to practice as a nurse and midwife. Provide care to childbearing women during pregnancy, labor, delivery, and the postpartum period. Perform assisted delivery or childbirth both at home or in a hospital setting. Use of this particular skill is determined by where a nurse is posted to practice

Cadre	Function
	at health facilities.
Medical Laboratory Technologists & Technicians	(Schemes of Service for Medical Laboratory Personnel, May 2015, page. 2: Part 3.) Provide diagnostic laboratory services; provide safe blood transfusion services; manage blood and blood products; conduct diagnostic laboratory interventions in liaison with other health care stake holders; conduct research in the field of medical laboratory services in liaison with other ministries and departments and research institutions; provide evidence in support of medical legal forensic services; prepare vaccines, and provide specifications, evaluation and validation of medical laboratory equipment, reagents and chemicals; maintain medical laboratory records and information; and provide quality assurance mechanisms to improve laboratory services.
Pharmacists & Pharmaceutical Technologists	(Pharmacy & Poisons Board, Guidelines for Evaluation and Assessment for Enrolment of A Pharmaceutical Technologist, 2nd Edition, 2013 and Scheme of services 2016.) The Pharmaceutical Services function is responsible for the formulation and execution of pharmaceutical policies and programs in the provision of curative, promotive, palliative and preventive health care services which involve: co-ordination and management of pharmaceutical services in health care institutions; registration and maintenance of information related to drugs, pharmaceutical industries, drug distribution outlets; enforcement of standards and quality assurance; training and curriculum development. It involves compounding, manufacture and dispensing of drugs and medicines to patients and the verification and maintenance of information relating to usage of drugs and medicine, toxicological and clinical data for pharmaceutical analysis and research. It is also concerned with liaison with other drug control agencies to enforce drug laws and guidance and counseling of patients, members of their families and education of the general public. Conducts and manages drug dispensation from level 2 to level 6. Duties include review and filling

Cadre	Function
	prescriptions, maintain drug quality control, checking drug supply samples. Provide supervision of junior staff to promote career development.
Physiotherapists & Occupational Therapists	(Schemes of Service, 2014 p.2) Apply OT policies, standards and guidelines to provide technical advice on issues related to OT; provide OT services from level 1 to level 6. Care includes assessing, formulating and implementing patient treatment plan and record management: holistic, preventive, promotive, rehabilitative and palliative care using OT processes.
Orthopedic Technicians & Plaster Technicians	(Schemes of Service 2016) Assess patients who have orthopedic needs and design, fabricate and fit orthopedic appliances to minimize discomfort, manage fractures and allow recovery to soft tissue damage. Involves community-based outreach rehabilitation activities.
Public Health Officers & Technicians	(Schemes of Service, 2014 Appendix B.) Apply a multidisciplinary approach to supporting services across level 1 to level 6, with emphasis at community level. Work entails mobilizing, sensitizing, and advising communities on matters related to environmental health. Referring health cases to health facilities, carrying out immunization, and identifying environmental health issues at households. Ensure proper record maintenance of services rendered. Support medical cadres in ensuring safe working environments through information education and sensitization – solid waste management, health education & promotion, and occupation health & safety (OSH).
Nutritionists	(Schemes of Service, 2014 p.7) Provide promotive services through health education. Nutritionists are present from level 1 to level 6. Assessment of patient nutritional status for micronutrient deficiency, checks for non-communicable disease (hypertension, diabetes mellitus, anemia and obesity). Nutrition education on dietary needs for pregnant women and advice on infant and young child feeding (IYCF) is

Cadre	Function
	provided for expectant women and nutritional assessments carried out for micronutrient deficiency on children under 5 years. Make referrals for severe cases of malnutrition. Broader roles include participating in nutritional surveillance.
Community Health Workers	(Community Strategy, 2006, Chapter 1, Section 1.5) Promote community sensitization for the uptake of quality health services at Level 1 and level 2; manage common ailments and minor injuries at community level and facilitate referral cases to health facilities. Actively participate in resource mobilization to support community health activities. Ensure compliance with health interventions- includes: immunization, TB treatment, ART, malnutrition, ANC, malaria control. Provide supportive supervision and train community health volunteers or community focal persons.
Medical Social Workers	(Schemes of Service, 2009 p.3) Provide support services to curative/hospital based, primary, preventive and promotive programs and activities; counsel patients, families and the community at large; and provide psychosocial rehabilitation, home based care and placement of patients.

4.2 Task Sharing

Two tables representing proposed task allocations for health cadres present at KEPH Level 1 to Level 6 have been developed. Specific service delivery areas (highlighted as sub-headings on the far-left column) and related tasks have been outlined in each table. Cadres appear at the top of the table and each has been assigned a distinct unique code. Note variation in cadres available between Tables representing: (i) Level 1 and Level 2 and (ii) Level 3 to Level 6. The base of the evidence used to guide tasks allocation by cadre appears in the column on the far right.

Tasks: While it is well understood that there is variation in roles and functions for these cadres globally, the WHO Guidelines for Task Shifting served as a starting point to first delineate key

service areas, not just targeting HIV/AIDS related care but other areas to ensure that the policy is comprehensive. The guidelines were also used to provide guidance towards reaching agreement on generic tasks which are carried out for each service area from Community to National.

Cadres: The task sharing policy guidelines document is country-specific and therefore only presents cadres which exist in Kenya's health workforce. The guidelines take cognizance of the fact that some tasks are better aligned to suit a specific subset of cadres (see columns where more than one cadre is listed in the column heading). This was done to ensure cadres are well-positioned to efficiently provide quality services.

Evidence: For all Levels the last column presents the data sources and evidence-based recommendations used to inform task allocation across cadres. Sources used to populate the table range from WHO guidelines to Kenya MoH policies, guidelines and cadre-specific schemes of service.

Ticks or Checks: These indicate prioritized task allocation across select cadres. A tick or check means that the select cadres have potential to carry out the task but only with requisite training and supervision. The *Task Sharing guideline* document recognizes additional training obtained through CPD, CME, internship programs (attachments) and in-service upgrading may be necessary for mid-level cadres to take on clinical tasks which are currently assigned to more highly skilled, specialized clinical cadres. It also recognizes non-clinical tasks, while requiring less specialization, are time consuming and negatively affect the time clinical cadres can spend on direct patient care and treatment. Therefore, the delegation of non-clinical tasks to less skilled cadres and auxiliary staff allows clinicians to spend more time focusing on direct patient care.

Table 4.4 Cadre Abbreviations

Level 1 and Level 2		Level 3 and Level 5	
CO N/M PHO/T Nut HIV MSW	Clinical Officers Nurses & Midwives Public Health Officers & Technicians Nutritionists & Dieticians HIV Counsellors Medical Social Workers	MO NM CO Lab Pharm	Medical Officers, Dentists and Medical Specialists Nurses & Midwives Clinical Officers Laboratory Technologists & Technicians Pharmacist & Pharmaceutical Technologists
COHO	Community Oral Health Officers	PHO/T	Public Health Officers & Technicians
CHEW	Community Health Extension Worker	Nut	Nutritionist & Dieticians
HPO	Health Promotion Officers	Phys/OT	Physiotherapist/ Occupational Therapists (P) & Orthopedic technicians & Plaster Technologists (O)
CHV	Community Health Volunteers	HIV Psych MSW	HIV Counsellors (H), Psychologists (P), Medical social workers (M)
I/Fam	Individuals/ Families	CHV/S I/Fam	Community Health Volunteers) & Support staff Individuals/ Families
VCTC	Voluntary Counseling & Testing Counselors	HRIO	Health Records Information Officers

Table 4.5 1 Tasks that may be conducted with adequate training and supervision: Level 1 & Level 2

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Prevention, Promotion and Screening												
Provide community health education	✓	✓	✓	✓	✓	✓		✓	✓		✓	WHO 2008 task shifting guidelines section 1
Provide information in behavior communication change (BCC) activities	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Promote health-seeking behavior	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Promote sanitation, safe water, and hygiene	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV WASH technical module
Provide community health education	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Promote participation in behavior communication change (BCC) activities	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Promote health-seeking behavior	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Promote sanitation, safe water, and hygiene	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Gather client health information	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic module
Provide client/ patient referrals	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic module
Promote infection prevention and control (IPC)	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic module
Perform specific rapid diagnostic tests (RDT)	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic module
Counsel based on RDT results	✓	✓	✓	✓	✓	✓		✓	✓			DFH
Distribute commodities allowable at community level	✓	✓	✓	✓	✓	✓		✓	✓			CHW: WHO 2013, trained and supervised CHWs can dispense ART; CHV treatment Kit approved by MOH
Administer specified medications allowable at community level	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV treatment kit and guidelines
Promotion of health screen checks (CD and NCDs)	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV NCDs technical module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Taking/ monitoring vital signs	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Reproductive, Maternal, Newborn, Child Health & Nutrition												
Family Planning & Reproductive Tract Infections												
Promotion of basic family planning services	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	MOH MNCH CHV technical module
Provide basic family planning commodities (natural beads, condoms, calendar method, LAC)	✓	✓	✓	✓	✓	✓	✓	✓	✓			MOH MNCH CHV technical module
Provide basic family planning - IUCD	✓	✓										MOH MNCH CHV technical module
Provision of injectable contraceptives	✓	✓				✓						MOH MNCH CHV technical module
Dispensing/refill of oral contraceptives	✓	✓	✓	✓	✓	✓		✓	✓			MOH MNCH CHV technical module
Referral for permanent or long last family planning methods	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH MNCH CHV technical module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Provide health education on sexually transmitted infections (STIs)	✓	✓	✓	✓	✓	✓		✓	✓			MOH MNCH CHV technical module
Antenatal Care												
Provide education on safe pregnancy and promote skilled delivery	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH MNCH CHV technical module
Provide Information on PMTCT services	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH MNCH CHV technical module
Provide PMTCT Services	✓	✓		✓		✓						
Provide information on focused antenatal care (FANC)	✓	✓	✓	✓	✓	✓		✓	✓			MOH MNCH CHV technical module
Provide focused antenatal care (FANC) services	✓	✓		✓		✓			✓			MOH MNCH CHV technical module
Maternal Care												
Conduct safe delivery	✓	✓										MOH MNCH CHV technical module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Postnatal Care												
Provide information on postnatal care, including family planning	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	MOH MNCH CHV technical module
Provide postnatal care, including HIV testing and counseling	✓	✓										MOH MNCH CHV technical module
Newborn Care												
Provide essential newborn care	✓	✓		✓		✓		✓	✓		✓	MOH MNCH CHV technical module
Promote exclusive breast feeding	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH MNCH CHV technical module
Child Care												
Weigh under-fives and perform growth monitoring using community-based tools (CBT)	✓	✓	✓	✓	✓	✓		✓	✓			MOH MNCH CHV technical module
Refer children where appropriate	✓	✓	✓	✓	✓	✓		✓	✓			MOH MNCH CHV technical module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Conduct deworming	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH MNCH CHV technical module
Provide information on Integrated Community Case Management (ICCM)	✓	✓	✓	✓	✓	✓		✓	✓		✓	ICCM guidelines (Kenya)
Promote early childhood development (ECD)	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Management of simple URTI with amoxicillin	✓	✓				✓		✓	✓			KEMRI-WT 2014, UNICEF study completed in 2014; ICCM pilot ongoing: systematic review of CHW providing curative services
Referral of complicated URTI	✓	✓	✓	✓	✓	✓		✓	✓			KEMRI, UNICEF and Gov't of Homabay study completed in 2015; ICCM pilot ongoing: systematic review of CHW providing curative services
Treatment of diarrhea with Zinc and ORS	✓	✓	✓	✓		✓		✓	✓		✓	ICCM guidelines (Kenya)

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Adolescents, youth & young adults												
Promote gender responsive school health activities	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Promote healthy psychosocial development	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Conduct adolescent peer education on healthy lifestyle	✓	✓	✓	✓		✓		✓	✓		✓	MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Support youth friendly services	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Other Reproductive Care												
Provision of post abortion care (PAC) services	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic technical module, KEPH, Norms-Standards for Level I

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Comprehensive abortion care	✓	✓										MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Health education around infertility	✓	✓				✓						MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Immunizations												
Mobilize community for routine immunizations	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Mobilize community for immunization campaigns and outreaches	✓	✓	✓	✓	✓	✓		✓	✓			MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Provision of routine non-injectable immunizations	✓	✓	✓	✓		✓		✓				MOH CHV basic technical module, KEPH, Norms-Standards for Level I
Provision of routine injectable immunizations	✓	✓										example in Kenya of UNFPA trained CHVs to inject

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Provision of referral information	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
Nutrition												
Promote consumption of nutritious foods	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
Support nutrition for orphans and vulnerable children	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
Manage and supply nutrition commodities, Ready-to-Use Therapeutic Foods (RUTF)	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
Assess nutrition status and refer suspected malnutrition cases	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
Conduct basic nutrition education	✓	✓	✓	✓	✓	✓		✓	✓		✓	DFH
HIV & TB												
Provide information on HIV/AIDS prevention and control	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Provide key information on HIV, safer sex and condom use and distribute condoms and educational materials when available	✓	✓	✓	✓	✓	✓		✓	✓		✓	WHO 2008 task shifting guidelines section 3a
Provide community counseling (as a group)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	WHO 2008 task shifting guidelines section 1
Conduct counseling on HIV/AIDS with individual patient and/or the caregiver if the patient is a child	✓	✓	✓	✓	✓	✓		✓	✓		✓	WHO 2008 task shifting guidelines section 1
Rapid testing and counseling	✓	✓	✓	✓	✓	✓						WHO 2013 CHW can conduct rapid HIV testing; WHO 2008 tasking shifting guidelines section 2a; current HTS guidelines 2015 Kenya promote self-testing
Referral to care and treatment	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module
Refer pregnant women for HIV services	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH CHV basic module

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Ensure continuous ART refills	✓	✓	✓	✓	✓	✓		✓	✓			CHW: WHO 2013, trained and supervised CHWs can dispense ART
Promote ART adherence and retention support	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	WHO 2008 task shifting guidelines section 1
Identification of potential TB cases for referral	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH Community TB guidelines
Conduct community DOTS activities, defaulter tracing and retention	✓	✓	✓	✓	✓	✓		✓	✓		✓	MOH Community TB guidelines
Basic patient intake												
Triage patients to be seen by health workers	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Registration	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Find medical record and return it to files	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Take weight	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a

TASK	CO	N/M	PHO/T	Nut	HIV/ MSW	CHEW	COHO	HPO	CHV	VCTC	I/Fam	Evidence base
Take vital signs	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Take height	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Administer intramuscular or subcutaneous Injections	✓	✓	✓									WHO 2008 task shifting guidelines section 4a
Provide wound care or change dressings	✓	✓	✓			✓			✓			WHO 2008 task shifting guidelines section 4a
Referral to hospital (from lower level facility)	✓	✓	✓	✓	✓	✓		✓	✓			WHO 2008 task shifting guidelines section 4a
Hospitalize a patient	✓	✓	✓									DFH

Table 4.6 Tasks that may be conducted with adequate training and supervision -- Level 3 to Level 5

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Basic patient intake												
Triage patients to be seen by health workers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Registration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4a
Find medical record and return it to files	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Take weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Take vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Take height	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Administer intramuscular or subcutaneous injections	✓	✓	✓									WHO 2008 task shifting guidelines section 4a
Administer IV injections	✓	✓	✓									WHO 2008 task shifting guidelines section 4a

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Provide wound care or change dressings	✓	✓	✓									WHO 2008 task shifting guidelines section 4a
Referral to hospital (from lower level facility)	✓	✓	✓	✓	✓	✓	✓	✓	✓			WHO 2008 task shifting guidelines section 4a
Hospitalize a patient	✓	✓	✓									DFH
Family Planning & Reproductive Tract Infections												
Provide information on FP and preconception care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO Guidelines for Task Shifting MNH services 2012
Provide counseling on preconception care and FP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Insert and remove contraceptive implants	✓	✓	✓									DFH
Insert and remove intrauterine contraceptive device	✓	✓	✓									DFH
Initiation of injectable and oral Contraceptive	✓	✓	✓									DFH
Maintenance of injectable contraceptives	✓	✓	✓							✓		DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Dispensing oral contraceptives (maintenance not initiation)	✓	✓	✓		✓					✓		DFH
Provision of hematinic	✓	✓	✓							✓		DFH
Preconception care and FP laboratory work	✓	✓	✓	✓								DFH
Perform basic and advanced preconception care (surgical)	✓	✓	✓									DFH
Antenatal Care												
ANC examination	✓	✓	✓									WHO 2008 task shifting guidelines section 3b
Antenatal profile immunization, provision of malaria tests, urinalysis, VDRL, Hb, etc.)	✓	✓	✓	✓	✓							for pharmacist must define up to what extent
Provision of IPTp-Nets	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO Guidelines for Task Shifting MNH services 2012
Provision of IPTp-drugs(SP)	✓	✓	✓		✓	✓						WHO Guidelines for Task Shifting MNH services 2012

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Referral of cases	✓	✓	✓	✓	✓	✓	✓	✓	✓			WHO Guidelines for Task Shifting MNH services 2012
Recognition of danger signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO Guidelines for Task Shifting MNH services 2012
Provide information on safe pregnancy and delivery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO Guidelines for Task Shifting MNH services 2012
Promote HIV testing during pregnancy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO Guidelines for Task Shifting MNH services 2012
Provide Iron and folate supplementation	✓	✓	✓		✓		✓			✓		WHO Guidelines for Task Shifting MNH services 2012
Provide Tetanus immunizations	✓	✓	✓									DFH
Provide deworming tablets	✓	✓	✓		✓	✓	✓					DFH
Provide nutrition counseling	✓	✓	✓				✓					DFH
Provide focused antenatal care (FANC)	✓	✓	✓									DFH
Filling of registers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Maternity Care												
Conduct normal deliveries	✓	✓	✓									DFH
Conduct non high risk deliveries	✓	✓	✓									DFH
Episiotomy and stitching of tears	✓	✓	✓									WHO Guidelines for Task Shifting MNH services 2012
Monitoring of labor using a partograph	✓	✓	✓									DFH
Active management of third stage of labor	✓	✓	✓									DFH
Assisted vaginal delivery	✓	✓	✓									DFH
Manual vacuum aspiration (MVA)	✓	✓	✓									DFH
Manual removal of placenta	✓	✓	✓									DFH
Administration of Magnesium Sulphate/anti-convulsants	✓	✓	✓									DFH
Parenteral administration of oxytocin	✓	✓	✓									DFH
Management of abnormal labor	✓	✓	✓									DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Management of non-complicated delivery	✓	✓	✓									DFH
Blood transfusion	✓	✓	✓									DFH
Removal of retained products of conception	✓	✓	✓									DFH
Cesarean sections and management of obstetric complications	✓	✓										DFH
Cesarean sections (where there is a theatre)- CO must have a higher diploma in Reproductive Health			✓									MOH
Triaging and timely referrals of obstetric emergencies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Filling of registers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Postnatal Care												
Provide information on postnatal care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO Guidelines for Task Shifting MNH services 2012

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Maternal postnatal health counseling	✓	✓	✓		✓	✓	✓	✓	✓	✓		DFH
Maternal postnatal examination	✓	✓	✓									DFH
Identification of maternal postnatal complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
First line management of maternal postnatal complications and referral of cases	✓	✓	✓									DFH
Screen for Anaemia	✓	✓	✓	✓								DFH
Vitamin A supplementation	✓	✓	✓		✓		✓					DFH
Newborn Care												
Immediate newborn care (in the delivery room)	✓	✓	✓				✓					DFH
Provide essential newborn care	✓	✓	✓	✓	✓	✓	✓		✓	✓		WHO Guidelines for Task Shifting MNH services 2012
Provide general care of the newborn (nutrition, cord care, eye care, immunization)	✓	✓	✓				✓					WHO Guidelines for Task Shifting MNH services 2012

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Keeping the baby warm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO Guidelines for Task Shifting MNH services 2012
Identification of the need for and referral	✓	✓	✓							✓	✓	WHO Guidelines for Task Shifting MNH services 2012
Promote exclusive breast feeding	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO Guidelines for Task Shifting MNH services 2012
Child Care												
Promote early childhood development (ECD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Promote gender responsive school health activities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Promote healthy psychosocial development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Weighing of under-fives and growth monitoring	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Vitamin A supplementation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO Guidelines for Task Shifting MNH services 2012

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Deworming	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Outreach & school-based Primary health care nutrition, skin condition and other screenings, deworming and referral for vision screening	✓	✓	✓		✓	✓	✓		✓	✓		DFH
Management of common childhood illnesses	✓	✓	✓									DFH
Management of Acute Respiratory Infection	✓	✓	✓									DFH
Youth & Adolescent Care												
Health education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Accident and injury prevention/Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Reproductive health, HIV and STI information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Substance abuse counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Nutrition counseling	✓	✓	✓			✓	✓		✓			DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Life skills coaching						✓	✓		✓			DFH
Screening for parasitic infections	✓	✓	✓									DFH
Provide youth friendly services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Provide psychosocial support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Promote basic family planning services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Provide basic family planning commodities (natural beads, condoms, calendar method, LAC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		MOH
Provide injectable contraceptives	✓	✓	✓		✓							MOH
Dispensing/refill of oral contraceptives	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		MOH
Management of specific illnesses especially TB/STI and OIs	✓	✓	✓	✓	✓							DFH
Dispensing drugs	✓	✓	✓		✓							MOH
Other Reproductive care												
Post abortion care (PAC)	✓	✓	✓									DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Post Abortion Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Infertility Management	✓	✓	✓	✓	✓							DFH
Immunizations												
Promote routine immunizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Cold chain management	✓	✓	✓		✓	✓						MoH Staffing Norms, Cadres' Training Curricula, KEHP, Immunization Guidelines
Administration of oral vaccines (through routine or outreach campaigns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		MoH Staffing Norms, Cadres' Training Curricula, KEHP, Immunization Guidelines
Administration of injectable vaccines (though routine or outreach campaigns)	✓	✓	✓		✓							MoH Staffing Norms, Cadres' Training Curricula, KEHP, Immunization Guidelines; Kenya example: UNFPA trained CHWs to provide injectable vaccinations
Identification of complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Management of immunization Complications	✓	✓	✓		✓							MoH Staffing Norms, Cadres' Training Curricula, KEHP, Immunization Guidelines
Nutritional assessment and counseling	✓	✓	✓				✓					DFH
Conduct nutrition education	✓	✓	✓				✓					DFH
Provide micronutrient supplementation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Support exclusive breastfeeding and complementary feeding for 6months+	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Referrals to higher level care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DFH
Referrals to community based level care	✓	✓	✓	✓	✓	✓	✓	✓	✓			DFH
Provide critical case management nutritional support	✓	✓	✓	✓	✓		✓					DFH
Measurement of Upper Arm Circumference (MUAC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		DFH
Manage (diagnose and treat) malnutrition cases	✓	✓	✓	✓	✓		✓					DFH

TASK	MO	N/M	CO	MLT	Pharm	PHO/T	Nut	Phys OT	HIV Psych MSW	CHV	I/Fam	Evidence base
Management of severe malnutrition	✓	✓	✓				✓					DFH
Management of mild and moderate malnutrition	✓	✓	✓		✓		✓		✓	✓		DFH
Insertion of nasogastric tube and IV lines for feeding	✓	✓	✓									DFH
Development and preparation of diet plan for critical conditions	✓	✓	✓				✓					DFH

TASK	HRIO	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Basic patient intake													
Triage patients to be seen by health workers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Registration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Manage medical record	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take height	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Administer intramuscular or subcutaneous injections		✓	✓	✓									WHO 2008 task shifting guidelines section 4b
Provide wound care or change Dressings		✓	✓	✓									WHO 2008 task shifting guidelines section 4b

TASK	HRIO	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Hospitalize a patient		✓	✓	✓						✓		✓	WHO 2008 task shifting guidelines section 4b
Communicable Disease – TB													
Active Case finding		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		NLLTB
Screening for drug resistant TB		✓	✓	✓	✓								NLLTB
Anti TB Prescription *NM WITH SPECIAL TRAINING		✓	✓	✓									NLLTB – NM requires specialized training
Anti TB refill		✓	✓	✓		✓					✓	✓	NLLTB
Contact Tracing		✓	✓	✓	✓		✓	✓	✓				NLLTB
Defaulter tracing and retention support		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NLLTB
Adherence counseling		✓	✓	✓		✓	✓	✓	✓	✓		✓	NLLTB
Psychosocial support		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NLLTB
Monitor TB treatment response		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4e/6
Referral		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NLLTB

TASK	HRIO	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
HIV/TB co-infection													
Prescribe INH prophylaxis		✓	✓	✓									WHO 2008 task shifting guidelines section 4e/6
Prescribe INH prophylaxis refill		✓	✓	✓		✓							NLLTB
Identify an HIV+ patient with TB symptoms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4e/6
Review TB status		✓	✓	✓									WHO 2008 task shifting guidelines section 4b
Request sputum exam for TB presumptive cases		✓	✓	✓									WHO 2008 task shifting guidelines section 4e/6
Order additional exams following negative sputum results		✓	✓	✓									WHO 2008 task shifting guidelines section 4e
Perform microscopy		✓		✓	✓								WHO 2008 task shifting guidelines section 4b
Request for X-Rays		✓	✓	✓									WHO 2008 task shifting guidelines section 4b
Interpret X-Rays		✓		✓									WHO 2008 task shifting guidelines section 4b

TASK	HRIO	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Initiate TB tx with 1st case of sputum-positive pulmonary TB		✓	✓	✓									WHO 2008 task shifting guidelines section 4e/6 Specialized training – with specialized training
Initiate TB tx with sputum-negative/extra pulmonary TB *NM WITH SPECIAL TRAINING		✓		✓									WHO 2008 task shifting guidelines section 4e/6
Provide TB/ART medicine to sputum-positive pulmonary TB px		✓	✓	✓		✓							WHO 2008 task shifting guidelines section 4e/6
Provide TB/ART tx to non-sputum-positive pulmonary TB px		✓	✓	✓		✓		✓					WHO 2008 task shifting guidelines section 4e/6
Provide combined TB/ART directly observed treatment (DOT)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 6
Treat a dry itching diffuse skin rash (not involving mouth or eyes)		✓	✓	✓		✓							WHO 2008 task shifting guidelines section 6
Recognize side-effects of TB/HIV medications and refer		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4e/6
Identify a patient with symptoms suspected for TB IRIS		✓	✓	✓		✓							WHO 2008 task shifting guidelines section 6
Manage suspected TB IRIS		✓	✓	✓		✓							WHO 2008 task shifting guidelines section 6

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Basic Patient Intake												
Triage patients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4a
Registration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Find and return patient medical records in filing system	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take vital signs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Take height	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 4b
Administer intramuscular or subcutaneous injections	✓	✓	✓							✓		WHO 2008 task shifting guidelines section 4b
Provide wound care or change dressings	✓	✓	✓			✓				✓		WHO 2008 task shifting guidelines section 4b

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Identify severely ill patient requiring admission	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4b
Communicable Disease												
HIV & STI education												
Educate individuals /groups on HIV/AIDS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 1b
Educate individuals/groups on ART	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 1b
Provide condoms and IEC materials on HIV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3a
Provide education on PEP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 3c
Educate individuals/ groups on STIs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 3a

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
HIV Testing and counseling												
Recognize HIV-related illnesses; refer for testing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 2a
HIV Rapid testing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2013 CHW can conduct rapid HIV testing; WHO 2008 tasking shifting guidelines section 2a
Conduct pre-test HIV counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 2a
Conduct post-test HIV counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 2a
Take/prepare blood for DNA PCR or RNA PCR	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 2a
Collect DBS for early infant HIV diagnosis	✓	✓	✓	✓								WHO 2013, First-level trained health workers such as nurses and clinical officers can collect DBS and other Point of Care diagnostics

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Preventative interventions												
Manage STIs	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 3a
Pre-exposure prophylaxis	✓	✓	✓		✓							WHO 2008 task shifting section 4e/6
Advise on HIV prevention for IDU and harm reduction	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3a
Post-Exposure Prophylaxis (PEP)												
Recognize exposure/risk of HIV infection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3c
Initiate PEP in line with HIV treatment guidelines	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 3c
Identify and manage adverse drug reactions of PEP	✓	✓	✓	✓	✓							WHO 2008 task shifting guidelines section 3c
Administer and interpret pre- and post- HIV test on patient	✓	✓	✓									WHO 2008 task shifting guidelines section 3c

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Provide counseling and support, refer as needed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3c
Voluntary Male Medical Circumcision (VMMC)												
Perform pre-surgical assessment	✓	✓	✓									WHO 2008 task shifting guidelines section 3d
Provide pre-surgical STI management	✓	✓	✓									WHO 2008 task shifting guidelines section 3d
Provide SRH counseling	✓	✓	✓			✓			✓	✓		WHO 2008 task shifting guidelines section 3d
Conduct pre-surgical counseling	✓	✓	✓			✓			✓	✓		WHO 2008 task shifting guidelines section 3d
Perform medical male circumcision	✓	✓	✓									WHO 2008 task shifting guidelines, NPC can perform male circumcision
Prevention of Mother to Child Transmission (PMTCT)												
Provide information to mother on PMTCT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3b

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Assess the acceptability of the proposed interventions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 3b
Counsel regarding infant feeding options	✓	✓	✓			✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3b
Discuss birth plan, prophylactic ARV storage	✓	✓	✓		✓		✓		✓	✓	✓	WHO 2008 task shifting guidelines section 3b
Provide PMTCT interventions during labour/ birth	✓	✓	✓									WHO 2008 task shifting guidelines section 3b
Advice and counsel on FP	✓	✓	✓			✓			✓	✓		WHO 2008 task shifting guidelines section 3b
NIMART		✓										WHO 2013, non-physician clinicians, nurses and midwives can initiate onto first line ART
Clinical Management of HIV+ Pregnant Women												
Preconception care	✓	✓	✓		✓	✓	✓		✓			DFH

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Counsel on ART in 1st trimester and throughout	✓	✓	✓		✓	✓	✓		✓	✓	✓	WHO 2008 task shifting guidelines section 8
Provide chronic HIV care	✓	✓	✓		✓		✓				✓	WHO 2008 task shifting guidelines section 8
Explain when to start ART; adherence and monitoring; management mild side-effects	✓	✓	✓		✓		✓		✓	✓	✓	WHO 2008 task shifting guidelines section 8
When the pregnant woman is medically eligible for ART, prescribe a non-teratogenic ART	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 8
When a woman on ART becomes pregnant, know when to substitute for efavirenz (first trimester)	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 8
Prescribe a non-teratogenic therapy	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 8

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Educate on basic preventive measures for malaria, TB, worms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 8
Clinical Management of HIV Exposed Infants (HEI), including PMTCT												
Provide ARV prophylaxis to neonate	✓	✓	✓									WHO 2008 task shifting guidelines section 9
Provide HEI co-trimoxazole Prophylaxis	✓	✓	✓									WHO 2008 task shifting guidelines section 9
Monitor co-trimoxazole prophylaxis	✓	✓	✓									WHO 2008 task shifting guidelines section 9
Explain timing for HIV test of the child to parents	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 9
Diagnose HIV in children <18 months (no DNA PCR)	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 9
Take and prepare blood for DNA PCR	✓	✓	✓	✓	✓	✓	✓			✓		WHO 2008 task shifting guidelines section 9

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Provide regular assessment and early detection of HIV-related symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 9
Decide on referral	✓	✓	✓									WHO 2008 task shifting guidelines section 9
Follow up HIV status in an HIV-negative child born from an HIV+ mother and receiving breastfeeding	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	WHO 2008 task shifting guidelines section 9
Assess developmental milestones in a child (possibly) infected with HIV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 9
Counsel HIV+ mothers with a child of unknown HIV status on feeding options	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 9
Clinical management of HIV												
Determine family HIV status of PLHIV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3a/b

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Counsel on reproductive options/safer sex for PLHIV	✓	✓	✓	✓		✓	✓		✓	✓		WHO 2008 task shifting guidelines section 3b/d
Assess pregnancy and family planning status	✓	✓	✓							✓		WHO 2008 task shifting guidelines section 4b
Encourage physical activity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3e
Advise on nutrition, clean water and sanitation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 3e/10
Assess clinical signs and symptoms of opportunistic infections (OI)	✓	✓	✓		✓		✓					WHO 2008 task shifting guidelines section 4b
Request laboratory tests	✓	✓	✓									WHO 2008 task shifting guidelines section 4b
Request CD4 test	✓	✓	✓									WHO 2008 task shifting guidelines section 4c
Take and prepare blood for CD4 test	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 2a
Provide co-trimoxazole prophylaxis	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 3a/b, 4b

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Provide fluconazole prophylaxis	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 3a/b, 4b
Provide deworming medication	✓	✓	✓		✓	✓						WHO 2008 task shifting guidelines section 3a/b, 4b
Conduct rapid tests (pregnancy, malaria Rapid Diagnostic Test (RDT), Random Blood Sugar (RBS))	✓	✓	✓	✓	✓	✓						WHO 2008 task shifting guidelines section 4b
Conduct point of care diagnostics	✓	✓	✓	✓								WHO 2013, First-level trained health workers such as nurses and clinical officers can collect DBS and other Point of Care diagnostics
Register results/ fill in lab results form	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 4b
Interpret laboratory results	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 4b
Provide psychological support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4b

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Provide formal psychological counseling (individual)									✓			WHO 2008 task shifting guidelines section 4b
Completing HIV/AIDS register/ medical record (paper/electronic)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 4b
Determine HIV WHO staging	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 4c
Clinical management of OI and other complications												
Identify signs of OIs and Co-Infections, refer	✓	✓	✓		✓		✓			✓	✓	WHO 2013, non-physician clinicians, nurses and midwives can monitor treatment failure; CHW: WHO 2013, trained and supervised CHWs can assess for any new sign and symptom
Diagnose Opportunistic Infections (OIs)	✓	✓	✓		✓							WHO 2013, non-physician clinicians, nurses and midwives can assess for OIs

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Manage malnutrition in a PLHIV adult/ child/ infant	✓	✓	✓		✓		✓					WHO 2008 task shifting guidelines section 4d
Diagnose and initiate HIV-associated malignancies	✓		✓									WHO 2008 task shifting guidelines section 10
Provide care for HIV-associated malignancies	✓	✓	✓									WHO 2008 task shifting guidelines section 10
ART												
Tell patient about ART	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 5
Provide adherence counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2013, non-physician clinicians, nurses and midwives can provide adherence counseling; CHW: WHO 2013, trained and supervised CHWs can provide adherence support and monitoring; WHO 2008 task shifting guidelines section 5

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Prepare the individual patient/caregiver to initiate ART	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		WHO 2008 task shifting guidelines section 5
Explain food/other diet restrictions where needed	✓	✓	✓		✓		✓			✓		WHO 2008 task shifting guidelines section 5
Request for baseline and follow up laboratory and other investigations	✓	✓	✓									WHO 2008 task shifting guidelines section 5
Initiating and follow up on ART	✓	✓	✓		✓					✓		WHO 2013, non-physician clinicians, nurses and midwives can initiate onto first line ART; WHO 2008 task shifting guidelines section 5
Monitor and support adherence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 7
Detect, document, manage and report adverse drug reactions for patients on ARVs	✓	✓	✓									WHO 2008 task shifting guidelines section 6

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Monitor and manage treatment failure	✓	✓	✓									WHO 2013, non-physician clinicians, nurses and midwives can monitor treatment failure; CHW: WHO 2013, trained and supervised CHWs can assess for any new sign and symptom;
Detect and manage immune reconstitution inflammatory syndrome (IRIS)	✓	✓	✓									WHO 2008 task shifting guidelines section 6
Refilling ART prescription (dispensing) and other drugs	✓	✓	✓		✓					✓		CHW: WHO 2013, trained and supervised CHWs can dispense ART
Arrange follow up visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CHW: WHO 2013, trained and supervised CHWs can dispense ART
Clinical Management of HIV+ Children												
Make presumptive diagnosis of severe HIV	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 10

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Conduct a rapid test and confirm HIV infection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Conduct a PCR and confirm HIV infection	✓	✓	✓	✓								WHO 2008 task shifting guidelines section 10
Assess clinical signs and symptoms of HIV infection	✓	✓	✓									WHO 2008 task shifting guidelines section 10
Check for development milestones	✓	✓	✓				✓			✓		WHO 2008 task shifting guidelines section 10
Determine clinical staging in children	✓	✓	✓									WHO 2008 task shifting guidelines section 10
Diagnose and initiate HIV-associated malignancies tx	✓		✓									WHO 2008 task shifting guidelines section 10
Provide care for HIV-associated malignancies	✓	✓	✓									WHO 2008 task shifting guidelines section 10
Management of OI	✓	✓	✓	✓	✓							Guidelines on use of Antiretroviral Drugs for treating and Preventing HIV infection in Kenya 2016

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Psychosocial support for child and caregiver												
Educate and counsel caregiver	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Support and counsel the child	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Support child and caregiver for disclosure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Support for appropriate development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Support child and caregiver for illness and death	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Support for OVCs and their caregivers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Prescribe first-line ARV regimen	✓	✓	✓									WHO 2008 task shifting guidelines section 10; WHO 2013, non-physician clinicians, nurses and midwives can initiate, maintain and dispense ART

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Dispense first-line ARV regimen	✓	✓	✓		✓							MOH
Counsel on uninterrupted supply of medication	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 10
Monitor adherence, side effects, treatment failure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 10
Adjust ART according to weight change	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 10; WHO 2013, non-physician clinicians, nurses and midwives can initiate, maintain and dispense ART
Substitute individual drugs in first-line ARV regimen	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 10; WHO 2013, non-physician clinicians, nurses and midwives can initiate, maintain and dispense ART
Manage life-threatening complications of ART	✓	✓	✓									WHO 2008 task shifting guidelines 10;
Provide treatment options for ART failure	✓		✓		✓							WHO 2008 task shifting guidelines section 10

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Clinical Management of IDUs	✓	✓	✓									WHO 2008 task shifting guidelines section 10
Educate on risks of injecting drugs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 11
Encourage and support IDUs to minimize risks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 11
Determine whether patient is a current IDU	✓	✓	✓		✓				✓	✓		WHO 2008 task shifting guidelines section 11
Encourage enrolment in Methadone Assisted Therapy (MAT) and other rehabilitation facilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 11
Determine if patient is in MAT	✓	✓	✓		✓				✓	✓		WHO 2008 task shifting guidelines section 11
Prepare patient for MAT	✓	✓	✓		✓					✓		WHO 2008 task shifting guidelines section 11
Initiate patient on MAT	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Monitor and support adherence to MAT	✓	✓	✓		✓				✓	✓		WHO 2008 task shifting guidelines section 11

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Manage symptoms associated with methadone use	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Adjust dose where indicated	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Start ART at optimal dose of MAT	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Adherence support, including DOT	✓	✓	✓		✓				✓	✓	✓	WHO 2008 task shifting guidelines section 11
Identify and manage drug Interactions	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Determine hepatitis B virus vaccination status	✓	✓	✓		✓				✓	✓		WHO 2008 task shifting guidelines section 11
Manage common infections (abscesses, pneumonia)	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 11
Counsel on special nutritional needs for IDUs	✓	✓	✓				✓			✓		WHO 2008 task shifting guidelines section 11

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Supervision of HIV service delivery												
Supervise Clinical Officer (*SENIOR CO CAN SUPERVISE A JUNIOR CO)	✓		✓		✓							WHO 2008 task shifting guidelines section 1c, 2b, 3f, 4f, 5e,6f, 7e,8b,9b,10g,11d and 12d
Supervise Nurse	✓	✓			✓							WHO 2008 task shifting guidelines section 1c, 2b, 3f, 4f, 5e,6f, 7e,8b,9b,10g,11d and 12d
Supervise CHWs	✓	✓	✓	✓	✓	✓	✓	✓	✓			WHO 2008 task shifting guidelines section 1c, 2b, 3f, 4f, 5e,6f, 7e,8b,9b,10g,11d and 12d
Supervise Lab, Pharm, Nutritionist, MSW, HIV Psychologist	✓	✓	✓									WHO 2008 task shifting guidelines section 1c, 2b, 3f, 4f, 5e,6f, 7e,8b,9b,10g,11d and 12d
Defaulter tracing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 1c, 2b, 3f, 4f, 5e,6f, 7e,8b,9b,10g,11d and 12d

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Palliative Care												
Conduct pain assessment(s)	✓	✓	✓		✓			✓		✓		WHO 2008 task shifting guidelines section 12
Management of chronic pain	✓	✓	✓		✓					✓	✓	WHO 2008 task shifting guidelines section 12
Teach the patient and caregiver how to administer pain medicine and other ways of alleviating chronic pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 12
Prevent, recognize and treat the side-effects of pain medication	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 12
Treat extreme, non-responsive pain appropriately, including through steroid use, where indicated	✓	✓	✓		✓							WHO 2008 task shifting guidelines section 12
Counseling, psychosocial and spiritual support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 12

TASK	MO	NM	CO	Lab	Pharm	PH	Nut	Physio OT	HIV Pysch MSW	CHV Staff	Px/Fam	Evidence base
Support for patient at end of life	✓	✓	✓						✓	✓		WHO 2008 task shifting guidelines section 12
Support for caregivers, family members and children	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	WHO 2008 task shifting guidelines section 12

5 Chapter 5: Monitoring and Evaluation

The implementation of the Task Sharing policy shall be monitored and evaluated through routine data collection, regular supervision, reports, performance review reports and periodic surveys.

The monitoring and evaluation of the TSP will cover the areas listed below:

- Stewardship, launch, and dissemination and roll out to all relevant stakeholders.
- Management at County level
- Oversight of the process of implementation of this policy
- Legislation and regulation in relation to TSP.
- Compliance (measured by job aids, SOPs and manuals)
- Capacity Building
- Partnerships in TSP
- Advocacy and Awareness
- Provision of services at various levels (Check indicators on number of cadres performing new tasks)

Progress towards achievements of the objectives of this policy shall be monitored through strategic and annual work plans. Also the roles and responsibilities of the various actors shall be monitored towards task sharing performance improvement. Periodic evaluations shall be carried out to establish the level of improvement in access and utilization as well as the quality of health care services.

Implementation of the *Task Sharing Policy* requires a comprehensive yet robust monitoring and evaluation framework. This tool aims to provide an implementation roadmap for the first 5 years following introduction of the policy for the broad range of stakeholders – including the public sector, ministry of health, county governments, regulatory bodies, faith-based organizations, private sector, mid- and tertiary-level training institutions, development partners and donors. The M&E framework will also serve as a tool to document, track and disseminate data among stakeholders in a timely manner, ensuring transparency, accountability and integrity. The Monitoring matrix includes one essential indicator (1.1) and 39 suggested indicators to track progress with implementation of the policy (Annex III).

5.1 Guiding Principles of Monitoring & Evaluation

This section presents an overview of the two processes – monitoring & evaluation – which, despite having distinctly different functions, when used together as an integral part of programming, have great potential to improve overall performance and results. Put simply, monitoring is measurement of whether planned activities were accomplished whereas evaluation is measurement of whether the accomplished activities had an impact on health.

5.2 Task Sharing Policy M&E Framework Objectives

To recap, the key *Task Sharing Policy* objectives are:

- 1.0 Adopt and implement task sharing
- 2.0 Harmonize national laws, policies and regulations
- 3.0 Ensure adequate training for quality healthcare
- 4.0 Organize clinical care services
- 5.0 Implement, monitor and evaluate the Task Sharing Policy

5.3 Task Sharing Policy M&E Framework in brief

The M&E framework (see Indicator Matrix - Annex II) objectives and activities provide a succinct overview of key activities which are set to take place between Year 1 and Year 3.

6 Chapter 6: Recommendations

TWG	Policy Statement	Recommendations (for validation)
1	MOH to work with County governments to oversee the **adoption** and **implementation** of the task sharing policy at level 1 – 6	❖ Advocacy for TS in Kenya's health system – continuous and active stakeholder engagement (community of practice) with multi-sectorial representation (CSOs, NGOs, FBOs, public and private) at national and county level to maintain political will to support TSP implementation while supporting broader sectorial reforms which have taken place under decentralization. ❖ Identify key champions to support TSP implementation at national and county levels. Representation from various institutions involved in key aspects of health systems support for HRH. A strategy that encourages joint decision-making among stakeholders shall be instrumental in TSP adoption and implementation. ❖ Incorporate TS into performance contracts of health workforce to promote concept and practice.
2	MOH to work with national and county levels to **harmonize laws, policies, regulations and guidelines** to support and enable evidence-based task sharing	❖ Revise existing laws, bills, and health policies to support TSP within performance period. ❖ Revise / Update Schemes of Service to support TS across select/ target cadres; following authorization and with supportive supervision).
3	MOH to work with regulatory bodies and health professional councils to ensure quality health care **through adequate pre-service, internship, in-service and CPD training** to equip health workers with necessary knowledge, skills and competencies	❖ Develop new or amend existing training curricula at mid-level and tertiary level accredited health training institutions to support TSP – provide target cadres with requisite pre-service, in-service (upgrading courses). Focused short courses obtained through CPD and CME for health workers currently employed should be readily accessible and made available as an option for health workers who are seeking to increase their knowledge, skills and competencies to support TSP. ❖ Update electronic records/ filing system at regulatory boards and health professional councils for select cadres to ensure that any certifications attained by individuals is routinely updated and reflect in the system to help track and monitor increased training exposure among health workers.

4	MOH to work with regulatory bodies and health professional councils to organize clinical care services to ensure equitable access to quality health care through **technical guidance, supportive supervision, strong referral networks and continuous quality improvement**	❖ Develop standards to inform legislation revisions related to licensure of health workers providing services from level 1 to 6. ❖ Develop clear guidelines to map referral networks at both national and county levels – ❖ Optimize health care service quality by instituting quality improvement as an integral part of the TSP implementation process across the health system. Essential inputs to the health systems such as infrastructure, training, supervision are critical to ensuring QI. Services provided should be patient-focused (patient experience, treatment and outcome), and health management should place greater emphasis on use of data (qualitative and quantitative) to inform any changes in processes and increase buy-in among the health workforce of the importance of QI to positively impact health outcomes.
5	MOH to work with regulatory boards and health professional councils and stakeholders at national and county levels to **monitor and evaluate the implementation of the task sharing policy and guidelines to ensure health workers are authorized and empowered** to deliver safe, high-quality care	❖ Monitor dissemination of the TSP across health facilities at both national and county level. ❖ Establish key performance indicators (KPIs) for use at national and county level to allow for routine and continuous monitoring of TSP implementation ❖ Use cost-effective approaches to sensitize health workers on guiding principles of task sharing through on-job orientation, CPD, and CME. ❖ Encourage adoption of TSP practice by goal-setting for health workers as an engagement strategy to promote TS. ❖ Empower health workers by encouraging information sharing (meetings, performance reviews) between less skilled health workers with more highly skilled colleagues, encouraging teamwork.

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Annex I. Select Schemes of Service by Cadre Related to Task Sharing in Kenya

Scheme of Service	Enabling of Task Sharing
Medical/Dental Officer, 1994	Work at this level involves management of a wide range of medical and health services in medical institutions in the country. This includes management of medical units and wards at the national hospital, provincial hospital or district hospital. Responsibility also includes provision of medical services to the sick or activities that obtain in health clinics and wards in the various medical institutions. In addition, the officer is expected to provide formal and informal training to other health personnel working under him.
Clinical Officers, 2010	p. 3 SCOPE OF SERVICE: "The Services of a clinical officer entails: History taking; Examining; Diagnosing; Treating; and follow up of patients and clients in medical health institutions and community. They also offer specialized services … They also provide community health services …"
Nursing Personnel, 2014	p. 1 NURSING PERSONNEL FUNCTION: "The Nursing Function entails: implementation of the Nursing Act, Cap 257 of 2005 as amended in 2011; formulation, implementation, review and interpretation of health and nursing policies, standards, guidelines and programs; management and coordination of nursing services at all levels; providing holistic preventive, promotive, curative, rehabilitative and palliative health care services using the nursing process to meet health needs of clients/patients; providing technical advice and nursing care in the approved areas of specialization … working with other members of the healthcare team in conducting all health interventions; carrying out research in the field of nursing and healthcare."
Public Health Assistants and Public Health Officers, 2014	The Public Health Function involves: Enforcement of the Public Health Act (Cap 242), Food, Drugs and Chemical Substances, Act (Cap 254), Tobacco Control Act 2007, Acoholic Drinks Control Act,2010, Bio-safety Act 2009, Malaria Prevention and Control Act(Cap 246), Meat Control Act (Cap 356) and any other relevant legislation on public health in liaison with other relevant government agencies; formulation, implementation, interpretation and review of public health policies, guidelines, standards and procedures; plan and implement promotive and retentive health programs; coordinate with relevant Departments and other stakeholders in the implementation of public health projects and programs; monitor and evaluate public health projects and programs; ensure compliance to international health regulations and rules at ports of entry; provide technical advice on promotive and preventive health; undertake research on public health trends and other emerging issues; mobilize resources and foster collaboration and partnerships with relevant agencies in support of public health programs; oversee the development and management of public and private mortuaries, cemeteries and crematoria; and promote innovation and modern technology in the provision of public health services.

Annex II. Operational Terms & Definitions

Term	Definition/Description
Administration	This includes range of activities which health workers or auxiliary staff routinely perform at health facilities to support operations and/ or management. (e.g. stock checks, convening and attending meetings).
Auxiliary nurse midwife	Have some training in secondary school. A period of on-the-job training may be included, and sometimes formalized in apprenticeships. Like an auxiliary nurse, an auxiliary nurse midwife has basic nursing skills and no training in nursing decision-making. Auxiliary nurse midwives assist in the provision of maternal and newborn health care, particularly during childbirth but also in the prenatal and postpartum periods. They possess some of the competencies in midwifery but are not fully qualified as midwives.
Clinician	A professional clinician with basic competencies to diagnose and manage common medical, maternal, child health and surgical conditions. They may also perform minor surgery. The prerequisites and training can be different from country to country. In Kenya, associate clinicians are generally trained for 3 years post-secondary education in established mid-level and tertiary level education institutions. The clinicians are registered and their practice is regulated by their national or subnational regulatory authority.
Communicable disease	An infectious disease which is spread from person to person (or any animal vector) through direct contact with the individual or bodily fluids/ secretions.
Community Health Extension Worker (CHEW)	This cadre is often times recruited directly by the health system (MOH) and assigned to the local structures to support level 1 activities and provide supportive supervision to CORPs. Key activities include health promotion, disease prevention and health care-seeking behavior.
Community Health Volunteer (CHV)	Members of the communities where they work, often are elected by communities and are part of the volunteer workforce. These individuals are not bound to working within the MOH schemes of service and are often times hired to support projects/ programs at community level through engagement by non-governmental organizations, faith-based organizations and public health facilities. One type of CHV is a Community Owned Resource Person (CORP). These are individuals who are elected/ nominated by their community and volunteer to serve their community and support health service provision (activities)

Term	Definition/Description
	at level 1. Under the Community Strategy this cadre is supported by Community Health Extension Workers (CHEWs) who provide guidance and oversight in activities geared to improve health care access through strengthening facility-community linkages. Training received by CORPs takes place at sub-county level – mostly through facility based training mostly building skills in (i) recognition, (ii) classification and (iii) action, with sessions lasting as short as 2 weeks and up to 3 months.
Community Health Worker (CHW)	Members of the communities where they work, elected by the communities, and are answerable to the communities on health interventions and activities. They are supported by the health system through formal employment, with supporting schemes of service. The training period for CHWs is markedly shorter than most mid-level health personnel.
Competency	An individual's ability to perform a task or set of tasks successfully and efficiently.
Continuing Professional Development (CPD)	Continuing education for health workers who have already completed their pre-service education. Typically based on hours over a period of time variable by cadre.
Curative care	Health care practices that treat patients with the intent of curing them, not just reducing their pain or stress.
Direct patient care	Direct interactions between a health worker and a patient as well as activities directly related to the care of patients. Includes consultation, examination, procedures, surgery, seeking medicines or lab results, etc.
Human resources for health (HRH)	All people who are actively involved in health activities with the primary intent of enhancing health. Frequently used interchangeably with "health workforce," this term includes people who are essential to the health system and have undergone health training to support the health sector through: health policy & planning, direct/ in-direct service provision, information collation and analysis, management of the supply chain.
In-direct patient care	Includes a range of activities which are not related to provision of consultative services or treatment. Key activities which fall under this category of work include: record keeping, health education, cleaning & preparation, and outreach services (education).
Induction programme:	This is a structured period used at the start of new work engagement (at a health facility) to welcome and introduce health workers to their new role and orient them on facility norms and standards.
In-service	Training programs for health personnel who are currently employed, lasting 6 months or longer in duration. This includes upgrading.

Term	Definition/Description
Internship	This either involves students taking a practical training or a period of applying skills learned during pre-service training while being monitored and mentored by more experienced professionals. This typically occurs immediately after pre-service training. Often can be a requirement prior to being allowed to register as a licensed health worker.
Lay health worker	Term used to describe any health worker who performs functions related to healthcare delivery, was trained in some way in the context of the intervention, but has received no formal professional or paraprofessional certificate or tertiary education degree.
Neglected Tropical Disease (NTD)	A range of different tropical diseases acquired through contact with pathogens – which include virus, bacteria, protozoa, worms (helminths). NTDs are largely found in low-income settings across Africa, Asia and the Americas, with the poorest groups afflicted.
Non-Communicable Disease (NCD)	A medical condition or disease that is non-infectious or non-transmissible. NCDs can refer to chronic diseases which last for long periods of time and progress slowly.
Non-physician clinician (NPC)	This cadre represents a portion of the mid-level health workforce that has received short, yet intensive medical training from 2 to 3 years. NPCs are not trained as physicians, but are capable of many of the diagnostic and clinical functions of a medical doctor and who have more skills than a nurse. They usually provide advanced advisory, diagnostic, curative and preventive medical services. (WHO, 2013 - Global Health Workforce Alliance, Mid-level health workers for delivery of essential health services –a global systematic review and country experiences).
Nurse	A graduate who has been legally authorized (registered) to practice after examination by a state board of nurse examiners or similar regulatory authority. Education includes three, four or more years in nursing school, and leads to a university or postgraduate university degree or the equivalent. A registered nurse has the full range of nursing skills (WHO 2010). Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.
Palliative care	An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Term	Definition/Description
Physician (medical doctor)	A professional who has received intensive medical training and has been certified and licensed to practice medicine.
Pre-service	Training programs for future health workers or training programs for current health workers that will confer a higher qualification or diploma to allow for skills upgrading. This includes attachments where appropriate.
Preventive care	Measures taken for disease prevention, as opposed to disease treatment. Disease prevention relies on anticipatory actions to halt or slow down opportunity of disease acquisition.
Referral care	A written order made by primary health care providers for patients recommending that additional health services are needed at a referral center with a medical practitioner and health facility better equipped to provide necessary health services for the patient
Scheme of Service	Guiding document that is developed for health cadres in Kenya to provide clear guidance on existing grading structures which includes job descriptions, job designations (job title) and specific job group per designation. It also sets the minimum qualifications and experience required for any form of advancement from one grade to another with the understanding that other external factors might duly influence advancement.
Short course	A training program (which could be a mentorship, exchange or formal classroom based course) between 1 month and 6 months in duration.
Supportive supervision	An assessment activity conducted by more highly trained health personnel to lower less specialized cadres to provide them with support in execution of their duties. It requires routine/frequent oversight, help, encouragement and guidance on the following activities – including: patient care, facility management, administration. Supervisors are expected to ensure that service delivery standards are maintained through direct observation, coaching, and that requisite training is received to improve/maintain service quality.
Task sharing	The systematic delegation of tasks, where appropriate, from more highly skilled professional cadres to less specialized cadres in an order to improve efficiency and maximize use of existing human resources for health (HRH).
Task shifting	A review and subsequent delegation of tasks to the "lowest" category who can perform them

Term	Definition/Description
	successfully – it is important to note that this term is no longer in use in part as it does not reflect how higher more skilled cadres will be actively involved in providing technical support and oversight through supportive supervision of lower cadres
Workshop	A training typically lasting 1-10 days on a specific topic (this could be delivered during conferences, symposiums or seminars for example)

Annex III. Monitoring & Evaluation Indicator Matrix

Indicator No	Indicator	Measurement/ Means of verification	TARGET	Level	Data Source	Frequency	Responsible Party
1.0	Adopt and implement task sharing						
1.12 Essential	Task Sharing Policy endorsed by MOH	Endorsed Task Sharing Policy	1	National	TSP	Once	MoH-HRM/D
1.11	Legislation and regulation in relation to TSP	Number of laws and regulations revised	9	National	MoH	Once	MoH – DHSQA&R
1.1	National launch and dissemination of the Task Sharing Policy	-Launch and Dissemination Report	1	National	MoH	Once	MoH - Department of Policy and Planning
1.3.1	Number of health professional association meetings where TSP was disseminated	Minutes for the meetings With TSP Agenda	TO Fill With actual numbers of associations	National County	Health professional Associations annual Reports	Within first 6 months	Health professional associations, Regulatory boards
1.3.2	*Number of regulatory board meetings introducing the Task Sharing Policy to their members*	**See above**	**2 MEETINGS PER REGULATORY BOARD , PER ANNUM**	Cadre, County	Regulatory boards, MOH	Within first year (quarterly)	MOH - HRD, Emory University - KHWP
1.4.1	*Number of*	Minutes of the	**2 meetings**	National	HRH ICC	Recurrent;	MOH -

Indicator No	Indicator	Measurement/ Means of verification	TARGET	Level	Data Source	Frequency	Responsible Party
	HRH; ICC meetings at national level where Task Sharing Policy is Discussed	meetings			meeting minutes, HRH ICC agenda	annually	HRD
1.4.2	*Number of Counties represented at the HRH ICC Meetings*	The minutes of the HRH ICC meeting	47	National	HRH ICC meeting minutes, HRH ICC agenda	Recurrent; ongoing in first 6 months	MOH - HRD
1.5.3	*Proportion of Health workers trained on TSP per county*	Training Reports Participants list	50%	National, type of stakeholder (institution)	Annual workplans	Annually	MOH - Department of Policy & Planning
	Proportion of TSP trainings supported by Partners	Training Reports	80%	National County Partners	Training Reports	Biannual	
1.6	*Number of Task Sharing Policy documents distributed to counties*	Distribution List	**500**	County, type of institution, agency (public, private, faith based)	MOH, Emory University-KHWP	Once	MOH - Department of Policy and Planning, MOH Standards QA and Regulations, and Emory University - Kenya Health workforce Project

Indicator No	Indicator	Measurement/ Means of verification	TARGET	Level	Data Source	Frequency	Responsible Party
1.7	*Number of Task Sharing Policy flash drives distributed*	Flash drives	**500**	County, type of institution, agency (public, private, faith based)	MOH, Emory University - KHWP	As needed	MOH stakeholders
1.8.1	*Task Sharing Policy documents uploaded on MOH website*	Uploaded Task sharing policy documents	**1 Policy** **1 Policy Guideline**	National, MOH Division	MOH	Once	MOH E-Health Unit
1.8.2	*Task Sharing Policy documents uploaded on regulatory boards websites*	Uploaded Task sharing policy documents	**1 Policy per board** **1 Policy Guideline per board**	National, Institution	Regulatory boards	Once	Regulatory boards
2.0	**Harmonize national laws, policies and regulations**						
2.2	*Number of schemes of service with TSP component*	Schemes of Service with TSP component	**ALL CAPTURED IN THE TABLES**	Profession	Regulatory boards	Quarterly	Regulatory boards
3.0	**Ensure adequate training for quality healthcare**						
3.1	*Number of training institutions with revised curricula to support task*	Curricula with the Task Sharing component	148 training institutions	Profession	Regulatory boards	Quarterly	MOH

Indicator No	Indicator	Measurement/ Means of verification	TARGET	Level	Data Source	Frequency	Responsible Party
	sharing						
3.4	*Number of Task Sharing Job Aids developed and disseminated*	Job Aids	As many as the tasks that are shared	County	Supervision Reports	Annually	Emory University KHWP, TWG 5, MOH & TBD
3.5	*Number of existing tools, protocols and guidelines amended (revised) to support Task Sharing Policy*	Tools, Protocols and Guidelines			MOH Portal on the Tools, Protocols and Guidelines	Baseline, Mid-term and End-term	MOH
4.0	**Organize clinical care services**						
4.1	*Number of County Health Officers Sensitized on Task Sharing Policy and Guidelines*	Sensitization report	**235 (5 per county)**	County	MOH, TWG 5	Quarterly	MOH, County Health Office, & TBD
4.3	*Number of visitors Accessing documents related to Task Sharing on MOH website*	Number of visits on the website	Public	n/a	MOH, TWG 5	Quarterly	MOH
4.4	*Number of Cadres*	Survey reports	**All Cadres**		Survey	Bi-annually	MOH

Indicator No	Indicator	Measurement/ Means of verification	TARGET	Level	Data Source	Frequency	Responsible Party
	performing new tasks						
4.5	*Number of facility reports containing task sharing information*	Facility Reports	All Facility reports		Observation data survey	Annually	MOH
5.0	**Implement, monitor and evaluate Task Sharing Policy and Guidelines**						
5.2	*Number of national surveys which have integrated Task Sharing as an area of focus*	Survey Report	**2 Annually**	N/A	Document review	Annually	MOH, TBD
5.3	*Number of TSP Impact evaluations*	Impact Evaluation Report	**2 (every 5 years)**	N/A	TBD	Annually	MOH, TBD

Note: Section 5.0 is subject to revision as this will largely be driven by the MOH and budget allocation towards this activity will determine the key research questions and objectives which will guide all future evaluations of the Task Sharing Policy implementation experience.

Annex IV. List of Stakeholders – PAC Membership

Dr. Nicholas Muraguri	MOH	Susan Otieno	MOH
Dr. Izaq Odongo	MOH	Andre Verani	CDC
Dr. Hannah Wamae	MOH	James Kwach	CDC Kenya
Joseph Mirereh	MOH	Abraham Katana	CDC Kenya
Dr. Santau Migiro	MOH	Elly Odongo	CDC Kenya
Dr. Pacifica Onyancha	MOH	Peter Waithaka	USAID Kenya
Dr. Rachel Nyamai	MOH	Edna Tallam	NCK
Dr. Martin Sirengo	NASCOP	Micah Kisoo	COC
Dr. Irene Mukui	NASCOP	Daniel Yumbya	KMPDB
Dr. Peter Kimuu	MOH	Dr. Samuel Mwenda	CHAK
Dr. Jackson Kioko	MOH	Jacinta Mutegi	KCCB
Professor Issaac Kibwage	University of Nairobi	Firdaus Omar	SUPKEM
David Njoroge	MOH	Peter Tum	KMTC
Dr. Andrew Mulwa	County Executives Committee (CEC) for Health	Dr. Jane Karonjo	Mt. Kenya University
Dr Jack Magara	County Directors of Health Services (CDHS)	Professor Barasa Otsyula	Kenya Methodist University
Agnes Waudo	Emory Kenya Health Workforce Project	Jessica Gross	Emory University/ CDC Atlanta
Sylvester Kimaiyo	AMPATH	Custodia Mandlhate	WHO Kenya
Meshack Ndolo	IntraHealth International	Dr. Nduku Kilonzo	NACC
Dr. Janet Muriuki	IntraHealth International	Dr. Celestine Mugambi	NACC
Mathew Thuku	IntraHealth International	Sylvia Ojoo	University of Maryland
Mark Hawken	ICAP		

Annex V. List of Stakeholders – TWG Membership

TWG: 1

- ✓ Jessica Gross - Emory University/CDC Atlanta
- ✓ Dr. Daniel Kabira - KCCB
- ✓ Dr. Pauline Duya - MOH
- ✓ John Kabanya - MOH
- ✓ Kennedy Otieno - NNAK
- ✓ Emma Muraguri - Amref Health Africa

TWG: 2

- ✓ Agnes Waudo - Emory KHWP
- ✓ Andre Verani - CDC Kenya
- ✓ Mathew Thuku – IntraHealth International
- ✓ Jostine Mutinda – MOH
- ✓ Jeremiah Mainah – NNAK
- ✓ Edna Talllam – NCK
- ✓ Dorothy Oluoch - KEMRI Wellcome Trust
- ✓ Rahab Maina - MOH
- ✓ Irene Gichohi – KOTA/MOH
- ✓ Ann Murianki - MOH
- ✓ Sophie Ngugi - MOH
- ✓ Micah Kisoo – COC
- ✓ Jonathan Buturu – COC
- ✓ Daniel Yumbya - KPMDB
- ✓ Dr. Fred Siyoi – PPB
- ✓ Dr. Kariuki Gachoki – PPB
- ✓ Jacinta Nzinga - KEMRI Wellcome Trust
- ✓ Valentine Amalia – MOH
- ✓ Joseph Horeri – ACMPK
- ✓ David Okeyo – KNDI
- ✓ Ali Abdulatiffa – KMLTTB
- ✓ Evans Kamundi – KMLTTB
- ✓ Rose Kiriinya - Emory KHWP
- ✓ John Nyamuni – KMLTTB
- ✓ Charles Gichui – ACMP
- ✓ Purity Kimathi Njiru – KMLTTB
- ✓ Lydia Churbai – NNAK
- ✓ Rachel Kiiru - PHOTC

TWG: 3

- ✓ Prof. Barasa Otsyula - Kenya Methodist University
- ✓ Dr. Kennedy Abuga - University of Nairobi
- ✓ Prof. Elizabeth Obimbo - University of Nairobi
- ✓ Dr. Ongore - Mt. Kenya University
- ✓ Elizabeth Ndungu - Mt. Kenya University
- ✓ Samuel Mungai - Mt. Kenya University
- ✓ Dr. Agnes Langat – CDC Kenya
- ✓ Raphael Owako - MOH
- ✓ Sylvia Ojoo - University of Maryland
- ✓ Andrew Materi – NNAK
- ✓ Firdaus Omar – SUPKEM
- ✓ Rose Kuria – MOH
- ✓ David Njoroge – MOH
- ✓ Ann Murianki – MOH
- ✓ Mary Chege – MOH
- ✓ Alex Kisanga – MOH
- ✓ Irene Chami – Funzo Kenya
- ✓ Dr. Daniel Kabira – KCCB
- ✓ Patrick Kyalo – CHAK
- ✓ Esther Mungai – ICAP
- ✓ Dr. Agnes Langat - CDC Kenya

TWG: 4

- ✓ Joseph Mirereh – MOH
- ✓ Elizabeth Washika - MOH
- ✓ Dr. Brian Chirambo – WHO Kenya
- ✓ Doris Odera – ICAP
- ✓ Dr. Jeremian Laktabai – AMPATH
- ✓ Dr. Jacks Nthanga – MOH Machakos County
- ✓ Joseph Mathenge – ACMP
- ✓ Daniel Yumbya – KMPDB
- ✓ Pauline Mwololo – NASCOP
- ✓ Jackline – PPB
- ✓ Agnes Waudo - Emory KHWP
- ✓ Alice Mwangangi – RHMSU
- ✓ Dr. Simon Kigandu – KMA
- ✓ Denis Muya – RMHSU
- ✓ Annie Gituto – RMHSU
- ✓ Dr. Elizabeth Mgambi – RMHSU
- ✓ Faith Mungai - Kenya Healthcare Federation
- ✓ Dr. Irene Mukui – NASCOP
- ✓ Elizabeth Oywer – MOH
- ✓ Kate Sabot - Emory University
- ✓ Daniel Wandina - University of Maryland
- ✓ Elly Odongo - CDC Kenya
- ✓ Fridah Tah - MOH Kajiado County
- ✓ Dr. Suzanne Goodrich – AMPATH
- ✓ Dr. Pauline Duya - MOH
- ✓ Teresa Alwar - UNICEF
- ✓ Nancy Bower - NASCOP
- ✓ Abdi - PPB
- ✓ Sophie Ngugi – NCK
- ✓ Ruth Muia – RMHSU
- ✓ Dr. Elizabeth Wala – KMA
- ✓ Dr. Violet Adeke – RMHSU
- ✓ Dr Mary Wangai - MOH

TWG: 5

- ✓ Joshua Gitonga – NACC
- ✓ Dunstan Achwoka - CDC Kenya
- ✓ Andre Verani - CDC
- ✓ Sylvia Ojoo - University of Maryland Project
- ✓ Dr. Isabel Maina – MOH
- ✓ Pepela Wanjala – MOH
- ✓ Rose Kirinya - Emory KHWP
- ✓ Dr. James Owuor – PPB
- ✓ Daniel Yumbya - KMDPB
- ✓ Dr. Salim Hussein – MOH
- ✓ Dr. Simon Kigondu – KMA
- ✓ Irene Gichohi - KOTA/ MOH
- ✓ Benard Wambu - MOH
- ✓ Dr. Brian Pazvakavambwa - WHO Kenya
- ✓ Joyce Onyango – MOH
- ✓ Firdaus Omar – SUPKEM
- ✓ Martha Kangere – NNAK
- ✓ Elizabeth Wala – KMA
- ✓ Rachel Kiiru – PHOTC
- ✓ Manaseh Bocha – MOH
- ✓ Ann Murianki – MOH
- ✓ Perez Wawire – COC
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