

# APHIA II North Eastern Province

## *Quarterly Program Report*



<b>ACTIVITY TITLE:</b>	<b>APHIA II North Eastern Province</b>
<b>AWARD NUMBER:</b>	<b>CA 623-A-00-07-00023-00</b>
<b>EFFECTIVE PROJECT DATES:</b>	<b>14 May 2007 – 13 May 2012</b>
<b>REPORTING PERIOD:</b>	<b>October - December 2009 (Project Year 3, Quarter 1)</b>
<b>DATE OF SUBMISSION:</b>	<b>January 31, 2010</b>



## TABLE OF CONTENTS

INTRODUCTION.....	6
IMPROVED AND EXPANDED FACILITY-BASED HIV and AIDS, TB AND RH/FP .....	11
1.1 Prevention of Mother to Child Transmission.....	12
1.1.1 Key Observations on Performance .....	15
1.1.2 Challenges .....	15
1.1.3 Planned Activities for the Next Quarter.....	15
1.2 Counseling and Testing .....	16
1.2.1 Key Observations on Performance .....	17
1.2.2 Challenges .....	18
1.2.3 Planned Activities for the Next Quarter.....	18
1.3 Palliative Care and TB/HIV Integration .....	19
1.3.1 Key Observations on Performance .....	19
1.3.2 Challenges .....	19
1.3.3 Planned Activities for the Next Quarter.....	20
1.4 Laboratory Services .....	20
1.4.1 Key Observations on Performance .....	20
1.4.2 Planned Activities for the Next Quarter.....	20
1.5 ARV Treatment Services .....	21
1.5.1 Key Observations on Performance .....	21
1.5.2 Challenges .....	21
1.5.3 Planned Activities for the Next Quarter.....	21
1.6 Reproductive Health/Family Planning.....	22
1.6.1 Key Observations on Performance .....	23
1.6.2 Challenges .....	23
1.6.3 Planned Activities for the Next Quarter.....	23
1.7 Systems Strengthening and Other Capacity Building.....	24
1.7.1 Key Observations on Performance .....	24
1.7.2 Challenges .....	31
1.7.3 Planned Activities for the Next Quarter.....	31
EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR .....	35
2.1 Abstinence/Being Faithful .....	35
2.1.1 Key Observations on Performance .....	35
2.2 Other Prevention Activities.....	39
2.2.1 Key Observations on Performance .....	39
2.2.2 Challenges .....	40
2.2.3 Planned Activities for the Next Quarter.....	40
EXPANDED CARE AND SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV AND AIDS .....	41
3.1 Other Prevention Activities.....	41
3.1.1 Key Observations on Performance .....	41
3.1.2 Challenges .....	42
3.1.3 Planned Activities for the Next Quarter.....	42
3.2 Orphans and Vulnerable Children.....	43
3.2.1 Key Observations on Performance .....	43
3.2.2 Challenges .....	45
3.2.3 Planned Activities for the Next Quarter.....	45
STRATEGIC INFORMATION .....	46
4.1 Key Observations on Performance .....	46
4.2 Challenges .....	46
4.3 Planned Activities for the Next Quarter.....	47
<u>APPENDIX 1: SPATIAL ANALYSIS OF PMTCT IN NEP .....</u>	<u>48</u>
<u>APPENDIX 2: SPATIAL ANALYSIS OF CT IN NEP .....</u>	<u>49</u>
<u>APPENDIX 3: INTERNATIONAL MEDIA COVERAGE OF APHIA II NEP .....</u>	<u>50</u>
<u>APPENDIX 4: RESOLUTIONS OF FEMALE RELIGIOUS LEADERS CONFERENCE.....</u>	<u>52</u>

## **LIST OF TABLES AND FIGURES**

TABLE 1: ACHIEVEMENTS AGAINST TARGETS .....	8
TABLE 2: NUMBER OF FACILITIES OFFEREING PMTCT SERVICES BY NEP (12/09) .....	12
TABLE 3: OVERALL UPTAKE OF PMTCT SERVICES (4/09-12/09) .....	13
TABLE 4: COUNSELING AND TESTING PERFORMANCE AGAINST YEAR 2 TARGET .....	16
TABLE 5: TB INDICATORS (1/09-12/09) .....	19
TABLE 6: SUMMARY OF FP METHODS PROVIDED (10/09-12/09) .....	22
TABLE 7: SUMMARY OF TRAINING ACTIVITIES .....	25
TABLE 8: SUMMARY OF HEALTH SYSTEMS STRENGTHENING ACTIVITIES.....	28
TABLE 9: INFRASTRUCTURE UPDATE .....	39
TABLE 10: SUMMARY OF HBC SERVICES (1/09-12/09).....	41
TABLE 11: OVC BENEFICIARIES MANDERA DISTRICT.....	43
TABLE 12: OVC BENEFICIARIES WAJIR DISTRICT .....	43
FIGURE 1: COUNSELING AND TESTING AT ANC (4/09-12/09) .....	13
FIGURE 2: MOTHER AND INFANT NEVIRAPINE UPTAKE AT ANC (4/09-12/09).....	14
FIGURE 3: PARTNER COUNSELING AND TESTING .....	14
FIGURE 4: COUNSELING AND TESTING (7/08-12/09).....	17
FIGURE 5: CONTRIBUTION TO CPY BY CONTRACEPTIVE METHOD (10/09-12/09).....	22
FIGURE 6: CONTRIBUTION TO CPY BY CONTRACEPTIVE METHOD (1/09-12/09).....	23

## 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
LOC	Locational Orphan Committee
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant Tuberculosis
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
TA	Technical Assistance
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:**

- After only one quarter, APHIA II NEP has achieved 94% of its annual target for individuals counseled, tested and receiving their results. This is largely as a result of the successful HCT campaign and mirrors the CT trend last year when there was a significant spike during the same quarter. APHIA II NEP collaborated with the PASCO and DASCOS to ensure that North Eastern province surpassed its targets for counseling and testing during the national CT campaign. The province was the best performing province in the country in terms of the percentage by which it surpassed its target.
- The quarter under review was a relatively "short" one with the December holidays and the heavy rains disrupting activities in the field. Services provision in facilities was also negatively impacted after many contract health workers hired through UNICEF and Capacity Project did not have their contracts renewed, nor were they absorbed by the Ministries of Health. Efforts by partners and Ministries of Health to address the HRH quagmire are on-going but remain a big challenge.
- NVP uptake at the ANC improved from 67% to 81% during the last three months while infants on NVP improved from 13% to 49%. The objective is to achieve ANC NVP and AZT uptake approaching 100%.
- In the reporting quarter, 3 post-test clubs (PTCs) – 2 in Mandera and 1 in Wajir – were formed following trainings on Treatment Literacy for PLWHA. PLWHA have responded very enthusiastically to the Treatment Literacy training and it has proven to be an effective entry point for the recruitment and formation of PLWHA groups. The groups shall be assisted to register with the social services department and linked to other local organizations providing services that support positive living, such as district CCCs, health facilities, Constituency AIDS Control Committees (CACCs) and other livelihood support programs being operated by NGOs.
- A three day conference was held for female religious leaders from Garissa, Ijara, Fafi and Lagdera districts of NEP. The theme of the conference was Islam and Health in the

Context of North Eastern Province: Opportunities and Challenges. The conference for female religious leaders – the first of its kind in Kenya – was a follow-up to the first NEP Muslim scholars conference of April 2008, which was only attended by men. Participants discussed freely and openly on many issues, including some that were deemed as sensitive both culturally and from a religious standpoint, including the concept of discordant couples; polygamy; and, voluntary counseling and testing before marriage, particularly within polygamous unions. The female religious leaders passed fifteen resolutions (see Appendix 4).

- The project has already achieved 90% of its annual target for numbers of individuals reached through community outreach with OP messages, primarily due to the significant outreach activities conducted in support of the national HCT campaign. APHIA II NEP's pre-existing relationships with important community-level institutions positioned it well for supporting the national campaign with minimal disruption to planned activities for the quarter. APHIA II NEP continues to reap benefits from the its investments in these relationships during the first two years of the project.

**Table 1. Achievements against targets**

Indicator	Achievements			Y3 Targets	% Achieved
	Jul-Sept 2009	Oct-Dec 2009	Total		
<b>Prevention/Abstinence and Being Faithful</b>					
Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	47,029	61,109	61,109	200,000	31%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	34,653	26,182	26,182	40,000	65%
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	656	137	137	1,389	10%
<b>Condoms and other Prevention Activities</b>					
Number of targeted condom service outlets	12	0	0	30	0%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender	34,653	7,092	7,092	8,000	89%
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	64	0	0	75	0%
<b>Palliative Care: TB/HIV</b>					
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	66	66	66	70	94%
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (this is a subset of 8.2)	129	55	55	150	12%
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	58	58	50	116%
Number of TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	738	470	470	1200	59%
<b>Orphans and Vulnerable Children</b>					
Number of OVC served by an OVC program	6,790	6,790	6,790	14,950	45%
Male	4,445	4,445	4,445	7,475	59%
Female	2,345	2,345	2,345	7,475	31%
Number of individuals trained in caring for OVC	70	30	30	500	6%

Counseling and Testing					
Number of service outlets providing counseling and testing according to national or international standards	61	80	80	40	800%
Number of individuals who received counseling and testing for HIV and received their test results	13,934	28,252	28,252	30,000	94%
Number of individuals trained in counseling and testing according to national and international standards	0	0	0	60	0%
Strategic Information					
Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	0	3	3	25	12%
Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	0	0	50	0%
Systems Strengthening					
Number of local organizations provided with technical assistance for HIV-related policy development	0	0	0	4	0%
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	15	15	4	375%
Number of individuals trained in HIV-related policy development	0	0	0	40	0%
Number of individuals trained in HIV-related institutional capacity building	0	0	0	40	0%
Palliative Care (excluding TB/HIV care) for Adults					
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	28	28	28	90	31%
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,202	1,344	1,344	1,400	96%
Palliative Care (excluding TB/HIV care) for Pediatrics					
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	51	83	83	TBD	
Number of individuals provided with pediatric HIV-related palliative care (excluding TB/HIV)	58	48	48	100	48%
Number of service outlets providing pediatric HIV-related palliative care (excluding TB/HIV)	7	7	7	4	175%
HIV/AIDS Treatment/ARV Services					
Number of service outlets providing ART services according to national or international standards	12	12	12	20	60%
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	267	32	30	400	8%
(0-14)	17	0	0	50	0%
(15+)	250	32	30	350	9%
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)*	682	714	714	1,100	65%

(0-14)	42	42	42	96	44%
(15+)	644	676	676	960	70%
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status*	544	626	626	990	63%
Male (0-14)	12	19	19	40	48%
Male (15+)	208	232	232	400	58%
Female (0-14)	16	22	22	40	55%
Female (15+)	270	334	334	400	84%
Pregnant female (all ages)	38	19	19	TBD	
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	27	0	0	25	0%
<b>Prevention of Mother-to-Child Transmission</b>					
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	100	134	134	60	223%
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,660	7,912	7,912	30,000	26%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	10	30	30	180	17%
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	0	0	100	0%
<b>Additional Indicators</b>					
Couple years of protection (CYP) in USG-supported programs	1,302	956	956	2,000	48%
Number of people trained in FP/RH with USG funds	31	0	0	50	0%
Number of counseling visits for FP/RH as a result of USG assistance	Not reported	Not reported	Not reported	2,000	
Number of USG-assisted service delivery points providing FP counseling or services	79	79	79	40	198%
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	Not reported	Not reported	Not reported	TBD	
Number of new FP acceptors as a result of USG assistance, by FP method	2,935	2,447	2,447	TBD	
Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services	TBD	2	2	10	20%
Number of PLWHA support groups formed and linked to other services as appropriate	4	3	3	5	60%
Number of health workers trained in stigma reduction	0	0	0	TBD	
Number of individuals trained in the provision of laboratory-related activities	0	30	30	15	200%

**RESULT 1:  
IMPROVED AND EXPANDED FACILITY-BASED HIV AND AIDS, TB AND RH/FP**

APHIA II NEP's strategy during Project Year Three was 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 this year to include lower-volume facilities, while retaining a focus on key populations at higher risk of HIV.

The quarter saw the province receiving substantial rains after several consecutive seasons of drought. This has brought hope to the nomadic pastoralist communities which constitute the majority within the province.



*APHIA II NEP vehicle in greater Mandera – the rains provided both welcome relief and new challenges.*

The quarter under review was a relatively "short" one with the December holidays and the heavy rains disrupting activities in the field. Services provision in facilities was also negatively impacted after many contract health workers hired through UNICEF and Capacity Project did not have their contracts renewed, nor were they absorbed by the Ministries of Health. Efforts by partners and Ministries of Health to address the HRH quagmire are on-going but remain a big challenge.

Despite the challenges, there are indications that the quality of services being delivered with assistance from the project is steadily improving. The timeliness of routine reporting is improving and data is increasingly being used to address issues regarding quality of service. For example, forecasting for HIV test kits is increasingly being informed by utilization data, unlike before when orders were placed ad hoc. Stock outs of essential drugs are being reported less frequently because the Provincial Pharmacist now has data for planning.

APHIA II NEP collaborated with the PASCO and DASCOS to ensure that North Eastern province surpassed its targets for counseling and testing during the national CT campaign. The province was the best performing province in the country in terms of the percentage by which it surpassed its target.

APHIA II NEP's CT strategy (moonlight, door-to-door, HTC) focusing on key populations at higher risk has been successful in increasing access to CT in a highly stigmatized setting. Other innovative interventions that have improved quality of service delivery even beyond the HIV/AIDS mandate include integrated outreach activities, TB/HIV screening through mobile outreaches and intensified facilitative supervision. Outreaches have increased EPI coverage and growth monitoring, while PMTCT quality has also improved, with increasing percentages of HIV positive mothers and exposed infants accessing prophylaxis and more infants getting EID services where applicable.

### 1.1 Prevention of Mother to Child Transmission (PMTCT)

In the period under review, APHIA II NEP facilitated PMTCT start-up in 34 new facilities, bringing the total number to 134 facilities supported during the reporting period.

**Table 2: Number of facilities offering PMTCT services in NEP by December 2009**

	District	No. of PMCTC sites
1	Garissa	21
2	Lagdera	15
3	Ijara	9
4	Fafi	11
5	Wajir East	18
6	Wajir West	13
7	Wajir North	10
8	Wajir South	12
9	Mandera West	7
10	Mandera Central	11
11	Mandera East	7
	Total	134

Primary prevention of HIV infection among women and men of reproductive age is the most effective strategy to prevent MTCT. To achieve the objectives contributing to the reduction of MTCT of HIV and provide ongoing, comprehensive PMTCT services through integrated programs, project activities have been designed to revolve around certain key activities as listed below:

- Expanding services into new facilities, aimed at universal coverage in all GOK facilities offering ANC services;
- Facility renovations to increase space that facilitates privacy and confidentiality, both audio and visual;
- Strengthening joint supportive supervision and providing technical assistance to DHMTs and service providers for project implementation and capacity building;
- Improving the quality of care of both facility and community services;
- Raising community awareness and demand for PMTCT services;
- working towards stigma reduction and linking HIV+ mothers to community support and follow up;
- Enhancing monitoring and evaluation, including support for data management and utilization at facility and district level.

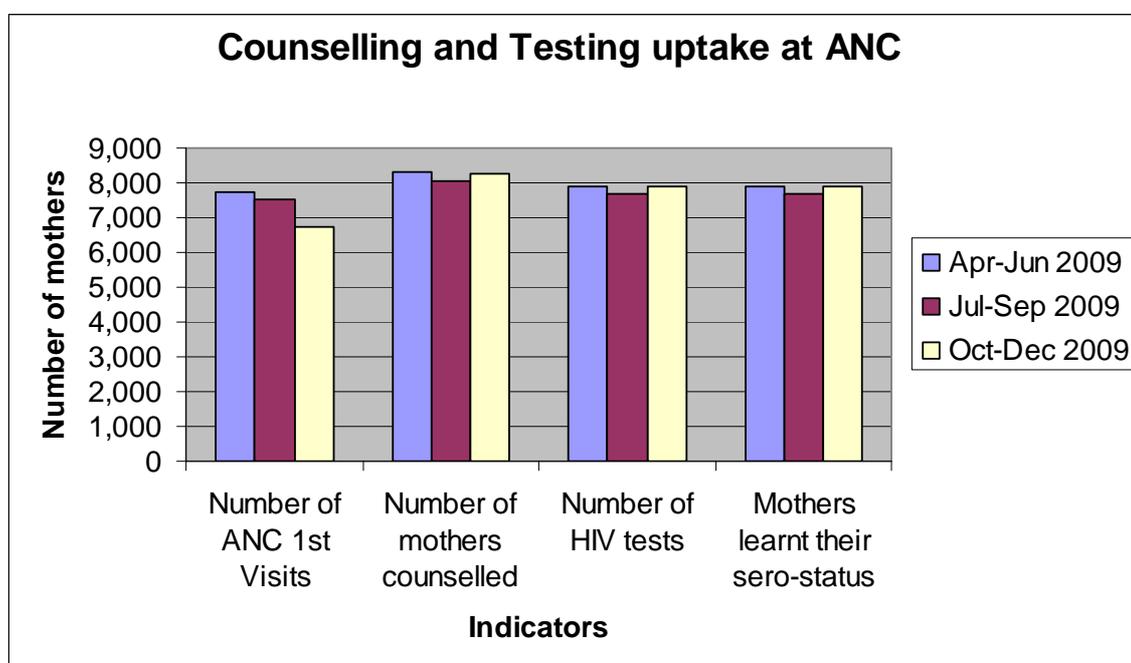
**Table 3: Cascade for overall uptake of PMTCT services:**

PMTCT Cascade	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009
Number of ANC 1st Visits	7,762	7,509	6,750
ANC revisits	9,794	7,809	8,306
Number of mothers counseled	8,332	8,041	8,244
Number of HIV tests	7,895	7,660	7,912
Mothers learnt their sero-status	7,895	7,660	7,912
Number HIV positive	19	15	37
Number on ARV prophylaxis	15	10	30
Infants on ARV prophylaxis	6	2	18
Mothers tested at maternity	94	597	472
Number of deliveries	3,514	2,667	1,659

In the reporting quarter, 6,750 pregnant women attended the ANC for the first time compared to 7,509 the previous quarter. The project has not yet established the cause of this decline although data covering the same period last year show a similar trend. Out of all pregnant mothers eligible for HIV testing 96% were tested and received their results.

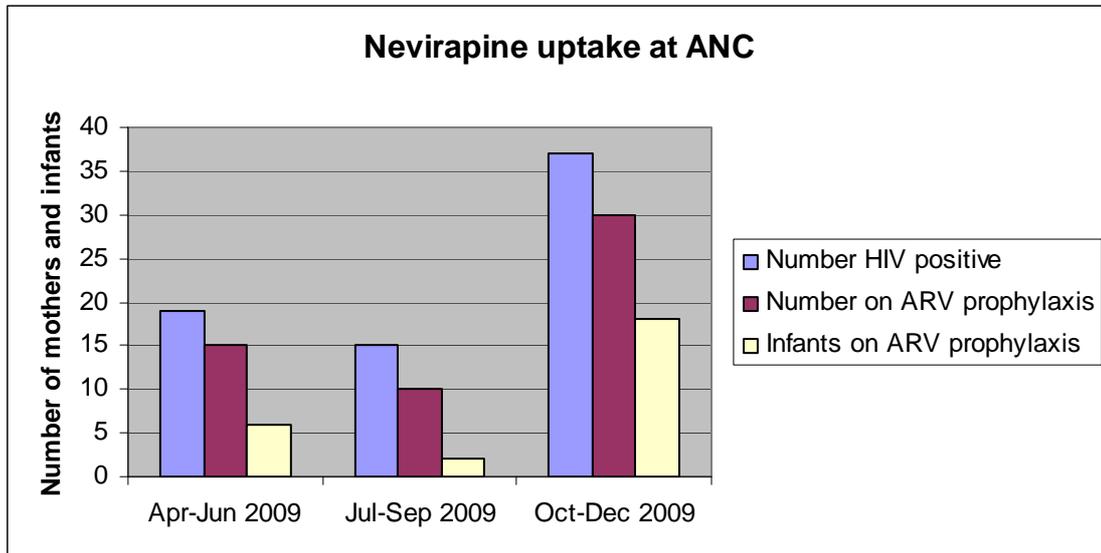
There was a 3% increase of CT at ANC during the quarter. Although the increase is marginal, it can be attributed to the corresponding increase in the low-volume facilities offering PMTCT services and enhanced CT rate in the province. As expected, the burden of HIV is localized to about 20 towns in the province. See Appendix 1 for a spatial analysis of the availability of PMTCT services in the province and the incidence of mothers testing HIV positive during the last quarter.

**Figure 1: Counseling and testing at ANC:**



NVP uptake at the ANC improved from 67% to 81% during the last three months while infants on NVP improved from 13% to 49%. The objective will now be to achieve ANC NVP and AZT uptake approaching 100%. Data on AZT consumption is currently not readily available – APHIA II NEP has initiated a process to engage the DHRIOs that should see this information analyzed and reported in the next quarter.

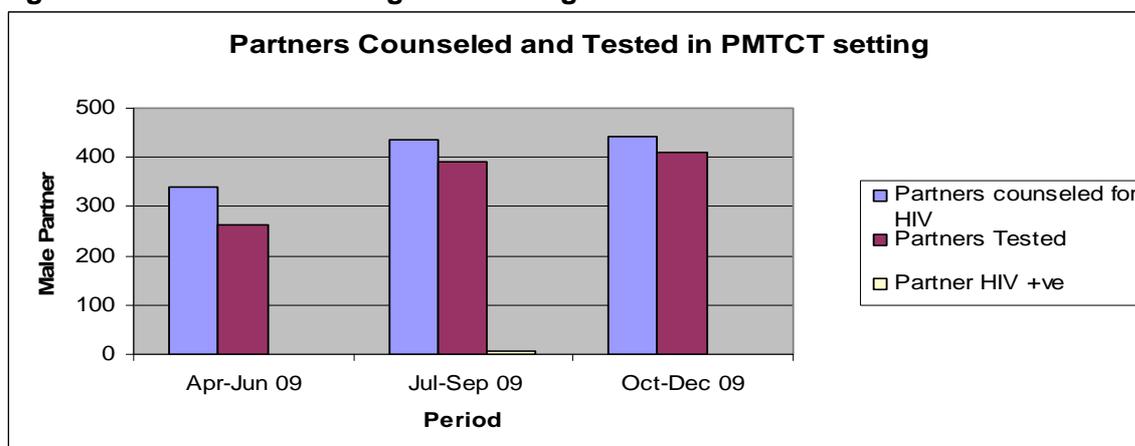
**Figure 2: Mother and infant nevirapine uptake at ANC:**



The APHIA II NEP is putting increased emphasis on couple counseling and testing. In most cases the partner is not tested nor does the expectant mother disclose her status to the partner. According to the KAIS, the level of HIV discordance among married couples nationally is approximately 40%. The absence of partner testing compromises the quality of comprehensive care, as without partner participation some elements of comprehensive PMTCT such as infant feeding options and Septrin prophylaxis are hampered.

Religious leaders continue to play an important role in sustaining increased numbers of men seeking testing within the PMTCT setting. Through APHIA II NEP’s support, partner testing has improved significantly from about 270 partners tested six months ago to 411 partners tested in the last quarter.

**Figure 3: Partner Counseling and Testing**



### **1.1.1 Key observations on Performance**

- The project has surpassed its target for numbers of service outlets providing PMTCT services. However, during the quarter, only 96 out of the 134 supported sites actually reported on PMTCT. Although some new sites started offering services, others were closed due to exodus of service providers. This remains a challenge in trying to increase access to PMTCT services in the region.
- The quarter saw a 6% increase in the numbers of women revisiting the ANC and 3% increases in the numbers of women being counseled, tested and learning their results. The number of women coming to the ANC for a first visit decreased by 9% compared to the previous quarter; it is unclear whether this reflects an actual reduction or unreported data.
- The project supported initiation of dual prophylaxis to all PMTCT sites through support supervision and on job training. Distribution of Nevirapine and AZT to all the PMTCT sites in the province is in conformity with national and international standards.
- Three project staff participated in training on Early Infant Diagnosis supported by Clinton Foundation. The project is now supporting logistics to improve EID in the testing sites. Coverage is improving: 25 samples were sent to KEMRI and are awaiting results. Fifteen results of samples sent in previous quarters were received, of which 5 reported positive and the children were started on treatment.
- APHIA II NEP supported 48 facilities in the districts with fuel and allowances for conducting integrated outreach services. Each facility conducts a minimum of four routine outreach activities per month. The outreach services are a cost-effective and critical means for increasing access to PMTCT and other services in remote areas.
- APHIA II NEP supported quarterly DHMT support supervision in the 11 districts through the provision of staff allowances, fuel and transport. The supervision is vital for following up trainees to ensure that they are able to apply the skills and knowledge acquired during training.
- The project supported an integrated Malezi Bora campaign in the eleven districts. Provincial coverage of 87% of the expected number of under-5 children requiring immunization was achieved according to reports from the PHMT.
- Testing and counseling of partners continues to increase albeit slightly, a positive indicator of reducing levels of stigma.

### **1.1.2 Challenges**

The major challenges experienced during the reporting period included:

- Provision of EID services to the exposed infants in the remoter districts needs to continue to improve.
- High turnover of PMTCT trained personnel, particularly with the departure of contract staff.
- Data management and reporting is a continuing challenge at the district levels.

### **1.1.3 Planned Activities for the Next Quarter (January - March 2010)**

- Strengthen EID activities through training and support of laboratory networking.
- Refresher training on PMTCT to be conducted for 100 health workers.
- Strengthen couple counseling at PMTCT sites.
- Continued support of integrated outreach services in the district.
- Continue facilitating joint DHMT/APHIA II NEP quarterly support supervision in the 11 districts and follow-up of service providers trained in PMTCT.

- Roll out the implementation of the Standards-Based Management-Reward approach for PMTCT in districts beyond Garissa.
- Strengthen EID activities through continued establishment and support of lab networking.
- OJT on data collection and data quality improvement.
- Ensure more efficacious regimen for both mother and infant continues to be available at all PMTCT sites.
- Procurement of furniture and equipment for PMTCT sites for Mandera district.
- Complete renovation of the proposed sites for support.

## 1.2 Counseling and Testing

Counseling and testing remains a key pre-requisite in preventing the spread of HIV and acts as an entry point in initiating timely therapy for clients testing HIV positive. APHIA II NEP has initiated a range of counseling and testing activities in collaboration with the MOH that has registered unprecedented growth in the number of people seeking CT services in NEP. VCT, PITC and DTC are CT service delivery points; religious leaders and peer educators are effective mobilizing agents for CT in the province.

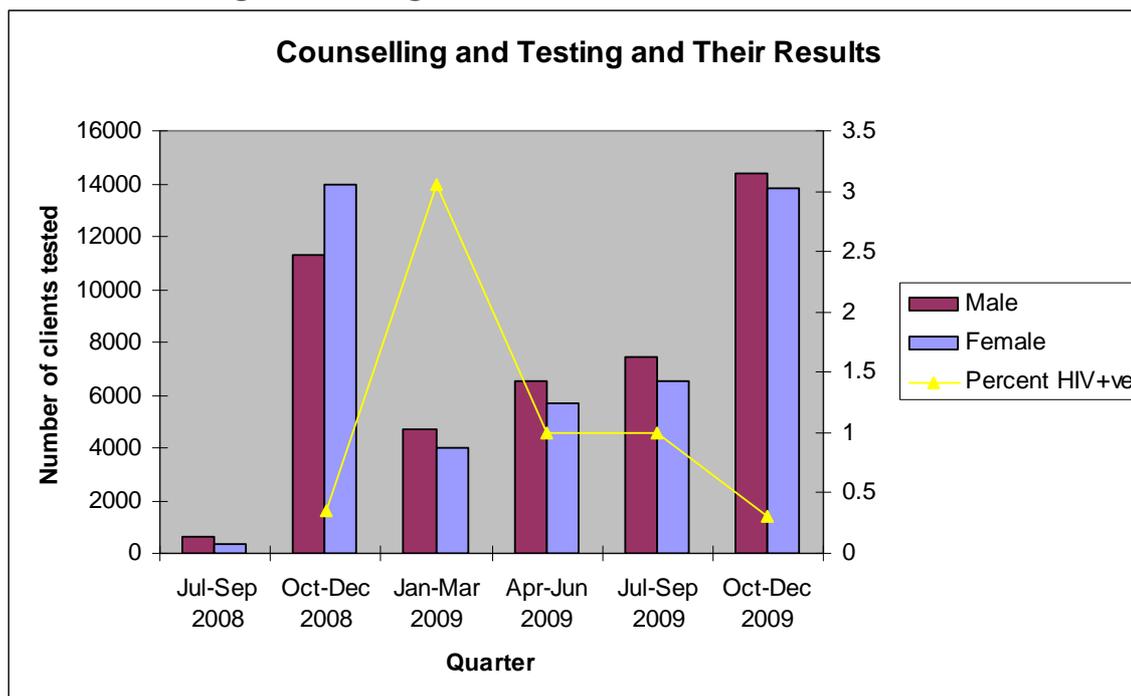
In the reporting quarter, over 28,000 people were counseled and tested, of whom 85 (0.3%) were found to be HIV positive. The low prevalence rate reflects the fact that much of the mobilization occurred in rural areas in addition to targeting key populations at higher risk. The figure counseled and tested represents 94% achievement against the annual target of 30,000 people. The number attained for CT is largely as a result of the successful HCT campaign and mirrors the CT trend last year when there was a significant spike during the same quarter.

See Appendix 2 for a spatial analysis of CT services within the province and the incidence of clients testing HIV+ in the last quarter.

**Table 4: Counseling and Testing Performance against Year 2 Target**

Reporting period	Male	Female	Percent HIV+ve	Total
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
Oct-Dec 2009	14,403	13,849	0.30	28,252
<b>Total Quarter 1, Year 3</b>	14,403	13,849	0.30	28,252
<b>Year 3 target</b>				<b>30,000</b>
<b>Total as percent of target</b>				<b>94%</b>

**Figure 4: Counseling and Testing**



### 1.2.1 Key Observations on Performance

- After only one quarter, APHIA II NEP has achieved 94% of its annual target for individuals counseled, tested and receiving their results. This is largely as a result of the successful HCT campaign and mirrors the CT trend last year when there was a significant spike during the same quarter.
- There was an improved supply and distribution of test kits to the districts.
- 11 VCT static sites (Mandera-3, Garissa-3, Wajir-4, Ijara-1) suspended operations following the decision by the MOH to not absorb VCT counselors at the conclusion of their contracts. The VCT counselors had been hired by APHIA II NEP on behalf of the MOH, with the expectation that they would be absorbed by the MOH. Fortunately, most clients in NEP access VCT services through outreach programs.
- The Garissa PGH VCT site was supported to conduct 24 VCT outreach sessions within that included mobile, house-to-house and moonlight VCT services. This strategy has worked well and many clients were able to access C&T services through this collaborative effort.
- The project supported Simaho to conduct 24 moonlight VCT outreach sessions within Garissa municipality.
- The project supported the holding of World AIDS day celebrations in the urban centers of Garissa, Wajir, Mandera and Masalani.



*Mobilization by peer educators in Ijara district during the HCT campaign.*

### **1.2.2 Challenges**

- Loss of VCT counselors who were on contract. The project has recruited additional VCT counselors, but the overall total in the province will not increase.
- Poor uptake of counseling services at the static sites due to stigma.
- Shortage of test kits in those sites that did not report consumption data in a timely manner.
- Poor uptake of PICT services in many facilities as a result of high turnover of trained staff. As a result, only a few facilities have institutionalized the service.
- Supervision of VCT services in the province is still weak.
- Shortage of VCT counselors affects continuity of services at static centers during outreaches.
- Shortage of HIV test kit reporting tools contributes to difficulty in commodity planning and management.

### **1.2.3 Planned activities for the next quarter (January - March 2010)**

- PICT training will be conducted for 60 health workers in the province to enhance counseling and testing in the facilities.
- Continue supporting the mobile, house to house, moonlight VCT services within the urban centers and other “hot spots”
- Support monthly counselor supervision meeting and networking in each district and follow-up of the trained counselors
- OPAHA VCT, a stand alone VCT site run by a PHLWA group, will be supported to carry out door-to-door VCT in their designated zone in Garissa Municipality.
- Continue to strengthen PITC in major facilities.
- Distribution and dissemination of the new HIV testing algorithm.

### 1.3 Palliative Care and TB/HIV Integration

**Table 5: TB indicators**

	Jan-Mar Totals			Apr-Jun Totals			Jul-Sep Totals			Oct-Dec Totals		
	New	Re-att	Total									
No. of TB cases detected	751	53	<b>804</b>	542	5	<b>547</b>	542	11	<b>553</b>	354	0	<b>354</b>
No. of smear positive	305	98	<b>403</b>	267	38	<b>305</b>	239	147	<b>386</b>	152	64	<b>216</b>
No. of smear negatives	386	111	<b>497</b>	372	128	<b>500</b>	377	218	<b>595</b>	194	88	<b>282</b>
No. of Extra pulmonary TB patients on treatment	133	61	<b>194</b>	100	41	<b>141</b>	110	92	<b>202</b>	114	53	<b>167</b>
Total No. of TB patients on Treatment	378	268	<b>646</b>	416	58	<b>474</b>	811	140	<b>951</b>	201	81	<b>282</b>
Total No. of TB patients on Re-treatment	204	96	<b>300</b>	144	66	<b>210</b>	274	72	<b>346</b>	177	49	<b>226</b>
Total No. completed treatment	452	70	<b>522</b>	262	44	<b>306</b>	430	108	<b>538</b>	240	34	<b>274</b>
Total No. of TB Patients tested for HIV	522	128	<b>650</b>	436	122	<b>558</b>	578	160	<b>738</b>	355	115	<b>470</b>
Total No. of TB Patients HIV+ve	44	32	<b>76</b>	20	27	<b>47</b>	44	85	<b>129</b>	21	34	<b>55</b>
No. of TB HIV patients on CPT	152	39	<b>191</b>	33	44	<b>77</b>	32	82	<b>114</b>	18	36	<b>54</b>
No. of defaulters	43	14	<b>57</b>	15	4	<b>19</b>	17	2	<b>21</b>	3	2	<b>5</b>

#### 1.3.1 Key Observations on Performance

- TB data remains a serious challenge, both in terms of reliability and timeliness. This quarter's data does not reflect performance in the field.
- Supported quarterly provincial TB/HIV stakeholders' forum held in Garissa. The five-day function was attended by DASCOS, DLMTs, DTLCs and APHIA II NEP. Challenges in TB/HIV collaboration were discussed and action plans developed.
- Supported district TB Coordinators to carry out support supervision in all the districts.
- TB laboratory and clinical support supervision for quality assurance by the project in collaboration with the provincial and national TB program.
- Training of 58 service providers to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed).
- Training of 15 lab technologists in TB sputum microscopy.

#### 1.3.2 Challenges

- TB data collection and population of the MOH tool is still not up to date.
- TB screening in CCCs and other HIV and AIDS care centers is not yet optimal. Although HIV screening among TB patients is 100 percent in most TB treatment centers, it is not always the case at HIV care and treatment centers.
- Lack of functional labs in some TB treatment sites has hampered access to TB services in some facilities. This has been due to lack of personnel (lab techs), shortages of some equipment (e.g. microscopes) and occasional reagent stock outs.

### **1.3.3 Planned Activities for the Next Quarter (January - March 2010)**

- Provincial TB/HIV meeting in Habaswein in February to attempt to sort out the chronic data challenges.
- Intensive TA within sites under support to improve on quality service provision and data management.
- Operationalize 5 laboratory centers to provide TB diagnosis and treatment.
- Continued support to TB/HIV screening and MDR surveillance.
- Continue to support quarterly TB/HIV/lab joint meetings at provincial and district levels to ensure quality of comprehensive services to dually infected patients.
- Recruitment and hiring of 8 lab techs on behalf of the MOH through the Capacity project.

## **1.4 Laboratory Services**

### **1.4.1 Key Observations on Performance**

- The project distributed CD4 stabilizer tubes to all districts.
- APHIA II NEP engaged the Provincial Directors and the PGH Medical Superintendent in planning for implementation of a CD4 sample referral process through lab networking. Currently in North Eastern province, CD4 estimation can only be done at the Provincial General Hospital laboratory. PLWHAs living in remote areas far from Garissa therefore have very limited access to this service and, as a result, may not be put on the correct medications at the correct time. The project anticipates implementation of the sample referral process to begin next quarter.
- APHIA II NEP supported supply of essential laboratory equipments in Wajir district hospital, Bute, Griftu, Khoraf Harar and Bura sub-district hospitals.
- The project recruited seven laboratory technicians on behalf of the Ministry of Medical Services. The staff were deployed to sites agreed upon with the Ministry and will fill critical gaps in the delivery of HIV-related and other services.
- Supported collection and submission of 73 samples of DBS to reference laboratory in KEMRI for quality assurance during the HCT campaign.
- Facilitated the distribution of lab data tools to all functional laboratories in the province.
- Conducted AFB refresher courses for lab personnel in all the districts.

### **1.4.2 Planned Activities for the Next Quarter (January - March 2010)**

- Renovation of Sangailu, Kotile, Banisa, Khallalio, Mandera DH and Habaswein laboratories.
- Provision of laboratory equipments to Habaswein and Abakore health facilities.
- Procure and distribute basic laboratory equipments to selected facilities in greater Mandera.
- Opening of laboratory facilities in Saka and Korakora dispensaries in Garissa district.
- Procurement of lab equipment for Habaswein DH, Sabuli HC and Saka dispensary.
- Institutionalize CD4 lab networking and EID specimen referral to KEMRI for better management of HIV positive patients.
- Support TB MDR surveillance through specimen referral to TB central lab and timely dissemination of results to the testing labs in the province.

## **1.5 ARV Treatment Services**

### **1.5.1 Key Observations on Performance**

- APHIA II NEP supported 12 ART sites during the quarter.
- The project facilitated 3 ART support supervision trips and OJT at selected sites in the province.
- In order to strengthen the district CCCs, 7 Pharmaceutical Technologists and 8 Nutritionists were recruited by the project on behalf of the Ministry of Medical Services and reported to their respective stations. The staff were deployed to sites agreed upon with the Ministry and will fill critical gaps in the delivery of HIV-related and other services.
- APHIA II NEP participated in the monthly Garissa Provincial General Hospital Comprehensive Care Committee meetings. There is some improvement in management and care for patients since the meetings were initiated.
- ART data reconstruction in Wajir East District Hospital completed. The record-keeping system has improved significantly and will assist service providers to provide appropriate treatment and follow-up. PGH data reconstruction is ongoing.
- The project supported the Provincial Pharmacist to provide ART commodity supervision in all ART sites in greater Wajir.
- Project staff together with key PHMT members conducted OJT on ART reporting in Mandera and Ijara CCC sites.
- The project supported two lab technologists from PGH to attend training on CD4 percentage to strengthen care and treatment services for pediatric patients, in conjunction with Clinton Foundation. Clinton Foundation also supported the PGH lab in acquiring software for the CD4 testing machine.

### **1.5.2. Challenges**

- Uptake of pediatric ART is improving but must continue to be strengthened and additional personnel trained.
- Inadequate and inconsistent supply of OI drugs.
- Inadequate supply of ART data collection and reporting tools.
- Lack of commitment to support ART services in the province. This could be attributed to challenges in providing supportive supervision at the regional level and weak linkages with the national level. Supervision from national level needs improvement, too.

### **1.5.3 Planned Activities for the Next Quarter (January - March 2010)**

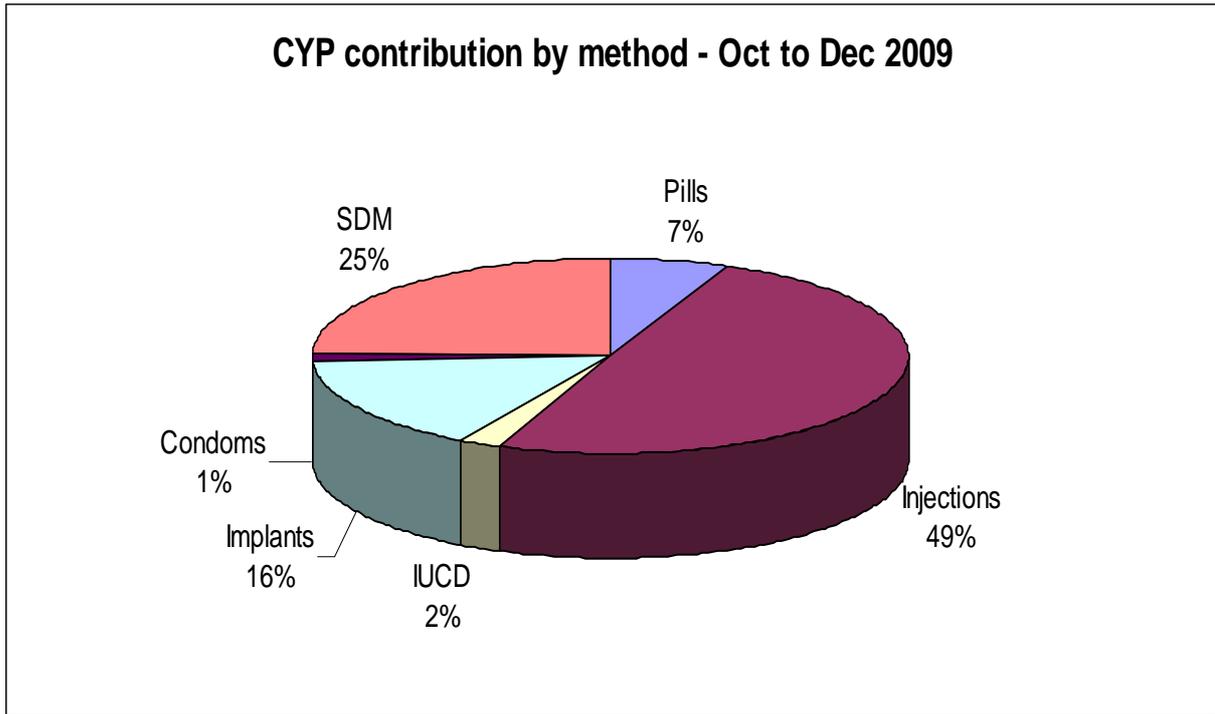
- Training on ART for 50 health workers.
- Training on PWP for 60 health providers and PLWHAs.
- Initiate ART sites in Rhamu, Dadaab, PGH TB manyatta and Buna
- Continue supply of lab reagents to districts.
- Support capacity building, particularly on ART commodity management and HMIS
- Strengthen community linkages for adherence support.
- Initiate mentorship for HIV/AIDS care and treatment in Garissa as a pilot supported by MSH.
- Strengthen CD4 lab networking for efficient laboratory support for care and treatment of HIV positive individuals.

## 1.6 Reproductive Health/Family Planning

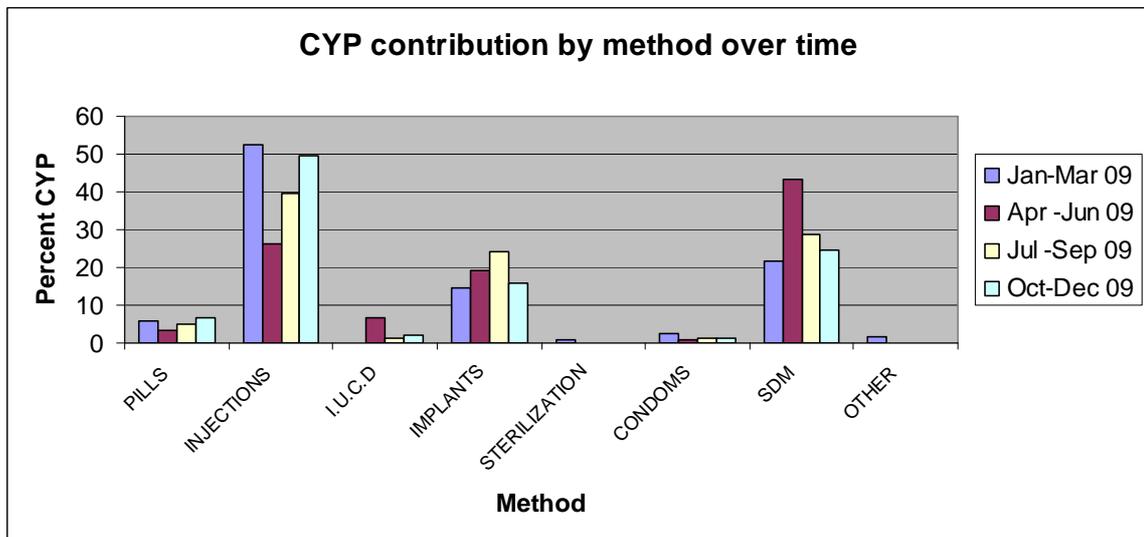
**Table 6: Summary of FP methods provided (October – December 2009)**

<b>NEP SUMMARY</b>			<b>Yr3 Qtr1</b>		
			<b>NEW CLIENTS</b>	<b>RE-VISITS</b>	<b>TOTALS</b>
1	PILLS	Microlut	117	117	234
		Microgynon	339	310	649
2	INJECTIONS	Injections	750	1,126	1,876
3	I.U.C.D	Insertion	4	2	6
4	IMPLANTS	Insertion	31	12	43
5	STERILIZATION	B.T.L	0	0	0
		Vasectomy	0	0	0
6	CONDOMS	No. of Clients receiving	886	621	1,507
7	ALL OTHERS: (specify)		224	8	232
8	TOTAL NUMBER OF CLIENTS		2,351	2,196	4,547
9	REMOVALS:	IUCD	2	0	2
		IMPLANTS	11	0	11

**Figure 5: Contribution to CYP by contraceptive method (October – December 2009)**



**Figure 6: Contribution to CYP by contraceptive method (January-December 2009)**



#### 1.6.1 Key Observations on Performance

- Distribution of family planning registers, Tiarht charts, penile models in facilities across the province.
- SDM rolled out and scaled up in 50 facilities in Fafi, Lagdera and Wajir South districts.
- Roll out of FP/HIV integration in twenty facilities in Lagdera, Garissa and Wajir South Districts.
- Supported FP commodity reporting through OJT and distribution of reporting tools.
- Equipments and furniture distribution in 9 facilities in Ijara and 34 facilities in Wajir districts.

- Procurement of furniture and equipments intended for facilities in Mandera District completed, awaiting distribution.

### **1.6.2 Challenges**

- FP Data collection and verification still remains a challenge with late submission of data from the province being observed through out the quarter.
- Shortages of implants in high volume facilities across the region.
- Few staffs trained in RH and most staff not updated.
- Need for training of Health workers on Family planning and commodity management.

### **1.6.3 Planned activities for the Next Quarter (January - March 2010)**

- Support training of health workers on CTU and commodity management.
- Replacement of the APHIA II NEP RH/MCH Coordinator in order to continue improving RH services in the province.
- Training of health workers on HIV/FP/RH integration.
- Procure and provide essential RH/MCH equipments at 40 health facilities.
- Support post-training follow-up and RH /FP supervision in all facilities.
- Scale up of SDM in all districts.

## **1.7 Systems Strengthening and Other Capacity Building**

### **1.7.1 Key Observations on Performance**

In the reporting quarter, the project completed the Year 3 Training Master Plan (TMP) that was approved by the Provincial Training Committee (PTC). The TMP proposes trainings targeting around 2,000 participants in various facility and community-based HIV and AIDS, TB, RH/FP and malaria prevention, treatment and care areas.

The project initiated the APHIA II NEP Training Committee with representatives from all program teams. The committee had its inaugural sitting in September 09 and came out with a way forward for cross-programs management of training activities and for engaging with the PTC for harmonization and effective management of training activities in NEP.

**Table 7: Summary of training activities**

Indicator	Achievements				Y3 Targets	% Achieved	Jan - March 2010 Planned
	Jul-Sept 2009	Oct-Dec 2009	Oct-Dec 2009	Total			
	Actual	Planned	Actual				
<b>Prevention/Abstinence and Being Faithful</b>							
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	653	348	137	137	1,389	10%	420
<b>Condoms and other Prevention Activities</b>							
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	64	15	0	0	75	0%	20
<b>Palliative Care: TB/HIV</b>							
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	0	58	58	50	116%	0
<b>Orphans and Vulnerable Children</b>							
Number of individuals trained in caring for OVC	70	114	30	30	450	7%	254
<b>Counseling and Testing</b>							
Number of individuals trained in counseling and testing according to national and international standards	0	15	0	0	60	0%	30
<b>Strategic Information</b>							
Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	0	0	0	50	0%	25
<b>Systems Strengthening</b>							
Number of individuals trained in HIV-related policy development	0	0	0	0	40	0%	30
Number of individuals trained in HIV-related institutional capacity building	0	25	0	0	40	0%	100
<b>Palliative Care (excluding TB/HIV care)</b>							
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	51	50	83	83	TBD		90
<b>HIV/AIDS Treatment/ARV Services</b>							
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	27	0	0	0	25	0%	25
<b>Prevention of Mother-to-Child Transmission</b>							
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	0	0	0	100	0%	50
<b>Additional Indicators</b>							
Number of people trained in FP/RH with USG funds	31	30	0	0	50	0%	50
Number of health workers trained in stigma reduction	0	3	0	0	TBD		0
Number of individuals trained in the provision of laboratory-related activities	0	0	30	30	15	200%	0

#### **a) Prevention/Abstinence and Being Faithful**

Year 3 has a high target for AB trainings. The project is using lessons learnt throughout year 2 and especially in quarter 4 of year 2 to equally spread the AB trainings across all quarters in the 12 decentralized locations. An average of 348 AB trainees targeted was set for the quarter under review and a total of 137 AB trainings achieved. This included 33 religious leaders in Garissa, 66 teachers sensitized on education worksites policy and programs, and 38 female religious leaders in Garissa. This was the first ever female religious leader's conference organized in Garissa and indeed the first ever to take place in NEP.

#### **b) Prevention beyond abstinence and/or being faithful**

There was no OP training planned in the past quarter but consolidation of what has so far been done in Year 2 was achieved through facilitative supervision of the peer educators previously trained. The project conducted a rapid assessment on workplace programs in Garissa, and workplace focal persons were identified and oriented.

#### **c) Palliative Care: TB/HIV**

The project trained 58, or 116%, of the targeted service providers in TB/HIV in Quarter 1. The trainees in TB/HIV surpassed the annual target of 50 by 16% and this was due to training of the new lab recruits who were trained on TB/AFB microscopy diagnosis. The project trained selected providers on how to manage multi-drug resistant (MDR) TB. This should result in increased TB screening and MDR surveillance. The number of defaulters has been increasing, indicating that MDR-TB cases could be increasing.

#### **d) Orphans and Vulnerable Children**

The project trained 30 OVC community caregivers, or 7% of the annual target of 450 and 26% of the quarterly target of 114 in the reporting quarter. The training done in Dadaab was for members of the Lagdera district Area Advisory Council (AAC). Subsequent planned trainings were affected due to postponement by the Children Departments in the targeted districts since it was still posting its staff to the new districts. These staff are responsible for identifying and recruiting members of AACs and LOCs. 7 of the 11 NEP districts are new and many key GoK departments are still getting established.

The OVC curriculum has been adapted to include the care of OVC in the context of Islam. The emphasis has been on training the AACs and locational OVC committees under the Children's Department in order to strengthen the public sector and community structures for care of OVC. The OVC training focuses on children's rights; protection; child participation in own development; resource mobilization for care and support of the child; children and HIV/AIDS; orphan hood in Islam; and, emerging issues in OVC care and support.

#### **e) Counseling and Testing**

During the reporting quarter, the contract of 22 VCT counselors came to an end and it took long to replace this cadre of staff. It was therefore not possible to train the targeted 15, or 25% of the 60 targeted for the year on C&T. The recruitment of new C&T staff also coincided with the national HIV testing and counseling campaign. An induction workshop to train 11 newly-hired C&T staff was done before deploying them to their respective posts.

#### **f) Strategic Information**

There were no planned trainings in strategic information in the past quarter. However, APHIA II NEP provided continuous TA for data reconstruction at the district and sub-district hospitals and training on use of service data for decision making. The project is also working on improving the efficiency of HMIS tools and streamlining reporting. The project plans to conduct strategic information training for 25 health workers in quarter 2.

#### **g) Systems Strengthening Training**

The project did not plan to conduct any HIV-related policy development training in the reporting quarter. The planned LDP training for 25 ToFs in Quarter 1 did not take place because the LDP performance assessment for all districts was not yet completed and because the budget for this training was not yet allocated. The LDP PNA for all three Mandera districts was postponed by the Provincial Director of Public Health and Sanitation in order to give room for national disease surveillance and supportive supervision activities involving the same teams.

#### **h) Palliative Care (excluding TB/HIV Care)**

The project trained 83, or 166%, of the targeted 50 PLWHA on treatment literacy in Garissa, Wajir and Mandera districts. The TL training has proved to be an innovative strategy for identification and empowerment of PLWHAs in a region whose biggest challenge against HIV and AIDS work is high stigma. The identification of trainees itself takes the efforts of many partners including APHIA II NEP staff, DASCOS, CACCs (NACC), religious leaders, and community health workers.

As part of the training, the PLWHA are encouraged to form post-test clubs (PTCs) which are then linked to other service providers in their localities.

#### **i) HIV and AIDS Treatment/ARV Services**

The project had not planned any ART training awaiting the preparation of the new satellite sites.

#### **j) Prevention of Mother-to-Child Transmission**

There were no PMTCT training activities planned for Quarter 1. Training will be informed by the new PMTCT guidelines and revised curriculum announced by NASCOP in the course of the last quarter.

#### **k) Additional Indicators**

##### **FP/RH/HIV**

Due to the departure of the project's FP/RH Coordinator, the training of 30 health workers in FP/RH planned for this quarter did not take place. The project recruited a replacement who has excellent qualifications and experience and will be commencing in February.

Nevertheless, related FP/RH activities implemented by the project during the quarter included:

- Supportive facilitative supervision for SDM/RH/HIV and follow-up of staff trained on FP/RH in past quarters.
- Support of mothers clubs activities to increase FP/ANC/RH services uptake.

- Continued integration of two-hour stigma and discrimination training modules in both clinical and community outreach trainings.
- Continued capacity building of lab staff in identified performance need gaps in order to strengthen HIV integration into other health services and improve the quality of diagnostic services.

### Laboratory Services

A total of 30 laboratory staff were trained/updated on TB/AFB microscopy diagnosis as well as given OJT/ and follow-up.

### Systems Strengthening Activities

**Table 8: Summary of health systems strengthening activities**

Indicator	Achievements				Y3 Targets	% Achieved	Jan- March 2010
	Jul-Sept 2009	Oct-Dec 2009		Total			
		Planned	Actual				
							Planned
<b>Systems Strengthening</b>							
Number of local organizations provided with technical assistance for HIV-related policy development	0	0	0	0	4	0%	10
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	5	15	15	4	375%	24
<b>Additional Indicators</b>							
Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services	5	3	2	2	10	20%	12
Number of PLWHA support groups formed and linked to other services as appropriate	4	0	3	3	5	60%	7

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

The project did not plan to provide TA for HIV-related policy development in the reporting quarter. Requests for support for attending regional and national policy development and dissemination meetings; joint AIDS programs reviews; national program and disease campaigns; and, emergency assistance for the health sector are still being received by the project on a continuous basis. While supporting these policy environment requests when possible, the project plans to concentrate on providing TA for the development of HIV/AIDS workplace programs for selected local organizations, including Prisons, Police and Education offices and schools.

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

As with HIV-related policy development, similar demand for HIV-related ICB was witnessed by the project achieving 375% of target early on in the year. The project continues to provide TA to its sub-grantees including: SIMAHO, NEWS and the new sub-grantee, WASDA, in the development of their institutional capacities; submission of their quarterly reports; and, amendments of their work plans.

The subagreement with Wajir South Development Agency (WASDA) CHBC was approved in December and amendments on the two older sub-grantees were approved and funding disbursed. APHIA II NEP supported quarterly DHMT services quality improvement and supported hosting of one-day district health stakeholder forums in all the 12 districts focusing on reviewing on-going service delivery activities, networking and collaboration among health sector partners.

The project facilitated feedback on the financial management capacity assessment training in Fafi, Lagdera and Wajir South districts and did performance needs assessment and coaching for the on-going Leadership Development Program in the same districts.

**c) Number of service outlets renovated or equipped to facilitate provision of health services**

- Ijara district DHMT reprioritized Kotile Dispensary to benefit from renovation support since the initial selected facility (Sangailu Dispensary) is to benefit from the GOK economic stimulus plan.
- Other than the Garissa Prisons Main Dispensary, all other facilities received furniture and equipments.
- During the last quarter, renovation works were completed at Takaba DH VCT, while at the same time works were initiated at the PGH CCC Pharmacy, SIMAHO laboratory, Garissa Main Prisons VCT & lab, Griftu DH VCT and at the Mandera East DH VCT.

**Table 9: Infrastructure update**

Item	District	Facility	Renovation Works	Equipment	Remarks
1	Ijara	Kotile Dispensary	Yes = whole dispensary 3 rooms	Yes	Received furniture and equipment
2	Fafi	Masanbubu	Yes = Pharmacy & Drug store	Yes	Received furniture
		Nanighi	Yes= Dispensary & Staff houses	Yes	Received furniture
3	Garissa	PGH	Yes= CCC	No	Process initiated
		Iftin	Yes	Yes =TBD	
4	Garissa	SIMAHO	Yes= Lab, OPD	Yes	Renovation works are on-going; maternity equipment provided as per sub-grant description
		Main Prisons	Yes = VCT		Process initiated
5	Wajir East	Khorofarar	Yes= VCT	Yes	Received furniture
6	Wajir West	Griftu	Yes= VCT	Yes	Process initiated
7	Mandera	ME DH	Yes= VCT	Yes = TBD	Process initiated



*Maternity at Dertu health center, before improvements.*



*Maternity at Dertu health center, after installation of curtains and maternity beds .*

**a) Number of PLWHA support groups formed and linked to other services as appropriate**

In the reporting quarter, 3 post-test clubs (PTCs) – 2 in Mandera and 1 in Wajir – were formed following trainings on Treatment Literacy for PLWHA. PLWHA have responded very enthusiastically to the Treatment Literacy training and it has proven to be an effective entry point for the recruitment and formation of PLWHA groups. The groups shall be assisted to register with the social services department and linked to other local organizations providing services that support positive living, such as district CCCs, health facilities, Constituency AIDS Control Committees (CACCs) and other livelihood support programs being operated by NGOs.

In the next quarter, the project plans to form and link similar PTCs in Ijara (2), Fafi (Bura 1), Wajir East (3 – under the WASDA CHBC sub-project) and Mandera Central (Elwak 1) district

### **1.7.2 Challenges**

- Under-reporting of TA provided for institutional capacity building across project activities by various program teams and personnel, e.g. policy and ICB TA provided to the PHMT, DHMTs, PGH, OVC IPs, CHBC IPs/groups, and workplace programs
- Getting all the key PTC members to discuss and review training activities has become a challenge since most of them are busy trying to manage the HRH crisis caused by departing staff.
- High MOH staff turnover with many of the recently trained staff leaving the province. This has been noted by the HRH group which is doing solutions follow up with central government and other partners.
- The challenge in providing HIV-related policy development has been in developing a clear strategy for the work place programs and allocating limited budgetary resources for HIV-related policy development, dissemination and follow up support. The strategy is about to be finalized and the project budget revised to accommodate these activities.
- Health system strengthening actions require decision making with a wide cross-section of health sector leaders at the provincial and district level hence tend to take longer than other programmatic activities.
- High demand for health systems strengthening services with limited project human and budgetary resources to manage all the work needed, especially given the split of NEP districts from the original 4 to 11. The project plans to recruit two district training coordinators to ease the high level of effort as well as engage the services of short-term consultants in subsequent quarters to address identified gaps through training and TA.
- There has been delay in rolling out the FS/QI supervision program for the PHMT and training for the DHMTs pending establishment of a lead team on FS-QI and review of the FS-QI action plan developed in Embu in May 2009 during the training of the PHMT/APHIA II NEP officers. The leading members of the initial FS-QI team from both the PHMT and APHIA II NEP have since left these organizations.
- The challenges facing infrastructure services provided by the project are related to the unique technical nature of the services and involvement of several GoK ministries in decision making that tend to lengthen the time needed to make decisions.

## **Systems Strengthening Activities**

### **1.7.3 Planned Activities for the Next Quarter (January - March 2010)**

#### **Training activities**

#### **Prevention/Abstinence and Being Faithful**

The project will train 30 TOTs on AB trainings in the coming quarter in order to take advantage of the opportunity provided by a larger pool of ToTs in fast-tracking trainings. A mapping of the gap in A (Abstinence campaign) in schools was done and 60 school chill program youth will be trained in the coming quarter. Also planned is training for 60 chill program school patrons/teachers. The balance of the AB trainings shall involve another 198 participants including religious leaders, community leaders and teachers.

## **Prevention beyond Abstinence and/or Being Faithful**

A training of 30 peer educators based in selected workplaces has been planned to take place in Quarter 2. The workplaces targeted include the prisons, police, provincial administration and education worksites at the provincial and district levels.

## **Orphans and Vulnerable Children**

In the coming quarter, the emphasis shall continue to be on training more community-based OVC caregivers and committees including the LOCs and AACs. The training shall target 254 OVC caregivers in 4 of the 7 new districts including AACs and LOCs. The training shall focus on children's rights, care against abuse, protection, child participation in own development, resource mobilization for care and support of the child, children and HIV/AIDS, orphan hood in Islam and emerging issues in OVC care and support.

## **Counseling and Testing**

In quarter two, the project plans to train/update 30 VCT counselors on PICT when the new hires have come on board.

## **Strategic Information**

The project plans to conduct one SI training for 25 health workers in Quarter 2. APHIA II NEP shall continue to provide TA for data reconstruction at various health facilities, conduct OJT on use of service data for decision-making, improve efficiency in the use of HMIS tools and streamline reporting.

## **Systems Strengthening Training**

The project plans to train 20 peer educators based in workplaces as part of the workplace programs rollout plan. It also plans to provide TA for the completion of the LDP PNA and identification of 25 LDP graduates to be trained as ToFs with the support of MSH-LMS project. This shall however be subject to the availability of funds from the Kenya LMS program.

Training of 55 DHMT members drawn from all districts in two FS-QI training workshops.

Training of 25 LDP ToFs with the assistance of the MSH-LMS program and rollout of the LDP program at the district level.

Once the National level is ready with the revised HSSF guidelines and training manuals, train 90 Health center/dispensary management committee members on the implementation and management of the HSSF.

## **Palliative Care (excluding TB/HIV care)**

The demand for treatment literacy training is very high, so the project has planned for three more trainings in the second quarter, one of which shall be a TOT training. The project is working towards having these trainings facilitated by PLWHA from NEP (the trainer currently comes from Nairobi). These trainings shall focus on Ijara, Fafi and Wajir districts. More PLWHA, especially those coming under the WASDA CHBC sub-project, shall be trained on treatment literacy in Wajir town.

Other palliative care-related activities in the next quarter include orientation of WASDA staff on the CHBC sub-grant including grant policies, HR, financial management and progress reporting procedures for the sub-grantee. PWP training will be done for selected service providers, targeting those serving PLWHA at various hospital departments.

### **HIV/AIDS Treatment/ARV Services**

The proposed way forward for ART capacity building is to request for STTA in line with a scheduled mentorship program which will be implemented with assistance from the Kenya Pediatric Association. The project, in liaison with the Provincial Pharmacist and MSH, will start with around 25 service providers from high volume facilities to be thoroughly trained and be used as reference personnel for the rest of the facilities in the region. These TOTs can then be utilized as facilitators in subsequent commodity management trainings and will also provide OJT for service providers at the lower facility levels. There is now opportunity for training of newly posted registered clinical officers in the region.

### **Prevention of Mother-to-Child Transmission**

The project will conduct PMTCT training for 50 health workers in the second quarter using the new PMTCT curriculum and guidelines. The guidelines outline a new algorithm that puts more emphasis on EID, ART and M&E for PMTCT. Key activities shall include:

- OJT on PMTCT data collection and overall data quality improvement.
- Training of more health workers on EID.
- Ensuring availability of more efficacious regimen in all PMTCT sites.
- Procurement of furniture and equipment for PMTCT sites in Wajir South district.

#### **a) Additional Indicators:**

### **FP/RH**

Though there were 30 health workers slated for training in FP/RH, this did not take place due to the departure of the RH coordinator from the project.

Activities towards achievement of other indicators under consideration for year 3 include:

- Support facilitative supervision for SDM/RH/HIV and follow-up staff trained on FP/RH in past quarters.
- Support mothers clubs activities to increase FP/ANC/RH services uptake.
- Continue integrating two-hour stigma and discrimination training modules into both clinical and community outreach trainings.
- Continue to building the capacity of lab staff in identified performance needs gaps in order to strengthen HIV integration into other health services and improve the quality of diagnostic services.

### **Stigma and discrimination reduction**

Two-hour stigma and discrimination training modules have been integrated into the majority of the clinical and community outreach trainings so there has not been and shall not be any stand alone stigma and discrimination training. APHIA II NEP recommends removal of this indicator

as a stand alone indicator from the PMP and incorporation of stigma and discrimination training sessions into both clinical and community trainings.

## **Systems Strengthening**

### **1. Number of local organizations provided TA for HIV-related policy development**

- The project will provide TA for the development of HIV/AIDS workplace programs for selected local organizations, mostly public institutions including Prisons, Police and Education offices and schools.
- Provide TA and support for the development, review and effective dissemination of HIV and AIDS policy (KNASP; sector and program-specific policies and guidelines) including training follow-up, technical communication and sharing of current best practices in HIV and AIDS prevention, care and support with priority on the education sector.
- Provide TA for the review of the FS-QI action plan and quarterly joint facilitative supervisions with the PHMT and DHMTs. Continue with joint support supervision for DTLCs, DASCOS and DMLTs to strengthen TB/HIV integration programs.
- Support the strengthening of the provincial and district health stakeholders forums and quarterly meetings through TA towards clarification of the mandates of these forums, development of action-oriented minutes and follow up of previous decisions and plans made by the forums.

### **2. Number of local organizations provided TA for HIV-related institutional capacity building**

- Initiate implementation of the ICB strategy for the MoH institutional structures and the project implementing partners including the 28 OVC, 25 CHBC and workplace program implementing partners.
- Review the quality improvement strategy including finalizing evaluation tools currently under development, implementing service quality monitoring, strengthen the facilitative supervision function and assist in HIV-related institution capacity-building for high volume facilities.
- Further discussions on the Embu FS/QI action plan developed with the PHMT in May 2009 and rolling out FS/QI to the DHMTs and facilities. Provide FS/QI training follow-up and other TA for strengthening supervisory standards and quality improvement to the PHMT, DHMTs and implementing partners.
- Lead the FS-QI orientation of the PHMT/APHIA officers and identification of an FS-QI technical working group for the development and implementation of the FS-QI action plan. Organize technical meetings of the FS-QI technical working group to review the FS action plan and provide feedback to the PHMT and APHIA II NEP management.
- Finalize development of provincial and district-level facilitative supervision tools and action plans for use in conducting supervision visits.
- Anticipated recruitment of two district training coordinators will ease the LOE on the current training coordinator whose portfolio shall be revised to delegate some training responsibilities and take on some quality improvement functions. The DTCs shall assist the training coordinator to implement the resolutions of the project training and provincial and district training committees across all project program areas.
- Continued provision of TA to sub-grantees – SIMAHO, NEWS and WASDA – in the development of their institutional capacities, quarterly monitoring and evaluation field visits and with the submission of quarterly reports.

## **RESULT II: EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR**

### **2.1 Abstinence/Being Faithful**

#### **2.1.1 Key Observations on Performance**

The project remains on track to achieve all of its prevention targets through innovative and culturally sensitive programming. These achievements are of particular importance in NEP, where prevalence rates are relatively low and the emphasis is on maintaining this low prevalence or reducing it even further. The primary channels for communication outside schools remained religious leaders due to the respect they command from the community. Several activities took place during the reporting period using various community structures, as described below.

#### **Mobilization for national HIV Testing and Counseling (HTC) campaign**

This year the national HTC campaign ran from 23<sup>rd</sup> November to 12<sup>th</sup> December. NASCOP allocated NEP a target of 25,000 people for the campaign. The campaign was based on two approaches; PITC and Outreaches. Having previously trained many providers in PITC, APHIA II NEP's primary support was in the form of outreach and mobilization, using established relationships with community-level institutions. Several strategies were employed in reaching the target:

- Public service announcements were broadcast in vernacular on the local FM station. The project translated the national HTC public service announcement into Kisomali and supported the broadcasting of it for two weeks, climaxing on World Aids Day. The messages were aired twice daily on the local FM station just before the BBC news. Radio has tremendous penetration in NEP and the announcements undoubtedly reached many thousands of citizens.
- Development and distribution of IEC materials. APHIA II NEP has developed simple leaflets with important information, including:
  - What is VCT?
  - Where can one access VCT services in NEP?
  - If infected how long does one take before testing positive?
  - Who should get tested?
  - Benefits of counseling and testing.
- Public barazas were held where influential leaders addressed all issues on HIV / AIDS.
- World Aids Day celebration – group performances, choirs, speeches by local opinion and administrative leaders. Messaging on HIV / AIDS was integrated in all these activities.



*World AIDS day - Wajir*

- The project supported a football tournament in Wajir town, with the finals being played on World Aids Day. Information was disseminated during the matches and tents mounted in the field where counseling and testing was available. Hundreds of youth turned out for the tournament; leaflets as described above were distributed for people to take away.



*Wajir: World AIDS Day football tournament champions celebrate.*

## International media coverage of APHIA II NEP's work with religious leaders

Journalists have frequently portrayed Muslim leaders as being obstacles in the fight against HIV and AIDS. APHIA II NEP has advocated with media houses to include more coverage of the many positive changes that are taking place in NEP.

On December 8, 2009, PlusNews, the global online HIV and AIDS news service of the United Nations Integrated Regional Information Networks (IRIN), carried a story describing APHIA II NEP's successful collaboration with religious leaders in NEP (see Appendix 3). The story highlights the innovative *Twaweza* behavior change strategy developed by the project and notes the support of USAID.



*AB training for religious leaders in Takaba, Mandera West.*

## Female religious leaders conference

A three day conference was held for female religious leaders from Garissa, Ijara, Fafi and Lagdera districts of NEP. The theme of the conference was *Islam and Health in the Context of North Eastern Province: Opportunities and Challenges*. The conference for female religious leaders – the first of its kind in Kenya – was a follow-up to the first NEP Muslim scholars conference of April 2008, which was only attended by men. One of the conference recommendations had been that similar conferences be held for female religious leaders.

The objectives of the conference were to:

- Establish female perspective on issues of HIV/AIDS, reproductive health (including child spacing), TB and utilization of health services
- Establish a common approach to improving maternal and child health.
- Declare a common stand on issues related to RH, caesarian section, TB, MCH, HIV and AIDS and associated stigma and discrimination.
- Socialize and inculcate Islamic principles among the community members to enhance behavioral change in relation to health matters, including adultery and drug abuse.

- Establish a networking of Muslim men, women and youths attached to mosques at local and regional levels and use each mosque/madrasas as a centre for activities in relation to health promotion and prevention of communicable diseases and drug abuse.
- Synchronize and synergize Muslim community movements against HIV and AIDS and drug abuse.
- Develop a strategic plan of action and program implementation at all community levels based on the outcome of the conference that will strongly support and accelerate health promotion, safe motherhood, prevention of HIV and AIDS and drug abuse among the Muslim community in NEP.

The deliberations of the conference found a common ground on Islam and health in general and in particular women improved their understanding on health issues such as reproductive health, HIV and AIDS, healthy timing and spacing of pregnancy, and drug abuse. The participants interacted with PLWHA and also toured the CCC at the PGH.

Participants discussed freely and openly on many issues, including some that were deemed as sensitive both culturally and from a religious standpoint, including the concept of discordant couples; polygamy; and, voluntary counseling and testing before marriage, particularly within polygamous unions. The female religious leaders passed fifteen resolutions which will be reviewed by the male religious leaders and then disseminated (see Appendix 4).

A conference for female religious leaders from Wajir and Mandera will be held next quarter in Wajir town.

### **Youth Speaking to Youth**

The project implemented a “Youth Speaking to Youth against Stigma” training during the quarter. The objective was to build the capacity of young people to be able to promote abstinence and knowledge of status, reduce stigma and reduce miraa abuse among youth in North Eastern Province through the theatrical arts.

APHIA II NEP identified a group of youth with exceptional talents in the fields of poetry, play, coral verse, solo verse and oral narrative. Four thematic areas were selected for presentation, including: promotion of abstinence; knowing ones HIV status, stop Drugs and Miraa and avoidance of stigma and discrimination on people living with HIV/AIDS(PLHA).

During the training a task force including religious leaders was constituted to ensure that the various group’s presentations respected the cultural and religious values of the community. During the last day their inputs and ideas on the same were sought which was incorporated in the plan.

A “Youth Speaking to Youth” music and theatre festival will be held in February with the theme of *My Health, My Responsibility (Afya Yangu, Wajibu Wangu)*.

### **Challenges**

- There is a diversity of attitudes and understanding amongst religious leaders and different people require different intensities of interaction before knowledge can be internalized. The planned religious leaders conferences will provide opportunities for the project to gain greater support from all religious leaders for reducing stigma and improving care and treatment for PLWHA.

## Plans for the next quarter

- Hold conferences for both male and female religious leaders in Wajir.
- Improve the monitoring and supervision of peer educators in the region by linking the peer educators to locational structures like chiefs office
- Refresher training for peer educators
- The project will train 30 TOTs on AB trainings in the coming quarter in order to take advantage of the opportunity provided by a larger pool of ToTs in fast-tracking trainings. A mapping of the gap in A (Abstinence campaign) in schools was done and 60 school *Chill* program youth will be trained in the coming quarter. Also planned is training for 60 *Chill* program school patrons/teachers. The balance of the AB trainings shall involve another 198 participants including religious leaders, community leaders and teachers.

## 2.2 Other Prevention Activities

### 2.2.1 Key Observations on Performance

The project has already achieved 90% of its annual target for numbers of individuals reached through community outreach with OP messages, primarily due to the significant outreach activities conducted in support of the national HCT campaign. APHIA II NEP's pre-existing relationships with important community-level institutions positioned it well for supporting the national campaign with minimal disruption to planned activities for the quarter. APHIA II NEP continues to reap benefits from the its investments in these relationships during the first two years of the project.

### Workplace program

The Sexual Networks Assessment identified civil servants as a key population at higher risk in NEP.

During this quarter, the project conducted an assessment in order to lay the groundwork for establishing a comprehensive workplace program for civil servants and immigrant workers in NEP. The process included:

- A rapid assessment and sensitization of workplace managers in order to establish the potential of workplace programs in selected worksites.
- Systematic in-depth discussions with administrative heads of selected workplaces regarding their staff capacity, existence of any HIV programs, level of commitment and the amount of support in place.
- A steering committee and focal persons training. The committee was guided on adopting the National Public Service HIV and AIDS policy.

The following table shows the method of service delivery and rationale for selecting the institutions for HIV prevention interventions:

<b>Workplace</b>	<b>Method of service delivery</b>	<b>Rationale</b>
<b>Administration Police</b>	Peer Education	Good structures for data collection, management and assembly.
<b>PGH</b>	Structured CME	It is important to work on stigma among health workers as a matter of urgency.
<b>Kenya Police</b>	Peer Education	Already have trained peer educators and counselors and have senior officers who understand APHIA II mandate.
<b>Garissa Teachers Training College</b>	SBC	About ten teachers claim to have been trained in peer education, but little has trickled down to the teaching and non teaching staff. There is therefore an urgent need to change strategy.
<b>Ministry of Education</b>	Teachers Matters program	Clear advantage of numbers and forms part of the core strategic ministries.

After the initial assessment, the project conducted HIV workplace training for focal persons with participants drawn from Ministry of Education, Kenya Police, Administration Police, PGH and Garissa Teachers Training College. The objective of the training was to equip participants with the knowledge and skills for managing the challenges of peer education at the workplace.

### **2.2.2 Challenges**

- Stigma amongst both service providers and community members.
- Self-stigma among PLWHA.
- Need to develop a strategic alliance between religious leaders and PLWHA to significantly address issues of stigma in the community.

### **2.2.3 Planned Activities for the Next Quarter (January - March 2010)**

- Training and support to peer educators who will start the workplace program in their respective departments.
- Hold conferences for both male and female religious leaders in Wajir.
- Develop a strategy for greater engagement of youth out of school.
- Improve the monitoring and supervision of peer educators in the region by linking the peer educators to locational structures like chiefs office
- Refresher training for peer educators

- The project will provide TA for the development of HIV/AIDS workplace programs for selected local organizations, mostly public institutions including Prisons, Police and Education offices and schools.

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

### 3.1 Home and Community Support: Home-based Care

CHBC activities continue to do well in Garissa and continue to be a model for replication for the rest of the region. Community health workers in Garissa municipality are now comfortable with their roles and have started to influence change in the treatment-seeking behavior of those living with HIV/AIDS while continuing to carry out other CHBC activities such as client registration, homes visits, counseling, community mobilization and referrals of clients to various services. Of special note during the quarter was the continued impact of treatment literacy training in terms of empowering PLWHA to advocate for and seek services.

**Table 10: Summary of HBC services (January-September 2009)**

Activities/ Services	Jan-March	April-June	July-Sept	Oct-Dec 09
Number of clients served	162	220	343	416
Clients who died	0	5	9	3
No of care givers	95	150	372	366
No. of HBC clients (Male)	59	77	111	161
No. of HBC clients (Female)	93	143	232	255
No. of new clients on ARV (Male)	6	44	44	102
No. of new clients on ARV (Female)	49	136	131	230
No. Of ARV clients dropped out	2	2	7	1
No. of referrals for VCT	4	9	49	63
No. of referrals for CCC	4	12	90	142
No. of referrals for FP	1	1	16	24
No. of referrals for Nutrition	3	7	9	0
No. of referrals for support group	1	3	173	268
No. of referrals for PMTCT	0	0	20	23
Condom distributed	76	113	280	637

#### 3.1.1 Key Observations on Performance

- The project implemented treatment literacy training for PLWHA from greater Wajir and Mandera. Participants at the one-week training consisted of 24 persons in Wajir and 27 in Mandera. Following the training, one PTC was formed in Wajir and two PTC in Mandera.
- Mandera treatment literacy training highlighted significant differences between the HIV situation in Mandera and other parts of the province. First, it was difficult just getting PLWHA to attend the training, primarily because of high stigma levels in the area. Participants primarily consisted of commercial sex workers, many of whom had infants and/or were pregnant. Substance abuse – primarily miraa and alcohol – are clearly problems. Uniformed services are very numerous in greater Mandera, in large part because of the proximity to turbulent regions of Somalia and Ethiopia.
- WASDA CHBC sub-grant was approved with effective from January 1, 2010. Using the Garissa model developed by APHIA II NEP, the project will extend much-needed services to PLWHA in Wajir. The project will directly benefit 300 PLWHA (25% of whom are expected

to be bedridden) through facilitating formation of post-test clubs for easy access to CHBC services, identification and training of 40 CHWs and 20 health workers to ensure quality of CHBC services, and linking the post-test clubs to relevant institutions for continuum of treatment, nutrition, psychosocial and economic support and empowerment. This is a significant step in increasing coverage of PLWHA in NEP.

- Trainees of treatment literacy have developed the confidence to become advocates for stigma reduction and assist the project during outreach BCC activities.
- The project is training successful graduates of the treatment literacy program to become trainers, thus building local capacity.
- APHIA II NEP supported the supply of HBC kits to bedridden clients in all implementing partners.
- Monthly meetings for CHWs continued successfully during the quarter.

### **3.1.2 Challenges**

- Data challenges include double registration (registering with more than one CHBC partner); some PLWHA participating in the program may be coming from Madogo or Hola in Coast province, or even Mwingi, and are not registered with the PGH CCC. This contributes to data inconsistencies between the CHBC data collected by CHWs and the HMIS.
- Registration of PLWHA into the program needs to be increased.
- High stigma among the PLWHA, community and health workers remains an impediment.
- Numbers of OVC support by the CHBC program is increasing but coverage is still far from complete.
- PLWHA and families in the CHBC program need food and nutrition support, but the project is limited in its ability to respond.
- CHBC concepts are still new for most partners in the province; capacity and number of potential partners in the province is very limited.
- Post-test clubs are nascent and face the challenges related to the creation of any new group, e.g. how to run effective meetings.

### **3.1.3 Planned Activities for the Next Quarter**

- Monitor and supervise CHBC activities in Garissa and Wajir.
- Distribution of CHBC commodity supplies.
- Routine monthly CHBC stakeholders meetings.
- Conduct treatment literacy training for PLWHA in Bura and Masalani, followed by creation of PTCs.
- Monthly meetings with implementing partners in Garissa on how to scale-up PLWHA registration into CHBC program in their respective zones.
- Scale-up CHBC program in other districts, through formation and registration of post-test clubs.
- Identify and train TOTs in NEP who can facilitate treatment literacy trainings and be advocates for PLWHA.
- Establish PTC group facilitators and train them on group facilitation skills.
- 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.

## 3.2 Orphans and Vulnerable Children (OVC)

### 3.2.1 Key Observations on Performance

- During this quarter, APHIA II NEP supported 3,644 registered OVC in the program areas of education (text and exercise books); shelter (mattresses and bed sheets); and, health (de-worming) in Wajir and Mandera. The tables below show the beneficiaries per institution.

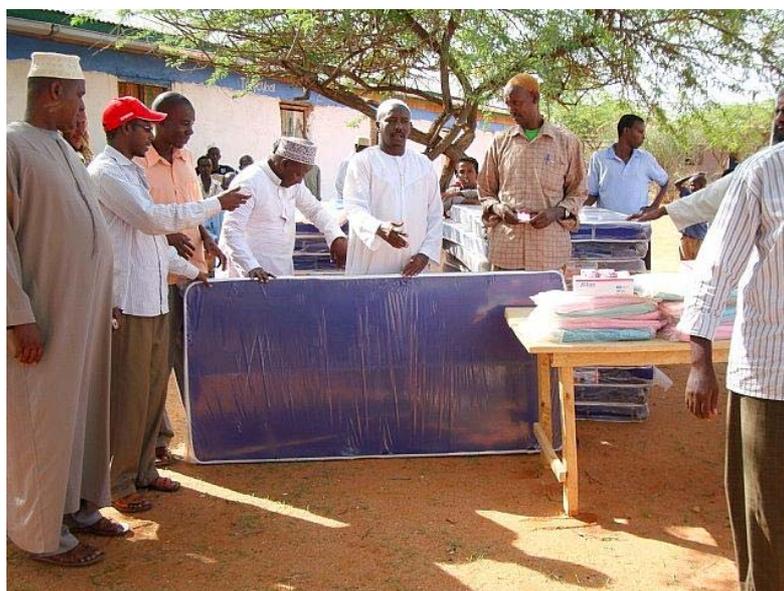
**Table 11: OVC Beneficiaries Mandera District**

Mandera District				
Name of Institution	Male	Female	Total	Location of Institution
Abu Huraria Children's Home	350	0	350	Banisa
Al Hidaya Children's Home	220	0	220	Rhamu
Al Sunnah Orphanage	90	116	206	Mandera Town
Aluteibi Children's Home	182	16	198	Elwak
Al Weis Children's Home	132	86	218	Elwak
Al Fouazan organization	176	72	248	Rhamu
Takaba Primary School	144	126	270	Takaba
Daua Integrated School	172	149	321	Mandera Town
Mandera Islamic Centre	180	140	320	Mandera Town
<b>District Totals</b>	<b>1,646</b>	<b>705</b>	<b>2,351</b>	

**Table 12: OVC Beneficiaries Wajir District**

Wajir District				
Name of Institution	Male	Female	Total	Location of Institution
Abubakar Sadiq Children's Home	240	27	267	Wajir town
Al-Riaya Orphanage	70	54	124	Wajir town
Islamic Call Foundation	172	24	196	Wajir town
Itisam Children's Home	60	0	60	Wajir town
Wajir Catholic Mission(Girls town)	100	0	100	Wajir town
Wajir Girls Integrated School	0	300	300	Wajir town
Wajir Islamic Centre	50	0	50	Wajir town
Catholic Primary School	50	50	100	Wajir town
Wajir School for the	52	44	96	Wajir town

Deaf				
<b>District Totals</b>	<b>794</b>	<b>472</b>	<b>1,293</b>	



*Handover of mattresses and bed sheets to Takaba Primary School, Mandera West.*

- The project is assisting 100 OVC who are cared for by members of 5 PLHWA support groups through the APHIA II NEP CHBC program. During this quarter the project was able to support the following:

<b>IP Code</b>	<b>Implementing Partner</b>	<b>District</b>	<b>No. OVC supported</b>
0110	EBENEZER	GARISSA	20
0111	OPAHA	GARISSA	20
0112	MWANGAZA	GARISSA	20
0115	PASTORAL AID	GARISSA	20
0113	SIMAHO	GARISSA	20
		<b>Totals</b>	<b>100</b>

- Al-Farouq orphanage in Garissa is an APHIA II NEP sub grantee and reported the following achievements during the quarter:
  - Purchased nutritious food rations for 630 OVC.
  - Repair of the sewerage system for Alfarouq centre
  - Purchased and distributed 200 set of exercise books, pens/pencil for home based OVC.
  - Purchased and distributed 200 set of text books for community-based OVC.
  - Provided 4 sanitary pads sufficient for one term to 75 adolescent girl OVC.
  - Project office renovated
  - Purchased 5 floor mats for 6 classrooms.
  - Paid school fees for 50 girls and 25 boys in Secondary School.
  - Carried out 21 routine quality assurance and M&E visits to schools.
  - Carried out home/field supervision visits to 192 OVC to monitor psychosocial support provided to OVC in their homes.
  
- The project continued to assist in the establishment and strengthening of Area Advisory Councils in NEP, in collaboration with the Children's Department at both provincial and district levels. Strengthening of AACs will contribute significantly to the sustainability of project interventions to assist OVC.
  
- The OVC program was audited by Pathfinder's Kenya country office internal auditor. There were no material findings and the auditor reported that the database for community OVC in Garissa was consistent, complete and verifiable. She was not able to visit institutional OVC because they had closed for the end of year holidays.
  
- The project was visited by an assessment team composed of external consultants and USAID program staff during the quarter. The team visited OVC sites in Garissa and Ijara and gave positive feedback on the achievements of the project.

### **3.2.2 Challenges**

- Reaching OVC with assistance in places such as Mandera and Wajir is expensive and logistically demanding. Some sites are three days' drive from Garissa over rough roads. Most have received very little assistance from external partners, particularly since assistance from Middle Eastern countries was cut off following 9/11.
- Lack of capacity of local implementing partners, with the exception of Al Farouq orphanage in Garissa, requires the project to provide direct assistance. The level of effort is very intensive and the project requires additional staff in order to expand the OVC program.
- The scale of the OVC problem is beyond the resources of the project to address, yet expectations at the community level remain high.
- Many OVC in the region lack birth certificates, making it difficult to ascertain with certainty their actual age.

### **3.2.3 Planned Activities for the Next Quarter**

- APHIA II NEP will recruit and hire two OVC Officers to be based in Wajir and Garissa respectively. These officers should greatly facilitate the expansion of the program.
- Training and capacity building of 3 Area Advisory Councils.
- Training of OVC care givers.
- Registration of community-based OVC.
- Expansion of support to OVC connected to PLWHA groups.
- Continued development of the APHIA II NEP OVC database.

## **IV: STRATEGIC INFORMATION**

### **4.1 Key observations on performance**

APHIA II NEP recruited a Data Officer this quarter, based at the Garissa office. The Data Officer's main responsibility is to manage community data, particularly OVC, so that the project can critically analyze the impact of its outreach activities on the community's health seeking behavior.

APHIA II NEP continues to make improvements in handling information that is essential for planning and managing the project. In addition to its automated spreadsheet system used for data entry and analysis, the unit has developed a GIS support system that enables spatial analysis of critical data.

### **Capacity building**

- APHIA II NEP participated in a data for decision-making training that included all the DHRIOs from the province and some DASCOS. This training was organized and facilitated by FHI on behalf of USAID and was meant to instill a culture of data feedback at all levels – a process the project had already rolled out in 7 out of the 11 districts.
- Routine support supervision and on-the-job-training remain key activities that ensure that relevant facility and district staff are empowered to validate and report accurate data. During the reporting period, APHIA II NEP provided technical backstopping in the three Mandera districts on ART M&E. In addition, the project gave the three DHMTs TA on the ART reporting tools and how to utilize the data on a monthly basis.
- APHIA II NEP's M&E Specialist participated in a skills development workshop in Cairo. This workshop was organized by Pathfinder International to equip a select team of M&E staff with skills on how to conduct operations research.

### **Data quality audits**

APHIA II NEP conducted several DQAs to verify and validate the accuracy of data reported from health facilities and other local implementing partners. A total of 7 health facilities received TA that focused on ART and PMTCT data. In addition, the project oriented 6 implementing partners working with OVC on data reporting requirements.

### **Printing and distribution of reporting tools**

APHIA II NEP printed 13 service delivery summary reporting tools in response to an emergency request which was received from provincial MOH counterparts. The decision to print the tools was made after comparing the cost effectiveness of using a printer versus providing paper and duplo-ink to the districts. A total of 13 summary tools were printed and will be distributed to the affected health facilities next quarter.

### **4.2 Challenges**

The entire province experienced a sudden acute shortage of health personnel including health records personnel, when the contracts that they were employed with under the Capacity Project

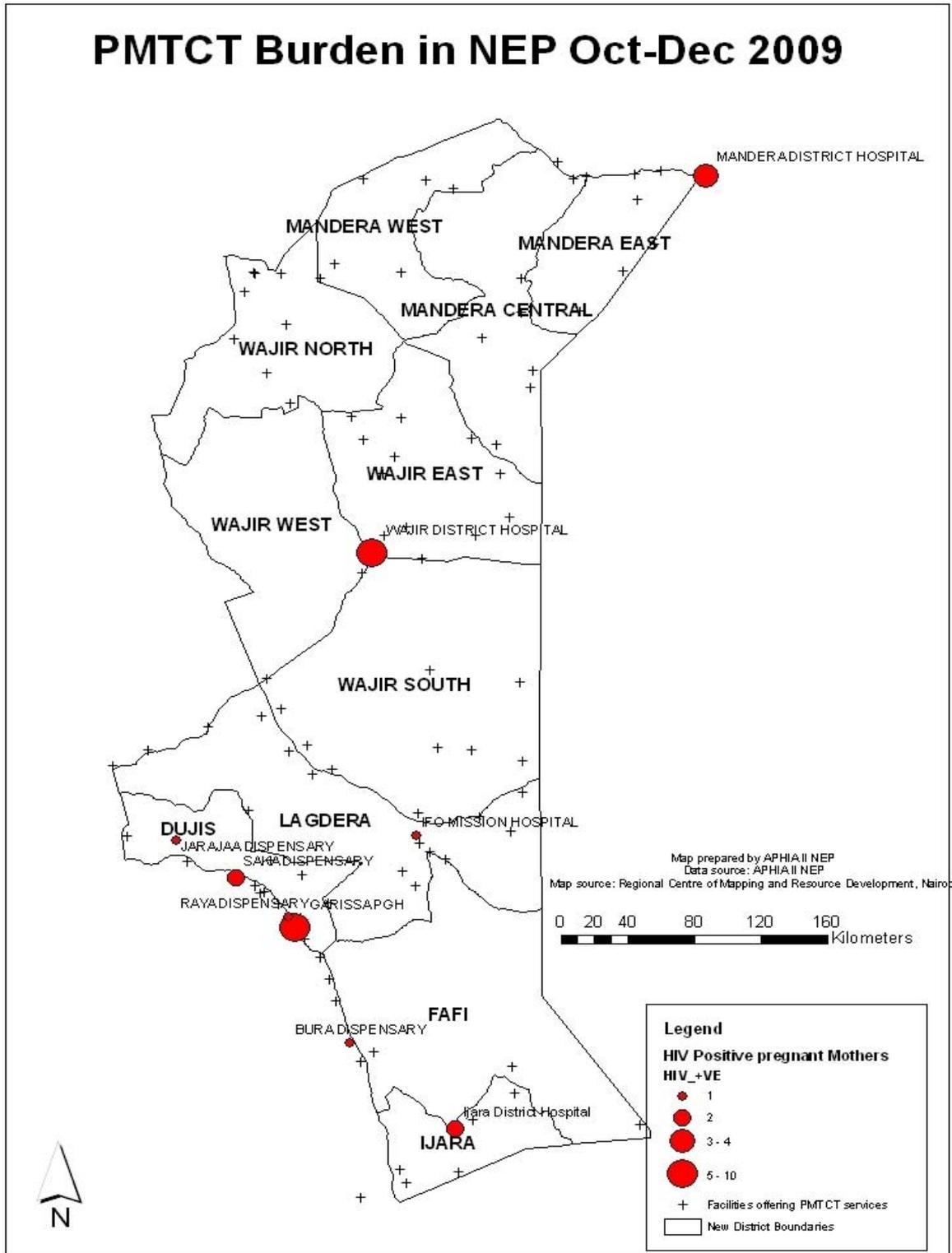
expired and were neither renewed nor were they absorbed by the government as had been previously expected. This situation has threatened to negate the gains made as far as health records in North Eastern province is concerned. 7 Districts were directly affected.

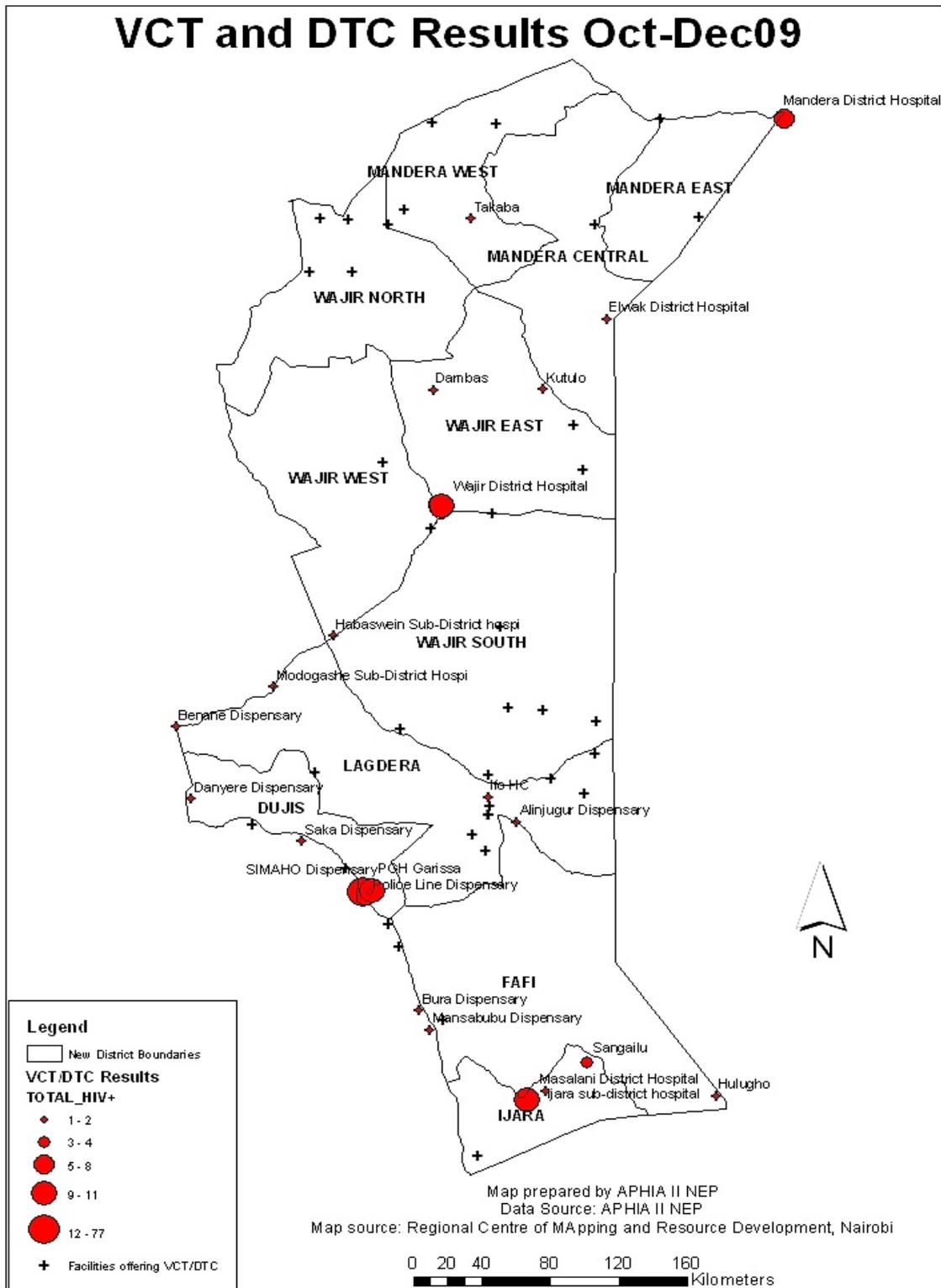
The requirement by USAID to disaggregate TB data by gender and age, has provided some challenges which the project is trying to address. Reporting timelines (TB program and USAID) also seem to be unfavorable since the National TB project reports quarterly and the project is expected to report on monthly data. APHIA II NEP continues to support quarterly TB stakeholder meetings and it will use such fora to address the recurrent theme of TB reporting.

#### **4.3 Planned Activities for the Next Quarter**

The APHIA II NEP project plans to continue supporting data feedback sessions in each district in NEP. The feedback sessions will focus on quarterly facility performance and shall address all health indicators as captured by HMIS.

The project has recently revised its community data collection tools to particularly strengthen the religious leaders' activities. The objective is to provide evidence of linkages between services provided at facility-level and community mobilization efforts.





### KENYA: Meeting Muslim leaders halfway on HIV education



Photo: Flickr Creative Commons

The new strategy encourages Imams to spread HIV messages while remaining true to their religious beliefs

GARISSA, 8 December 2009 (PlusNews) - "Desist from engaging in adultery, go for HIV tests, do not allow your sons and daughters to marry before they are tested... if you are positive go to the hospital and get free drugs."

The address could be mistaken for an HIV awareness lecture, but is part of a sermon being delivered by Sheikh Harun Rashid, a Muslim scholar at the Isiolo Jamia Mosque in Kenya's Eastern Province.

Muslim leaders in Kenya have often found themselves at odds with HIV campaigners and their messages, with some even [declaring "war"](#) on the condom at one point. But a new strategy, dubbed "Twaweza", Swahili for "We Can", aims to bring influential religious leaders into the fight against HIV by encouraging them to spread HIV messages while remaining true to their religious beliefs.

"The Twaweza project engages influential religious leaders, teachers and community elders; all segments of the population are involved in the programme, which seeks to change behavioural risks and apply effective channels of communication," said Ibrahim Mohamed, programme coordinator for the [AIDS Population and Health Integrated Assistance](#) in Kenya's North Eastern Province (APHIA II-NEP), a joint initiative by the government and USAID.

Twaweza - which has been running since August - is part of a wider HIV prevention effort in the region that seeks to spread the word about HIV in culturally sensitive ways. Muslim clerics, for instance, are not expected to preach about condom use, but can speak about aspects of HIV prevention that are in line with Islamic teachings. The programme uses some Islamic texts to encourage the community not to take sexual risks.

#### Compromise

"The Quran - holy book of Islam - and the Hadiths - the practices of the Prophet Mohammed - are both clear about the need to show compassion to people who are unwell and to seek treatment for health conditions," said Abdullahi Mahat Daud, deputy director of APHIA II-NEP. "Abstinence before marriage and faithfulness within marriage are also required.

"The issue of condom use is very sensitive among religious leaders and the community at large, so it is not an issue we put emphasis on," he added. "Although within Islam condom use is acceptable under certain circumstances - such as within [certain contexts of] marriage - widespread use outside of acceptable conditions makes religious leaders unwilling to discuss them."

Muslim leaders in the region say they appreciate the fact that new efforts to include them in the fight against HIV are not pressuring them to promote behaviour with which they disagree. "A sheikh will be considered a mad person or even risk being killed if he promotes the use of condoms inside a mosque... it was impossible to get our support with this style of campaign," said Sheikh Hussein Mahat, an official of the National Muslim Leaders' Forum in the province.

**“A Sheikh will be considered a mad person or even risk being killed if he promotes the use of condoms inside a mosque”**

Several imams told IRIN/PlusNews they were now actively involved in informing the community about HIV transmission, protection, acceptance of the existence of the pandemic and seeking assistance for those infected or affected.

#### Campaign message

The campaign uses T-shirts printed only on the front due to fears that in the mosque, messages printed on the back of T-shirts could distract people from the sermon. Women are given printed bags and umbrellas rather than T-shirts, which would be covered up by the traditional Muslim dress.

"We could not use lesos [shawls] or write the HIV awareness messages on the hijab [traditional Muslim dress for women] as it is not right for people to read what is written on a passing woman's clothes," said Ibrahim Hassan Abdi, APHIA II-NEP's behaviour change communications coordinator.

The campaign also uses posters and billboards featuring people the local community can easily identify with - such as young men and women in Muslim dress - as well as radio adverts and car stickers; the messages, originally in Arabic, also appear in the local Somali and Borana languages, as well as English and Swahili.

Although North Eastern Province has the country's lowest HIV prevalence at just 1 percent, [research](#) in the northeastern town of Garissa and the suburb of Eastleigh in the capital Nairobi - largely populated by people from the northeast - found high levels of risky sexual behaviour; 22 percent of male respondents and 35 percent of female respondents in Garissa had engaged in transactional sex, while 9 percent of men surveyed and 14 percent of women surveyed had been forced to have sex.

## APPENDIX 4            RESOLUTIONS OF FEMALE RELIGIOUS LEADERS CONFERENCE

The participants agreed to uphold the resolutions of the three-day conference; to propagate the same to the general Muslim community in Garissa and Ijara Districts and beyond; and, to carry out the recommendations of the conference, as follows:

1. Islamic religion exhorts its followers to lead healthy lifestyles at all times.

***The female religious leaders recognize that maternal health is very important, and urge women to use health care service, particularly during the antenatal, delivery and postnatal periods to ensure the wellbeing of the mother and baby.***

2. Immunization coverage of under-five children and expectant mothers in NEP is the lowest in Kenya.

***The female religious leaders encourage parents to improve immunization coverage by taking the children and expectant mothers to health care facilities.***

3. Many mothers do not deliver at the health facilities'; for instance, many mothers do not visit Garissa Provincial General Hospital Maternity Unit (even though female staff work there) and give reasons for refusing to deliver at the hospital, such as poor reception by the staff when clients come to the wards, shortage of doctors and other health personnel among others.

***The female religious leaders request hospital authorities to take urgent measures to correct the situation.***

4. The participants resolved that female religious leaders from the two districts will sensitize other women on the importance of breastfeeding, including exclusive breastfeeding for the first four months and a total of 24 months, as mentioned by the Holy Qur'an (Chapter 2, Verse 233).

***The female religious leaders said breast milk is sterile and nutritious and advised some of the mothers to use it to space their children.***

5. Islam does not approve of stopping childbirth completely (birth control), or limiting the number of children for fear of inability to cater for them. Islam approves of child spacing and planning pregnancies for the promotion of the health of mothers and babies.

***The female religious leaders resolve the use of all permissible and safe methods of contraceptives, such as the SDM, which they said was healthy and easy to use.***

6. *Miraa* is the first point of entry for all substance abuse by the youth and is responsible for the destruction of many youths and the spread of HIV infection.

***The religious leaders suggest a program of rehabilitating *Miraa* sellers and consumers by encouraging them to engage in other types of business. They suggest devolving funds, such as CDF and LATF, which could, instead, be used to assist mothers who are *Miraa* traders.***

7. Wife inheritance is prohibited in Islam.

***The female religious leaders ask relatives of widowers to follow the teachings of Islam and allow the widow to marry the man of her choice, whether from the relatives of her deceased husband or any other man.***

8. ***The female religious leaders recommend the community ease the marriage process by lowering the amount of money demanded for wedding ceremonies. They suggest that efforts be made to conduct joint marriage ceremonies as a way of reducing expenses. They also recommend that, where possible, marriage age should not be delayed unnecessarily, since this compels the youth into premarital sex.***

9. Polygamy should be practiced as stipulated in the Holy Qur'an.

***The female religious leaders agreed that couples should undergo counselling and testing for HIV/AIDS before marriage.***

10. Stigmatizing and discriminating against people with HIV/AIDS is against the teachings of Islam and exhorts Muslims to give people infected with the disease unconditional love, care and support.

***The female religious leaders advise community members to be cognizant of Allah's command, which states that: "Oo people, no men folk should look down upon other men folk for they could be more righteous than them, and no women should look down upon other women for they could be more righteous than them." (Chapter 49, Verse 11).***

11. Community members should accept the presence of HIV infection and protect themselves according to the teachings of Islam.

***The female religious leaders said HIV/AIDS should be seen as any other disease and request community members to show love and support to those affected/or infected by the disease.***

12. ***The female religious leaders said community should abandon harmful cultural practices such as FGM/C, and the use of unsterile equipment for tooth extraction, among others, that could help the spread of HIV/AIDS.***

13. ***The female religious leaders advise the Muslim community to get proper registration of marriage and divorce certificates from authorized Muslim marriage registrars to cap the abuse of marriage and divorce contracts.***

14. ***The female religious leaders echo the need for such conferences and recommend more training, particularly the roll-out of SDM to greater number of women in the province.***

***Finally, the female religious leaders supported and agreed with all of the recommendations made during first NEP male religious leaders conference, held in April 2008.***