

APHIA II North Eastern Province

Quarterly Program Report



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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 and 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 |
| C4M | Care for Mothers |
| 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 |
| FRL | Female Religious Leaders |
| 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 |
| IYCF | Infant and Young Child Feeding |
| KAIS | Kenya AIDS Indicator Survey |
| KCIU | Kenya Council of Imams and Ulamaa |
| 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 |
| MT | Magnet Theater |
| MSH | Management Sciences for Health |
| MTC | Medical Training College |
| NACC | National AIDS Control Council |
| NASCOP | National HIV and AIDS and 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 |
| NPHLS | National Public Health Laboratories Services |
| 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 |
| PLHIV | People Living with HIV |
| 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 |
| YTD | Year to Date |

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:

- At the mid-point of project Year 3, APHIA II NEP is on track to achieve or surpass nearly all of its annual programmatic targets.
- Counseling and testing (CT), particularly of key populations at higher risk of infection, continues to be a critical focal point for the project in maintaining or even reducing the low prevalence rate of HIV in the province. The project assisted the MOH to initiate seven additional sites for counseling and testing for HIV during the quarter. A total of 14,315 clients accessed counseling and testing services and got their results, of whom less than 1% were found to be HIV positive.
- APHIA II NEP has already surpassed its CT target for year 3. This can be attributed mainly to the success of the national CT campaign in the province during the first quarter. Innovative CT outreach approaches continue to be effective in terms of both numbers tested and the targeting of those most at risk.
- Currently in North Eastern province, CD4 estimation can only be done at the Provincial General Hospital laboratory. PLHIV living in remote areas far from Garissa therefore have had very limited access to this service and, as a result, have not always been put on the correct medications at the correct time. During this quarter, the project assisted the MOH to commence implementation of a CD4 sample referral process through lab networking which should greatly expand access to CD4 estimation by PLHIV.
- Access to treatment for PLHIV also increased during the quarter as APHIA II NEP supported the operationalization of 2 additional satellite ART sites, bringing to 14 the number of ART sites now functioning in the province. Decentralization of ART services in NEP is a critical element of decreasing the high cost of access.
- APHIA II NEP has achieved its Year 3 target for CYP, mainly attributable to increased utilization of long-acting methods. IUCD insertions increased significantly during the quarter.

- Treatment literacy training has proved to be an excellent entry point for the recruitment and formation of PLHIV groups. In the reporting quarter, the project assisted in the formation of two post-test clubs (PTCs) in Ijara district following treatment literacy trainings. The groups shall be assisted to register with the Social Services Department and linked to other local organizations providing services that support positive living for PLHIV.
- The project trained 277 people out of the 420 targeted for AB training in the quarter under review. A total of 414 influential opinion leaders, or 30% of the YTD AB target, have been trained. However, given that the project has significantly surpassed its AB non-training performance targets, the project will be putting emphasis on following-up and supporting those who have been trained. The follow-up will focus on quality assurance and will identify any remaining training gaps.
- Religious leaders are key determinants of public opinion and individual behavior in NEP. This quarter, APHIA II NEP hosted the 2nd Male Religious Scholars Conference in Wajir town, attended by 66 participants drawn from the entire NEP region. The organizing committee for the conference included Ministries of Public Health and Sanitation and Medical Services, the Supreme Council of Kenya Muslims (SUPKEM), Council of Imams and Preachers of Kenya (CIPK), and the Kenya Council of Imams and Ulamaa (KCIU). The conference was blessed by the presence of members of the African Council of Religious Leaders (ACRL) who were invited by the SUPKEM national office and were on a peace mission to the region. The delegation, which included the Grand Muftis of Uganda and Burundi, emphasized that religious leaders have important roles to play in addressing the problem of HIV and AIDS in Africa.
- Following consultations between the project and the provincial Children's Department in NEP, the project developed a new strategy for supporting community-based OVC. The new strategy entails mapping of administrative locations and working with locational OVC Committees (LOCs). The committee is chaired by the location chief and has six other committee members, including the area counselor, religious leaders' representative, female representative, Area Education Officer and two other community representatives. The project is planning to support 5800 OVCs under this new strategy.

Table 1. Achievements against targets

| Indicator | Oct-Dec 2009 | Jan-Mar 2010 | Total | Y3 Targets | % Achieved |
|--|--------------|--------------|---------|------------|------------|
| Prevention/Abstinence and Being Faithful | | | | | |
| Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful | 61,109 | 91,998 | 153,107 | 200,000 | 77% |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence | 26,182 | 57,506 | 83,688 | 40,000 | 209% |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 137 | 277 | 414 | 1,389 | 30% |
| Condoms and other Prevention Activities | | | | | |
| Number of targeted condom service outlets | 0 | 2 | 2 | 30 | 7% |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, by gender | 7,092 | 15,304 | 22,396 | 8,000 | 280% |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 0 | 50 | 50 | 75 | 67% |
| Palliative Care: TB/HIV | | | | | |
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 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) | 55 | 92 | 147 | 150 | 98% |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) | 58 | 0 | 58 | 50 | 116% |
| Number of TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 470 | 192 | 662 | 1200 | 55% |
| Orphans and Vulnerable Children | | | | | |
| 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 | 30 | 108 | 138 | 500 | 28% |
| Counseling and Testing | | | | | |
| Number of service outlets providing counseling and testing according to national or international standards | 80 | 80 | 80 | 40 | 200% |
| Number of individuals who received counseling and testing for HIV and received their test results | 28,252 | 14,315 | 42,567 | 30,000 | 142% |
| Number of individuals trained in counseling and testing according to national and international standards | 0 | 31 | 31 | 60 | 52% |
| Strategic Information | | | | | |
| Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS) | 3 | 9 | 12 | 25 | 48% |
| Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS) | 0 | 36 | 36 | 50 | 72% |
| Systems Strengthening | | | | | |
| Number of local organizations provided with technical assistance for HIV-related policy development | 0 | 33 | 33 | 4 | 825% |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 15 | 14 | 29 | 4 | 725% |
| Number of individuals trained in HIV-related policy development | 0 | 74 | 74 | 40 | 185% |
| 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 | 29 | 29 | 90 | 32% |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 1,344 | 1,449 | 1,449 | 1,400 | 104% |

Table 1 (Continued). Achievements against targets

| Indicator | Data source | Frequency | Y2 Targets | Oct-Dec 2009 | Jan-Mar 2010 | Total | Y3 Targets | % Achieved | |
|---|---------------------------------------|-----------|------------|--------------|--------------|--------------|------------|------------|-----|
| Palliative Care (excluding TB/HIV care) for Pediatrics | | | | | | | | | |
| Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | Facility program reports/ | Monthly | 50 | 83 | 33 | 116 | 50 | 232% | |
| Number of individuals provided with pediatric HIV-related palliative care (excluding TB/HIV) | Facility program reports/ | Monthly | TBD | 48 | 82 | 82 | 100 | 82% | |
| Number of service outlets providing pediatric HIV-related palliative care (excluding TB/HIV) | Facility program reports/ | Monthly | TBD | 7 | 7 | 14 | 4 | 350% | |
| HIV/AIDS Treatment/ARV Services | | | | | | | | | |
| Number of service outlets providing ART services according to national or international standards | Facility program reports/ | Monthly | 20 | 12 | 14 | 14 | 20 | 70% | |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | Facility program reports/ HMIS/NASCOP | Monthly | 550 | 32 | 62 | 94 | 400 | 24% | |
| | | | (0-14) | 50 | 0 | 7 | 7 | 50 | 14% |
| | | | (15+) | 500 | 32 | 55 | 87 | 350 | 25% |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)* | Facility program reports/ HMIS/NASCOP | Monthly | 3,000 | 718 | 780 | 780 | 1,100 | 71% | |
| | | | (0-14) | 310 | 42 | 49 | 49 | 96 | 51% |
| | | | (15+) | 2,790 | 676 | 731 | 731 | 960 | 76% |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status* | Facility program reports/ HMIS/NASCOP | Monthly | | 626 | 762 | 762 | 990 | 77% | |
| Male (0-14) | | | | 19 | 37 | 37 | 40 | 93% | |
| Male (15+) | | | | 232 | 256 | 256 | 400 | 64% | |
| Female (0-14) | | | | 22 | 49 | 49 | 40 | 123% | |
| Female (15+) | | | | 334 | 407 | 407 | 400 | 102% | |
| Pregnant female (all ages) | | | | 19 | 13 | 13 | 35 | 37% | |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | Facility program reports/ HMIS/NASCOP | Monthly | | 0 | 0 | 0 | 25 | 0% | |
| Prevention of Mother-to-Child Transmission | | | | | | | | | |
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | Facility reports/ HMIS/NASCOP | Monthly | 60 | 134 | 138 | 138 | 60 | 230% | |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | Facility reports/ HMIS/NASCOP | Monthly | 29,407 | 7,912 | 7,027 | 14,939 | 30,000 | 50% | |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | Facility program reports/ | Monthly | 879 | 30 | 19 | 49 | 180 | 27% | |
| Number of health workers trained in the provision of PMTCT services according to national and international standards | Facility program reports/ | Quarterly | 120 | 0 | 69 | 69 | 100 | 69% | |
| Additional Indicators | | | | | | | | | |
| Couple years of protection (CYP) in USG-supported programs | Facility reports/HMIS | | 1,500 | 956 | 1,016 | 1,972 | 2,000 | 99% | |
| Number of people trained in FP/RH with USG funds | Facility program | Monthly | 25 | 0 | 37 | 37 | 50 | 74% | |
| Number of counseling visits for FP/RH as a result of USG assistance | Facility reports/HMIS | Monthly | 1,500 | Not reported | Not reported | Not reported | 2,000 | | |
| Number of USG-assisted service delivery points providing FP counseling or services | Training reports/Facility | Monthly | 10 | 79 | 79 | 79 | 40 | 198% | |
| Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP | Facility reports/HMIS | Monthly | TBD | Not reported | Not reported | Not reported | 30 | | |
| Number of new FP acceptors as a result of USG assistance, by FP method | Facility reports/HMIS | Monthly | TBD | 2,447 | 4,480 | 6,927 | 10,000 | | |
| Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services | Facility program reports | Biannual | TBD | 2 | 2 | 4 | 10 | 40% | |
| Number of PLWHA support groups formed and linked to other services as appropriate | Community program reports | Monthly | TBD | 3 | 2 | 5 | 5 | 100% | |
| Number of individuals trained in the provision of laboratory-related activities | Facility program reports | Monthly | TBD | 30 | 0 | 30 | 15 | 200% | |

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

The project continues to retain its focus on key populations at higher risk of HIV, as identified in the Sexual Networks Assessment conducted in 2008.

The quarter featured very good rains throughout most of the province, resulting in significantly improved pasture and prospects for improved livelihoods for the majority of the population. Unfortunately, the rains also resulted in very poor road conditions, hampering transport. A trip from Wajir to Garissa which would normally take around 5-6 hours, now was taking 9 or more...



The rains have been bountiful, but to the detriment of the roads in NEP.

1.1 Prevention of Mother to Child Transmission (PMTCT)

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:

- Expanding services into new facilities, with a goal of universal coverage in all GOK facilities offering ANC services;
- 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;
- 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; and,
- Facility renovations to increase space for improved privacy and confidentiality, both audio and visual.

In the period under review, APHIA II NEP facilitated PMTCT start-up in 12 new facilities, bringing the total number to 138 facilities supported.

Table 2: Number of facilities offering PMTCT services in NEP by March 2010

| | District | No. of PMCTC sites |
|----|-----------------|--------------------|
| 1 | Garissa | 22 |
| 2 | Lagdera | 16 |
| 3 | Ijara | 11 |
| 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 | 138 |

Table 3: Cascade for overall uptake of PMTCT services:

| | Apr-Jun 2009 | Jul-Sep 2009 | Oct-Dec 2009 | Jan - Mar 2010 |
|---|-----------------|-----------------|-----------------|-------------------|
| Number of ANC 1st Visits | 7,762 | 7,509 | 6,750 | 7,406 |
| ANC revisits | 9,794 | 7,809 | 8,306 | 10,873 |
| Number of mothers counseled | 8,332 | 8,041 | 8,244 | 7,303 |
| Number of HIV tests | 7,895 | 7,660 | 7,912 | 7,027 |
| Mothers learnt their sero-status | 7895 | 7660 | 7,912 | 7,027 |
| Number HIV positive | 19 | 15 | 37 | 28 |
| Number on ARV prophylaxis | 15 | 10 | 30 | 19 |
| Infants on ARV prophylaxis | 6 | 2 | 18 | 9 |
| Mothers tested at maternity | 94 | 597 | 472 | 1,388 |
| Number of deliveries | 3514 | 2,667 | 1,659 | 2,627 |

Figure 1: Counseling and testing at ANC:

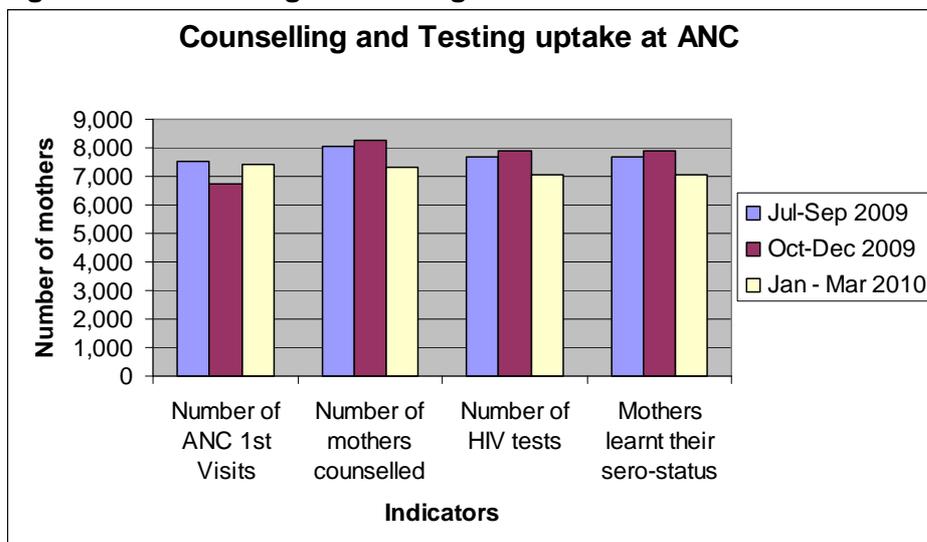


Figure 2: Mother and infant nevirapine uptake at ANC:

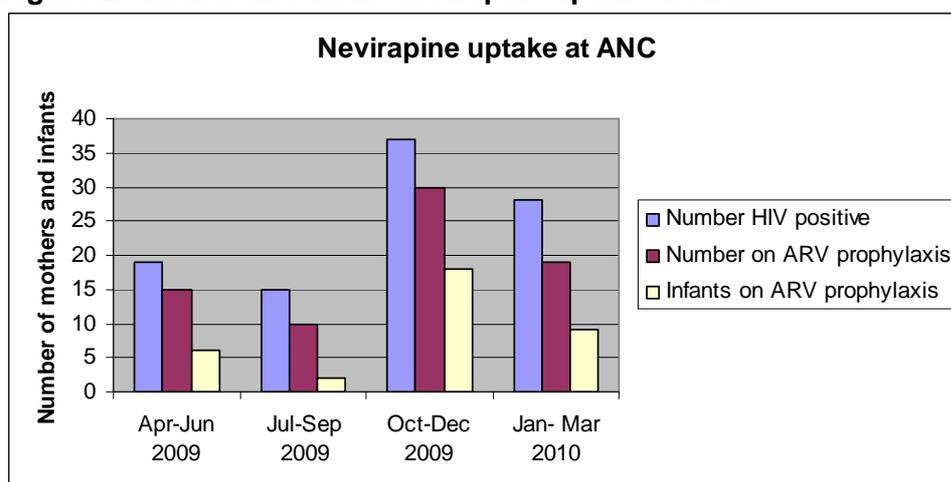
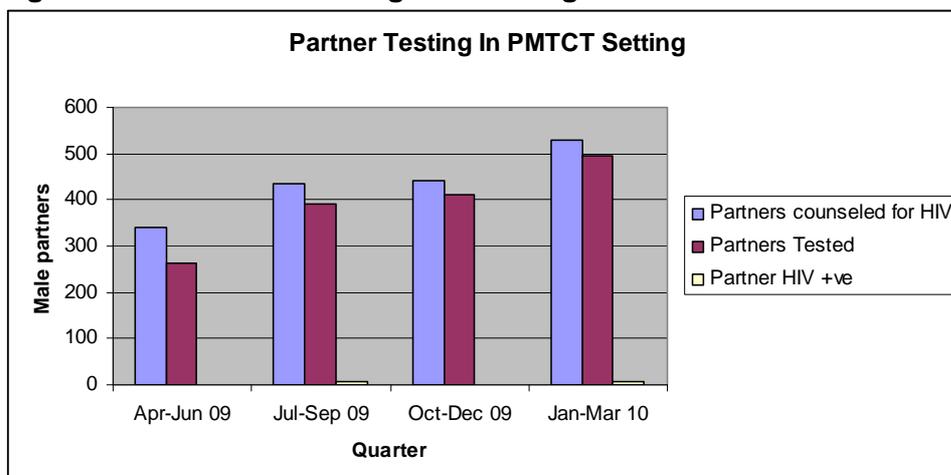


Figure 3: Partner Counseling and Testing



According to the KAIS, the level of HIV discordance among married couples nationally is approximately 40%. Due to high levels of stigma in NEP, expectant mothers often do not disclose their status to their partners. 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.

APHIA II NEP continues to promote couple counseling and testing. The project is seeing a slow but steady increase in numbers of partners who are counseled and tested for HIV. This may be attributable to the influence of religious leaders whom APHIA II NEP is working with, as well as training of providers by the project.

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 106 out of the 138 supported sites actually reported on PMTCT. Although some new sites started offering services, others were closed due to departure of service providers following expiration of contracts.
- There was a 11% reduction of CT at ANC during Quarter 2 compared to Quarter 1. The decrease could be attributed to the discharge of the Capacity-hired nurses and clinical officers in September 2009. This situation has affected both the quality and availability of key services in health facilities where these staff were based. 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.
- During the reporting quarter, the project established that NVP uptake at the ANC had decreased from 81% to 67% while infant NVP uptake also decreased marginally from 49% to 37%. These decreases in NVP uptake at the ANC have not alarmed the project as would be expected since a lot of efforts have gone into strengthening CD4 analysis of all pregnant HIV+ mothers. The result of this initiative enabled 14 HIV positive pregnant women started on HAART during the reporting quarter, courtesy of the CD4 sample lab referral network. These mothers were therefore ineligible for single dose NVP. In addition to the more efficacious HAART, the project is also promoting the use of dual therapy that includes AZT in addition to NVP to both the mother and the infants.
- The project trained 69 service providers (69% of the annual target) this quarter on using the new national guidelines for PMTCT. Facilitation was done by accredited MOH staff. The participants were drawn from all NEP districts and trained in two separate workshops. Implementation of the new curriculum takes 10 days because it includes new modules on EID, M&E and IYCF.



PMTCT training – practical session in Wajir.

- The project facilitated initiation of triple therapy for PMTCT in 22 facilities in Garissa district. APHIA II NEP supported on-job training and distribution of Nevirapine, AZT and Lamivudine to the PMTCT sites in the district in conformity with national and international standards.
- APHIA II NEP supported 48 facilities to carry out integrated outreach services in the districts through provision of fuel and subsistence allowances. Each facility conducted a minimum of four routine outreach activities per month.
- APHIA II NEP supported quarterly DHMT support supervision in the 11 districts through the provision of staff allowances, fuel and transport.
- The project continued to support the strengthening and implementation of Early Infant Diagnosis in the province. Twenty samples were sent to KEMRI in the quarter; results are awaited. Results of samples previously sent were received; 3 tested positive and the children were started on treatment.
- APHIA II NEP facilitated the Wajir South and Garissa district DHMTs to provide support supervision to 13 and 21 facilities respectively. The supervision was comprehensive and covered all programmatic areas of HIV/TB/RH/FP/MCH services. The triple PMTCT ART prophylaxis was issued to all facilities.
- The project participated in the provincial dissemination of the new PMTCT guidelines to the PHMT and DHMTs, conducted by NASCOP in Garissa.
- APHIA II NEP supported the Standards-Based Management and Recognition approach at the Garissa Provincial General Hospital in collaboration with the PGH Annual Awards ceremony. At the ceremony 46 staff members and 5 exemplary departments were awarded trophies, gifts and commendations for their good performance in the year 2009. Edutainment was provided by Mwangaza HIV support group and post-test club. APHIA II NEP received a certificate of appreciation.

1.1.2 Challenges

The major challenges experienced during the reporting period included:

- Identification and prompt sample collection for HIV-exposed infants.
- High turnover of PMTCT trained personnel, mainly due to expiration of contracts and/or transfers out of the province.
- Data management and reporting, particularly data from facilities serving refugees and surrounding communities.
- Termination of services for data clerks and nurses whom the project had assumed would be absorbed by the MOH.

1.1.3 Planned Activities for the Next Quarter (April - June 2010)

- Support Malezi Bora campaign that is aimed at increasing uptake of MCH services, particularly ANC/PMTCT, throughout the province.
- Strengthen EID activities through training, and establishment and support of laboratory networking for EID.
- Continued strengthening of couple counseling at PMTCT sites.
- Continue supporting integrated outreaches in the districts.
- Continue facilitating joint DHMT/APHIA II NEP quarterly support supervision in the 11 districts and follow-up of the service providers trained in PMTCT.
- Roll out the implementation of the Standards-Based Management and Recognition approach in PMTCT in the districts.
- OJT on data collection and data quality improvement.
- Ensure availability of more efficacious regimen for both mother and infant in all PMTCT sites.
- Procurement and distribution of furniture and equipment for PMTCT sites in Mandera and Wajir South districts.

1.2 Counseling and Testing

Counseling and testing is a key component in HIV prevention and acts as the 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.

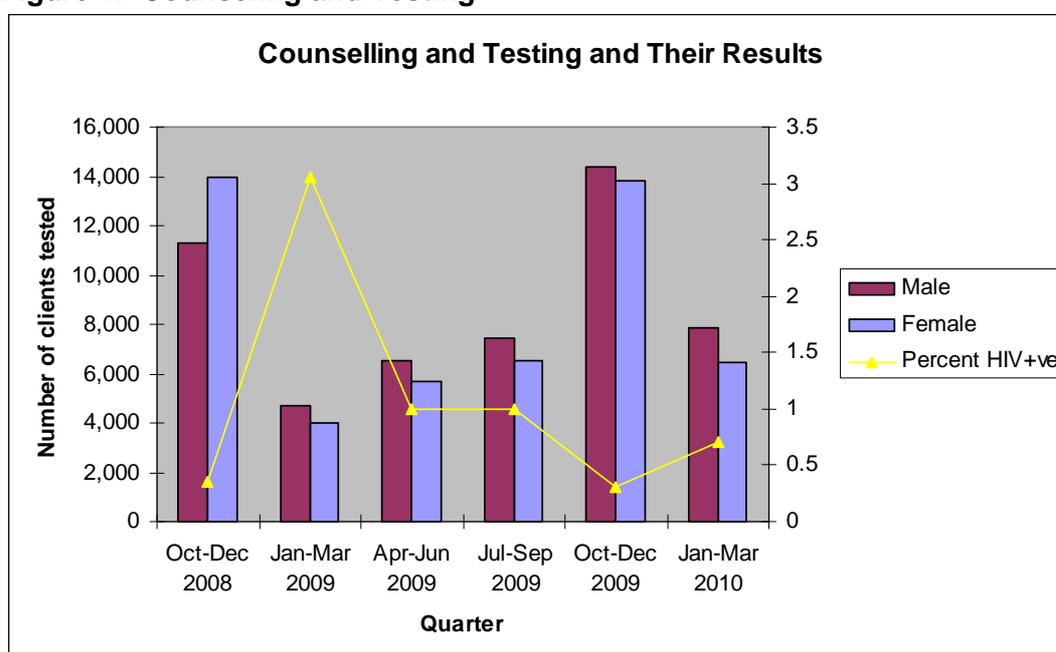
Counseling and testing (CT), particularly of key populations at higher risk of infection, continues to be a critical focal point for the project in maintaining or even reducing the low prevalence rate of HIV in the province. The project assisted the MOH to initiate seven additional sites for counseling and testing for HIV during the quarter. A total of 14,315 clients accessed counseling and testing services and got their results, of whom less than 1% were found to be HIV positive.

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 3 Target

| Reporting period | Male | Female | Percent HIV+ | 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 |
| Jan-Mar 2010 | 7,835 | 6,480 | 0.70 | 14,315 |
| Total Quarter 1 and quarter 2 | 22,238 | 20,329 | 0.50 | 42,567 |
| Year 3 target | | | | 30,000 |
| Total as percent of Target | | | | 141% |

Figure 4: Counseling and Testing



1.2.1 Key Observations on Performance

- APHIA II NEP has already surpassed its CT target for year 3. This can be attributed mainly to the success of the national CT campaign in the province during the first quarter. Innovative CT outreach approaches continue to be effective in terms of both numbers tested and the targeting of those most at risk.
- There was an improved supply and distribution of test kits to the districts through SCMS.
- The project supported 60 moonlight and mobile outreaches in the province. The Garissa PGH VCT site was supported to conduct 24 VCT outreach services within Garissa that included mobile, house-to-house and moonlight VCT services. This strategy continues to be effective in reaching key populations at higher risk.
- The project supported SIMAHO to conduct 24 moonlight VCT outreaches at hotspots within Garissa municipality during the quarter.
- Griftu VCT renovation was completed and the site is now functional.

1.2.2 Challenges

- 11 VCT sites (Mandera-3; Garissa-3; Wajir-4; and, Ijara-1) were closed when VCT counselors hired by APHIA II NEP on behalf of the MOH were not absorbed at the end of their contracts. This has had a serious negative impact on access to CT services in the province. However, the project has recruited 11 additional VCT counselors who will be in place next quarter.
- Poor uptake of counseling services at the static sites. Outreach continues to be the most effective CT strategy.
- Poor uptake of PICT services in many facilities, mainly due to stigma.
- Shortage of VCT counselors affecting continuity of services at static centers during outreaches.
- Shortage of HIV test reporting tools, hence difficulty in commodity planning and management.

1.2.3 Planned activities for the next quarter (April - June 2010)

- Re-opening of VCT sites that were closed due to lack of staff, including Modogashe, Rhamu, Iftin , Kutulo and Elwak.
- Opening of new VCT sites in Balambala SDH, Medina dispensary, Police-line dispensary.
- Continue supporting the mobile, house-to-house, moonlight VCT outreaches targeting urban hotspots.
- Support the HTC campaign that is scheduled to coincide with the World Cup.
- Initiate and support monthly counselor supervision meetings and networking in each district and follow-up of trained counselors.
- Continue to strengthen PITC in high-volume facilities.
- Continue distribution and dissemination of the new HIV testing algorithm.

1.3 Palliative Care and TB/HIV Integration

Table 5: TB indicators (April – December 2009)

| | Apr-Jun Totals | | | Jul-Sep Totals | | | Oct-Dec Totals | | |
|---|----------------|--------|------------|----------------|--------|------------|----------------|--------|------------|
| | New | Re-att | Total | New | Re-att | Total | New | Re-att | Total |
| No. of TB cases detected | 542 | 5 | 547 | 542 | 11 | 553 | 354 | 0 | 354 |
| No. of smear positive | 267 | 38 | 305 | 239 | 147 | 386 | 152 | 64 | 216 |
| No. of smear negatives | 372 | 128 | 500 | 377 | 218 | 595 | 194 | 88 | 282 |
| No. of Extra pulmonary TB patients on treatment | 100 | 41 | 141 | 110 | 92 | 202 | 114 | 53 | 167 |
| Total No. of TB patients on Treatment | 416 | 58 | 474 | 811 | 140 | 951 | 201 | 81 | 282 |
| Total No. of TB patients on Re-treatment | 144 | 66 | 210 | 274 | 72 | 346 | 177 | 49 | 226 |
| Total No. completed treatment | 262 | 44 | 306 | 430 | 108 | 538 | 240 | 34 | 274 |
| Total No. of TB Patients tested for HIV | 436 | 122 | 558 | 578 | 160 | 738 | 355 | 115 | 470 |
| Total No. of TB Patients HIV+ | 20 | 27 | 47 | 44 | 85 | 129 | 21 | 34 | 55 |
| No. of TB HIV patients on CPT | 33 | 44 | 77 | 32 | 82 | 114 | 18 | 36 | 54 |
| No. of defaulters | 15 | 4 | 19 | 17 | 2 | 21 | 3 | 2 | 5 |

Table 6: TB indicators (January – March 2010)

| | Jan-Mar 2010 | | | | | | |
|---|----------------------|------|------------------|------|--------|------|-------|
| | Children 0-14 yrs | | Adults >14yrs | | Total | | Total |
| | Female | Male | Female | Male | Female | Male | |
| No. of TB cases detected | 1 | 1 | 18 | 155 | 19 | 156 | 175 |
| No. of smear positive | 0 | 0 | 21 | 107 | 21 | 107 | 128 |
| No. of smear negatives | 1 | 7 | 17 | 119 | 18 | 126 | 144 |
| No. of Extra-pulmonary TB patients on treatment | 1 | 3 | 10 | 54 | 11 | 57 | 68 |
| Total No. of TB patients on Re-treatment | 0 | 0 | 14 | 382 | 14 | 382 | 396 |
| Total No. of TB Patients tested for HIV | 1 | 0 | 13 | 178 | 14 | 178 | 192 |
| Total No. of TB Patients HIV+ | 3 | 0 | 21 | 27 | 24 | 27 | 51 |
| No. of TB HIV patients on CPT | 0 | 0 | 51 | 41 | 51 | 41 | 92 |
| No. of defaulters | 0 | 0 | 1 | 9 | 1 | 9 | 10 |
| Total No. of TB patients completed treatment | 0 | 0 | 6 | 96 | 6 | 96 | 102 |
| Total No. of TB Deaths | 0 | 0 | 1 | 5 | 1 | 5 | 6 |

1.3.1 Key Observations on Performance

- TB data remains a serious challenge, both in terms of reliability and timeliness. This quarter's data barely reflects the actual performance in the field.
- The project supported the quarterly provincial TB/HIV stakeholders' forum held in Habaswein. The five-day function was attended by DASCOS, DLMTs, DTLCs and APHIA II service delivery team. Challenges in TB/HIV collaboration were discussed and action plans developed.



Quarterly TB-HIV meeting, Habaswein, Wajir South district.

- The project facilitated World TB day celebration in Wajir South district. A five-day TB screening outreach was conducted to mark the occasion.
- The project facilitated a five-day TB outreach in two divisions in Lagdera district.
- Facilitated the Lagdera district DHMT to conduct HIV/TB/laboratory support supervision at 14 facilities.
- Facilitated the Wajir West DHMT to conduct integrated TB/HIV outreach in Griftu, Eldas, Arabajahan, Athibohol and Hadado. 142 clients were tested for TB; 7 clients tested positive and were put on treatment.
- Supported district TB Coordinators to carry out TB laboratory and clinical supervision for quality assurance in all the districts.
- The project provided intensive TA to sites being supported in order to improve quality service provision and data management.
- Supported the operationalization of five laboratory centers to provide TB diagnosis and treatment in Garissa/Lagdera/Wajir South districts.
- Continued support for TB/HIV screening and MDR surveillance.
- Supported five-day TB/HIV outreaches in Ijara and Fafi districts.

1.3.2 Challenges

- TB data collection and population of the MOH data tools with TB data is still not consistent, complete or timely.

1.3.3 Planned Activities for the Next Quarter (April - June 2010)

- Organize provincial TB/HIV meeting to sort out the chronic TB data challenges.
- Intensify TA within sites under support to improve on quality service provision and data management.
- Operationalize additional 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 co-infected patients.

1.4 Laboratory Services

1.4.1 Key Observations on Performance

CD4 lab networking

Currently in North Eastern province, CD4 estimation can only be done at the Provincial General Hospital laboratory. PLHIV living in remote areas far from Garissa therefore have had very limited access to this service and, as a result, have not always been put on the correct medications at the correct time. During this quarter, the project assisted the MOH to commence implementation of a CD4 sample referral process through lab networking which should greatly expand access to CD4 estimation by PLHIV.

During this quarter all DMLTs and CCCs in the province were sensitized and laboratory networking for CD4 count commenced. Being a new program, it had its fair share of challenges, including:

- Many samples rejected due to limited knowledge of use of CD4 stabilizer tubes (overfilled tubes, clotted samples, haemolyzed samples, use of inappropriate EDTA tubes).
- Delays in transportation of samples from the field due to rains.
- Samples from unsensitized quarters such as PLHIV training venues and refugee facilities.

Way forward

- The project will support the development of job aids on CD4 sample collection and referral.
- Conduct a bimonthly feedback meeting for DMLTs and CCCs.
- Sensitize more health workers involved in the network.
- DMLTs to provide OJT during quarterly supervision visits.
- Sensitize refugee facilities.

Table 7: CD4 sample referral performance.

| Facility report | PGH laboratory report | | |
|-----------------------------|-----------------------|-----------|-----------|
| | Received | Processed | Rejected |
| Masalani DH | 21 | 18 | 3 |
| Iftin SDH | 2 | 2 | 0 |
| Elwak DH | 4 | 4 | 0 |
| Modogashe DH | 7 | 7 | 0 |
| Saka Dispensary | 2 | 2 | 0 |
| Ifo Refugee Hospital | 25 | 0 | 25 |
| Treatment Literacy training | 26 | 0 | 26 |
| | 87 | 33 | 54 |

- APHIA II NEP supported supply of essential laboratory equipments in Habaswein DH and Saka dispensary.
- The project supported the training of staff and installation of a florescent microscope in PGH TB clinic. This is aimed at improving the quality of TB screening in the province.
- Supported collection and submission of 33 DBS samples to HIV national reference laboratory for quality assurance.
- The project recruited five laboratory technicians on behalf of the Ministry of Health. 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.
- Facilitated distribution of NPHLS lab data tools in all functional laboratories in the province.

1.4.2 Planned Activities for the Next Quarter (April - June 2010)

- Renovation of Kotile, Banisa, Khallalio, Mandera DH and Habaswein laboratories.
- Provision of laboratory equipments to Habswein and Abakore health facilities.
- Procure and distribute basic laboratory equipments in greater Mandera district.
- Opening of laboratory facilities in Korakora dispensary in Garissa district.
- Conduct bimonthly CD4 lab networking review meeting.
- 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

- The project facilitated 3 ART support supervision trips and OJT at selected sites in the province.
- APHIA II NEP supported the operationalization of 2 additional satellite ART sites, bringing to 14 the number of ART sites now functioning in the province. Decentralization of ART services in NEP is a critical element of decreasing the high cost of access.
- CD4 sample referral and laboratory networking was initiated through orientation of key district staff and procurement and distribution of CD 4 stabilizer tubes to strengthen CD4 networking and referrals.
- ART data reconstruction phase two was completed in Garissa Provincial General Hospital. This should contribute significantly to improved quality of services and data.
- Provision of 4 metallic cabinets to PGH CCC for the purpose of the ongoing data reconstruction.
- The project provided two CMEs on rational use of OI drugs; CD4 collection was conducted in Ijara/Fafi Districts.
- APHIA II NEP participated in the monthly Garissa Provincial General Hospital Comprehensive Care Committee meetings. There is marked improvement in management and care for patients since the meetings were initiated.

1.5.2. Challenges

- Uptake of pediatric ART is still slow with shortages of trained personnel.
- Inadequate and inconsistent supply of OI drugs hampers comprehensive ART management.
- Inadequate supply of ART data collection and reporting tools.

1.5.3 Planned Activities for the Next Quarter (April - June 2010)

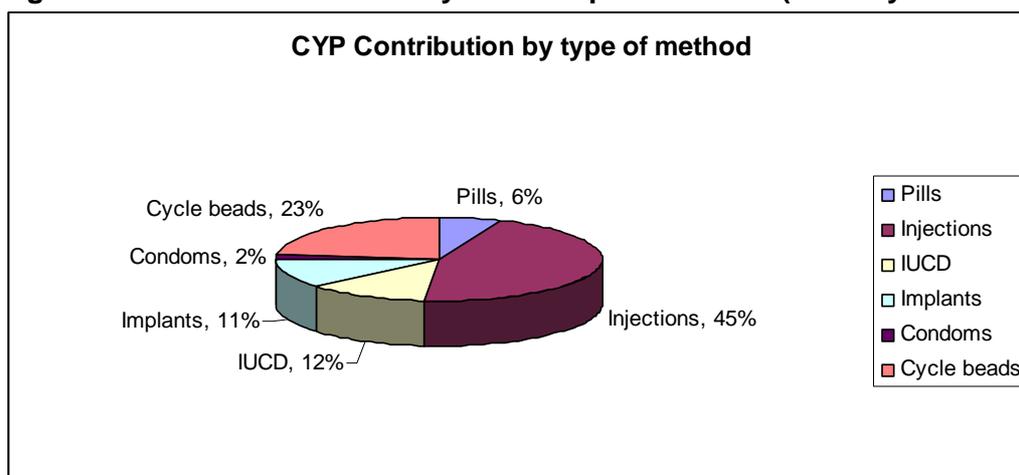
- Initiate ART sites in Saka dispensary, Rhamu district hospital, Dadaab hospital, PGH TB Manyatta and Buna district hospital.
- Continue supporting the provision of starter kits of lab reagents to districts.
- Support capacity-building on ART commodity management and HMIS.
- Strengthen community linkages for adherence support.

1.6 Reproductive Health/Family Planning

Table 8: Summary of FP methods provided (January – March 2010)

| | | Yr3 Qtr2 | | |
|-------------------------|--------------------------|-------------|-----------|--------|
| | | NEW CLIENTS | RE-VISITS | TOTALS |
| PILLS | Microlut | 217 | 148 | 365 |
| | Microgynon | 266 | 337 | 603 |
| INJECTIONS | Injections | 647 | 1,191 | 1,838 |
| I.U.C.D | Insertion | 13 | 22 | 35 |
| IMPLANTS | Insertion | 16 | 17 | 33 |
| STERILIZATION | B.T.L | 0 | 0 | 0 |
| | Vasectomy | 0 | 0 | 0 |
| CONDOMS | No. of Clients receiving | 1,847 | 454 | 2,301 |
| ALL OTHERS: (specify) | | 177 | 58 | 235 |
| TOTAL NUMBER OF CLIENTS | | 3,183 | 2,227 | 5,410 |
| REMOVALS: | IUCD | 19 | 0 | 19 |
| | IMPLANTS | 20 | 0 | 20 |

Figure 5: Contribution to CYP by contraceptive method (January – March 2010)



1.6.1 Key Observations on Performance

- APHIA II NEP has achieved its Year 3 target for CYP, mainly attributable to increased utilization of long-acting methods. IUCD insertions increased significantly during the quarter; the reasons are not clear, but it may be partly attributable to a temporary shortage of implants in the province.
- APHIA II NEP supported the implementation of a CTU/FP/HIV integration training for 37 service providers from greater Wajir and Mandera districts. Facilitation was undertaken by trainers from MOH and APHIA II. Each of the participants developed action plans to guide implementation of the skills and knowledge acquired; the trainers are to undertake follow-up to coach and mentor the health care providers.
- The project continued distribution of family planning registers, Tiahrt charts and penile models in all the districts.
- APHIA II NEP facilitated the rollout of SDM in 50 facilities of Fafi, Lagdera and Wajir South districts, based on the lessons learned in the pilot project which was implemented in Ijara.
- The project provided on-job training in FP/HIV integration in twenty facilities in Lagdera, Garissa and Wajir South districts.
- The project supported training of the first Care for the Mothers (C4M) women group at Balambala. This intervention is supported with core funding from the ESD project. A total of 24 participants attended the workshop. Data capture tools for low-literacy groups were developed and provided to the women group members for message dissemination and referral.



A religious Leader addressing the C4M women group members during orientation.

- Supported FP commodity reporting through OJT and distribution of reporting tools.
- Equipments and furniture distribution to 9 facilities in Ijara District.

1.6.2 Challenges

- FP data collection and verification with late submission continues to be a major challenge during the quarter.
- Shortages of implants in high-volume facilities in selected districts.
- Few staff trained in comprehensive RH and most staff skills and knowledge not up to date.
- Lack of implants insertion and removal equipment in most districts, hindering scale up of long-acting FP methods.
- Need for continued training of health workers on comprehensive family planning and commodity management.

1.6.3 Planned activities for the Next Quarter (April - June 2010)

- Support the implementation of the new monthly reporting tools for family planning services.
- Procure and distribute essential RH/MCH equipments to targeted health facilities.
- Scale-up FP/VCT/ART integration.
- Support post-training follow-up and RH /FP supervision in all facilities.
- Continue scale-up of SDM to all districts.
- Procure and distribute donkey carts to targeted women groups under the C4M initiative, for making referrals in support of safe motherhood and newborn health.
- Complete C4M training for the 3 remaining women groups.

1.7 Systems Strengthening and Other Capacity Building

1.7.1 Key Observations on Performance

The project recognizes that HIV is far from the top health priority in NEP. This understanding informs the project's approach to systems strengthening and capacity building. While adhering to its core mandate and contractual requirements, many of the project's activities, including facilitative supervision, training, data audits, infrastructure improvements, and integrated outreach improve access to, and the quality of, other priority health services, such as EPI.



Providing immunization during a motorbike outreach from Banane dispensary, Lagdera district.

Assessment of Stigma and Discrimination in Existing Curricula

Stigma continues to be one of the biggest issues related to HIV in NEP. APHIA II NEP's approach has been to incorporate stigma reduction into all project-supported trainings. This quarter, the project hired the National Organization for Peer Education (NOPE) to assess the effectiveness of stigma reduction in all training curricula used by APHIA II NEP, at both community and facility level. NOPE met with various groups and individuals, including:

- Trainers in peer education
- Persons living with HIV
- Community health workers
- Peer educators
- PASCO and DASCO
- Religious leaders
- Youth
- Civil servants

The report on the results of the assessment will be finalized next quarter.

Summary of Training Activities

a) Prevention/Abstinence and Being Faithful

The project trained 277 people out of the 420 targeted for AB training in the quarter under review. A total of 414 influential opinion leaders, or only 30% of the YTD AB target, have been trained. However, given that the project has significantly surpassed its AB non-training performance targets, the project will be putting emphasis on following-up and supporting those who have been trained. The follow-up will focus on quality assurance and will identify any remaining training gaps.

b) Prevention beyond abstinence and/or being faithful

APHIA II NEP trained 50 out of the 75 individuals (or 67%) targeted for year 3 on prevention beyond abstinence and/or being faithful in the reporting quarter. This included training of 21 peer educators on HIV/AIDS workplace programming and 29 on *Chill* program. The workplace peer educators are expected to identify HIV/AIDS knowledge or behavior gaps in the targeted work places as well as opportunities for collaborating with the appropriate Aids Control Unit (ACU). The participants were drawn from 7 workplaces in Garissa, including: Police; Prisons; Garissa Teachers College; NEP Technical School; Provincial Director of Education and District Education Officer's offices; and, Administration Police.

c) Palliative Care: TB/HIV

The project surpassed its target for the number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) in quarter one (Oct-Dec 2009) by 16%. In the reporting quarter, follow-up of the TB/HIV trainees was done by the Provincial TB and Leprosy Coordinator and the Provincial Medical Labs Technologist.

The trainees have initiated TB diagnostic services and diagnostic testing and counseling for screening of TB/HIV patients. This is evidence of learning for performance and the role of facilitative supervision for improving quality of services. The two provincial MOH officers who did the follow-up were earlier trained by the project on facilitative supervision for quality improvement.

d) Orphans and Vulnerable Children

The project trained 108 OVC caregivers in the reporting quarter, bringing the YTD total to 138 or 28% of the target 500. Participants included Area Advisory Councils in 4 new districts. A field visit by the Provincial Children's Officer (PCO) and National Council for Children indicated that many of the districts have done their quarterly AAC meetings and progress is good.

e) Counseling and Testing

The project trained 31 (or 52%) of the annual target of 60 service providers during the quarter and will followed them up in the next quarter.

f) Strategic Information

36 service providers or 72% of the annual target were trained on the job on strategic information. Work to improve efficiency of HMIS tools and streamline reporting was done through OJT and review meetings like that of TB/HIV quarterly meetings. The project trained 36 OVC data enumerators from Garissa and Wajir on OVC data collection.

g) Palliative Care (excluding TB/HIV Care)

APHIA II NEP trained 33 PLHIV from Ijara district on treatment literacy, bringing the total trained in the year to 116, or 232% of the annual target.

h) HIV/AIDS Treatment/ARV Services

Because of anticipated changes in the national training curriculum, the project did not implement any ART training during the quarter under review. The expected changes however did not take place. Because of low performance in this program area, the proposed way forward is to request for STTA in line with the on-going mentorship program. Plans include training for clinicians on ART based on PNA/TNA of the service providers in NEP districts. Plans are to train 25 service providers in the next quarter.

i) Prevention of Mother-to-Child Transmission

The project trained 69 service providers, or 69% of the annual target, using the new national guidelines for PMTCT. The participants drawn from all NEP districts were trained in two separate workshops. Implementation of the new curriculum takes 10 days because it includes new modules on EID, M&E and IYCF.

j) Additional Indicators

FP/RH/HIV

The project trained 37 health care workers, or 74% of the annual target, on CTU/FP/HIV integration in the current quarter. Though in high demand, the PAC training for service providers was postponed last quarter due to the departure of the RHMCH coordinator. With the recruitment of a new RH/MNCH coordinator, this training will be prioritized in the next quarter and MCH funds allocated.

Stigma Reduction

The project has supported integration of stigma and discrimination training modules into most clinical and community training curriculums and materials. A DVD on the role of health workers in stigma reduction is used in the trainings. During the quarter, all training curricula used by the project were reviewed by NOPE to determine the adequacy of the stigma and discrimination sessions. The results of the review will be used to better mainstream S&D in the curricula.

Laboratory Services

Except for one service provider sent for training in Nairobi, there were no planned Laboratory training activities in the quarter after 30 health care workers, or 200% of the annual target, were trained last quarter. There are therefore no additional plans to train on laboratory-related services this year.

Systems Strengthening Activities

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

The project provided TA for the development of 7 HIV/AIDS workplace programs in local organizations. APHIA II NEP also provided TA for the review of the FS/QI action plan, development of a provincial FS/QI tool and joint quarterly facilitative supervisions with the PHMT and PMSTs in all the districts. It continues with joint support supervision for DTLCs, DASCOS and DMLTs to strengthen TB/HIV integration programs. -Next quarter, the project will finalize development of provincial and district-level facilitative supervision tools, and supervision visit action plans.

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

The project continued to provide TA to its 3 sub-grantees – SIMAHO, NEWS and WASDA – in the development of their institutional capacities and with the submission of their quarterly financial and programmatic reports.

The project supported leadership development performance assessment and coaching and OJT in three districts – Fafi, Lagdera and Wajir South – as well as facilitated feedback on the financial management capacity assessment training in the same districts.

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

During the last quarter, APHIA II NEP completed renovation works at the PGH CCC Pharmacy and SIMAHO laboratory and OPD in Garissa district; Griftu DH VCT in Wajir West; and the renovation process was initiated at Nanighi and Mansabubu in Fafi district.

Renovations of the APHIA II NEP Garissa office, Ijara district office generator room and latrine were also completed; the APHIA II NEP Wajir office extension was initiated. The offices renovated by APHIA II NEP will be turned over to the MOH following completion of the project.

Table 9: Infrastructure update

| No. | Facility | District | Status | Estimated Date of Completion | Remarks |
|-----|---|--------------|----------------------------|-------------------------------|--|
| 1. | Griftu DH VCT center | Wajir West | Renovation works completed | 31 st March 2010 | Awaiting handing over |
| 2. | Garissa PGH CCC pharmacy | Garissa | Renovation works completed | 12 th April 2010 | Awaiting handing over |
| 3. | Prison dispensary VCT and laboratory | Garissa | Initiated | April 2010 | Renovation works to be undertaken in partnership with Garissa Prison |
| 4. | SIMAHO dispensary Laboratory and OPD | Garissa | Renovation works completed | February 2010 | Renovation works done in partnership with Dr. Ekman Foundation |
| 5. | Garissa district office | Garissa | Renovation works completed | March 2010 | Office currently occupied by APHIA II NEP staff members |
| 6. | Ijara office latrine and generator shed | Ijara | Renovation works completed | March 2010 | Facilities are now in use |
| 7. | Kotile dispensary | Ijara | Initiated | June 2010 | |
| 8. | Masalani DH electrical works | Ijara | Initiated | June 2010 | Awaiting approval to commence works |
| 9. | Mansabubu dispensary pharmacy | Fafi | Initiated | June 2010 | |
| 10. | Nanighi dispensary | Fafi | Initiated | June 2010 | |
| 11. | Wajir office extension and washroom renovations | Wajir East | Initiated | 6 weeks from date of approval | Awaiting approval to commence works |
| 12. | Wajir DH Resource Centre | Wajir East | Initiated | 8 weeks from date of approval | |
| 13. | Mandera East DH CCC | Mandera East | Initiated | 4 weeks from date of approval | |

d) Number of PLHIV support groups formed and linked to other services as appropriate

In the reporting quarter, the project assisted in the formation of two post-test clubs (PTCs) in Ijara district following treatment literacy trainings. Treatment literacy training has proved to be an excellent entry point for the recruitment and formation of PLHIV 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 for PLHIV. Linkages are to Comprehensive Care Centers at the district, sub-district and health facilities; the Constituency AIDS Control Committees (CACCs); and other livelihood support programs.

1.7.2 Challenges

- Re-establishment of District Training Committees is slow in many of the districts.

- Turnover of MOH staff, especially contract hires.
- DHMT lack of knowledge on FS/QI leading to traditional supervision and inadequate implementation of annual performance appraisals, performance and training needs assessments.
- Lack of integrated district training databases and training plans by all the districts.
- Other partners support trainings with minimal information shared with the Provincial Training Committee, which is supposed to be the coordinating body for trainings in NEP.
- Delayed requests for trainings from district and provincial teams.

Recommendations:

- Facilitate fast-tracking of the re-establishment of District Training Committees and clarification of their roles and mandate as part of training follow-up and quarterly FS/QI activities.
- Support the districts to develop and operationalize integrated district training databases and training plans by all the districts
- Continue to advocate for better HR systems and increased staffing for NEP through the HRH leadership group as recommended by the 2007 Rapid HRH Assessment report.
- Further streamline the FS/QI technical working group and facilitate the development of FS/QI tools and their implementation in the coming quarter.
- Support the strengthening of the PTC to include all training stakeholders in the province and share information among all partners.

1.7.3 Planned Systems Strengthening Activities for the Next Quarter (April - June 2010)

Clinical Trainings:

i. Counseling and Testing

In preparation for annual HTC campaign, the project will periodically check on the number of staff trained on CT working in facilities and is planning to train 29 service providers in the next quarter. This will include the newly recruited 9 additional VCT counselors.

ii. Palliative Care (excluding TB/HIV care)

Plans include training of 20 health workers in Wajir to be trained on CHBC and more PLHIV on treatment literacy.

iii. HIV/AIDS Treatment/ARV Services

Because of low performance in this program, the proposed way forward is to request for STTA in line with the on-going mentorship program. Plans include training for clinicians on ART based on PNA, TNA of the service providers in NEP districts. Plans are to train 25 SPs in the next quarter.

iv. FP/RH Trainings

Though in high demand, the PAC training for service providers was postponed last quarter at the departure of the RHMCH coordinator. With the recruitment of a new RH /MNCH coordinator, this training shall be prioritized in the next quarter and MCH funds allocated.

v. Laboratory-related Trainings

There are therefore no additional plans to train on laboratory related services this year.

Community Outreach Trainings

a) Prevention/Abstinence and Being Faithful

A mapping of the gaps and follow-up on the trained religious leaders to determine number active and need for additional AB trainings in the districts is planned in the next quarter. Also planned is training for *Chill* program school patrons and youth leaders as part of quarter 3 training activities.

b) Prevention beyond abstinence and/or being faithful,

The project shall concentrate on follow-up of the workplace peers and providing additional TA for capacity building of the 7 workplace sites.

c) Orphans and Vulnerable Children

The 108 trainees will be followed up in next quarter. Also planned for in next quarter are 120 OVC trainees, 60 of whom will be drawn from among caregivers under APHIA II NEP's sub grantees. The project will also focus on management, governance, issues of children rights and supervision among local implementers including charitable children homes.

d) Palliative Care (excluding TB/HIV care)

The project plans to train 30 more PLHIV on treatment literacy ToT in the next quarter in order to scale up treatment literacy and fast track it for other PLHIV.

Health Systems Trainings

e) Strategic Information

The project plans to train at least 25 service providers on the job on strategic information towards improvement of efficiency of HMIS tools and streamline reporting. Follow-up of the 36 OVC data enumerators to ensure adaptation and practice of learned skills and knowledge.

f) HIV-related Policy Development

Follow-up on the PHMT/PMST members trained on facilitative supervision for quality improvement during quarterly supervision to facilitate adoption and application of the FS/QI knowledge and skills.

g) HIV-related Institutional Capacity Building

Plans are in place to train 15 sub-grantee (NEWS) staff on strategic planning as well as carry out preliminary job needs assessment and training on governance, leadership, human resources management and financial management for 8 local implementing partners.

Systems Strengthening

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

- The project plans to concentrate on providing TA for the development of HIV/AIDS workplace programs for 10 local organizations, mostly public institutions.
- 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 on clarification of the mandates of these forums, development of action oriented minutes and follow-up of previous decisions and plans made by the forums.
- Provide TA and support for the development of a strategic plan for NEWS.

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

- Facilitate the development of provincial and district level facilitative supervision tools, and supervision visit action plans for use in conducting supervision visits.
- Continued provision of TA to sub-grantees – SIMAHO, NEWS and WASDA – in the development of their institutional capacities and with the submission of quarterly reports.

RESULT II: EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR

2.1 Abstinence/Being Faithful

As noted in previous reports, NEP is culturally and socially receptive to AB messages. This has contributed to APHIA II NEP surpassing its targets for reaching individuals with prevention messages through community outreach.

2.1.1 Key Observations on Performance

- The project trained 277 people out of the 420 targeted for AB training in the quarter under review. A total of 414 influential opinion leaders, or 30% of the YTD AB target, have been trained. However, given that the project has significantly surpassed its AB non-training performance targets, the project will be putting emphasis on following-up and supporting those who have been trained. The follow-up will focus on quality assurance and will identify any remaining training gaps.
- The project continues to work closely with and through religious leaders to ensure that they have the right information about HIV/AIDS prevention and are getting it out to their constituents. The project is working with leaders in 100 mosques and 3 churches in NEP.
- Youth leaders, particularly those working within the structure of *Chill* clubs, are getting information out to thousands of young people in school. This quarter, the project targeted 61 schools and conducted 481 sessions with pupils on messages related to abstinence.



Chill Club in Garissa.

Second Male Religious Scholars Conference – Wajir

Religious leaders are key determinants of public opinion and individual behavior in NEP. This quarter, APHIA II NEP hosted the 2nd Male Religious Scholars Conference in Wajir town, attended by 66 participants drawn from the entire NEP region. The organizing committee for the conference included Ministries of Public Health and Sanitation and Medical Services, the Supreme Council of Kenya Muslims (SUPKEM), Council of Imams and Preachers of Kenya (CIPK), and the Kenya Council of Imams and Ulamaa (KCIU). The conference was a follow-up to similar conferences that were held for male and female religious leaders. This series of conferences was initiated following requests from the participants of the previous conferences. The goal of the conferences is to find a common ground between Islam and health in the context of North Eastern province of Kenya, identify opportunities and address the challenges.

The objectives of the Second NEP Religious Scholars Conference (Wajir) were:

- Review the recommendations of the previous NEP Scholars Conference on Islam and Health held in April 2008 (male scholars) and October 2009 (female scholars).
- Establish the Islamic 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 religious stand on issues related to RH, Caesarean section, TB, MCH, HIV/AIDS and associated stigma and discrimination.
- To socialize and inculcate Islamic principles among the community members to enhance behavioral change in relation to health matters and drug abuse.
- To establish a network of Muslim men, women and youths attached to mosques at local and regional levels and use each mosque/madarasa as a centre for health promotion and prevention of communicable diseases and drug abuse.
- To develop a strategic plan of action at all community levels that will strongly support and accelerate health promotion, safe motherhood, prevention of HIV/AIDS and drug abuse among the Muslim community in NEP.
- To build a strategic alliance between religious leaders and people living with HIV/AIDS (PLHIV).

Hon. Mohamed Ibrahim Elmi (MP Wajir East), Minister for State for the Development of Northern Kenya and other Arid Lands, officially opened the conference. The conference was also blessed by the presence of members of the African Council of Religious Leaders (ACRL) who were invited by the SUPKEM national office and were on a peace mission to the region. The delegation, which included the Grand Muftis of Uganda and Burundi, emphasized that religious leaders have important roles to play in addressing the problem of HIV and AIDS in Africa.

The religious scholars generated action plans and a list of 16 resolutions (see Appendix 3).

Female Religious Leaders Conference – Wajir

APHIA II NEP hosted a three-day conference for 33 female religious scholars from greater Wajir. The organizing committee for the conference included Ministries of Public Health and Sanitation Services and Medical Services, the Supreme Council of Kenya Muslims (SUPKEM), Council of Imams and Preachers of Kenya (CIPK), and the Kenya Council of Imams and Ulamaa (KCIU). The theme of the conference was *Islam and Health in the Context of North Eastern Province: Opportunities and Challenges*.

The conference for female religious scholars was a follow-up of the First NEP Muslim Scholars Conference of April 2008, at which the participants requested for additional conferences for other Muslim scholars on the same theme in the NEP region. This was followed by the First Women Religious Leaders' Conference in Garissa in October 2009 for Garissa and Ijara districts.

The Female Religious Scholars Conference held in Garissa was the first of the three female religious leaders conferences planned for the province to address various issues on health and Islam. The Wajir conference was interactive and participants were able to discuss the resolutions of the 2008 and 2009 conferences, technical presentations, group discussions and shared life experiences including disclosures by People Living With HIV/AIDS (PLHIV).

The objectives of the conference were:

- Review the recommendations of the first NEP Muslim Scholars Conference and the First Female Religious Scholars Conference of Garissa and Ijara districts on Islam and Health, held in April 2008 and October 2009 respectively.
- Establish the Islamic 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 religious stand on issues related to RH, Caesarian section, TB, MCH, HIV/AIDS and associated stigma and discrimination.
- To socialize and inculcate Islamic principles among the community members to enhance behavioral change in relation to health matters, adultery and drug abuse.
- To establish a network of Muslim men, women and youths attached to mosques at local and regional levels and use each mosque/madrassa as a centre for health activities in relation to health promotion and prevention of communicable diseases and drug abuse.
- To synchronize and synergize Muslim community movements against HIV/AIDS and drug abuse.
- To develop a strategic plan of action and program implementation at all community levels based on the outcome of this conference that will strongly support and accelerate health promotion, safe motherhood, prevention of HIV/AIDs and drug abuse among the Muslim community in NEP.

The female religious scholars generated a list of 17 resolutions (see Appendix 4). Participants also developed action plans which will form the basis for collaboration with APHIA II NEP.



Conference of female religious scholars in Wajir.

Challenges

- High expectations of community groups.
- Need for constant monitoring to ensure quality.
- Many young people in NEP do not have national ID cards and find them difficult to acquire.

Plans for the next quarter

- Procurement of IEC materials for different groups.
- Use of magnet theater groups for BCC outreach.
- Support male and female religious leaders to follow-up on action plans and resolutions developed during their respective conferences.

2.2 Other Prevention Activities

2.2.1 Key Observations on Performance

The number of persons reached with OP messages more than doubled this quarter, for the following reasons:

- Increased community mobilization sessions by community groups.
- 2nd batch of trained peer educators came on board this quarter in all the districts.
- Religious leaders continue to deliver OP messages (VCT and PMTCT) in mosques and in outreaches.

Workplace Peer Education Training

The Sexual Networks Assessment in Garissa identified uniformed services, civil servants and teachers as key populations at higher risk of HIV infection. Based on these findings, an assessment was carried out last quarter to identify specific workplaces where interventions could have potential impact.

During this quarter, the project trained 25 peer educators from workplaces within Garissa town: Kenya Police; Administration Police; Kenya Prison; MOE; MOH; NEP Technical Institute; and, Garissa Teachers Training College.

The goal of the training was to enable the peer educators to utilize their knowledge and skills to establish sustainable workplace prevention programs. The specific objectives of the training were to:

1. Enable peer educators to increase their knowledge and skills to reduce health-related risks regarding HIV, TB, RH, STIs, malaria, and MCH;
2. Enable the peer educators acquire facilitation skills necessary to conduct sessions;
3. Help the peer educators explore attitudes, values and beliefs towards sexuality, communication in relationship, personal responsibility and HIV;
4. Help the peer educators understand the concept of behavior acquisition and the BCC strategy;
5. Facilitate the reduction of stigma, GBV and drug abuse as risk factors towards the spread of HIV within the community;
6. Maintain relevant records necessary for monitoring and evaluating their activities according to the established standards in APHIA II.



Workplace peer educators training in Garissa.

Magnet Theatre Training

The project trained 27 members of 5 youth groups in Magnet Theater.

The workshop objectives were:

- To create a cadre of facilitators, actors, youth, and theatre groups with a mastery of the concepts, knowledge, and skills required to practice Magnet Theater in their communities.
- To improve community youth groups' and theatre troupes' skills in mobilization, facilitation, scripting, acting, and improvisation.
- To create a cadre of young people with detailed competency in HIV and AIDS and an ability to use this knowledge in Magnet Theatre to tackle the spread of HIV and counter the effects of AIDS.

The main topics covered included;

1. Script development using the issue grid
2. Facilitation, definition, quality and facilitation techniques
3. Roles of facilitator in a MT session
4. Audience participation
5. Managing of MT code of conduct

The project will provide technical support and monitoring of the groups as they implement magnet theater over the next year.



Rollout of Magnet Theater in Garissa.

2.2.2 Challenges

- Magnet Theater is a new concept in NEP, for both thespians and audiences.

2.2.3 Planned Activities for the Next Quarter (April - June 2010)

- Use of magnet theater groups for BCC outreach.
- Support male and female religious leaders to follow-up on action plans and resolutions developed during their respective conferences.

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

3.1 Home and Community Support: Home-based Care

Table 10: Summary of HBC services (January 2009 – March 2010)

| <i>Activities/Services</i> | <i>Jan-March 09</i> | <i>April-June 09</i> | <i>July-Sept 09</i> | <i>Oct-Dec 09</i> | <i>Jan-Mar 10</i> |
|------------------------------------|---------------------|----------------------|---------------------|-------------------|-------------------|
| Number of clients served | 162 | 220 | 343 | 416 | 448 |
| Clients who died | 0 | 5 | 9 | 3 | 1 |
| No of care givers | 95 | 150 | 372 | 366 | 265 |
| No. of HBC clients (Male) | 59 | 77 | 111 | 161 | 171 |
| No. of HBC clients (Female) | 93 | 143 | 232 | 255 | 277 |
| No. of clients on ARV (Male) | 6 | 44 | 44 | 102 | 107 |
| No. of clients on ARV (Female) | 49 | 136 | 131 | 230 | 237 |
| No. of ARV clients dropped out | 2 | 2 | 7 | 1 | 0 |
| No. of referrals for VCT | 4 | 9 | 49 | 63 | 30 |
| No. of referrals for CCC | 4 | 12 | 90 | 142 | 171 |
| No. of referrals for FP | 1 | 1 | 16 | 24 | 18 |
| No. of referrals for Nutrition | 3 | 7 | 9 | 0 | 0 |
| No. of referrals for Support group | 1 | 3 | 173 | 268 | 152 |
| No. of referrals for PMTCT | 0 | 0 | 20 | 23 | 15 |
| Condom distributed | 76 | 113 | 280 | 637 | 869 |

3.1.1 Key Observations on Performance

- Community and home-based care clients continue to increase in Garissa. Number of bed-ridden clients has greatly reduced, as have deaths.
- Treatment literacy training for 24 PLHIV from Ijara district.
- Training of 33 Post-Test Club group leaders from Mandera, Wajir, Garissa and Ijara in facilitation skills. Following the training, and on their own initiative, the group leaders formed the *Northern Frontier Network of Post Test Clubs*.

3.1.2 Challenges

- While stigma levels have reduced in Garissa and Wajir, they remain high among the PLHIV, community and health workers in Mandera and Ijara.
- Slow registration of PLHIV into the program.
- Lack of food and nutrition support for PLHIV and their OVC from the program and high expectation from clients.
- Lack of knowledge about CHBC – it is still a new concept in many parts of the province.
- Limited number and capacity (office space, furniture, stationeries, finance, IT, human resources, etc.) of CHBC IPs

3.1.3 Planned Activities for the Next Quarter

- Follow-up supervision of new PTC groups in Ijara, Wajir and Mandera.
- Distribution of CHBC supplies to Garissa IPs.
- Conduct CHBC orientation workshop for health workers in Garissa municipality.
- Conduct treatment literacy training for PLHIV in Modogashe.
- Monthly meetings with IPs management on how to scale-up PLHIV 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 will train PLHIV on treatment literacy.
- Establish PTC group facilitators and train them on group facilitation skills.
- Explore possibilities of providing food and nutrition support by CHBC program to PLHIV and their OVC.
- Scale-up community sensitization and mobilization to reduce stigma and discrimination.
- Initiate community strategy activities in Ijara and Garissa.
- Conduct monthly meeting for community groups (CHWs & peer educators) to monitor their activities.
- Refresher training for peer educators.

3.2 Orphans and Vulnerable Children (OVC)

3.2.1 Key Observations on Performance

This quarter featured the provision of support to existing OVC and a large-scale mapping and registration exercise in anticipation of bringing new OVC into the program over the next two quarters.

OVC Comprehensive Direct Support

Comprehensive direct support is provided by APHIA II NEP to OVC after a needs assessment is carried out in close collaboration with the Children's Department. Support includes purchase of mattresses, bed sheets, blankets, ITN nets, books (exercise and text), desks, de-worming tablets, UNIMIX, uniform and school fees. During this quarter this service was offered to all the OVC supported in Wajir and Mandera. The OVC were provided with: education support (school bags and school desk); health support (ITN nets); and, shelter (blankets). Procurement process is ongoing for provision of school uniforms. The table below shows the beneficiaries per institution and district:

Table 11: OVC Beneficiaries Mandera District

| Mandera District | | | | |
|-----------------------------|--------------|---------------|--------------|-----------------------|
| Name of IP | Male | Female | Total | Location of IP |
| Abu Huraria Children's Home | 350 | 0 | 350 | Banisa |
| Al Hidayah 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 |
| District Totals | 1,646 | 705 | 2,351 | |

Table 12: OVC Beneficiaries Wajir District

| Wajir District | | | | |
|-------------------------------------|-------------|---------------|--------------|-----------------------|
| Name of IP | Male | Female | Total | Location of IP |
| Abubakar Sadiq Children's Home | 240 | 27 | 267 | Wajir Town |
| Al-Riayah 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 Deaf | 52 | 44 | 96 | Wajir Town |
| District Totals | 794 | 472 | 1,293 | |

During the quarter the project provided OVC in Garissa and Ijara districts with school bags, uniforms and sanitary towels.

Table 13: OVC Beneficiaries Garissa and Ijara Districts

| Garissa and Ijara district | | | | |
|----------------------------|------------|------------|--------------|-----------------------------|
| Name of IP | Male | Female | Total | Location of IP |
| Najah Children Home | 150 | 0 | 150 | Garissa Town |
| Um al Kheir Children Home | 0 | 120 | 120 | Garissa Town |
| AMA Children Home | 183 | 113 | 296 | Modogashe, Lagdera district |
| Alfurqan Children Home | 314 | 100 | 414 | Masalani, Ijara district |
| Masalani Primary | 25 | 25 | 100 | Masalani, Ijara district |
| District Totals | 672 | 358 | 1,080 | |



Distribution of school uniforms at AMA Children Home, Laqdera.

OVC scale-up exercise

1. Strategy development

Following consultations between the project and the Children's Department, the project developed a new strategy for supporting community-based OVC. The new strategy entails mapping of administrative locations and working with locational OVC Committees (LOCs). The committee is chaired by the location chief and has six other committee members, including the area counselor, religious leaders' representative, female representative, Area Education Officer and two other community representatives. The project is planning to support 5800 OVCs under this new strategy.

2. Mapping of locations

During this quarter the project embarked on mapping of locations with the help of the Children's Department . APHIA II NEP in collaboration with District Children's Officers mapped locations and assisted in the formation of LOCs as per the following tables:

Table 14: Mapping and Formation of LOCs

| Locations in Garissa and Ijara Zones | | | |
|---|----------------------|-------------------------|-------------------------|
| Ijara district | Fafi district | Garissa district | Lagdera district |
| Koitele | Galmagala | Korakora | Banane |
| Masalani | Bura | Raya | Shantabaaq |
| Ijara | Alinjugur | Sankuri | Daadab |
| Sangailu | Yumbis | Saka | Kulan |
| Hulugho | Fafi | Danyere | Liboi |

| Locations in Wajir zone | | | |
|--------------------------------|----------------------------|----------------------------|-----------------------------|
| Wajir South District | Wajir East District | Wajir West district | Wajir North District |
| Abagkore | Korof harar | Griftu-Central | Bute |
| Dilmanyaley | Tarbaj | Matho | Buna |
| Habasweine-Ndege | Riba | Eldas | Ajawa |
| Habasweine-Central | Kutullo | Hadado | Korondile |
| Lagbogool | | Wagala | Liboi |

| Locations in Mandera Zone | | | |
|----------------------------------|----------------------|---------------------|---------------------|
| Mandera Central | Mandera North | Mandera East | Mandera West |
| Kutulo | Ashabito | Lafey | Dandu |
| Wargadhut | | Khalalio | |

3. OVC registration exercise

After the mapping and formation of the LOCs in the entire province was completed, the project embarked on registration of OVC. The exercise started well but due to inaccessibility caused by the rains, some districts remained untouched. The exercise should be completed next quarter, after which new OVC will begin to receive support.

Institutional Capacity Building and Systems Strengthening

APHIA II NEP is strengthening the capacity of Area Advisory Committees in NEP in collaboration with the Children's Department at both provincial and district level. The project trains AAC members and supports quarterly AAC meetings across the province. During this quarter the project assisted in the formation and subsequent training of four AACs in the newly created districts in the province. Mandera West, Mandera Central, Wajir South and Lagdera districts now have functional AACs which are playing critical roles in overseeing the support of OVC.

3.2.2 Challenges

- Vastness of the province and poor roads infrastructure especially during rainy season hinders the provision of support, particularly to OVC in isolated locations.
- Weak capacity of most of the OVC partners and stakeholders.
- High expectations from the communities which are sometimes beyond the mandate or capacity of the project.

3.2.3 Planned Activities for the Next Quarter

- Complete the OVC registration in the remaining districts.
- Complete school fees program for this year.
- Complete the data clean-up exercise.
- Start procurement process for the OVC supplies.

IV: STRATEGIC INFORMATION

4.1 Key observations on performance

Although there was an alarming exit of 5 DHRIOs in NEP due to the expiry of their contracts with the Capacity project, 4 new ones have since been recruited and are in the process of reporting to their respective stations. During the absence of the DHRIOs, the project came up with contingency measures to ensure that the data flow process was not adversely affected. In the third quarter, the project will focus on building the capacity of these new DHRIOs in order to maintain the gains that had been achieved by their predecessors.

Community Data Analysis

- APHIA II NEP has surpassed most of its targets for both community outreach and service delivery. The project is now making efforts to demonstrate attribution of increased utilization of services to community outreach initiatives. Preliminary analysis reveal the existence of synergies between the religious and youth leaders in so far as service uptake is concerned. In light of this development, the project has embarked on making this evidence more credible by investing in a more robust community data collection and analysis initiative.
- The project conducted a comprehensive analysis of the OVC component and provided feedback to the implementing partners (IPs). The feedback sessions included on-job training that will enable the IPs to improve their use of data for decision making.
- APHIA II NEP trained 30 data enumerators to assist the project in registering close to 4,800 new OVC that the project anticipates initiating support to in the coming quarter.
- The Community Home Based Care data analysis and feedback also took centre stage during this reporting period. A triangulation of the data with the CCC data on clients served, assisted the project to correlate the services received with the health status of the clients.

PGH ART Data Audit

- During the reporting period, the project supported the second phase of ART data reconstruction at the Garissa PGH, the major referral hospital in North Eastern province. This phase involved the reorganization of the patient files and the populating of the patient blue cards for improved service provision. This exercise has proved quite

challenging since most patients registered at the CCC do not have patient cards that their clinical history can be drawn from. The pharmacy has acted as the leverage point where the missing information is derived from.

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 was previously expected. This situation has threatened to negate the gains made as far as health records in North Eastern province is concerned. 7 Districts have been affected since the DHRIOs were employed under the Capacity project

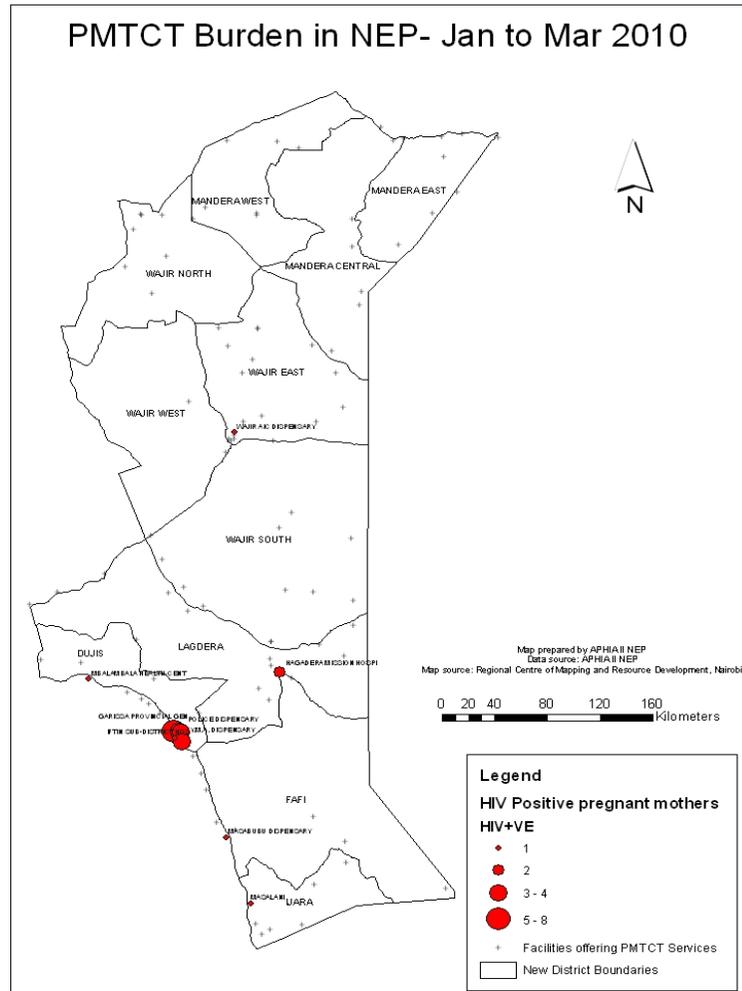
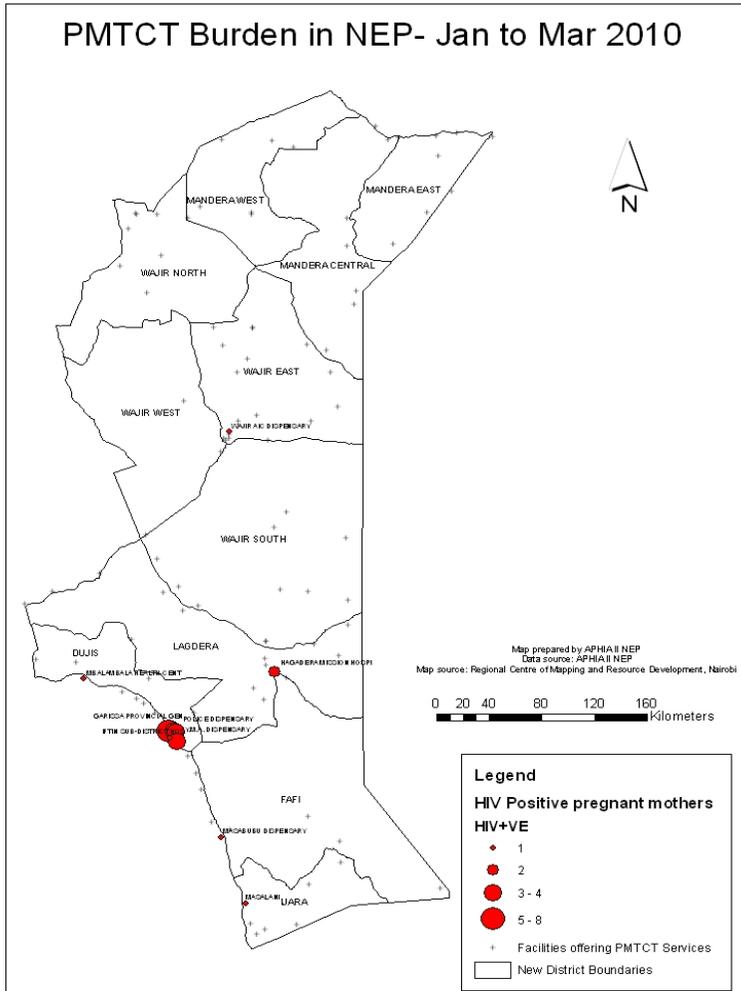
The requirement by USAID to disaggregate TB data by gender and age, has provided some challenges which the project is trying to address. Reporting timelines (TB parallel program and USAID) also seem to be unfavorable since the National TB project reports quarterly and the project is expected to report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

4.3 Planned Activities for the Next Quarter

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

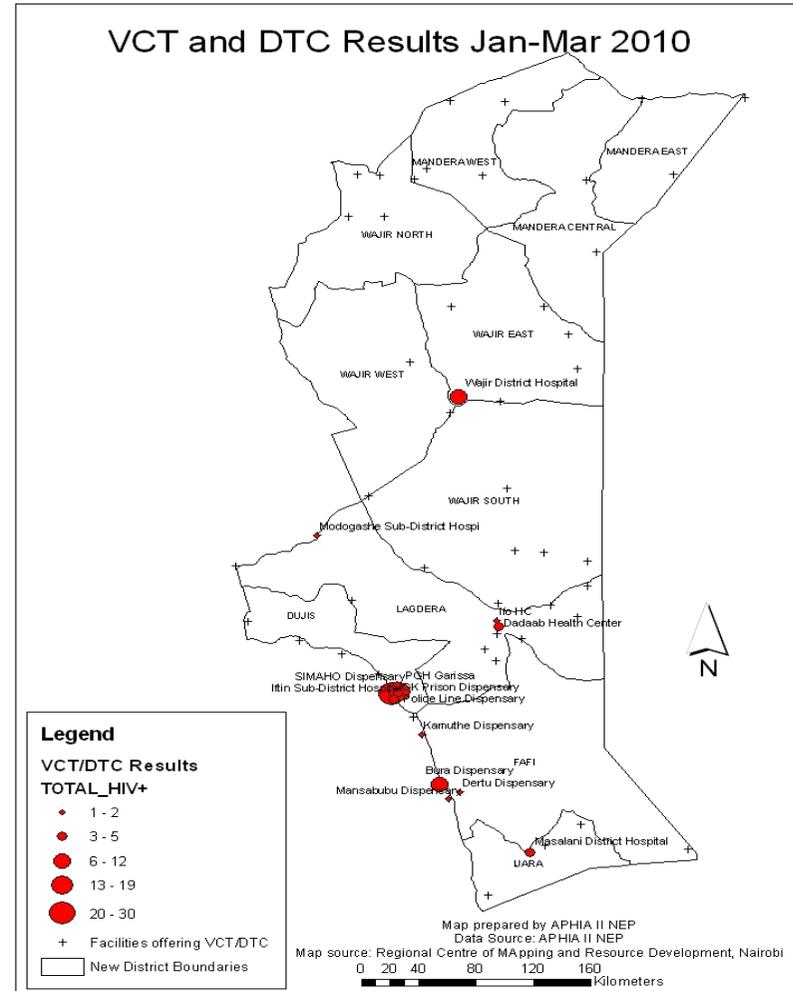
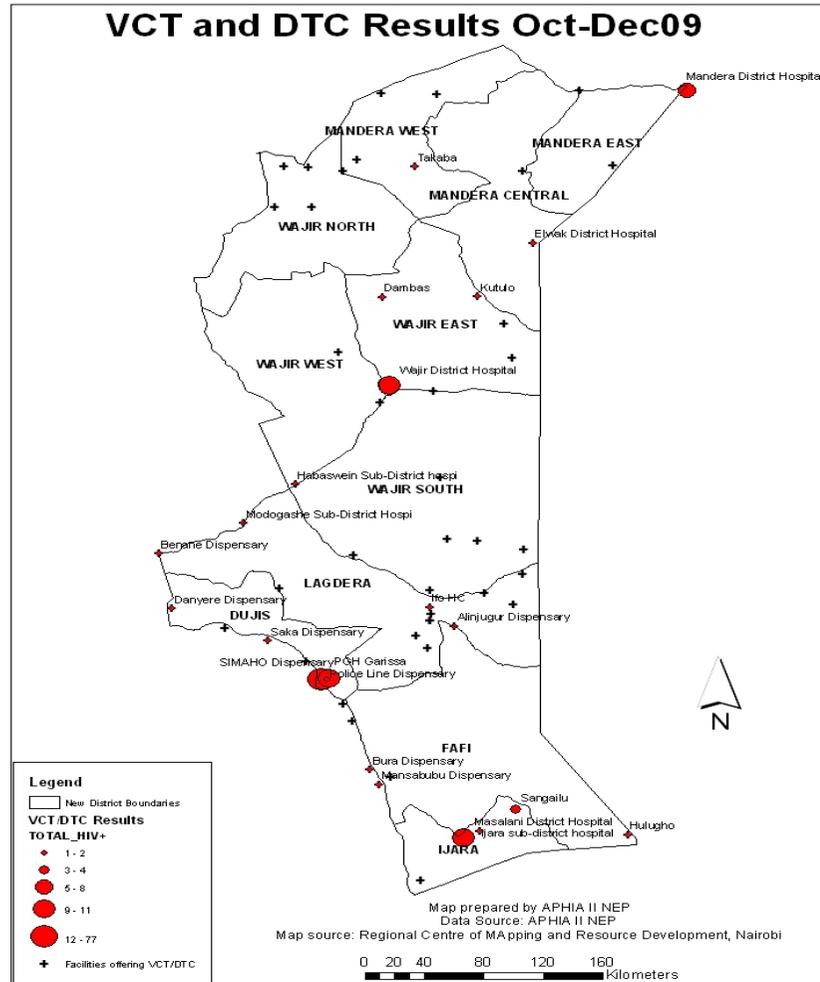
The project has recently revised its community data collection tools to particularly strengthen the religious leaders activities with an aim of providing evidence of synergies between the Service Delivery team and the Community/Outreach team.

APPENDIX 1 SPATIAL ANALYSIS OF PMTCT IN NEP



APPENDIX 2

SPATIAL ANALYSIS OF CT IN NEP



APPENDIX 3 RESOLUTIONS OF MALE RELIGIOUS LEADERS CONFERENCE IN WAJIR

We, the Ulamaa (Male Religious Leaders) of the NEP attending the “Second Conference on Islam and Health in the Context of North Eastern Province: Opportunities and Challenges” on 6th to 8th February 2010;

Concerned with the increasing incidences in NEP in general and the Muslim community in particular of HIV/AIDS, infant and maternal mortality rates, drug abuse and other antisocial behaviors; and low utilization of maternal and child health services that available in the government and other health facilities;

Aware of our responsibilities as the Ulamaa of NEP;

Acknowledging that HIV/AIDS, high maternal and infant mortality rates, upsurge of drug abuse and other anti-social behaviors affected the religious, educational, socio-economical, political and general development of the region;

Hereby make the following resolutions:

1. There is urgent need to fast track the resolutions of all the previous conferences held for both male and female religious leaders in the province and enhance the implementation of each of the resolutions passed.
2. The RL recognize the increase of HIV/AIDS in the region (NEP) and pledge take all efforts to reduce the spread of the scourge by discouraging all bad behaviors within the communities that assist the spread of the disease.
3. NEP Religious Leaders to take a leading role in the health, education and socio-economic activities of the community in NEP.
4. That Religious Leaders should create awareness on HIV/AIDS especially on the correct mode of transmission of the disease.
5. Islam teaches mankind to seek knowledge that will benefit them both in this life and hereafter. Therefore the Religious Leaders need to inform the people the importance education.
6. That Islam prohibits all behaviors that contribute to the free mixing of men and women that lead to the spread of HIV/AIDS.
7. The religion of Islam allows its followers to seek treatment when sick but also encourages them not to indulge in activities that will lead to bad health, such as drug abuse and other social evils.
8. The NEP Ulamaa also exhorts its Muslim faithful to know their HIV/AIDS status before marriage in order to help reduce the spread of the disease.
9. NEP Ulamaa said that Islam does not allow stigma and discrimination and advised its followers to desist from this (stigmatization and discrimination) as it is against the Islamic teachings.

10. The Ulamaa strongly recommended support for People Living With HIV/AIDS (PLHIV), widows and orphans, including uplifting their socio economic status through the initiation of Income Generating Activities (IGAs).
11. That Islam discourages making expensive weddings so that marriage is accessible to all those who would like to get married.
12. The Ulamaa recommend that all uniformed personnel/civil servants who are posted to NEP should come with their families in order to reduce the spread of HIV/AIDS.
13. That there is an urgent need to reduce maternal and child mortality in NEP through proper utilization of available health care services such as MCH, Maternity among others.
14. Religious Leaders are alarmed by the high rate of divorce in NEP. They urge couples to respect the rights of each other and that of the children. They remind the Muslims to adhere strictly to the Islamic teachings regarding divorce.
15. On discordant couples, the Religious Leaders said it is the couples to decide on how to live together.
16. There is an urgent need to combat drug abuse and other antisocial behaviors in the region. The Ulamaa also recommend that renting of houses to secondary school students (called Keja) which is becoming a common practice in all major towns should be discouraged as this predisposes the youth to antisocial activities including HIV drug abuse.

APPENDIX 4

RESOLUTIONS OF FEMALE RELIGIOUS LEADERS CONFERENCE IN WAJIR

1. The female religious leaders have affirmed that HIV/AIDS is real and the prevalence is increasing in NEP while it is decreasing in the rest of Kenya; they urged people to accept this reality and wake up to the call to stop further spread of the disease.
2. The FRL acknowledge that fewer people in NEP go for HIV testing to know their status; this gives false perception of low prevalence of HIV infection in NEP. They challenged people to go to VCT to know their status to enable health planners to tailor suitable HIV programs for the region.
3. The female religious leaders acknowledge that stigma is a major problem existing within the community in NEP and indeed inhibits the use of VCT services. They warned people to be wary and fight stigma because anyone's sero-status can change anytime.
4. Parents should befriend their children, sit with them and inform them on matters of HIV/Aids and instil life skills and good moral standards as taught by the Holy Qur'an.
5. Some secondary students are involved in hiring private rooms outside the schools and involve themselves in antisocial behaviours which predispose them to HIV infection. School heads, teachers and parents are advised to network and assist the youth with good morals and behavioural change.
6. Islam does not prevent the use of maternal and child health services but rather encourages its followers to lead healthy lifestyles at all times. The female religious leaders urge the use of health services to improve the lives of the mother and child, to screen pregnant women for HIV, benefit from PMTCT services if the woman is found to be positive and advise on good nutrition for mother and baby.
7. Recommend that marriage procedures be made simple to enable many young but low-income people to marry and hence reduce immorality. The religious leaders affirm that wrong application of polygamy and divorce is against the Islamic teachings and Muslims should desist from it. The male and female religious leaders to spearhead aggressive awareness campaigns on simple marriage procedures, misuse of polygamy and divorce to reach more people in the region.
8. That drug and substance abuse is real and endemic in NEP and recommend opening of youth friendly centres for them to share their experiences and problems and get counselled in order to reduce drug abuse. The religious leaders to also spearhead the campaigns against drug abuse and all other evils that aid the spread of HIV and network with partners to establish social support network systems and family life centres to instil life skills into youth and people with family problems.
9. Need to create alternative sources of income for women and men who sell miraa. The female religious leaders specifically recommend APHIA II, CDF projects and other development partners to assist those involved in miraa business.
10. Divorce leads to family breakdown and gives an aperture for immorality to creep in. The female religious leaders suggest Muslim couples to develop tolerance for each other in order to minimize divorce in the community.
11. Stigmatization is completely forbidden in Islam. The Quran clearly gives evidence of this fact as it says "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" (Al Qur'an Chapter 49 Verse 11). Categorically, stigma is one of factors that increase HIV infection. The female religious

leaders recommend that APHIA II involve the home based care program with the local religious leaders, SUPKEM, women groups, and youth groups in order to enhance de-stigmatization of HIV/AIDS in the province.

12. Religious leaders, women groups, youth groups and all other stakeholders should undertake massive advocacy campaigns in their respective areas to eliminate stigmatization. The female religious leaders urge the necessary support to be given direct to those infected and affected by HIV, including supporting Orphans and Vulnerable Children (OVC) within the community.
13. Discordance: This is a situation where one of the partners is HIV positive and the other one is negative. The female religious leaders feel that discordance should not be a reason for divorce; instead, the couple should visit the CCC and stay together.
14. That the FRL note with great concern the limited number of health care workers in the Province which further aggravates the low utilization of health care services due to either long queues or/and lack of qualified health personnel at health facilities. The FRL feel there is great need for the government and development partners to increase health facility infrastructure and improve quality of service delivery in the health sector in NEP. The community should also embrace education to produce its own medical personnel, shun ignorance and improve health-seeking behaviour.
15. The FRL note that breast milk is sterile and nutritious; in addition, breastfeeding increases mother and baby bonding and protects against breast cancer. They encourage women to breastfeed their babies as stipulated in the Holy Qur'an, including exclusive breastfeeding for the first six months.
16. That Islam allows child spacing and planning of pregnancies for the benefit of the mother and the child and thus recommends the use of any form of permissible methods, including but not limited to Standard Days Method (SDM).
17. That we, the Muslim Women Religious Leaders of Wajir District resolve to carry out vigorous campaign to sensitize the public against HIV/AIDS, drug abuse and other social evils particularly targeting girls at the madarasas, women group meetings, girls in secondary schools and at the market.