

APHIA II North Eastern Province

Quarterly Program Report



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TABLE OF CONTENTS

INTRODUCTION.....	6
IMPROVED AND EXPANDED FACILITY-BASED HIV and AIDS, TB AND RH/FP	14
1.1 Prevention of Mother to Child Transmission.....	14
1.1.1 Key Observations on Performance	16
1.1.2 Challenges	17
1.1.3 Planned Activities for the Next Quarter.....	18
1.2 Counseling and Testing	18
1.2.1 Key Observations on Performance	19
1.2.2 Challenges	19
1.2.3 Planned Activities for the Next Quarter.....	19
1.3 Palliative Care and TB/HIV Integration	19
1.3.1 Key Observations on Performance	20
1.3.2 Challenges	20
1.3.3 Planned Activities for the Next Quarter.....	20
1.4 Laboratory Services	21
1.4.1 Key Observations on Performance	21
1.4.2 Planned Activities for the Next Quarter.....	21
1.5 ARV Treatment Services.....	21
1.5.1 Key Observations on Performance	22
1.5.2 Challenges	22
1.5.3 Planned Activities for the Next Quarter.....	22
1.6 Reproductive Health/Family Planning	23
1.6.1 Key Observations on Performance	24
1.6.2 Challenges	25
1.6.3 Planned Activities for the Next Quarter.....	25
1.7 Systems Strengthening and Other Capacity Building	25
1.7.1 Key Observations on Performance	25
1.7.2 Challenges	30
1.7.3 Planned Activities for the Next Quarter.....	31
EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR	32
2.1 Abstinence/Being Faithful.....	32
2.1.1 Key Observations on Performance	32
2.2 Other Prevention Activities.....	34
2.2.1 Key Observations on Performance	34
2.2.2 Challenges	35
2.2.3 Planned Activities for the Next Quarter.....	35
EXPANDED CARE AND SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV AND AIDS	35
3.1 Other Prevention Activities	35
3.1.1 Key Observations on Performance	36
3.1.2 Challenges	37
3.1.3 Planned Activities for the Next Quarter.....	37
3.2 Orphans and Vulnerable Children.....	37
3.2.2 Key Observations on Performance	38
3.2.3 Challenges	39
3.3.3 Planned Activities for the Next Quarter.....	39
STRATEGIC INFORMATION	39
4.1 Key Observations on Performance	39
4.2 Challenges	40
4.3 Planned Activities for the Next Quarter.....	40
<u>APPENDIX 1: SPATIAL ANALYSIS OF PMTCT IN NEP</u>	<u>41</u>
<u>APPENDIX 2: SPATIAL ANALYSIS OF CT IN NEP</u>	<u>42</u>

LIST OF TABLES AND FIGURES

TABLE 1: ACHIEVEMENTS AGAINST TARGETS	8
TABLE 2: OVERALL UPTAKE OF PMTCT SERVICES (10/08-9/09)	15
TABLE 3: COUNSELING AND TESTING PERFORMANCE AGAINST YEAR 2 TARGET	18
TABLE 4: TB INDICATORS (1/09-9/09)	20
TABLE 5: SUMMARY OF FP METHODS PROVIDED (7/09-9/09)	23
TABLE 6: SUMMARY OF TRAINING ACTIVITIES	26
TABLE 7: SUMMARY OF HEALTH SYSTEMS STRENGTHENING ACTIVITIES.....	29
TABLE 8: SUMMARY OF HBC SERVICES (1/09-9/09).....	36
FIGURE 1: COUNSELING AND TESTING AT ANC (10/08-9/09)	15
FIGURE 2: MOTHER AND INFANT NEVIRAPINE UPTAKE AT ANC (10/08-9/09).....	16
FIGURE 3: PARTNER COUNSELING AND TESTING	16
FIGURE 4: COUNSELING AND TESTING (7/08-9/09).....	18
FIGURE 5: CONTRIBUTION TO CPY BY CONTRACEPTIVE METHOD (7/09-9/09).....	23
FIGURE 6: CONTRIBUTION TO CPY BY CONTRACEPTIVE METHOD (10/08-9/09).....	24

LIST OF ABBREVIATIONS

AAC	Area Advisory Committee
AB	Abstinence and/or Being Faithful
AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
APHIA	AIDS, Population & Health Integrated Assistance Program
APR	Annual Progress Report
ARIFU	AIDS Response in Forces in Uniform (project)
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communications
CT	Counselling and Testing
CACC	Constituency AIDS Control Committee
CBT	Capacity Building Team
CCC	Comprehensive Care Center
CDC	Centers for Disease Control and Prevention
CDF	Constituency Development Fund
CHBC	Community and Home-Based Care
CHW	Community Health Worker
CIC	Community Implementation Committee
CME	Continuing Medical Education
CTS	Clinical Training Skills
CSW	Commercial Sex Worker
DASCO	District HIV and AIDS Coordinating Officer
DCC	District Community Coordinator
DFC	District Facility Coordinator
DHMT	District Health Management Team
DHRIO	District Health Records Information Officer
DMS	Director of Medical Services
DMLT	District Medical Laboratory Technologist
DTC	Diagnostic Testing and Counselling
DQA	Data Quality Audit
DRH	Division of Reproductive Health
EID	Early Infant Diagnosis
EHP	Emergency Hiring Plan
EMOC	Emergency Obstetric Care
ESD	Extending Service Delivery
FBO	Faith-based Organization
FPPS	Family Programmes Promotion Services
FHI	Family Health International
GOK	Government of Kenya
GIS	Geographic Information System
HBC	Home-based Care
HCBC	Home and Community-Based Care
HCT	HIV Counselling and Testing
HCW	Health Care Worker
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
HR	Human Resources
HRM	Human Resources Management
HRH	Human Resources for Health
HRIO	Health Records and Information Officer
HTSP	Healthy Timing and Spacing of Pregnancies
ICB	Institutional Capacity Building
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IP	Implementing Partner
KAIS	Kenya AIDS Indicator Survey

KEMRI	Kenya Medical Research Institute
LLITN	Long-Lasting Insecticide-Treated Nets
LDP	Leadership Development Program
LOE	Level of Effort
M&E	Monitoring and Evaluation
MLS	Management and Leadership Specialist
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MOMS	Ministry of Medical Services
MSH	Management Sciences for Health
MTC	Medical Training College
NACC	National AIDS Control Council
NASCOP	National HIV and AIDS & STI Control Program
NCCS	National Council of Children Services
NEP	North Eastern Province
NEPHIAN	North Eastern Province HIV and AIDS Network
NEWS	North Eastern Welfare Society
NHSSP	National Health Sector Strategic Plan
NOPE	National Organization of Peer Educators
OI	Opportunistic Infection
OJT	On-the-job training
OVC	Orphans and Vulnerable Children
PAC	Post Abortal Care
PASCO	Provincial AIDS and STD Coordinator
PEPFAR	President's Emergency Program for AIDS Relief
PGH	Provincial General Hospital
PHMT	Provincial Health Management Team
PICT	Provider Initiated Counselling and Testing
PLWHA	People Living with HIV and AIDS
PMO	Provincial Medical Officer
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNA	Performance Needs Assessment
PTC	Provincial Training Committee
QA	Quality Assurance
SIMAHO	Sisters Maternity Home
STI	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenyan Muslims
TB	Tuberculosis
TIMS	Training Information Management System
TMP	Training Master Plan
TNA	Training Needs Analysis
TOF	Training of Facilitators (also refers to a facilitator him/herself)
TOT	Training of Trainers (also refers to a trainer him/herself)
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WASDA	Wajir South Development Agency
YFS	Youth Friendly Services

INTRODUCTION

APHIA II (AIDS, Population, and Health Integrated Assistance Program) is an agreement between the Government of Kenya and USAID. The APHIA II North Eastern Province (NEP) project brings together a team of organizations under the umbrella of the Extending Service Delivery project: Pathfinder International; IntraHealth International; and, Management Sciences for Health.

APHIA II is designed to provide improved and expanded, sustainable HIV and AIDS and tuberculosis (TB) prevention, treatment, care and support together with integrated reproductive health and family planning services. Increased service access and use and the promotion of healthy behaviors among groups most-at-risk of HIV infection are also goals. Project activities occur at both health facility and community-levels and involve a high level of collaboration with GoK partners and stakeholders at district and provincial levels.

Currently the HIV and AIDS clinical care burden remains limited in NEP compared to other regions in Kenya, but increasing prevalence and confounding factors such as high TB prevalence and low women's status signal the need to particularly address prevention, as well as improve access to treatment/care. Also of concern is the increasing TB prevalence and TB's increasing association with HIV, which is less than in the rest of Kenya, but may also be on an upward trend. As for women's and children's health and well-being, NEP has particularly dire conditions as a result of recent drought, past civil strife, an extremely high fertility rate, and low healthcare-seeking behavior and access to services. Recent droughts, inadequate diet, and less than 1% exclusive breastfeeding have resulted in high levels of wasting in children and high infant mortality rates.

Some highlights from the current quarter:

- The project achieved its annual target for numbers of pregnant women counseled and tested and receiving their results. This is a significant achievement given the project's emphasis on HIV and AIDS prevention.
- APHIA II NEP achieved 611% of its annual counseling and testing target, with unprecedented numbers of people in NEP learning their HIV status. The project emphasized testing in urban and peri-urban areas in line with the findings of the Sexual Networks Assessment. Innovative counseling and testing strategies and approaches were successfully employed to target key populations at higher risk of HIV infection.
- The project significantly surpassed its Year 2 programmatic targets for reaching individuals with information on abstinence and being faithful. As noted in previous reports, the culture of communities in the province is receptive to AB programming and this is reflected in the low HIV prevalence rates. North Eastern province is in many ways an HIV prevention "success story"; although the culture is changing, particularly in urban areas, APHIA II NEP is doing what it can to reinforce existing cultural norms and attitudes insofar as they contribute to the prevention of HIV and AIDS.
- The highlight of the reporting period was the launch of the *Twaweza Tukiwa Pamoja* (Together We Can) Behavior Change Communications Strategy in Garissa on August 19th. The development of evidence-based, locally appropriate IEC messages and materials is a best practice which is ground-breaking in NEP and has exciting potential to positively influence attitudes and behaviors in the province. Guest of Honor was the Chief Kadhi of Kenya, Sheikh Hammad Kassim; many influential Sheikhs and Imams participated in the launch, a strong indication of how significantly attitudes around HIV and AIDS in the province have changed since the project commenced.
- A treatment literacy training for PLWHA from Garissa and Ijara was the first of its kind in NEP and generated a very enthusiastic response from participants. Those who are from the region were especially enthused by the participation of a prominent Sheikh who told

them that religious leaders are ready to assist them if they are able to organize themselves into groups and take the lead by fighting self-stigma. The project will be rolling out the treatment literacy training to other districts in the next quarter.

Table 1. Achievements against targets

Prevention/Abstinence and Being Faithful							
Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	58,563	65,864	62,365	47,029	233,821	140,000	167%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	77,934	17,159	42,016	34,653	171,762	40,000	429%
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	0	29	100	656	785	920	85%
Condoms and other Prevention Activities							
Number of targeted condom service outlets	0	9	5	12	26	20	130%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender	44,170	10,912	19,975	34,653	109,710	8,000	1371%
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22	28	0	64	114	150	76%
Palliative Care: TB/HIV							
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) according to national or international standards	21	8	6	0	66	10	660%

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (this is a subset of 8.2)	12	76	43	129	260	450	58%
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	27	48	0	75	50	150%
Number of TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	459	339	558	738	2,094	800	262%
Orphans and Vulnerable Children							
Number of OVC served by an OVC program	3,615	2,431	744		6,790	5,500	123%
Male	2,906	1,165	374		4,445	2,750	162%
Female	709	1,266	370		2,345	2,750	85%
Number of individuals trained in caring for OVC	0	154	110	70	334	500	67%
Counseling and Testing							
Number of service outlets providing counseling and testing according to national or international standards	22	29	40	61	61	10	610%
Number of individuals who received counseling and testing for HIV and received their test results	25,282	8,349	12,165	15,291	61,087	12,800	477%
Number of individuals trained in counseling and testing according to national and international standards	0	0	25	0	25	100	25%
Strategic Information							
Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	9	11	5	0	25	15	167%

Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	8	20	0	0	28	35	80%
Systems Strengthening							
Number of local organizations provided with technical assistance for HIV-related policy development	0	13	13	0	26	4	650%
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	11	2	0	15	4	375%
Number of individuals trained in HIV-related policy development	0	0	27	0	27	40	68%
Number of individuals trained in HIV-related institutional capacity building	0	41	27	0	68	40	170%
Palliative Care (excluding TB/HIV care)							
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	23	28	28	28	28	80	35%
Number of service outlets providing pediatric HIV-related palliative care (excluding TB/HIV)	6	6	6	7	7	TBD	
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	27	52	51	130	50	260%
Number of individuals provided with pediatric HIV-related palliative care (excluding TB/HIV)	32	30	42	58	52	TBD	
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	805	904	1,029	1,202	1,173	3,000	39%
HIV/AIDS Treatment/ARV Services							

Number of service outlets providing ART services according to national or international standards	6	8	8	12	12	20	60%
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	23	47	38	159	267	550	49%
(0-14)	1	3	0	13	17	50	34%
(15+)	22	44	38	146	250	500	50%
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)*	435	490	528	687	682	3,000	23%
(0-14)	29	32	32	45	42	310	14%
(15+)	406	458	496	642	644	2,790	23%
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status*	305	360	421	544	544		
Male (0-14)	1	10	10	12	12		
Male (15+)	121	144	158	208	208		
Female (0-14)	0	14	14	16	16		
Female (15+)	183	191	215	270	270		
Pregnant female (all ages)	0	7	24	38	38		
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	0	27	0	27		
Prevention of Mother-to-Child Transmission							
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	82	85	96	100	100	60	167%

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,408	6,900	7,895	7,660	28,863	29,407	98%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	13	18	15	10	56	879	6%
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	38	69	0	107	120	89%
Additional Indicators							
Couple years of protection (CYP) in USG-supported programs	936	972	1,304	1,302	3,212	1,500	214%
Number of people trained in FP/RH with USG funds	27	25	62	31	145	25	580%
Number of counseling visits for FP/RH as a result of USG assistance	Not reported	Not reported	Not reported	Not reported		1,500	
Number of USG-assisted service delivery points providing FP counseling or services	20	24	72	79	72	10	720%
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	Not reported	Not reported	Not reported	Not reported		TBD	
Number of new FP acceptors as a result of USG assistance, by FP method	1,418	1,513	1,602	2,935	7,468	TBD	
Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services	0	9	9	TBD		TBD	
Number of PLWHA support groups formed and linked to other services as appropriate	0	5	3	4	12	TBD	
Number of health workers trained in stigma reduction	28	0	0	0	0	TBD	

Number of individuals trained in the provision of laboratory-related activities	0	11	16	0	27	TBD	
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**RESULT 1:
IMPROVED AND EXPANDED FACILITY-BASED HIV AND AIDS, TB AND RH/FP**

APHIA II NEP's strategy during Project Year Two has been to focus interventions primarily on forty "high volume" facilities throughout the province. The high-volume facilities were identified during the facility assessments conducted at the end of 2007 and beginning of 2008. As the capacity of these facilities is strengthened, APHIA II NEP will expand its support to include lower-volume facilities.

North Eastern province continued to suffer the effects of prolonged drought during the quarter. People with their livestock moved around in search of water and pasture to the point where there was nowhere left to go, and nothing to do. Large numbers of animals, both livestock and wildlife, have died. Indeed the road from Garissa to Mandera was strewn with dead carcasses. There were stories of people having succumbed as well.



Livestock carcasses along the Garissa-Mandera road.

Despite these challenges, most of the project service delivery targets were met and in some cases significantly surpassed. Counseling and testing services in particular have taken root in a major way – a very important outcome given the emphasis which the project is putting on HIV prevention. The project has assisted its partners in implementing strategic and innovative approaches to reach key populations at higher risk, resulting in the dramatic increases in HCT uptake.

1.1 Prevention of Mother to Child Transmission (PMTCT)

The project achieved its annual target for numbers of pregnant women counseled and tested and receiving their results. This is another important contribution to the prevention of HIV in NEP.

APHIA II NEP supports the provision of PMTCT services that conform to national standards in 100 facilities within the province. Although access to quality PMTCT services is occasionally compromised by high turnover of skilled staff and other challenges, the availability of services to

prevent vertical transmission of HIV, coupled with widespread acceptance of counseling and testing, is a critical achievement in NEP.

Mothers testing HIV positive at facilities with ANC services have so far been restricted to roughly 20 towns and urban centers in the province, with the preponderance in Garissa, Wajir and Mandera towns. See Appendix I for a spatial analysis of the availability of PMTCT services in the province and the incidence of mothers testing HIV positive during the last year.

Table 2: Cascade for overall uptake of PMTCT services: October 2008 – September 2009

	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Totals
Number of ANC 1st Visits	7,971	6,900	7,762	7,509	30,142
ANC revisits	8,441	8,263	9,794	7,809	34,307
Number of mothers counseled	7,084	7,217	8,332	8,041	30,674
Number of HIV tests	6,408	6,900	7,895	7,660	28,863
Mothers learnt their sero-status	6,402	6,889	7,895	7,660	28,846
Number HIV positive	35	30	19	15	99
Number on ARV prophylaxis	13	16	15	10	54
Infants on ARV prophylaxis	0	2	6	2	10
Mothers tested at maternity	68	21	94	597	780
Number of deliveries	2,981	2,372	3,514	2,667	11,534

Figure 1: Counseling and testing at ANC: October 2008 – September 2009

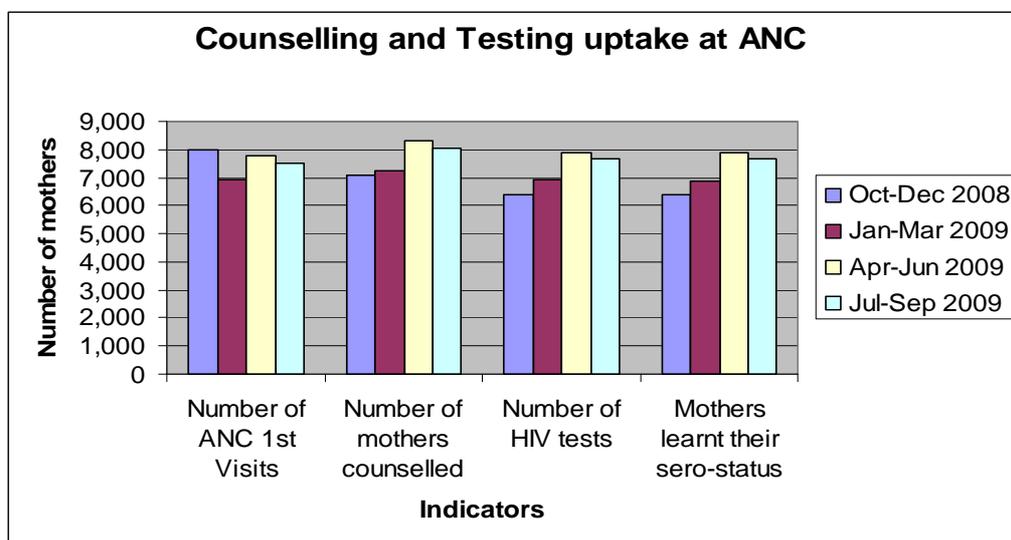
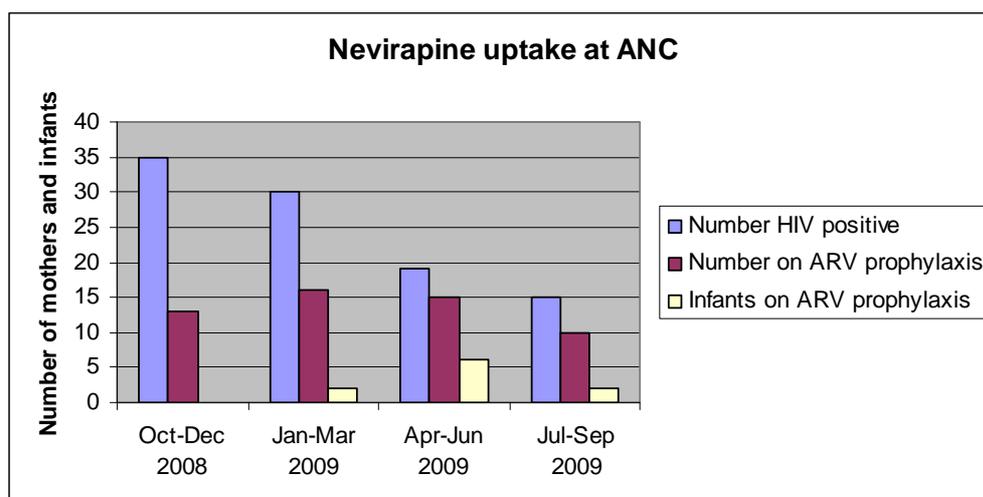


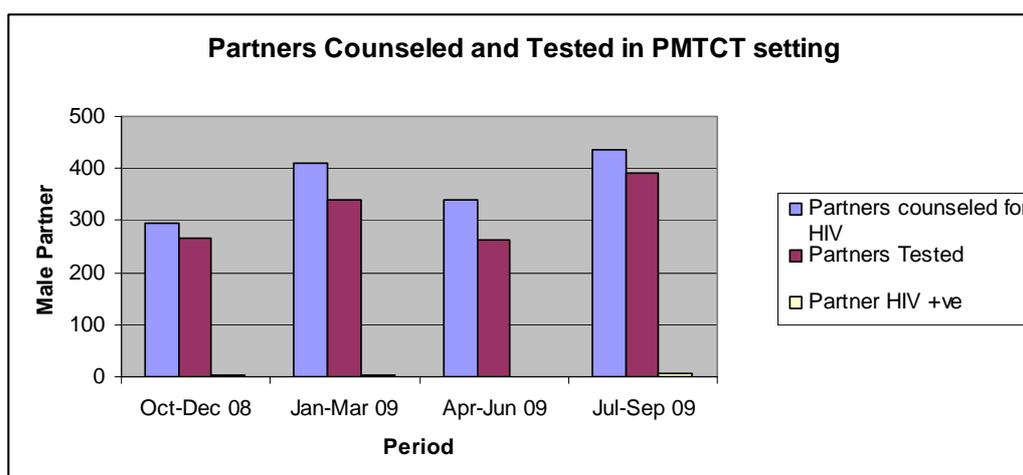
Figure 2: Mother and infant nevirapine uptake at ANC: October 2008 – September 2009



1.1.1 Key observations on Performance

- APHIA II NEP supported the strengthening and implementation of Early Infant Diagnosis services in the province. Five samples sent to KEMRI are awaiting results. Results of 15 samples sent to KEMRI in previous quarters were received. Five of the results were positive and the infants were started on treatment.
- The project provided TA on initiation of dual prophylaxis to all PMTCT sites through support supervision and on job training. The project also facilitated the distribution of Nevirapine and AZT to PMTCT sites.
- APHIA II NEP supported and increased integrated outreach services from 35 to 48 facilities in the districts through the provision of fuel and allowances. Each facility conducts a minimum of four routine outreach activities per month.
- APHIA II NEP supported quarterly DHMT support supervision in the 11 Districts through the provision of staff allowances, fuel and transport.
- Partner counseling and testing uptake increased significantly over the last quarter.

Figure 3: Partner Counseling and Testing



1.1.2 Challenges

- EID services for exposed infants still pose a challenge in the district due to the difficulties experienced in getting mothers to come back for post-natal services. There are plans to reduce loss to follow-up by targeting exposed infants when they are brought for immunization.
- Nevirapine syrup for infants was in short supply at some facilities due to elapsed expiration dates.
- HIV testing for pregnant mothers in NEP has in the recent past become a routine practice as a step in preventing vertical transmission of HIV from infected mothers to their infants. However, it is now emerging that some mothers who test negative at ANC, sero convert either at the time they give birth or post-nataly. This is a worrying trend for PMTCT practitioners. This situation prompted some health workers in NEP to continually test pregnant mothers visiting ANC clinics and during birth regardless of the first visit results. Although this is a commendable practice, data collection to avoid multiple counting of the mothers serially tested has been an issue for sometime. It is for this reason that the project has been reporting maternity HIV testing data only for those sites it had confidence were not double-counting. However, in the last quarter, the project addressed the data issue by carrying out OJTs in high volume facilities where this practice had been problematic. The result is a significant increase this quarter in the number of mothers reported to be tested in maternity.
- High turnover of PMTCT-trained personnel still poses a great challenge. Most of the personnel are on short-term contracts through partners. The absorption of these HCWs has been slow and some of them have opted to leave the province all together.
- The project put on hold PMTCT training in the current quarter upon learning that there is a new PMTCT training curriculum and user guidelines with significant changes to replace the 2006/2007 ones. The guidelines have not yet been officially launched.
- The long and persistent drought resulted in the movement of nomads in search of pastures and water, contributing to low uptake of ANC services and deliveries in many facilities.
- Data management and reporting continues to be a major challenge. There is evidence, for example, of the number of mothers provided with prophylaxis being higher than reported.

1.1.3 Planned Activities for the Next Quarter (October - December 2009)

- Strengthen EID activities through training, establishment and support of laboratory networking for EID.
- Strengthen commodity forecasting and facilitate delivery, particularly for infant nevirapine.
- Ensure availability of more efficacious regimen for both mother and infant in all PMTCT sites.
- Strengthen couple counseling at PMTCT sites.
- Continued support of the integrated outreach services in the districts.
- Continue facilitating joint DHMT/APHIA II NEP quarterly support supervision in the 11 districts and follow-up of the service providers trained in PMTCT.
- Training of service providers on EID.

- OJT on data collection and data quality improvement.
- Distribution and dissemination of the new PMTCT guidelines.
- Procurement of furniture and equipment for PMTCT sites.

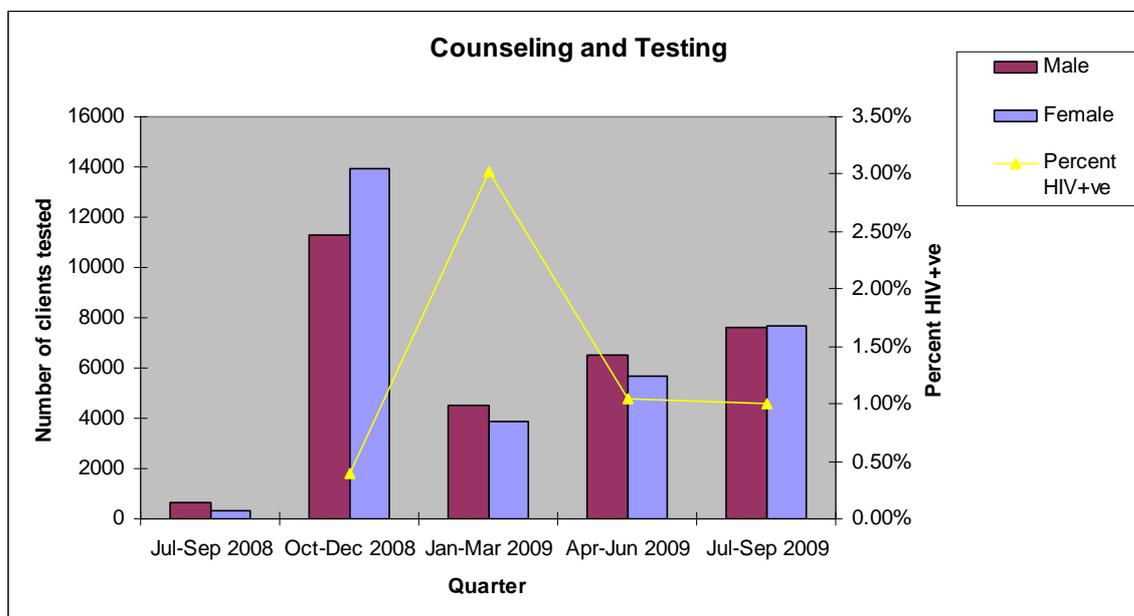
1.2 Counseling and Testing

APHIA II NEP achieved 611% of its annual counseling and testing target, with unprecedented numbers of people in NEP learning their HIV status. The project emphasized testing in urban and peri-urban areas in line with the findings of the Sexual Networks Assessment. Innovative counseling and testing strategies and approaches were successfully employed to target key populations at higher risk of HIV infection. See Appendix II for a spatial analysis of CT services within the province and the incidence of clients testing HIV+.

Table 3: Counseling and Testing Performance against Year 2 Target (October 2008 – September 2009)

Reporting period	Male	Female	Percent HIV+ve	Total
Jul-Sep 2008	661	338		
Oct-Dec 2008	11,321	13,961	0.40%	25,282
Jan-Mar 2009	4,507	3,842	3.02%	8,349
Apr-Jun 2009	6,498	5,667	1.05%	12,165
Jul-Sep 2009	7,625	7,666	1.00%	15,291
Total	29,951	31,136	1.37%	61,087
Year 2 target				10,000
Total as percent of target				611%

Figure 4: Counseling and Testing (July 2008 – September 2009)



1.2.1 Key Observations on Performance

- There was a noted improvement in the supply and distribution of test kits to the districts during the quarter.
- The project supported Garissa PGH CCC to conduct 24 VCT outreach services during the quarter, including mobile, house-to-house and moonlight VCT. This strategy has worked well, particularly for targeting key populations at higher risk, and will continue to be supported.
- APHIA II NEP introduced moonlight VCT in Wajir, Masalani, Bura, Ijara, Habaswein and Modogashe towns, building on the experience gained in Garissa.
- The project supported SIMAHO VCT site to conduct 24 moonlight VCT outreaches within Garissa Municipality which has greatly improved the access to counseling and testing.
- A new VCT site was opened at OPAHA offices in Garissa municipality and is being run by trained PLWHA as VCT counselors.
- The project completed renovations of VCT centers at Habaswein, Wajir East District Hospital and Ijara Health centre.
- Additional furniture was provided to Bute, Wajir East and Ijara VCT sites.
- During the Garissa annual agricultural show, the project supported the Ministry of Health and SIMAHO exhibition stands where HIV, TB, and RH/FP IEC materials were provided and displayed. Moonlight and mobile VCT services were provided to show goers day and night. The support culminated in SIMAHO emerging the best NGO stand and the MOH stand was selected as the second best GOK department.
- The capacity of District HIV/AIDS stakeholders' forums has been strengthened with the formation of stakeholder secretariats and subsequent energized meetings in some of the districts.

1.2.2 Challenges

- Poor uptake of counseling services at the static sites due to high levels of stigma.
- Shortage of test kit reporting tools.
- Poor uptake of PICT services in many facilities.
- At the end of August 2009, the contracts of 11 VCT counselors hired through the Emergency Hiring Plan managed by the Capacity project came to an end without a clear understanding of when and how these staff would be absorbed by the Ministry of Public Health and Sanitation. The departure of these counselors could threaten the continued delivery of VCT services.

1.2.3 Planned activities for the next quarter (October - December 2009)

- Continue supporting mobile, house to house, and moonlight VCT within urban centers.
- Support HMIS in the province with printing of reporting tools.
- Initiate and support monthly counselor supervision meeting and networking in each district and follow-up of the trained counselors.
- Strengthen PICT in major facilities.
- Support World AIDS Day.
- Support national HCT campaign.
- Support VCT services during the Public Service Week at the District headquarters.
- Distribution and dissemination of the new HIV testing algorithm.
- Advocate with Capacity project for the speedy absorption of EHP staff working in NEP.

1.3 Palliative Care and TB/HIV Integration

Table 4: TB indicators (January - September 2009)

	Jan-Mar Totals			Apr-Jun Totals			Jul-Sep Totals		
	New	Re-att	Total	New	Re-att	Total	New	Re-att	Total
No. of TB cases detected	751	53	804	542	5	547	542	11	553
No. of smear positive	305	98	403	267	38	305	239	147	386
No. of smear negatives	386	111	497	372	128	500	377	218	595
No. of Extra pulmonary TB patients on treatment	133	61	194	100	41	141	110	92	202
Total No. of TB patients on Treatment	378	268	646	416	58	474	811	140	951
Total No. of TB patients on Re-treatment	204	96	300	144	66	210	274	72	346
Total No. completed treatment	452	70	522	262	44	306	430	108	538
Total No. of TB Patients tested for HIV	522	128	650	436	122	558	578	160	738
Total No. of TB Patients HIV+ve	44	32	76	20	27	47	44	85	129

1.3.1 Key Observations on Performance

The project supported the quarterly provincial TB/HIV meeting held in Garissa. The five-day function was attended by DASCOS, DLMTs, DTLCs and the APHIA II NEP Service Delivery team. Challenges in TB/HIV collaboration were discussed and ways forward developed. There has been noticeable improvement in reporting of TB/HIV data since these meetings were initiated.

- Eight rounds of TB screening and MDR surveillance outreaches were conducted in the province.
- The project supported district TB Coordinators and DASCOS to carry out joint support supervision in all the districts.
- The project provided basic diagnostic equipment for Garissa PGH TB manyatta and furniture for Wajir TB manyatta.
- The project facilitated the operationalization of TB diagnostic centers in Ijara, Sangailu, Bura, Liboi, Takaba and Banisa facilities.

1.3.2 Challenges

- Although the TB treatment centers are diligent in counseling and testing of most of the TB suspects for HIV, the reverse from the CCCs is still lagging behind. The HIV clinicians either are not keen to screen their patients for TB or neglect to do so.
- Harmonization of MOH 711 to collect monthly TB data is on-going and needs to be established in all facilities.
- Supply of OI drugs in both TB and HIV treatment sites is inconsistent.

1.3.3 Planned Activities for the Next Quarter (October - December 2009)

- Training of more service providers in TB/HIV.
- TB laboratory and clinical support supervision for quality assurance in collaboration with the provincial and national TB program.

- Intensive TA within sites under support to improve on quality service provision and data management.
- Operationalize 10 laboratories to provide TB diagnosis and treatment.
- Continued support of TB/HIV screening and MDR surveillance.
- Continue to support TB/HIV quarterly meetings.

1.4 Laboratory Services

1.4.1 Key Observations on Performance

- The project distributed CD4 stabilizer tubes to all Districts to facilitate collection of samples for CD4 monitoring at the PGH.
- The project supported supply of essential laboratory equipments in the Wajir district hospital, Bute, Griftu, Khoraf Harar and Bura sub-district hospitals.
- Renovation of Ijara health center laboratory was completed and the lab is now operational.
- 13 laboratory staff recruited by APHIA II NEP on behalf of the Ministry of Health were deployed to support lab diagnostic services.



APHIA II NEP-supported lab tech, analyzing specimen at Bura District Hospital.

1.4.2 Planned Activities for the Next Quarter (October - December 2009)

- Renovation of Sangailu, Banisa, Khallalio, Mandera DH and Habaswein laboratories.
- Procure and distribute basic laboratory equipment in greater Mandera.
- Opening of laboratory facilities in Saka dispensary, Korakora dispensary in Garissa district.
- Procurement of lab equipment for Habaswein DH, Sabuli HC and Saka dispensary.

1.5 ARV Treatment Services

1.5.1 Key Observations on Performance

- ART program activities continued to expand between July and September. There was an increase in the number of care and treatment sites from 8 to 13.
- The project facilitated 3 ART support supervision and OJTs in the province.
- APHIA II NEP assisted in the revitalization of monthly Clinical Care Committee meetings at Garissa PGH. This was an initiative which arose out of the data reconstruction exercise which the project conducted last year. There is marked improvement in management and care for patients since the meetings were initiated.
- The next phase of ART data reconstruction is ongoing at the PGH and Wajir East district hospital.
- The project supported ART commodity supervision in all ART sites in the province.
- The project supported training of 60 service providers on HIV/Nutrition.

1.5.2. Challenges

- Uptake of pediatric ART is still slow with few skilled personnel.
- Inadequate and inconsistent supply of OI drugs.
- Inadequate supply of ART data collection and reporting tools.
- Data collection and verification still remains a challenge with parallel reporting format and late submission.

1.5.3 Planned Activities for the Next Quarter (October - December 2009)

- Initiate ART sites in Rhamu, Dadaab, PGH TB manyatta and Buna hospitals.
- Continue supply of lab reagents to districts for monitoring of patients on care and treatment.
- Support capacity-building on ART commodity management and HMIS.
- Strengthen community linkages for adherence support.
- The project is embarking on a mentorship program to develop the capacity of health workers already working in CCCs to give support to their peers to improve identification, assessment and management of both adult and pediatric clients in need of care and/or treatment. APHIA II NEP will be collaborating with the Kenya Pediatric Association to roll out this program in support of the Ministries of Health.
- Support the printing of MOH reporting tools.

1.6 Reproductive Health/Family Planning

Table 5: Summary of FP methods provided (July – September 2009)

		Yr2 Qtr4		
		NEW CLIENTS	RE- VISITS	TOTALS
PILLS	Microlut	199	132	331
	Microgynon	335	290	625
INJECTIONS	Injections	854	1,222	2,076
I.U.C.D	Insertion	5	0	5
IMPLANTS	Insertion	74	16	90
STERILIZATION	B.T.L	0	0	0
	Vasectomy	0	0	0
CONDOMS	No. of Clients receiving	1,344	683	2,027
ALL OTHERS: (SDM)		124	5	129
TOTAL NUMBER OF CLIENTS		2,935	2,348	5,283
REMOVALS:	IUCD	10	0	10
	IMPLANTS	16	0	16

Figure 5: Contribution to CYP by contraceptive method (July – September 2009)

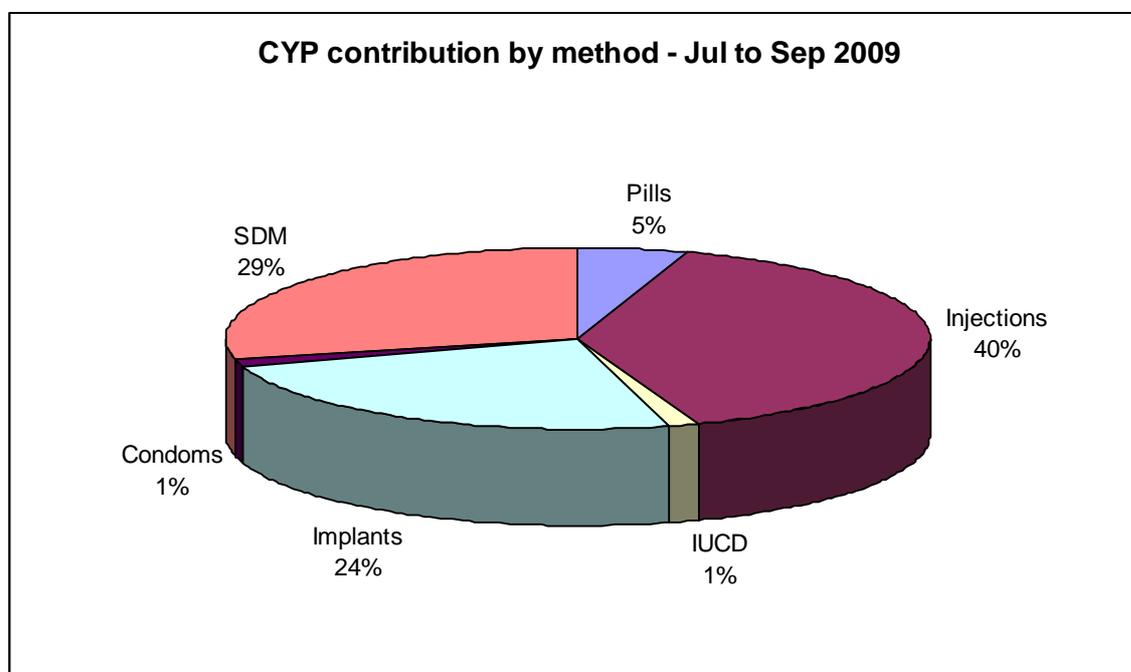
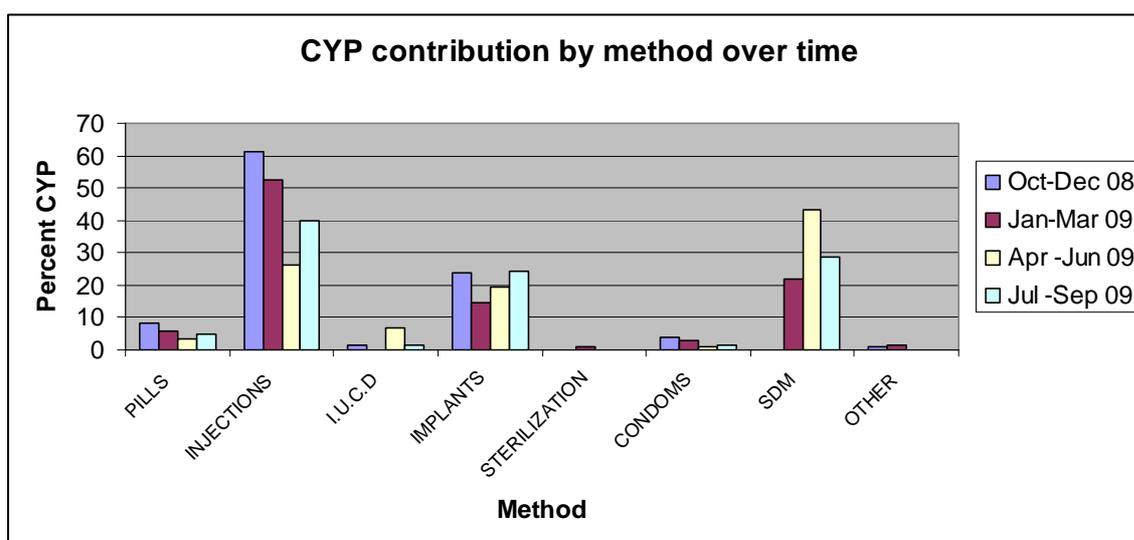


Figure 6: Contribution to CYP by contraceptive method (October 2008 – September 2009)



1.6.1 Key Observations on Performance

- APHIA II NEP more than doubled its annual target for Couple Years of Protection, despite the province being a very pro-natalist environment.
- The project distributed family planning registers, Tiarht charts and penile models in every district.
- The project trained 31 health workers on Focused Antenatal Care/Malaria in Pregnancy/TB.
- A Knowledge, Attitudes and Practices survey on RH/FP and HIV integration was implemented with funding from ESD project in Balambala and Sankuri. Dissemination of results to the community is ongoing.
- SDM rolled out in 50 facilities in Fafi, Lagdera and Wajir South districts and 10 HCWs from 9 facilities were oriented on SDM.
- Rollout of FP/HIV integration in twenty facilities in Lagdera, Garissa and Wajir South districts.
- The project supported FP commodity reporting through OJT and distribution of reporting tools.
- The project provided basic RH /MCH equipments and furniture to 34 facilities in the province.
- Orientation on SDM of 10 HCWs from 9 health facilities.



CycleBeads orientation at Korisa dispensary, Ijara district.

1.6.2 Challenges

- FP data collection and verification still remains a challenge with late submission of data being the norm throughout the quarter.
- Despite the project surpassing training targets, there are still relatively few health workers in the province trained in RH and most staff have not been updated.
- The province experienced shortages of some FP commodities, particularly implants.
- Facilities are also reporting a shortage of IUCD insertion equipment.

1.6.3 Planned activities for the Next Quarter (October - December 2009)

- Support training of health workers on CTU and commodity management.
- Training of health workers on HIV/FP/RH integration.
- Procure and provide essential RH/MCH equipment for 40 Health facilities.
- Support post-training follow-up and RH/FP supervision in all facilities.
- Scale up of SDM in all districts.
- Implementation of safe motherhood clubs in Ijara, Balambala and Sankuri divisions.

1.7 Systems Strengthening and Other Capacity Building

1.7.1 Key Observations on Performance

Table 6: Summary of training activities (October 2008 – September 2009)

PEPFAR Ind.	Project Output	Indicator	Y2 Targets	Achieved Qtr1	Achieved Qtr2	Achieved Qtr3	Achieved Qtr4	Total	% Achieved
Prevention/Abstinence and Being Faithful									
2.2	2.2.2	Number of individuals trained to promote HIV and AIDS prevention through abstinence and/or being faithful	920	0	29	100	653	782	85%
Prevention beyond abstinence and/or being faithful,									
5.3	2.2.3/ 2.2.4	Number of individuals trained to promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	22	28	37	64	151	101%
Palliative Care: TB/HIV									
6.3	1.1.1	Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	0	27	48	0	75	150%
Orphans and Vulnerable Children									
8.2	3.2.1/3.2.2/3.2.4	Number of individuals trained in caring for OVC	500	0	154	110	70	334	67%
Counseling and Testing									
9.3	1.1.2	Number of individuals trained in counseling and testing according to national and international standards	100	0	0	25	0	25	25%
Strategic Information									
13.2	1.1.6	Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	35	8	20	0	0	28	80%
Systems Strengthening									
14.3	1.1.7	Number of individuals trained in HIV-related policy development	40	0	0	27	0	29	73%
14.4	1.1.7/3.1.3	Number of individuals trained in HIV-related institutional capacity-building	40	0	41	27	0	68	170%
Palliative Care (excluding TB/HIV care)									
6.6	3.2.1	Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	0	27	52	51	130	130%
HIV and AIDS Treatment/ARV Services									
11.5	1.1.4	Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	TBD	0	0	27	0	27	
Prevention of Mother-to-Child Transmission									
1.4	1.1.3	Number of health workers trained in the provision of PMTCT services according to national and international standards	120	0	38	69	0	107	89%
Additional Indicators									
	1.2	Number of people trained in FP/RH with USG funds	25	27	25	62	32		584%
14.5	1.1.1	Number of health workers trained in stigma reduction	TBD	0	0	0	5	5	
12.2	1.1.1	Number of individuals trained in the provision of laboratory-related activities	TBD	0	11	16	0	27	

a) Prevention/Abstinence and Being Faithful

As opposed to the first year, the project decentralized AB trainings to all the districts. In the current quarter, the project continued to focus on working closely with religious/traditional leaders, youth leaders and teachers to ensure that they have correct and culturally acceptable information about HIV and AIDS prevention, care and support, and are getting it out to their constituents. Trainings were planned and carried out at zonal centers in the newly created districts. The SUPKEM curriculum was used in the training of religious leaders.

APHIA II NEP trained 656 individuals to promote HIV and AIDS prevention through AB, a significant improvement from the previous quarter. A total of 321 religious leaders across the region were trained to promote abstinence and being faithful. The 21 resolutions arrived at during the conference for Islamic leaders in Year 1 were disseminated in all the AB trainings.

A total of 335 teachers were sensitized on the national HIV and AIDS policy for education worksites in all 12 districts.

b) Prevention beyond abstinence and/or being faithful

In the reporting quarter, the project trained a total of 64 new peer educators in the province, including 17 from Wajir, 12 from Ijara, 18 from Garissa, and 17 from Mandera.

Peer educators do peer to peer and small groups (of people of approximately 5 persons) health education and participate in various community mobilization activities, such as launching of IEC materials. In this quarter, peer education was scaled-up to the new districts and other urban centers constituting hot-spots. Potential peer educators were rigorously identified and trained for one week on comprehensive HIV and AIDS prevention using the *Men as Partners* (MAP) curriculum. Routine dissemination of other prevention messages by peer educators continues successfully in all the major towns of older districts.

c) Palliative Care: TB/HIV

By the end of quarter 3, the target for the number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) was surpassed by 50%, hence there was no TB/HIV training in quarter 4.

The project trained a total of 75 individuals to provide clinical prophylaxis and/or treatment in the year. This included 59 CHWs, mainly in Garissa where a CHBC program involving 5 local implementing partners was initiated in the course of the last two quarters. The CHBC program is picking up momentum with a 3rd sub-grantee (WASDA, an NGO in Wajir district) expected to be issued with a subagreement focusing on CHBC next quarter.

d) Orphans and Vulnerable Children

The project trained 70 OVC caregivers in this quarter bringing the total to 334, or 67% of the targeted 500. Uncertainty about OVC targets caused the project to cease bringing on new OVC or training additional caregivers until the issue was resolved with USAID.

e) Counseling and Testing

In quarter 3 of year 2, the Provincial Training Committee decided not to train more VCT counselors given that the programmatic targets for the year had been surpassed and instead re-allocate the balance of any CT budget remaining to other training and program activities.

f) Strategic Information

This quarter, the project utilized on-job training for Strategic Information. A total of 28 out of the targeted 35 individuals were trained. The focus of the OJT was on the District Health Records and Information Officers, accompanied by in-service data audit and quality improvement training.

The Data Manager and M&E Specialist provided data quality OJT and support supervision in Ijara, Mandera and Wajir districts, including data audit, reconstruction and dissemination of the newly introduced MoH HMIS tools and policy guidelines.

g) Systems Strengthening Training

The project organized and conducted an audio-visual workshop attended by 27 participants drawn from various media houses and health sector partners in Garissa town. The objective of the workshop was to build the capacity of journalists and other media partners on HIV and AIDS policy and information, education and communication and reporting. National HIV and AIDS policies on various programmatic areas were disseminated. The training was organized as part of the communication strategy implementation for NEP aimed at building the capacity of the participants to produce locally acceptable audio-visual materials. The participants included journalists, Peer Educators, PLWHAs, video library owners, health workers, religious leaders and teachers.

In collaboration with the national Division of Reproductive Health (DRH) and APHIA II Nairobi, the project trained 27 participants on Facilitative Supervision/Quality Improvement. The participants were drawn from the PHMT, PGH, APHIA II NEP and APHIA II Nairobi. An action plan for implementation of the new knowledge and skills on FS was developed and orientation of other PHMT members done.

APHIA II NEP continued to build the capacity of the MOH staff to conduct systematic, facilitative supervision. Working through APHIA II NEP's district teams, supervision tools and supervision visit action plans are being used to conduct supervision visits. It has been demonstrated that use of the tools contributes greatly to improving the quality of supervision and service delivery.

The project also carried out a Performance Needs Assessment for 12 pilot health center/dispensary management committees and is planning to support the training of all gazetted Facility Management Committees in NEP as part of the national Community Strategy rollout.

h) Palliative Care (excluding TB/HIV Care)

The project trained 51 individuals to provide palliative care excluding TB/HIV, bringing the annual total to 130 for the year. The project more than doubled its annual target. The 51 were trained on HIV Nutrition using the MoH HIV Nutrition curriculum.

i) HIV and AIDS Treatment/ARV Services

There was no specific training target for this program area, although the project trained 27 HWs on ART (IMAI) this quarter and ART providers in all currently registered sites have been trained.

j) Prevention of Mother-to-Child Transmission

The project trained a total of 107 service providers or 89% of the targeted 120 service providers in year 2. The project put on hold PMTCT training in quarter 4 on the release of information that there is a new PMTCT training and users guidelines with significant changes to replace the 2006/2007 ones. The guidelines have not yet been launched officially.

k) Additional Indicators

FP/RH/HIV

The project trained a total of 145 health workers (584% of the annual target) on FANC/MIP/HIV &TB, including 31 in this quarter. The trainings resulted in the implementation and support of post-natal services, including provision and distribution of mother and child booklets to facilities.

Laboratory Services

The project trained a total of 27 laboratory staff and provided on-job training and support in the quarter.

Systems Strengthening Activities

Table 7: Summary of Health Systems Strengthening Activities

PEPFAR Ind.	Project Output	Indicator	Y2 Targets	Achievements				Total	% Achieved
				Qtr1	Qtr2	Qtr3	Qtr4		
Systems Strengthening									
14.1	1.1.7	No. of local organizations provided TA for HIV-related policy development	4	0	13	13	13	26	650%
14.2	1.1.7	No. of local organizations provided TA for HIV-related institutional capacity-building	4	2	11	2	3	15	375%
Additional Indicators									
14.4		Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services	TBD	0	9	9	5	14	

a) Number of local organizations provided with TA for HIV-related policy development

The project achieved 650% of its annual target on this activity, a reflection of high demand for HIV-related policy development TA provided by the project. The project continually responds to requests for support for facilitative supervision, assisting regional and national policy development and dissemination meetings, annual operational planning, participation in Joint AIDS Program Reviews, national program and disease campaigns and emergency assistance for the health sector. These activities play a critical role in creating a supportive environment for HIV/AIDS programming and innovation in the province.

b) Number of local organizations provided with TA for HIV-related institutional capacity-building

APHIA II NEP continued to provide TA to its sub-grantees – SIMAHO and NEWS – in the development of their institutional capacities; the submission of their quarterly reports; and, amendments to their Year 2 work plans and budgets. The project also supported one-day district health stakeholder forums in all the 11 districts.

The project followed-up on the financial management capacity assessment training done in Quarter 3 in Ijara district and provided TA for the on-going Leadership Development Program. The project also carried out Performance Needs Assessments for 12 pilot health center/dispensary management committees which will be given financial management and governance training with support from APHIA II NEP.

c) Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services

In the current quarter the project finalized renovation works in 4 facilities including:

- 1) Ijara HC VCT & laboratory – Ijara district
- 2) Wajir DH VCT room – Wajir East district
- 3) Takaba DH VCT room – Mandera West
- 4) Elwak DH VCT room – Mandera Central

The project also initiated prioritized renovation works in the following facilities:

- 1) Griftu DH VCT room – Wajir West district
- 2) Sangailu Dispensary – Ijara district



Proposed VCT centre at Ijara health center, before renovations.



VCT centre at Ijara health center, after renovations.

1.7.2 Challenges

- Training targets need to be calibrated with program targets, particularly for AB and CT.
- Need for the design and implementation of both clinical and community training programs to be better informed by Performance and Training Needs Assessments. Community PNA tools are still under development.
 - Need to work with the Ministries of Health to ensure more comprehensive follow-up of trainees after they return to their stations, as part of routine supervision.
 - The plan to train DHMTs in FS/QI, as a follow-on to the previous quarter's training of PHMT members, was delayed because of other MoH activities and consensus on the timing not reached by the Provincial Training Committee.
 - The pace of infrastructure development has been sub-optimal due to the unique technical nature of the services, unfamiliarity with infrastructure procedures and the need for involvement of GoK ministries/personnel in decision-making that tends to lengthen the time needed to finalize decisions.

Systems Strengthening Activities

1.7.3 Planned Activities for the Next Quarter (October - December 2009)

Training activities

- An average of 348 AB trainees shall be targeted per quarter in Year 3. The project shall expand the number of ToTs in order to increase the pace of decentralized trainings.
- The project plans to train 25 out of the annual target of 50 trainees in TB/HIV in the next quarter. These shall be selected from facilities and districts that have not had a significant chance to train their personnel in TB/HIV.
- Assuming a shared understanding on the OVC program with USAID, the project plans to train about 600 OVC caregivers in Year 3, or 150 OVC caregivers per quarter. Emphasis shall be given to community-based OVC care and support structures; strengthening services geared towards community-based OVC; and, institutional capacity-building of the OVC sub-grantees and implementing partners.
- Negotiate with the PTC on dates and modalities for rolling out FS/QI training to the DHMTs and facilities.

Systems Strengthening

- TA to the PHMT/PMST in AOP5 review and planning, quarterly joint facilitative supervision for the PHMT/PMST and DHMTs and continued joint support supervision for DTLCs, DASCOS and DMLTs to strengthen TB/HIV integration programs.
- The project plans to recruit a Quality Improvement Manager in the coming quarter. The QIM will take over the quality improvement portfolio left by the recently departed Performance Improvement Specialist. Key focus shall be on reviewing the quality improvement strategy including service quality monitoring, completing the development of evaluation tools, and assisting in HIV-related institutional capacity-building for high-volume facilities.
- Training of LDP ToFs and rollout of the LDP program at the district-level.
- Finalize development of provincial and district-level facilitative supervision tools, and supervision visit action plans for use in conducting supervision visits.
- Continued provision of TA to project sub-grantees in the development of their institutional capacities, with the submission of their quarterly reports and amendments of their annual work plans and budgets.

The project will initiate renovations/equipping of 11 facilities in 7 districts in the next quarter:

	District	Facility	Renovation Works	Equipment
1	IJARA	Sangailu	Yes = whole dispensary 3 rooms	No
2	FAFI	Masambubu	Yes = Pharmacy & Drug store	No
3		Nanighi	Yes= Dispensary & Staff houses	No
4	DUJIS	PGH	Yes= CCC	No
5		Iftin	Yes=	Yes =TBD
6		SIMAHO	Yes= Lab, OPD	Yes = Maternity equipment per sub-grant description
7		Prisons	Yes = VCT	
8	WAJIR EAST	Korofarar	Yes= VCT	No
9	WAJIR WEST	Griftu	Yes= VCT; awarding works contract	No

10	MANDERA EAST	ME DH	Yes= VCT	Yes = TBD
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RESULT II: EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR

2.1 Abstinence/Being Faithful

2.1.1 Key Observations on Performance

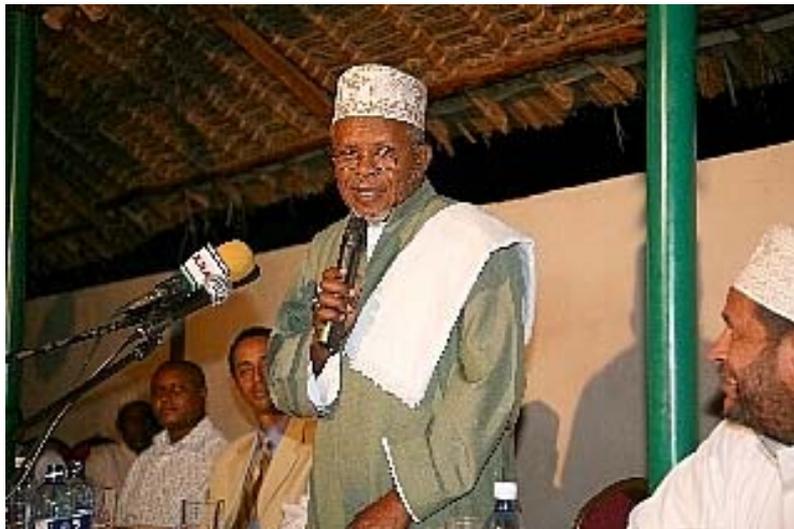
- The project significantly surpassed its Year Two programmatic targets for reaching individuals with information on abstinence and being faithful. As noted in previous reports, the culture of communities in the province is receptive to AB programming and this is reflected in the low HIV prevalence rates. North Eastern province is in many ways an HIV prevention “success story”; although the culture is changing, particularly in urban areas, APHIA II NEP is doing what it can to reinforce existing cultural norms and attitudes insofar as they contribute to the prevention of HIV and AIDS.
- In contrast to the first year, the project decentralized AB trainings to all the districts. Trainings were planned and carried out at zonal centers in the newly created districts. SUPKEM curriculum was used in the training of religious leaders. The project trained a total of 363 religious leaders across the region in skillful means for promoting abstinence and being faithful. The 21 resolutions arrived at during the conference for Islamic leaders in May 2008 were disseminated in all the trainings held.



AB training for religious leaders in Elwak, Mandera Central.

- The highlight of the reporting period was the launch of the *Twaweza Tukiwa Pamoja* (Together We Can) Behavior Change Communications Strategy in Garissa on August 19th. The development of evidence-based, locally appropriate IEC messages and materials is a best practice which is ground-breaking in NEP and has exciting potential to positively influence attitudes and behaviors in the province. Guest of Honor was the Chief Kadhi of Kenya, Sheikh Hammad Kassim; many influential Sheikhs and Imams

participated in the launch, a strong indication of how significantly attitudes around HIV and AIDS in the province have changed since the project commenced.



Chief Kadhi of Kenya speaking at launch of NEP BCC Strategy in Garissa.

- The Communications Strategy also featured the unveiling of a billboard at the main market promoting compassion for those who are HIV positive and depicting men from NEP on one side of the billboard and women from NEP on the other. The billboards were received with a good deal of excitement and generated considerable discussion.



Unveiling of a banner in Garissa: "One of us has HIV but we still love him"

- The final event in the launching of the Communications Strategy was the final match of a football tournament, attended by several thousand young people. The project distributed newly-developed brochures which provided information on VCT services, including an up-to-date directory of facilities offering them. The tournament was part of an ongoing collaboration which the project has with the Kenya Football League.



Introduction of teams contending for the football tournament final match in Garissa.

2.2 Other Prevention Activities

2.2.1 Key Observations on Performance

- The project surpassed its programmatic targets for other prevention activities, working primarily through trained peer educators and targeting key populations at higher risk, as identified during the Sexual Networks Assessment conducted in 2008. This quarter featured the training of 64 new peer educators from throughout the province in comprehensive HIV and AIDS prevention, drawing from the *Men as Partners* training curriculum.



Peer educators training in Garissa..

- The Sexual Networks Assessment conducted last year identified civil servants and workers from outside the province as key populations at higher risk. As part of the implementation of the NEP HIV and AIDS Behavioral Communication Strategy (*Twaweza, Tukiwa Pamoja*) the project collaborated with NOPE this quarter to carry out a rapid assessment in Garissa to inform the establishment of a comprehensive workplace program for civil servants and immigrant workers in NEP. The assessment included Administration Police; Ministry of Education; Kenya Police; Garissa Teachers Training College; Garissa Medical Training College; Kenya Prisons; and the Ministry of

Agriculture. The assessment report made recommendations on strategic workplace sites, which the project is considering and will make decisions on in the next quarter.



Teachers worksite training in Rhamu, Mandera West.

2.2.3 Challenges

- The AIDS Response in Forces in Uniform (ARIFU) project, funded by CDC/PEPFAR and being implemented by a consortium led by Path, is targeting non-military uniformed forces countrywide, including NEP. It will be important to ensure that OP programming by APHIA II NEP with uniformed services is complementary to that of ARIFU.
- Levels of misinformation and stigma are high, even amongst skilled workers, including teachers and health care workers.

2.2.4 Planned Activities for the Next Quarter (October - December 2009)

- Meet with the project management of the ARIFU project to share mutual programming concerns and identify complementary approaches.
- Expand prevention programs targeting key populations at higher risk.
- Expanded care and support for people and families affected by HIV and AIDS.
- Treatment literacy training for PLWHA.
- Community mobilization and sensitization.

RESULT III: EXPANDED CARE & SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV AND AIDS

3.1 Home and Community Support: Home-based Care

Community and home-based care for PLWHA is slowly gaining acceptance in the urban areas of NEP, as evidenced by the upward trends in services provided. Treatment literacy training is demystifying treatment issues and empowering PLWHA. APHIA II NEP anticipates continued increases in the delivery of services as the CHBC program scales up in the major urban centers across the province.

Unfortunately, high levels of stigma and limited diagnostic capacities in the province contribute to many people seeking treatment in the advanced stages of illness. The project will address this next quarter through development of a laboratory nodal network connecting district hospitals to the sole CD4 machine in the province (at Garissa PGH), as well as commencement of a clinical mentoring program.

Table 8: Summary of HBC services (January-September 2009)

Activities/Services	Jan-March	April-June	July-Sept
Number of clients served	162	220	343
Clients who died	0	5	9
No of care givers	95	150	372
No. of HBC clients (Male)	59	77	111
No. of HBC clients (Female)	93	143	232
No. of clients on ARV (Male)	6	44	44
No. of clients on ARV (Female)	49	136	131
No. of ARV clients dropped out	2	2	7
No. of referrals for VCT	4	9	49
No. of referrals for CCC	4	12	90
No. of referrals for FP	1	1	16
No. of referrals for Nutrition	3	7	9
No. of referrals for Support group	1	3	173
No. of referrals for PMTCT	0	0	20
Condom distributed	76	113	280

3.1.1 Key Observations on Performance

- The highlight of the quarter was a treatment literacy training for 32 PLWHA from Garissa and Wajir. Most people who test HIV-positive go through similar experiences, including the shock of diagnosis, isolation, denial, prejudice. But almost right away there is the need for information: How long will I live? Can I get treatment? Does the treatment work? Are there side effects? The experience of being a patient is often just as important as medical training. Patients are highly motivated – they want to live.

It has been demonstrated that better health outcomes result from greater involvement of people in their health care. This is particularly critical in a highly stigmatized environment, such as NEP, where there may be great reluctance to be even associated with HIV.

The treatment literacy training sponsored by APHIA II NEP was the first of its kind in NEP and generated a very enthusiastic response from participants. Those who are from the region were especially enthused by the participation of a prominent Sheikh who told them that religious leaders are ready to assist them if they are able to organize themselves into groups and take the lead by fighting self-stigma.

- The project procured 100 HBC kits and supplied them to bedridden clients through their CHWs.
- Monthly monitoring and supervision was conducted by CHW supervisors; APHIA II NEP held monthly review meetings with CHWs and supervisors to review data, identify challenges and agree on solutions.
- CHWs continued with routine health education and community sensitization in their respective zones. Topics during sensitization include: stigma reduction; utilization of VCT/PMTCT services in catchment facilities; and, referral of clients for services.

3.1.2 Challenges

- Slow registration of PLWHA into the program due to lingering concerns around stigma.
- Support of OVC within the CHBC program put on hold because of overall suspension of OVC activities pending resolution of target issues with USAID.
- High expectations from PLWHA and families within the CHBC program, particularly on food and nutrition.
- Access of CHWs to households constrained because of security and stigma concerns.

3.1.3 Planned Activities for the Next Quarter

- Training of PLWHA in Wajir on treatment literacy.
- Follow-up and finalize development of WASDA CHBC proposal.
- Distribution of CHBC commodity supplies.
- Develop identification badges for CHWs.
- Hold CHBC stakeholders meeting.
- Scale up monitoring and supervision of CHBC activities.
- Training for PLWHA in Wajir and Mandera on treatment literacy.
- Monthly meetings with management of implementing partners on how to scale up PLWHA registration into CHBC program in their respective zones.
- Scale up CHBC program in other districts, by facilitating formation and registration of post-test clubs.
- Identify TOTs for community trainings in each of the new districts.
- Explore possibilities of providing food and nutrition support by CHBC program to PLWHA and their OVC.
- Scale up community sensitization and mobilization to reduce stigma and discrimination.
- Continue support for CHBC commodity supplies.
- Planning for year 3 activities.
- Monitoring and supervision of peer educators in the region.
- Review and reproduction of community reporting tools and distribution

3.2 Orphans and Vulnerable Children (OVC)

The support of OVC in NEP is a high-profile intervention from the perspective of the local communities and is therefore greatly appreciated. The project implements OVC activities in close collaboration with the Ministry of Gender and Department of Children's Services at district and provincial levels, as well as other stakeholders working in the province. The program is currently operating in all corners of North Eastern province, including the most remote, difficult to reach and therefore frequently neglected areas.

Perhaps because of the nomadic lifestyles of its inhabitants, care for orphans in the province has traditionally been provided through institutional orphanages. These orphanages have usually been run by Muslim charities which received much of their funding from the Middle Eastern countries. This funding has dried up in recent years, but the local institutions have

weak systems for attracting funding from other donors and are limited in their abilities to raise significant funding locally. Because of their relatively weak financial and administrative systems, APHIA II NEP works with most of these local partners by funding interventions directly (as opposed to providing Subgrants) after a needs assessment is carried out in close collaboration with the Children's Department. Increasingly, the project is placing emphasis on building the capacity of its partners to provide support to OVC, particularly girls, within the surrounding communities rather than in institutional settings.

Recently, APHIA II NEP has been successful in identifying and supporting OVC through the PLWHA groups which it is building the capacity of. This will be an increasingly significant channel for identifying and supporting OVC in NEP.

3.2.1 Key Observations on Performance

Training of caregivers in Dadaab (Garissa district), Banisa and Elwak (Mandera district). Ongoing entry of OVC data into the project database and continued verification, cross-checking and validation of data. The project has now employed a full-time data officer which should improve the pace and quality of data entry. APHIA II NEP participated in the quarterly AAC meeting in Ijara. Some of the key outcomes from this meeting included a resolution to increase sensitization on birth registration of OVC and identification of the status of OVC in school.

The project facilitated the distribution of OVC supplies which included 490 school desks, 1,410 school bags, 1,214 mosquito nets, 850 bed sheets, 850 mattresses and 850 blankets to 1,604 OVC through local implementing partners in Ijara, Fafi, Garissa and Lagdera districts.

The project supported the education of 110 OVC by meeting their school fees.



OVC caregivers training in Banisa, Mandera West.

3.2.2 Challenges

- Enrollment of new OVC into the program was put on hold during the quarter, pending clarification of reporting and budget issues with USAID.
- Need to shift from an emphasis on procurement to a broader focus on child well-being.
- Unavailability of important services at grassroots level, such as birth registration.

3.3.3 Planned Activities for the Next Quarter

- Clarify outstanding reporting issues with USAID which have forced the project to put a moratorium on accepting new OVC.
- Develop plans for standardizing the use of the Child Status Index.
- Work with AACs to develop strategies for improving access to services for caretakers and OVC.
- Continued distribution of items to OVC through local implementing partners.

IV: STRATEGIC INFORMATION

4.1 Key observations on performance

Routine Monitoring

As the project continues to strengthen its operations, M&E remains vital in providing critical information for decision making. Mid-way through its first phase of implementation, the project is now moving towards strengthening community data to enhance service delivery. In the past, there has been little information that could attribute the project's increased facility service uptake to the outreach program. In short, the project has lacked empirical data to demonstrate the link between community outreach work and better health-seeking behavior. The program has however begun to put in place a hybrid of M&E systems that would capture such data. In the first quarter of year three, the health facility will be used as the unit of reporting, i.e. all community interventions will be reported to the nearest health facility. This will enable the program to establish the link between its community work and the service delivery component. It is expected that with full utilization of the GIS software that the program is aggressively applying, spatial analysis will assist in making sound programmatic decisions.

Timely and Accurate Reporting

During the reporting period, North Eastern province has continued to improve on performance reporting. Out of the 100 health facilities currently offering PMTCT services, 93 have reported consistently and accurately in the last 3 months, an indicator that erratic reporting is hopefully a thing of the past.

The timely and accurate data reporting can be significantly attributed to the investments made by the project to support the 11 DHRIO offices in the province. With the provision of computers, printers and modems, DHRIOs have been quoted as stating that their tools of trade are now adequate.

Periodic data audits by the project staff, accompanied by the relevant DHMT members, has proved a boon to health workers who prior to the project had had limited meaningful feedback on the data that they submit.

Data Feedback

As a routine practice, the entire project staff participates at the review and planning meetings where quarterly performance is shared and discussed. The quarterly plans take into account what has or has not been achieved in the previous quarter.

4.2 Challenges

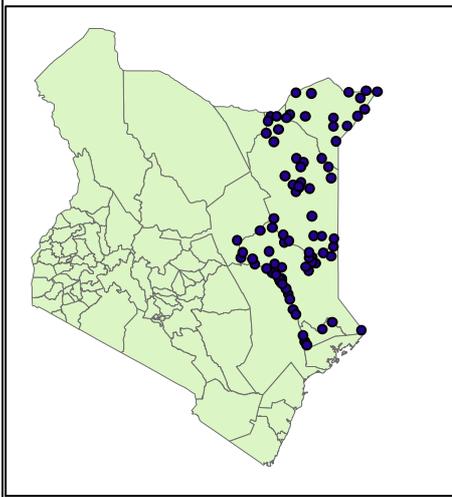
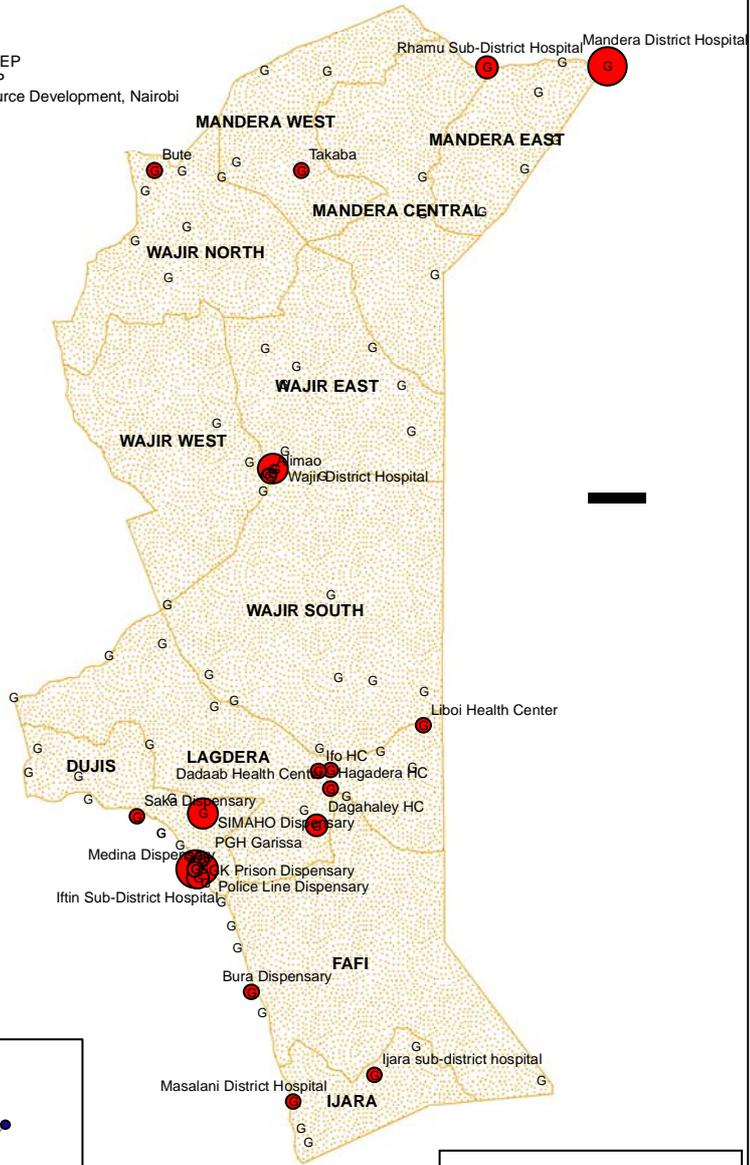
- The main challenge that the program is experiencing in relation to strategic information still remains the parallel reporting system for the TB program in the province, and by extension in the country. The discrepancies between the HMIS reports and the TB program reports are an issue that the project is trying to address by sponsoring quarterly TB meetings.
- The contracts for the DHRIOs who were hired under the Capacity project's EHP have all expired and there is concern about absorption into the MOH.
- ART reporting still poses a great challenge within a paper-based environment. With the opening up of more satellite sites, double reporting is sometimes experienced when the clients are reported at their old site as well as at the site where they transfer to. Health workers trained in reporting ART data also seem to find difficulty in recording the correct information, especially when submitting the monthly summary data.

4.3 Planned Activities for the Next Quarter

- The project plans to collect demographic data to form a baseline or as denominators while deriving some meaningful indicators. For example, if the project collected data on expected pregnancies per facility catchment area, it could then derive the proportion served at the ANC at any given period.
- The project plans to continue supporting data feedback sessions in all 11 districts. The feedback session will focus on quarterly performance of facilities based on all the HMIS indicators. The expanded audience will include facility in-charges. It is expected that the relationship between the community outreach activities and uptake of services at health facilities will be demonstrated.

PMTCT Burden in NEP - Oct 2008 to Sep 2009

Map Prepared by APHIA II NEP
 Data source: APHIA II NEP
 Map source: Regional Centre of Mapping and Resource Development, Nairobi



Legend

- G Facilities with PMTCT services
- HIV+VE**
- 1
- 2 - 3
- 4 - 7
- 8 - 14
- ▨ New District boundaries

