

APHIA II North Eastern Province

Quarterly Program Report



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TABLE OF CONTENTS

INTRODUCTION.....	7
IMPROVED AND EXPANDED FACILITY-BASED HIV and AIDS, TB AND RH/FP	11
1.1 Prevention of Mother to Child Transmission.....	11
1.1.1 Key Observations on Performance.....	11
1.1.2 Challenges.....	15
1.1.3 Planned Activities for the Next Quarter.....	15
1.2 Counseling and Testing.....	15
1.2.1 Key Observations on Performance.....	16
1.2.2 Challenges.....	17
1.2.3 Planned Activities for the Next Quarter.....	17
1.3 Palliative Care and TB/HIV Integration.....	17
1.3.1 Key Observations on Performance.....	18
1.3.2 Challenges.....	19
1.3.3 Planned Activities for the Next Quarter.....	19
1.4 Laboratory Services.....	19
1.4.1 Key Observations on Performance.....	20
1.4.2 Challenges.....	22
1.4.3 Planned Activities for the Next Quarter.....	22
1.5 ARV Treatment Services.....	22
1.5.1 Key Observations on Performance.....	22
1.5.2 Challenges.....	23
1.5.3 Planned Activities for the Next Quarter.....	23
1.6 Reproductive Health/Family Planning.....	24
1.6.1 Key Observations on Performance.....	25
1.6.2 Challenges.....	25
1.6.3 Planned Activities for the Next Quarter.....	25
1.7 Systems Strengthening and Other Capacity Building.....	25
1.7.1 Key Observations on Performance.....	25
1.7.2 Challenges.....	25
1.7.3 Planned Activities for the Next Quarter.....	33
EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR	33
2.1 Abstinence/Being Faithful.....	34
2.1.1 Key Observations on Performance.....	35
2.2 Other Prevention Activities.....	36
2.2.1 Key Observations on Performance.....	37
2.2.2 Challenges.....	38
2.2.3 Planned Activities for the Next Quarter.....	38
EXPANDED CARE AND SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV AND AIDS.....	39
3.1 Other Prevention Activities.....	39
3.1.1 Key Observations on Performance.....	39
3.1.2 Challenges.....	41
3.1.3 Planned Activities for the Next Quarter.....	41
3.2 Orphans and Vulnerable Children.....	41
3.2.2 Key Observations on Performance.....	42
3.2.3 Challenges.....	46
3.3.3 Planned Activities for the Next Quarter.....	46
STRATEGIC INFORMATION.....	47
4.1 Key Observations on Performance.....	47
4.2 Challenges.....	48
4.3 Planned Activities for the Next Quarter.....	48
<u>APPENDIX 1: SPATIAL ANALYSIS OF PMTCT IN NEP.....</u>	<u>49</u>
<u>APPENDIX 2: SPATIAL ANALYSIS OF CT IN NEP.....</u>	<u>50</u>

LIST OF TABLES AND FIGURES

TABLE 1: ACHIEVEMENTS AGAINST TARGETS	8
TABLE 2: PMTCT CASCADE; APRIL 2009 – JUNE 2010	13
TABLE 3: COUNSELING AND TESTING PERFORMANCE AGAINST YEAR 3 TARGETS	16
TABLE 4: TB INDICATORS (JANUARY – JUNE 2010)	18
TABLE 5: CD4 SAMPLE REFERRAL PERFORMANCE	20
TABLE 6: SUMMARY OF FP METHODS PROVIDED (OCTOBER 2009 – JUNE 2010).....	24
TABLE 7: TRAINING FOR CAPACITY-BUILDING AND SYSTEMS STRENGTHENING	20
TABLE 8: INFRASTRUCTURE UPDATE	29
TABLE 9: SUMMARY OF HBC SERVICES (APRIL 2009 – JUNE 2010).....	39
TABLE 10: OVC BENEFICIARIES MANDERA DISTRICT.....	42
TABLE 11: OVC BENEFICIARIES WAJIR DISTRICT	43
TABLE 12: OVC BENEFICIARIES GARISSA AND IJARA DISTRICTS	43
TABLE 13: OVC SUPPORTED THROUGH LOC.....	44
FIGURE 1: COUNSELING AND TESTING AT ANC	13
FIGURE 2: MOTHER AND INFANT NEVIRAPINE UPTAKE AT ANC.....	14
FIGURE 3: PARTNER COUNSELING AND TESTING	14
FIGURE 4: COUNSELING AND TESTING	16
FIGURE 5: CONTRIBUTION TO CYP BY CONTRACEPTIVE METHOD (APRIL – JUNE 2010).....	24

LIST OF ABBREVIATIONS

AAC	Area Advisory Committee
AB	Abstinence and/or Being Faithful
AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
APHIA	AIDS, Population 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 AIDS and STI Control 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
PCR	Polymerase Chain Reaction
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
RRI	Rapid Results Initiative
SCMS	Supply Chain Management System
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
WASDA
YFS
YTD

Voluntary Counselling and Testing
Wajir South Development Agency
Youth Friendly Services
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:

- The project recorded its highest quarterly total of people counseled, tested and receiving their results. A total of 52,920 clients accessed counseling and testing services and got their results during the quarter, of whom 222 (less than 1%) were found to be HIV positive.
- Quality of PMTCT services showed improvement with 22 out of 24 (92%) mothers testing HIV positive accessing prophylaxis. The two mothers who missed the prophylaxis are still in denial of their status but are being counseled to accept the prevention intervention.
- This quarter saw the strengthening of the laboratory network to handle CD4 sample referral in all districts in NEP. While the establishment of the lab network system has experienced initial teething problems, it has nevertheless led to significant improvements in clinical care in CCCs and other treatment sites. Numbers of individuals initiating into the ART program has increased significantly as a direct result of the lab networking initiative. Concurrently, treatment literacy training of clients by APHIA II NEP is creating empowered clients who demand quality services.
- The integration of TB and HIV services at facility level remains challenging because of the unique way the two programs are implemented in the Ministries of Health. Nevertheless, during the quarter, innovative approaches to data access and summarization, including photocopying of facility registers and facilitating DTLCs to travel to facilities to collate the same, yielded excellent results. The TB data for the quarter shows great improvement in performance and a close to true picture of what is actually happening on the ground.
- 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 quarter. The project newly recruited 5,396 OVC and expects to provide comprehensive services to them next quarter.

Table 1. Achievements against targets

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Prevention (Abstinence and Being Faithful)						
Individuals reached through community outreach HIV prevention programs that promote abstinence and/or being faithful	61,109	91,998	89,156	242,263	200,000	121%
Individuals reached through community outreach HIV prevention programs that promote abstinence	26,182	57,506	32,861	116,549	40,000	291%
Individuals trained to promote HIV prevention through abstinence and/or being faithful	137	277	25	439	1,389	32%
Condoms and Other Prevention activities						
Targeted condom service outlets	0	2	11	13	30	43%
Individuals reached through community outreach that promotes HIV prevention through other behavior change beyond abstinence and/or being faithful	7,092	15,304	8,570	30,966	8,000	387%
Individuals trained to promote HIV prevention through other behavior change beyond abstinence and/or being faithful	0	50	0	50	75	67%
Palliative care (TB/HIV)						
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	66	70	94%
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	55	92	99	246	150	164%
TB patients who received HIV counselling, testing, and their test results at a USG supported TB outlet	58	0	516	574	50	1148%
Individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	470	192	0	662	1200	55%
Orphans and Vulnerable Children						
OVC served	6,790	6,790	8,266	8,266	14,950	55%
<i>Male</i>	4,445	4,445	5,515	5,515	7,475	74%
<i>Female</i>	2,345	2,345	2,751	2,751	7,475	37%
Individuals trained in caring for OVC	30	108	0	138	500	28%
Counseling and Testing						
Service outlets providing counseling and testing according to national or international standards	80	80	80	80	40	200%
Individuals who received counseling and testing for HIV and received their test results	28,252	14,315	52,920	95,487	30,000	318%
Individuals trained in counseling and testing according to national and international standards	0	31	0	31	60	52%
Strategic Information						
Local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	3	9	5	17	25	68%
Individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	36	4	40	50	80%
Systems Strengthening						
Local organizations provided with technical assistance for HIV-related policy development	0	33	4	37	4	925%

	Oct-Dec 2009	Jan-March 2010	April-June 2010	Year 3 Total	Year 3 Target	%Year 3 Target Achieved
Local organizations provided with technical assistance for HIV-related institutional capacity building	15	14	13	42	4	1050%
Individuals trained in HIV-related policy development	0	74	8	82	40	205%
Individuals trained in HIV-related institutional capacity building	0	0	0	0	40	0%
Palliative care (excluding TB/HIV)						
Service outlets providing HIV-related palliative care (excluding TB/HIV)	28	29	29	29	90	32%
Service outlets providing pediatric HIV-related palliative care (excluding TB/HIV)	7	7	14	14	4	350%
Total # individuals trained to provide HIV-related palliative care (excluding TB/HIV)	83	33	0	116	50	232%
Individuals provided with pediatric HIV-related palliative care (excluding TB/HIV)	48	82	146	146	100	146%
Individuals provided with HIV-related palliative care (excluding TB/HIV)	1,344	1449	2128	2128	1,400	152%
HIV and AIDS treatment/ARV services						
Service outlets providing ART services according to national or international standards	12	14	14	14	20	70%
Individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	32	62	61	155	400	39%
(0-14)	0	7	6	13	50	26%
(15+)	32	55	55	142	350	41%
Individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)*	718	780	841	841	1,100	76%
(0-14)	42	49	54	54	96	56%
(15+)	676	731	787	787	960	82%
Individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status*	607	762	769	769	990	78%
Male (0-14)	19	37	22	22	40	55%
Male (15+)	232	256	263	263	400	66%
Female (0-14)	22	49	27	27	40	68%
Female (15+)	334	407	444	444	400	111%
Pregnant female (all ages)	19	13	13	13	35	37%
Total # health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	0	0	0	25	0%
Prevention of Mother-to-Child Transmission						
Service outlets providing the minimum package of PMTCT services according to national or international standards	134	138	138	138	60	230%
Pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,912	7,027	9,158	24,097	30,000	80%
Pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	30	19	41	90	180	50%
Health workers trained in the provision of PMTCT services according to national and international standards	0	69	0	69	100	69%
Additional Indicators						

	Oct-Dec 2009	Jan-March 2010	April-June 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Couple years of protection (CYP) in USG-supported programs	956	1,016	1,004	2,976	2,000	149%
People trained in FP/RH with USG funds	0	37	0	37	50	74%
USG-assisted service delivery points providing FP counseling or services	79	79	138	138	40	345%
Service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	Not reported	Not reported	Not reported	0	30	0%
New FP acceptors as a result of USG assistance, by FP method	2,447	4,505	4,352	11,304	10,000	113%
Pills	883	1,382	1,199	3,464		
Injections	1,876	2,931	2,191	6,998		
I.U.C.D.	6	7	6	19		
Implants	43	53	72	168		
Male Sterilization				-		
Female Sterilization				-		
Condoms	1,507	2,011	3,120	6,638		
Other	232	235	260	727		
Service outlets renovated or equipped to facilitate provision of HIV and AIDS or TB related services	2	2	2	6	10	60%
PLWHA support groups formed and/or linked to other services as appropriate	3	2	11	16	5	320%
Health workers trained in stigma reduction	0	0	0	0	TBD	
Individuals trained in the provision of laboratory-related activities	30	0	0	30	15	200%
HQ Added Indicator for Global Database						
Total # service delivery sites supported/established by the project	132	138	138	138		

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

The quarter was dominated by World Cup activities which were innovatively linked with a Rapid Results Initiative (RRI) for HIV Testing and Counseling (HTC). The theme for the HTC RRI was to test 1.2 million Kenyans (80% men) during the RRI. North Eastern province had a target of testing 35,000 people during the initiative which was to end on July 11th.

APHIA II NEP met or surpassed most facility-based service delivery targets this quarter. The project audited quality of services and found that in most areas, especially PMTCT, services have improved significantly.

However, it is evident that care and treatment still poses a challenge in NEP. There is still a disconnect between number of clients testing positive and number of those enrolled into care and, more crucially, into treatment. To address this, the project has put a few innovative strategies in place. An ART mentorship initiative is under way which should improve the quality of clinical services provided to HIV positive clients. Secondly, lab networking to improve CD4 testing for new and continuing clients was initiated and is showing increased numbers of clients having their CD4 counts measured. Once fully in place, timely identification of clients requiring initiation of therapy and monitoring of effectiveness of the treatment should improve tremendously.

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.

1.1.1 Key Observations on Performance

PMTCT services improved during the quarter. The number of facilities offering PMTCT stands at 138, with four new sites commissioned during the quarter. APHIA II NEP introduced improved prophylaxis consisting of Nevirapine with AZT and in some cases triple therapy was introduced in facilities. Quality of service showed improvement with 22 out of 24 (92%) mothers testing HIV positive accessing prophylaxis. The two mothers who missed the prophylaxis are still in denial of their status but are being counseled to accept the prevention intervention. In the previous quarter only 68% of mothers were reached. This shows concerted efforts to avail prophylaxis in all facilities offering ANC services, as well as improved quality of data.

The number of babies accessing prophylaxis still remains low, although there was improvement in this aspect as well. In the previous quarter, only 9 babies were issued with nevirapine while in the quarter under review, this increased to 16. APHIA II NEP supported service providers to stock prophylaxis drugs and all facilities were well prepared to offer the service.

- The project distributed furniture and equipment to high-volume facilities in Wajir South and Mandera districts, in order to improve provision of ANC/PMTCT services. The equipment included basic diagnostic instruments, delivery kits, and examination couches.
- APHIA II NEP supported and participated in the *Malezi Bora* campaign that ran from 3rd -15th May. This year's theme was "Improving the Health of Mothers and Newborn Babies". The project disseminated new updates on PMTCT, MNCH and nutrition.



The launch of Malezi Bora week at Wajir East district hospital

- On-job training and distribution of nevirapine, AZT and lamivudine (3TC) to the PMTCT sites in the districts in conformity with national and international standards has been achieved in most districts of Garissa, Ijara and Fafi. In Wajir and Mandera, duo therapy (NVP/AZT) has been achieved to a large extent. Job aides and the new PMTCT guidelines were disseminated in all the facilities with trained personnel.
- APHIA II NEP supported 68 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.
- Facilitation of DHMT support supervision continues to be a core function of APHIA II NEP. The supervision is comprehensive and covers all programmatic areas of HIV/TB/RH/FP/MCH services.

- The project supported the strengthening and implementation of early infant diagnosis in the province. 27 samples were sent to KEMRI in the quarter for PCR diagnostic processing, and results are now being awaited. Results of samples sent the previous quarter were received; 3 turned positive and the children were started on treatment.

Table 2: PMTCT cascade; April 2009 – June 2010

PMTCT Cascade	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan - Mar 2010	Apr-June 2010
Number of ANC 1st Visits	7,762	7,509	6,750	7,406	7,540
ANC revisits	9,794	7,809	8,306	10,873	9,566
Number of mothers counseled	8,332	8,041	8,244	7,303	8,184
Number of HIV tests	7,895	7,660	7,912	7,027	7,705
Mothers learnt their sero-status	7,895	7,660	7,912	7,027	7,705
Number HIV positive	19	15	37	28	24
Number on ARV prophylaxis	15	10	30	19	22
Infants on ARV prophylaxis	6	2	18	9	15
Mothers tested at maternity	94	597	472	1,388	1,453
Number of deliveries	3,514	2,667	1,659	2,627	3,324

Figure 1: Counselling and testing at ANC:

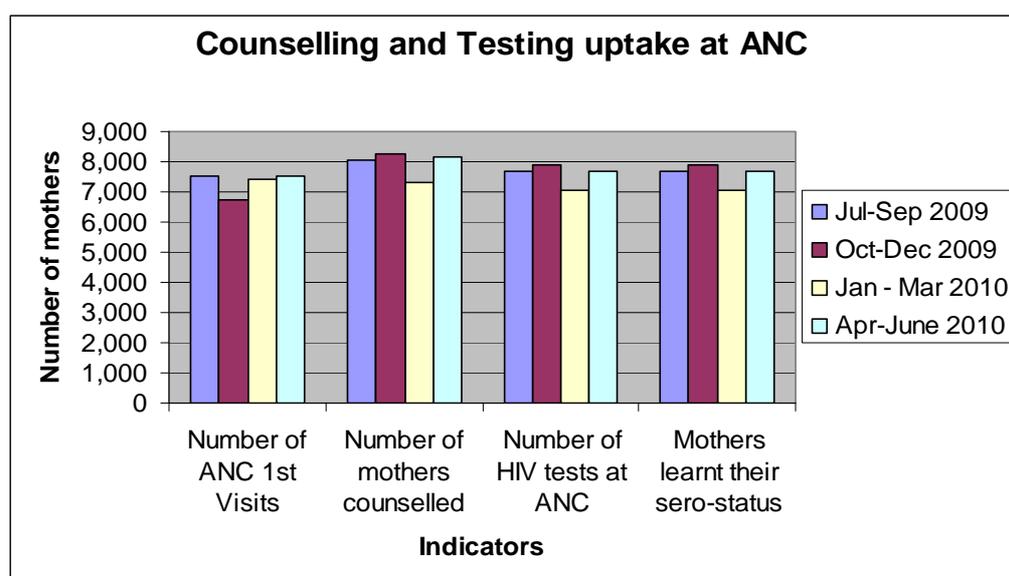


Figure 2: Mother and infant nevirapine uptake at ANC:

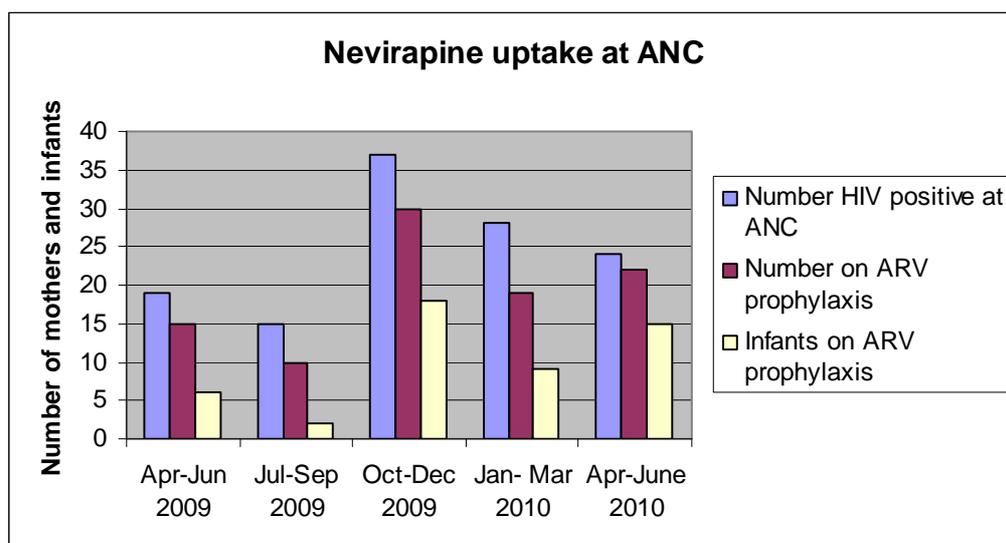
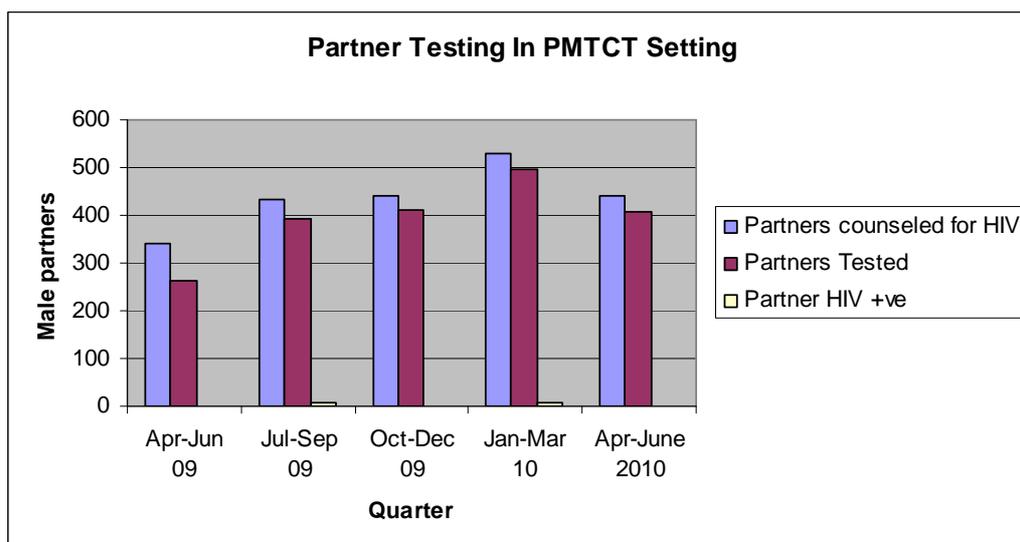


Figure 3: Partner Counseling and Testing



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 has been 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. It remains to be seen whether

the slight decrease in numbers of partners counseled and tested this quarter is an anomaly or a data issue.

1.1.2 Challenges

The major challenges experienced during the reporting period included:

- Identification and prompt sample collection for EID HIV-exposed infants.
- High turnover of PMTCT trained personnel (mainly due to expiry of contract periods) and the economic stimulus program recruitment for respective constituencies which resulted in personnel applying for appointment in their home districts outside of the province.
- Inadequate ART supplies in Wajir ART pharmacy, hence some PMTCT sites still using NVP only.

1.1.3 Planned Activities for the Next Quarter (July - September 2010)

- Strengthen EID activities through on-the-job training and establishment and support of laboratory networking for EID.
- Strengthen couple counseling at PMTCT sites.
- Continue supporting integrated outreaches in the district.
- Continue facilitating joint DHMT/APHIA II NEP quarterly support supervision in the districts and follow-up of the service providers trained in PMTCT.
- Roll out the implementation of the Standards-Based Management-Reward approach for 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.
- Monitor renovation works for proposed sites.
- Support engagement of data clerks in selected districts on a casual basis.

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 resulted in unprecedented growth in the number of people seeking and obtaining CT services in NEP. VCT, PITC and DTC are CT service delivery entry points; religious leaders and peer educators are effective mobilizing agents for CT in the province.

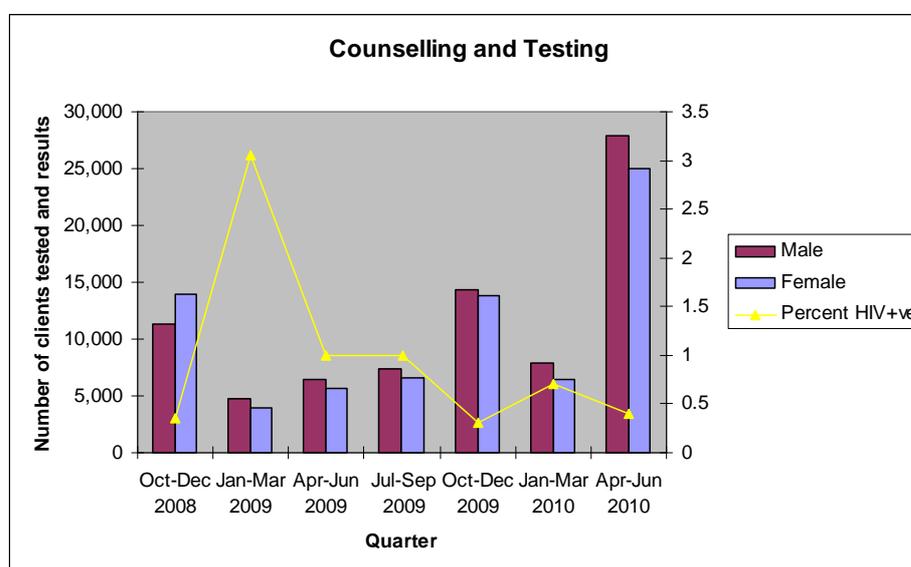
Counseling and testing (CT), particularly of key populations at higher risk of infection, continues to be a critical focal point for the project in maintaining or even reducing the low prevalence rate of HIV in the province. A total of 52,920 clients accessed counseling and testing services and got their results during the quarter, of whom 222 (less than 1%) were found to be HIV positive.

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

Table 3: Counseling and Testing Performance against Year 3 Target

Reporting period	Male	Female	Percent HIV+ve	Total
Oct-Dec 2008	11,321	13,961	0.40	25,282
Jan-Mar 2009	4,507	3,842	3.02	8,349
Apr-Jun 2009	6,498	5,667	1.05	12,165
Jul-Sep 2009	7,625	7,666	1.00	15,291
Oct-Dec 2009	14,403	13,849	0.30	28,252
Jan-Mar 2010	7,835	6,480	0.70	14,315
Apr-June 2010	27,896	25,024	0.41	52,920
Total Q1, Q2 and Q3	50,134	45,353	0.47	95,487
Year 3 target				30,000
Total as percent of Year 3 target				318%

Figure 4: Counseling and Testing



1.2.1 Key Observations on Performance

- The project supported the provincial HIV stakeholders meeting in Garissa, whose main agenda was planning for the 33-day World Cup HTC RRI campaign that kicked off on 11th June. The participants included DASCOS, DMLTs, DHRIOs and PHMT members.
- APHIA II NEP procured and delivered VCT outreach equipment and furniture (5 manyatta tents, 15 portable seats, 4 collapsible tables) to Garissa PGH, SIMAHO, Wajir East DH and Habaswein DH VCT site. The project also facilitated distribution of tents donated by the HCM project to Garissa and Wajir West district for use in the HTC campaign.
- The project facilitated a HTC counselor support supervision forum in all the districts of NEP. The forums brought together counselors from all participating facilities and updated them on the latest protocols, policies and approaches.
- APHIA II NEP supported the deployment of 201 HTC counselors plus community health workers. During the HTC campaign (through June 30th), a total of 44,624 clients were counseled, 40,870 were tested with 106 HIV positive cases detected and referred to

CCCs for care and treatment. Including those counseled and tested outside of the HTC campaign, a total of 52,920 clients were counseled and tested during the quarter – less than 1% (222) tested HIV positive.

- APHIA II NEP supported the completion and operationalization of two new VCT sites in Garissa district: Police Line dispensary and Medina HC.
- The project supported SIMAHO to conduct 24 moonlight VCT outreaches within Garissa municipality during the HTC campaign, primarily targeting key populations at higher risk.

1.2.2 Challenges

- Shortage of test kits, primarily due to inadequate reporting of utilization statistics by facilities.
- Shortage of HIV test kit reporting tools, posing challenges in commodity planning and management.
- Poor uptake of PICT services in many facilities, mainly due to stigma and attitude issues among service providers.

1.2.3 Planned activities for the next quarter (July - September 2010)

- Re-opening of VCT sites that were closed due to lack of staff.
- Completion of the renovation and furnishing of VCT sites that have been identified by the stakeholders as a priority. Specific sites almost ready for occupation include Griftu DH and Mandera East DH.
- Opening of a new VCT site in Balambala SDH.
- Procurement of furniture and equipment for newly operationalized VCT sites.
- Continue supporting mobile, house to house, moonlight VCTs within urban centers.
- Continue to strengthen PICT, particularly in high-volume facilities.
- Continue distribution and dissemination of the new HIV testing algorithm and guidelines.

1.3 Palliative Care and TB/HIV Integration

The integration of TB and HIV services at facility level remains challenging because of the unique way the two programs are implemented in the Ministries of Health. Due to disparities in levels of funding, implementation is generally skewed in favor of TB prevention and treatment. Nevertheless, during the quarter, innovative approaches to data access and summarization, including photocopying of facility registers and facilitating DTLCs to travel to facilities to collate the same, yielded excellent results. The TB data for the quarter shows great improvement in performance and a close to true picture of what is actually happening on the ground.

Due to heavy workload, it was not possible to hold the quarterly TB/HIV coordination meeting but this is scheduled for the first week of August before onset of Ramadan.

Table 4: TB indicators (January – June 2010)

Indicators	Jan-Mar 2010							Apr-Jun 2010						
	Children 0-14 yrs		Adults >14yrs		Total		Grand Total	Children 0-14 yrs		Adults >14yrs		Total		Grand Total
	F	M	F	M	F	M		F	M	F	M	F	M	
TB cases detected	1	1	18	155	19	156	175	8	13	106	368	114	381	495
Smear positive	0	0	21	107	21	107	128	0	3	40	163	40	166	206
Smear negatives	1	7	17	119	18	126	144	5	5	78	288	83	293	376
Extra-pulmonary TB patients on treatment	1	3	10	54	11	57	68	2	5	8	66	10	71	81
TB patients on re-treatment	0	0	14	382	14	382	396	0	2	30	424	30	426	456
TB patients tested for HIV	1	0	13	178	14	178	192	11	12	122	371	133	383	516
TB patients HIV+	3	0	21	27	24	27	51	0	0	27	72	27	72	99
TB HIV+ patients on CPT	0	0	51	41	51	41	92	0	2	37	76	37	78	115
Defaulters	0	0	1	9	1	9	10	0	1	5	24	5	25	30
TB patients completed treatment	0	0	6	96	6	96	102	12	13	48	262	60	275	335
TB deaths	0	0	1	5	1	5	6	1	0	2	23	3	23	26

1.3.1 Key Observations on Performance

- APHIA II NEP supported a renovation assessment of the Garissa Provincial General Hospital TB clinic and manyatta. The assessment targets the main TB clinic, drug dispensing room, HIV counseling room, TB laboratory and the patient waiting area.
- The project continues to facilitate technical (HIV/TB/data/ART) support supervision in most districts of NEP.
- APHIA II NEP supported district TB coordinators to carry out support supervision in all the districts. The project provided intensive TA within supported sites to strengthen quality service provision and data management.
- The project operationalized 3 laboratory centers to provide TB diagnosis and treatment in Garissa and Wajir South districts.
- APHIA II NEP supported a 5-day TB screening and MDR surveillance outreach in selected districts in Garissa, Ijara/Fafi, Wajir and Mandera. This outreach is designed to address “hotspots” of TB incidence as well as improve access to TB/HIV testing where diagnostic centers are few and far between.



TB screening and MDR surveillance outreach – Garissa district

1.3.2 Challenges

- TB data collection and population of the MOH tool can still be improved.
- TB/HIV coordination at district level is still not ideal. Parallel implementation continues to be the norm.

1.3.3 Planned Activities for the Next Quarter (July - September 2010)

- Operationalize additional laboratories to provide TB diagnosis and treatment.
- Continued support for 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 infected clients.
- Support recruitment and hiring of lab techs on behalf of the MOH through the Capacity project.
- Continue to support TB/HIV screening and MDR surveillance.
- Support TB/HIV quarterly meetings.
- Training of new staff on TB/HIV integration.

1.4 Laboratory Services

- APHIA II NEP's interventions around laboratory services are focusing on both the supply and demand sides of the quality improvement equation. This quarter saw the strengthening of the laboratory network to handle CD4 sample referral in all districts in NEP. While the establishment of the lab network system has experienced initial teething problems, it has nevertheless led to significant improvements in clinical care in CCCs and other treatment sites. Numbers of individuals imitating into the ART program has increased significantly as a direct result of the lab networking initiative. Concurrently, treatment literacy training of clients by APHIA II NEP is creating empowered clients who demand quality services.

1.4.1 Key Observations on Performance

CD4 lab networking

Previously in North Eastern province, CD4 estimation could only be done at the Provincial General Hospital laboratory. PLHIV living in remote areas far from Garissa therefore had very limited access to this service and, as a result, were not always being put on the correct medications at the correct time. During the last two quarters, the project assisted the MOH to establish a CD4 sample referral process through lab networking which should greatly expand access by PLHIV to CD4 estimation. Concurrently, problems contributing to rejected samples are being addressed, as indicated by the quarterly data below.

Table 5: CD4 sample referral performance

Performance Before CD4 Networking

Month	CD4 tests
Sept 09	0
October 09	0
November 09	49
December 09	63

Performance After CD4 Networking

January – March 2010

Source	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
Totals	87	33	54

April – June 2010

	PGH Laboratory Report		
Facility	Received	Processed	Rejected
Masalani DH	16	3	13
Iftin SDH	1	1	0
Elwak DH	4	0	4
Modogashe	7	7	0
Saka dispensary	2	2	0
Ifo Refuge Hospital	17	17	0
Daadab SDH	5	5	0
Dagahley Hospital	26	26	0
Mandera East DH	18	12	6
Police Line HC	2	1	1
SIMAHO	12	8	4
Bute DH	4	4	0
Bura DH	4	4	0
Wajir DH	19	17	2
Totals	137	107	30

- APHIA II NEP distributed laboratory equipment to new labs to strengthen services.
- The project operationalized three new lab sites offering TB diagnosis and treatment: Abakore dispensary and Sabuli health center in Wajir South; and, Saka dispensary in Garissa district.
- The project assessed proposed laboratories for renovation and these have been earmarked for the next quarter.
- Facilitated distribution of lab data tools to the laboratories of Modogashe DH, Daadab SDH, Liboi HC and Dertu dispensary in Lagdera district.
- One laboratory staff was trained on fluorescent microscopy. The technology is used as a quality assurance method for TB slides.

1.4.2 Challenges

- Rejected samples – samples were rejected for a variety of reasons, including: clotting; insufficient sample quantity; haemolyzed samples; use of wrong tubes; incorrect or inadequate labeling; incorrect use of requisition forms

1.4.3 Planned Activities for the Next Quarter (July - September 2010)

- Reduce sample rejections through provision of information, training and supplies.
- Renovation of proposed laboratories in selected districts as per DHMT prioritization and availability of funds.
- Provision of laboratory equipments to selected labs as above.
- Procurement of lab equipment.
- 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

During the quarter, APHIA II NEP initiated a clinical mentorship short-term technical assistance by Kenya Pediatric Association. The purpose of the STTA is to give more support and technical back-up to service providers so that they have confidence in assessing, initiating and maintaining eligible clients into the ART program. Data indicates that there may be significant numbers of clients who are unable to access quality care because of this gap.

1.5.1 Key Observations on Performance

- The quarter saw improvement in enrollment numbers which can likely be attributed to the CD4 lab networking initiative – clinicians are becoming aware of the immune status of healthy looking clients who have low immunity as indicated by their CD4 estimation.
- The project facilitated ART support supervision trips and OJT at selected sites in tprovince. Supervision is a powerful tool for quality improvement and the project plans to continuously support and strengthen this tool.
- The project participated in a USAID/NHP meeting on support of FBP (food by prescription), facilitated the subsequent field visit to Garissa PGH CCC nutrition clinic and provided linkages to PLHIV groups. The use of PLHIV groups to identify malnourished clients who can benefit from the FBP initiative is a best practice which should improve quality of care and prolong patients' lives.
- Together with APHIA II HCM, the project introduced the Basic Care Package (BCP) intervention in the province. An orientation and planning workshop for PLHIV and other stakeholders in Garissa was held. Garissa Provincial General Hospital was selected as the pilot site for distribution of the BCPs.
- APHIA II NEP is providing logistic support for CCCs in all districts, through the support of ART registers, client cards, reference materials, CD4 stabilizer tubes and IEC materials.

- CD4 sample referral and laboratory networking initiated through orientation of key district staff and procurement and distribution of CD 4 stabilizer tubes to strengthen CD4 networking and referrals continues to be strengthened by the project.
- 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. We hope to support other CCCs in other districts to embrace this exercise. The project supported the completion of ART data reconstruction phase two in Garissa Provincial General Hospital, Ijara District hospital, Mandera Central (Elwak) and Wajir East district hospitals.



Data reconstruction at Garissa PGH CCC

1.5.2. Challenges

- Uptake of pediatric ART is still slow with inadequate numbers 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 (July - September 2010)

- Initiate more ART sites in the districts after mentorship initiative has taken root. Potential sites include Saka dispensary, Daadab SDH, Buna sub-district hospitals and Liboi HC.
- Train 30 more health workers on ART management.
- Support final phase of ART data reconstruction in Garissa PGH CCC.

- Continue supporting for lab reagents to districts.
- Support capacity-building on ART commodity management and HMIS.
- Strengthen community linkages for adherence support.

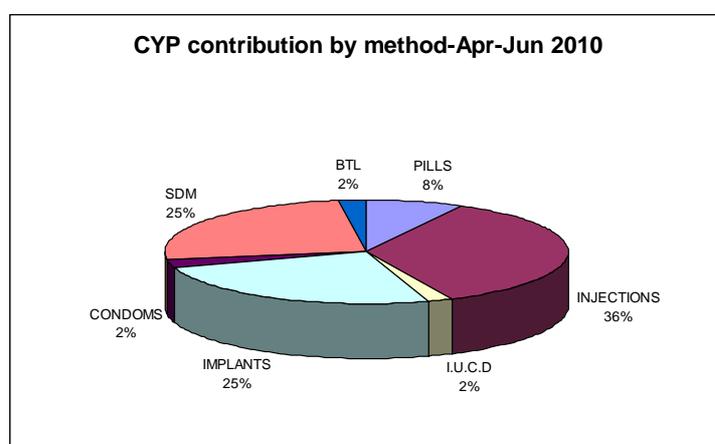
1.6 Reproductive Health/Family Planning

Reproductive health receives minimal attention in NEP due to poor attitudes of many service providers. After APHIA II NEP's dialogue with religious leaders on healthy timing and spacing of pregnancies, uptake of pregnancy spacing services is becoming popular at facilities where service providers have embraced the initiative. Anecdotal information reveals that SDM may also be serving as an entry point to other child spacing methods. Where information has preceded services, service providers are reporting clients asking about when child spacing services, particularly SDM, will be availed.

Table 6: Summary of FP methods provided (October 2009 - June 2010)

			Oct-Dec 2009			Jan-Mar 2010			Apr-Jun 2010		
			New	Re-attendance	Total	New	Re-attendance	Total	New	Re-attendance	Total
1	PILLS	Microlut	117	117	234	217	148	365	176	139	315
		Microgynon	339	310	649	266	337	603	415	469	884
2	INJECTIONS	Injections	750	1,126	1,876	647	1,191	1,838	907	1,284	2,191
3	I.U.C.D	Insertion	4	2	6	13	22	35	2	4	6
4	IMPLANTS	Insertion	31	12	43	16	17	33	47	25	72
5	STERILIZATION	B.T.L	0	0	0	0	0	0	3	-	3
		Vasectomy	0	0	0	0	0	0	-	-	-
6	CONDOMS	No. of Clients receiving	886	621	1507	1,847	454	2,301	1,904	956	2,860
7	ALL OTHERS: (specify)		224	8	232	177	58	235	224	36	260
8	TOTAL NUMBER OF CLIENTS		2,351	2,196	4,547	3,183	2,227	5,410	3,678	2,913	6,317
9	REMOVALS:	IUCD	2		2	19		19	7	8	15
		IMPLANTS	11		11	20		20	35	-	35

Figure 5: Contribution to CYP by contraceptive method (April – June 2010)



1.6.1 Key Observations on Performance

- Distribution of family planning registers, Tiahrt charts, and penile models continued in all the districts.
- The project distributed diagnostic instruments, delivery sets and furniture to facilities in Wajir South and Mandera districts.
- SDM rolled out in facilities of Wajir district, especially in Wajir South.
- Roll out of FP/HIV integration in facilities in all the districts, although this activity is not well embraced due to poor attitudes of service providers.
- The project supported Care for Mothers (C4M) women's groups at Balambala and Sankuri through reinforcement of message dissemination, linkages with facilities and referrals. There was a marked increase in the number of referral cases to facilities for MNCH services.
- Supported FP commodity reporting through OJT and distribution of reporting tools.
- Equipment and furniture distribution in 5 facilities in Wajir South district.

1.6.2 Challenges

- FP data collection and verification continues to be a major challenge.
- Shortages of implants in high-volume facilities in Garissa, Wajir and Ijara districts.
- High staff turnover contributes to a chronic shortage of staff trained in comprehensive RH.
- Lack of implants insertion and removal equipment in most districts, hindering scale-up of long-acting FP methods.

1.6.3 Planned activities for the Next Quarter (July - September 2010)

- Procure and distribute essential RH/MCH equipment to targeted health facilities.
- Scale-up FP/VCT/ART integration.
- Support post-training follow-up and RH /FP supervision in all facilities.
- Support enhanced scale up of SDM to all districts.
- Conduct district MNCH/RH support supervision to take inventory of IMCI trained personnel and ORT corners.

1.7 Systems Strengthening and Other Capacity Building

1.7.1 Key Observations on Performance

- The project recognizes that HIV is not 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.
- There was no training done on delivering ART services and HIV-related institutional capacity-building because the project was awaiting launch of the ART mentorship initiative with TA from Kenya Pediatric Association and prioritized HIV-related policy over ICB activities in the reporting quarter. Training on stigma reduction as a standalone training was phased out in year 2 and has been integrated in all the clinical and community outreach trainings since and is therefore not being reported as a standalone target.

Table 7: Training for capacity-building and systems strengthening

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved	Jul-Sep 2010 Planned
Prevention (Abstinence and Being Faithful)							
Number of individuals trained to promote HIV and AIDS prevention through abstinence and/or being faithful	137	277	25	439	1,389	32%	180
Condoms and Other Prevention activities							
Number of individuals trained to promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	50	0	5	75	67%	0
Palliative care (TB/HIV)							
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	470	192	0	662	1,200	55%	30
Orphans and Vulnerable Children							
Number of individuals trained in caring for OVC	30	108	0	138	500	28%	140
Counseling and Testing							
Number of individuals trained in counseling and testing according to national and international standards	0	31	0	31	60	52%	25
Strategic Information							
Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	36	4	40	50	80%	10
Palliative care (excluding TB/HIV)							
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	83	33	0	116	50	232%	30
HIV and AIDS treatment/ARV services							
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	0	0	0	25	0%	25
Prevention of Mother-to-Child Transmission							
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	69	0	69	100	69%	31
Additional Indicators							
Number of people trained in FP/RH with USG funds	0	37	0	37	50	74%	25
Number of health workers trained in stigma reduction	0	0	0	0	TBD	N/A	
Number of individuals trained in the provision of laboratory-related activities	30	0	0	30	15	200%	0

Summary of Training Activities

a) Prevention/Abstinence and Being Faithful

The project trained 25 youth leaders on AB, bringing the total on AB to 32% of the annual training target. The project is putting increased emphasis on follow-up of those already trained since programmatic targets for AB have already been significantly surpassed.

b) Other prevention beyond abstinence and/or being faithful

There was no training on prevention beyond AB as the project is concentrating on follow-up of the work place peers. Cumulative performance to date therefore stands at 67% of the annual target of 50 individuals. Because the project has surpassed its OP programmatic targets for Year 3, it will be focusing its training resources on other areas in Quarter 4.

c) Palliative Care: TB/HIV

The project did not conduct any TB/HIV trainings in the past quarter given that the project has surpassed programmatic targets on TB/HIV integration (number of HIV clients receiving treatment for TB = 163% of annual target and number of TB patients receiving HIV counseling and testing = 1104%).

d) Orphans and Vulnerable Children

Plans to train 120 OVC caregivers in the past quarter were slowed to give priority to following up those caregivers already trained and other programmatic OVC care and support activities. A total of 138 OVC caregivers or 28% of the annual target of 500 have been trained.

e) Counseling and Testing

Emphasis during the quarter was put on supporting the national HTC RRI campaign. The project continues to outperform its targets for HTC.

f) Strategic Information

During this quarter the project trained 4 DHRIOs on new HMIS tools. Training on SI is on course to meet or surpass the annual target, having surpassed the quarterly threshold of 75%.

g) Palliative Care (excluding TB/HIV Care)

Cumulatively, APHIA II NEP has already surpassed the annual target for year 3 on palliative care (excluding TB/HIV), with good performance on the programmatic targets as well.

h) HIV and AIDS Treatment/ARV Services

The project plans to train 25 SPs in July, in addition to the 25 to be trained under the ongoing mentorship initiative being implemented with TA from the Kenya Pediatric Association.

i) Prevention of Mother-to-Child Transmission

The project did not plan to carry out any PMTCT training in the current quarter; performance stands at 69% of the annual target of 100 individuals. Programmatic performance on PMTCT as a result of previous capacity-building continues to be strong.

j) Additional Indicators

FP/RH/HIV

With funding from the ESD project, APHIA II NEP trained 83 community members from 3 Care for Mothers (C4M) groups on FP/HIV integration. The objective of this unique type of training was to sensitize local women's group members on safe motherhood and newborn care so as to be able to demonstrate understanding, discuss and educate family members and neighbors on the same. The basic training included modules on: FANC, safe delivery, post-natal care, HTSP, PMTCT, and VCT.

Stigma Reduction

The project has stopped training on stigma and discrimination reduction as a standalone activity and instead routinely integrates it into all other trainings provided by the project.

Laboratory Services

The project did not plan any laboratory-related trainings in the past quarter; the project achieved its annual target in the first quarter.

Systems Strengthening Activities

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved	Jul-Sep 2010 Planned
Number of local organizations provided with technical assistance for HIV-related policy development	0	33	4	37	4	925%	15
Number of local organizations provided with technical assistance for HIV-related institutional capacity-building	15	14	11	40	4	1000%	14
Number of individuals trained in HIV-related policy development	0	74	8	82	40	205%	0
Number of individuals trained in HIV-related institutional capacity-building	0	0	0	0	40	0%	40
Additional Indicators							
Number of service outlets renovated or equipped to facilitate provision of HIV and AIDS or TB related services	2	2	3	7	10	70%	15
Number of PLHIV support groups formed and/or linked to other services as appropriate	3	2	11	16	5	320%	11

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

APHIA II NEP has performed well in the provision of low-cost TA for policy development aimed at strengthening the health systems in the province. The annual target has been surpassed by 825% to stand at 37 local organizations provided with TA on policy development and dissemination. This included supporting the PHMT/PMST, PGH, 12 DHMTs and 12 DMSTs to do better AOP planning, supportive supervision and strengthening of 10 HIV and AIDS work place programs.

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

APHIA II NEP already surpassed the annual target in the first quarter of Year 3 but demand for TA for HIV-related ICB has been very high. In the reporting quarter, the project provided on-going ICB technical assistance to 3 sub-grantees and initiated an ICB assessment of SUPKEM as a potential sub-grantee. The project was also involved in strengthening HRH capacities of the Ministries of Medical Services and Public Health through supervision of APHIA II NEP-supported staff administered by the Capacity project in 7 health facilities including: PGH; Medina dispensary; Police Line dispensary; Iftin DH; Bura DH; Masalani DH; and, Ijara SDH.

Table 8: Infrastructure update

APHIA II NEP is working closely with the Provincial Directors of Health to ensure that planned renovation work is completed prior to the transition to APHIAplus in the first quarter of 2011. National-level TA, in coordination with APHIAplus zonal service delivery projects, will assume responsibility for implementing infrastructure activities from that point.

Facility	District	Findings	Recommendations/Remarks
Wajir DH laboratory	Wajir East	<ul style="list-style-type: none"> The lab is in a deplorable state and requires quite some work to improve the working environment There is evidence of water seepage on the floor into the room, which makes the floor appear unsightly 	Tiling of the floor would remedy the unsightly appearance and ease the cleaning process
Khorofharar SDH VCT & laboratory renovations	Wajir East	The block initially provided to accommodate the VCT is isolated and could in a way create stigma	By virtue of being spacious, the isolated block is to be rehabilitated to house the laboratory and consequently the room presently housing the lab is to receive minimal renovations to be able to accommodate VCT services
Tarbaj laboratory	Wajir East	<ul style="list-style-type: none"> A room within the main dispensary was provided to accommodate the laboratory services. The said room is in good condition and will only require minimal renovations to improve the working environment 	Provision of water to the service room should be considered.
Alimaow dispensary lab	Wajir East	The facility comprises of a two-roomed structure (further partitioned with timber to create other service rooms and a waiting area) as well as a separate newly constructed maternity wing	The DHMT was requested to seek confirmation from the Ministry of Public Works that the structure was sound and certified in to support other renovation/improvement works.
Griftu DH laboratory	Wajir West	<ul style="list-style-type: none"> The existing lab requires to be extended and improved to create more working space Bat infestation is a great concern at a facility 	The existing structure and adjacent room is adequate to support the proposed extension renovations
Buna SDH OPD block and VCT	Wajir North	<ul style="list-style-type: none"> The OPD block which houses at least 4 service rooms has cracks on the wall and floor The cracks on the block are not as extensive as the ones on Maternity block in the same compound which is "said to be condemned". DANIDA renovated a pharmacy on the same block, which is still in good condition 	<ul style="list-style-type: none"> Evident from the physical condition of most structures within the facility, the APHIA II team requested the DHMT to furnish the office with a letter/report from the Ministry of Public Works indicating that the said structures are structurally sound and can be

Facility	District	Findings	Recommendations/Remarks
		<ul style="list-style-type: none"> A car park was selected to house the VCT; the car park is in a much better condition as compared to all other structures at the facility. DANIDA also renovated a drug store at the car park, which also in sound condition 	<ul style="list-style-type: none"> rehabilitated; this would also support their renovation request. Buna area seems to experience ground movement/settlement; While undertaking renovation works keenness should be observed to direct rain/ground water away from the structures/foundations.
Dandu dispensary lab	Mandera West	<ul style="list-style-type: none"> A staff house was provided to accommodate the VCT and laboratory services. The structure looks sound with spacious rooms but has one pronounced vertical crack on the rear end of the building 	<ul style="list-style-type: none"> General renovation works will enable the structure to be converted suitably for the proposed use. The structure requires bat proofing
Guba lab	Mandera West	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition A room currently used as a store is to be extended and converted into a laboratory after renovations 	The structure requires bat proofing
Mandera DH maternity & CCC	Mandera East	<ul style="list-style-type: none"> The maternity area is extensive with more than 4 spacious amenity rooms to be renovated in order to improve the present environment which is considered not so suitable for expectant mothers. The CCC site has been officially handed to the contractor for commencement of renovation works. 	Renovation of the floor/walls and running water were noted as priority within the Maternity by the facility Administration
Elwak DH lab & records office	Mandera Central	<ul style="list-style-type: none"> The existing service rooms to be renovated are structurally sound; in addition to improving the present working conditions of the laboratory, it will slightly be extended on an existing foundation to create a reception area 	The laboratory needs improved ventilation for proper air circulation
Asabito maternity & lab	Mandera Central	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and a separate maternity ward, both of which are in fair condition 	The structures require bat proofing and incorporation of plumbing works/drainage
Diff dispensary lab	Wajir South	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition 	The structures require bat proofing and provision of a coping on the roof to prevent it

Facility	District	Findings	Recommendations/Remarks
		<ul style="list-style-type: none"> The is sufficient room to accommodate a lab but the area is bat infested and very windy 	from being blown away by wind
Darjabulla dispensary lab	Wajir South	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition All rooms look occupied with other services and creation of a lab within the existing structure might pose a challenge due to space limitations 	The structures require bat proofing
Iftin SDH lab & waiting bay	Dujis	The lab and cost share rooms are to be extended to match work load	The designs and BQ have been prepared with the support of the Ministry of Public Works
G.K. Prisons lab & VCT	Dujis	Extension of the facility to create a spacious lab and VCT is in progress; construction works are currently above the beam level and progressing at a fairly steady pace	The works are being cost shared with G.K. Prisons handling the labor component while APHIA II NEP procures the materials
Kotile HC lab	Ijara	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition There is sufficient space to create a lab within the existing structure A selective Tendering process has commenced 	The entire structure will require some form of rehabilitation to improve on the working environment since most service rooms are integrated.
Nanighi dispensary	Fafi	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition A selective tendering process has also commenced 	In addition to the staff house renovations, the entire structure will also require some form of rehabilitation since most service rooms are also integrated.
Fafi dispensary lab	Fafi	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in a fairly good condition except for the heavy bat infestation There is no furniture in the facility and the health worker attends to patients while standing 	The structure requires bat proofing
Modogashe DH lab	Lagdera	<ul style="list-style-type: none"> The existing lab is in a fairly good condition and mainly requires extension to be able to match the work load. There are sufficient structures adjacent to the lab that will be able to support the extension works 	Renovation works will incorporate creation of 3 rooms and a waiting area
Banane dispensary lab	Lagdera	<ul style="list-style-type: none"> The facility has Type D structure (with 4 rooms) and is in fair condition 	The structure requires bat proofing

Facility	District	Findings	Recommendations/Remarks
		<ul style="list-style-type: none"> The room selected to house the lab will require minimal renovations to support the service 	
Provincial General Hospital	Garissa	<ul style="list-style-type: none"> The TB Clinic has been earmarked for renovations Cracks that are physically visible on the structure can be repaired with good workmanship 	The structures require bat proofing and incorporation of plumbing works/drainage



Renovation of VCT center, Griftu DH, Wajir West - before



Renovation of VCT center, Griftu DH, Wajir West – after

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

The project has surpassed by 220% its annual target for the number of PLHIV groups formed and/or linked to other support services. In the reporting quarter, the project did not form any new groups but was able to link a total of 11 PLHIV support groups/post-test clubs

to other development partners in the province for additional health, social, livelihood and administrative support. These included linking 8 groups (5 in Garissa, 2 in Ijara and 1 group in Wajir) for stigma reduction training by NEPHAK; linking 2 groups in Mandera to livelihood support (a grant of Kshs 65,000) by Arid Lands Resource Management Project, plus office support by Mandera Education and Development Society (MEDS) worth Kshs 100,000; and, linking 1 group in Elwak to the DC's office for food support and to Department of Social Services, which promised to provide livelihood support.

1.7.2 Challenges

Overall challenges in systems strengthening in the past year:

- Turnover of MOH staff, particularly those on contracts which have ended
- DHMT/DMSTs lack adequate of knowledge and skills on performance management and appraisal hence affecting PNA, TNA
- Lack of integrated district-based database for capturing and sharing staffing performance and training needs
- Trainees follow-up and action plans take long and are sometimes not done due to inadequate staffing capacity and lack of provincial-level leadership
- Large training targets, particularly for prevention, have not been realistically corresponded to programmatic achievements on the ground.
- The creation of new districts has resulted in challenges in terms of human resource capacity, particularly within government counterpart facilities and agencies. It also stretches the capacity of the project to provide TA.

Recommendations:

- Revive/set-up district training committees and support them to lead district staff performance needs and training needs assessment, PNA/TNA database development and linkages with the PTC. This should include training of the DTCs and DMoHs/Medical Superintendents on performance management and appraisal as a beginning point. These actions can then be followed-up by actual PNAs/TNAs across all 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 continue to facilitate the development of FS/QI tools and their implementation.
- Support the strengthening of the PTC to include all training stakeholders in the province and share information among all partners.

RESULT II: EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR

2.1 Abstinence/Being Faithful

The project has significantly surpassed its programmatic prevention targets. The emphasis in NEP continues to be on maintaining, if not lowering, the relatively low HIV prevalence rates in the province through reinforcement of positive community norms and attitudes around abstinence and being faithful. Over 85,000 people heard messages during the quarter on abstinence and being faithful. However, of equal if not greater importance is that the same channels for communicating AB messages are also providing information on testing and counseling, modes of transmission of HIV, reduction of stigma and discrimination towards PLHIV and care and support for those affected or infected.

The primary channels for communication outside schools remain religious leaders due to the respect they command from the community. In project year 3, APHIA II NEP's work with religious leaders has spread from the urban centers to the rural areas. The project has now held decentralized AB trainings for religious leaders in all of the districts in NEP. The trained RLs have proved to be of help in mobilization during the recent national *Malezi Bora* and HTC campaigns; RLs also participate in selected outreach activities. Messages are passed during sermons and also at public meetings, held in neighborhoods and other public places.

Youth leaders, particularly those working within the structure of *Chill* clubs and *G-Pange*, continue getting information out to thousands of young people in school while peer educators give messages beyond AB to their peers and key populations at higher risk of infection.



Chill Club in NEP

2.1.1 Key Observations on Performance

HTC Campaign Mobilization

NASCOP organized a national HTC campaign from June 11 – July 14, to coincide with the World Cup and to emphasize testing of men. The HTC campaign in NEP was organized around two approaches: PITC and outreaches. The project, as the main HIV and AIDS partner in the province, played a critical role in mobilization and actual support to the counselors. Several strategies were used in mobilization to reach the target of 35,000 people counseled, tested and receiving their results:

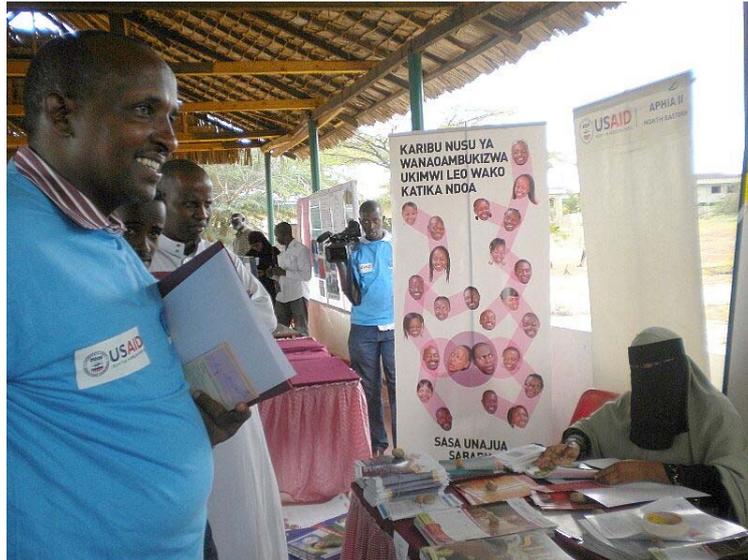
- Public service announcements over a local FM station which reaches most of the province, Star FM. The messages were aired twice daily during the prime time when most of the listeners are tuned to BBC news in Somali language.
- Public service announcements over a local FM station in Wajir: Wajir Community Radio. This was done for two weeks within the campaign period. The adverts were given in the local vernacular for greater Wajir – Somali and Borana. The messages aired twice daily during the prime time when most of the listeners are tuned to news.
- Public barazas and small group meetings – the main speakers in these forums are the religious leaders and the local opinion leaders.
- Door-to-door approach – the chairmen of the facility management committees and CHWs move around the villages mobilizing the community towards a central position where the counsellors are based.
- Distribution of IEC materials – leaflets with messages distributed across Garissa and Wajir districts. The leaflets contained useful information, including:
 - *What is VCT?*
 - *Where to get VCT services locally?*
 - *If infected, how long does one take before testing positive?*
 - *Benefits of counseling and testing, particularly for couples*

Integrated Outreach with RLs

APHIA II NEP supported an integrated outreach involving RLs and health workers in Wajir East and West during the reporting period. The objectives were to:

- Support the facility staff and community to reduce stigma and discrimination by facilitating an avenue to link religious leaders to identified positive clients in the area.
- Conduct a mobilisation for testing and counselling, targeting key populations at higher risk.
- Mobilize the community towards health service utilization.
- Follow-up to see how the training has helped the RLs in disseminating accurate information about HIV/ AIDS.

This activity was undertaken as one of the community approaches to behavioural change communication and as a continuation of the project's drive to create strategic alliances between RLs and PLHIV. The approach is normally done with respected members of the community, especially the religious leaders, chiefs, CHWs and SPs. These community members give messages on HIV and AIDS and encourage people to know their status while the service providers do the counselling and testing.



Asst. Minister for Livestock at APHIA II NEP stand at G-Youth fair in Garissa

APHIA II NEP Presentations at Conferences

As part of its documentation and dissemination strategy, APHIA II NEP submits abstracts for presentations at noteworthy Kenyan and international conferences.

- **International Conference on Global Health**

During the reporting quarter the project's BCC Coordinator, Ibrahim Hassan Abdi, made a presentation on *Dramatic Demand for Counseling and Testing in a Conservative, Islamic Setting* at the 37TH Annual International Conference on Global Health in Washington, DC. Presentations on APHIA II NEP's work were also made at the USAID Office of Population & Health, the ESD End of Project Conference and at Pathfinder HQ. Participants at USAID were particularly interested to hear about the project's experiences with integration and health systems strengthening.



APHIA II NEP presenting at the Global Health Conference in Washington, DC

- **NOPE Conference on Peer Education, Sexuality, HIV and AIDS**

APHIA II NEP presented on *Low Perception of High Risk: Evidence for Interventions to Reduce HIV/STI Risk in a Conservative Islamic Setting* at the 4th International Conference on Peer Education, Sexuality, HIV and AIDS in Nairobi on June 16-18.

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

Women's Health Forum

The project sponsored a two-day women's health forum at Wajir East and Lagdera. The participants included milk vendors, mirra sellers, tea sellers, traditional birth attendants and various representatives from the different women's groups in the area.

A number of issues were identified by participants during the forum, including:

- Ignorance among women about HIV and AIDS – Most of the trainings especially (AB) concentrated only on male participants. Illiteracy amongst women is a handicap to their participation in trainings and workshops. There is need to train women leaders on comprehensive HIV messages and involve them more in the peer education programmed especially on PMTCT.
- Advertisements over the local FM stations do not reach the entire NEP population. Even the community radio in Wajir is limited to specific localities.
- Divorce was cited as a factor that contributes to increase in risky behavior.
- Lack of collaboration among the male counterparts, especially during voluntary counseling and testing and PMTCT. The issue of male dominance in the cultural context has come out as a contributory factor towards the transmission of HIV. Husbands do not accompany their expectant wives to antenatal clinic, so when testing only the status of the wife is known.
- The participants confirmed that youth are engaged in renting rooms that they use for promiscuous behaviors that put them at risk of HIV.
- The women said female local nurses were very rude to other women during delivery. They said most of the educated women prefer to be handled by male nurses while the rural women who have never gone to school don't like to deliver in health facilities because of language barriers with staff from the other parts of the country and rudeness from the local nurses. They requested the project to organize a forum between service providers and women leaders.
- Islam advocates for kindness and caring for the sick so stigmatizing people living with HIV and AIDS has no basis as far as Islam is concerned. The participants were taken through the religious leaders resolutions which gave them clear teachings on Islamic concepts as far as stigmatization is concerned.

- Though the women participants have sighted mirra as a big vice in the community that leads to risky behaviors, they voiced their concern in refraining from trading in the substance due to economic concerns and requested for alternative source of income should they stop trading in mirra.
- The TBAs were encouraged to refer expectant mothers to hospital for safe delivery and access to PMTCT services.

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. During this quarter APHIA II NEP trained 23 worksite peer educators from various institutions in Garissa municipality. Meanwhile, peer educators in government institutions continued with prevention messaging at Garissa and Wajir Prison camps, Wajir Administration Police and Ijara police line.

2.2.2 Challenges

- High stigma among the PLHIV, community and health workers.
- Lack of food and nutrition support for PLHIV and their OVC from the program and high expectation from clients.
- Lack of knowledge on CHBC concepts among partners.
- Lack of capacity amongst CHBC IPs.
- Lack of CHBC supporting partners in the region.

2.2.3 Planned Activities for the Next Quarter (July - September 2010)

- Roll out of worksite program to Wajir and Mandera districts.
- Finalization of SBC activities through NOPE consultancy.
- Production of IEC materials for workplace peer educators.

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 9: Summary of HBC services (April 2009 – June 2010)

<i>Activities/Services</i>	<i>Apr-Jun 09</i>	<i>Jul-Sep 09</i>	<i>Oct-Dec 09</i>	<i>Jan-Mar 10</i>	<i>Apr-Jun 10</i>
Number of clients served	220	343	416	448	484
Clients who died	5	9	3	1	8
No of care givers	150	372	366	265	227
No. of HBC clients (Male)	77	111	161	171	150
No. of HBC clients (Female)	143	232	255	277	338
No. of clients on ARV (Male)	44	44	102	107	97
No. of clients on ARV (Female)	136	131	230	237	213
No. of ARV clients dropped out	2	7	1	0	0
No. of referrals for VCT	9	49	63	30	61
No. of referrals for CCC	12	90	142	171	176
No. of referrals for FP	1	16	24	18	15
No. of referrals for Nutrition	7	9	0	0	0
No. of referrals for Support group	3	173	268	152	124
No. of referrals for PMTCT	0	20	23	15	20
Condom distributed	113	280	637	869	866

3.1.1 Key Observations on Performance

- CHBC support continued in Garissa municipality through the five APHIA II NEP implementing partner PLHIV groups. Scale-up of CHBC support continued in Wajir through WASDA, using the model for CHBC service delivery established by APHIA II NEP in Garissa.
- WASDA trained 22 CHWs in Wajir on CHBC. Following the training, the trained CHWs registered 45 clients into the CHBC program, made home visits and referred clients for various services.
- Following the issuing of identification badges for CHWs, they no longer are reporting problems of being prevented from entering homesteads to visit clients.
- APHIA II NEP continued to review and strengthen the capacity of CHW supervisors in data collection and analysis.
- APHIA II NEP promoted linkages between PLHIV groups and providers of goods and services both within and outside of the health sector, including: the Provincial Administration (Office of the President) for food assistance; NGOs, Ministry of Gender, Children and Social Development, and Arid Lands Resource Management Project for livelihood support, FP and PMTCT services.

- Following advocacy by APHIA II NEP, the HCM project agreed to fast-track the distribution of Basic Care Packages in NEP. The launch of this program took place in Garissa during the quarter and included various stakeholders.
- PLHIV in NEP have responded very enthusiastically to treatment literacy training and it has proven to be an effective entry point for the recruitment and formation of PLHIV groups. This quarter, the project identified treatment literacy trainees in Modogashe.
- APHIA II NEP supported community mobilization for Community Strategy rollout in Kotile and Medina in Garissa and Ijara districts respectively.
- PLHIV advocates – established following APHIA II NEP treatment literacy trainings – have been active in speaking with PLHIV, mobilizing for HIV testing and CD4 sample referrals, developing linkages with other supporters and with national PLHIV advocacy groups.
- CHWs established with the support of APHIA II NEP benefitted from training offered by other organizations in areas such as Education Through Listening, stigma reduction and magnet theatre.



Magnet theater – Garissa

APHIA II NEP met with CHW supervisors in Wajir (under the WASDA sub-grant) towards the end of the quarter. Some of the practical concerns raised were as follows:

- High stigma. Some clients are isolated from their families.
- Some families were abandoned by their husbands immediately the wives turned positive. The wife is then left with their children under her own care.
- High cost of communication. Supervisors spend money on air time to contact CHWs under their supervision and their clients. CHWs and clients always flash them instead of calling.
- Majority of the clients are poor and experience problems in terms of shelter, food and education.
- Some positive clients refuse to disclose their status to their families due to fear of being stigmatized.
- WASDA is working together with the PLHIV advocates and CHWs to try to address these issues.

3.1.2 Challenges

- High stigma among the PLHIV, community and health workers.
- Slow registration of PLHIV into the program.
- Lack of food and nutrition support for PLHIV and their OVC from the program together with high expectation from clients.
- Lack knowledge on CHBC concepts among partners.
- Limited capacity of CHBC IPs.
- Poor capacity (office space, furniture, stationeries, finance, IT, human resources) of CHBC IPs.
- Lack of CHBC supporting partners in the region besides APHIA II NEP.

3.1.3 Planned Activities for the Next Quarter

- Conduct treatment literacy training for PLHIV in Modogashe and Mandera Central.
- Conduct CHW training on Community Strategy in Khotile and Medina CUs.
- Follow-up supervision of PTC groups in Ijara, Wajir and Mandera.
- Distribution of CHBC Basic Care Packages to Garissa IPs.
- Conduct CHBC orientation workshop for health workers in Garissa municipality.
- Monthly meetings with IPs management on how to scale-up PLHIV registration into CHBC programs 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.
- Scale-up community sensitization and mobilization to reduce stigma and discrimination.
- Continue support for CHBC commodity supplies.
- Conduct monthly meetings for community groups (CHWs and peer educators) to monitor their activities.
- Refresher training for peer educators.

3.2 Orphans and Vulnerable Children (OVC)

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

Perhaps because of the nomadic lifestyles of its inhabitants, care for orphans in the province has traditionally been provided through institutional orphanages. These orphanages have usually been run by Muslim charities which received much of their funding from the Middle Eastern countries. This funding has dried up in recent years, but the local institutions have weak systems for attracting funding from other donors and are limited in their abilities to raise significant funding locally. Because of their relatively weak financial and administrative systems, APHIA II NEP works with most of these local partners by funding interventions directly (as opposed to providing sub-grants) after a needs assessment is carried out in close collaboration with the Children's Department. Increasingly, the project is placing emphasis on building the

capacity of its partners to provide support to OVC, particularly girls, within the surrounding communities rather than in institutional settings.

During the last year, APHIA II NEP has been successful in identifying and supporting OVC through the PLHIV groups which it is building the capacity of. This continues to be an increasingly significant channel for identifying and supporting OVC in NEP.

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 quarter. The project newly recruited 5396 OVC and expects to provide comprehensive services to them next quarter.

OVC Comprehensive Direct Support

Direct support is a methodology used by APHIA II NEP project to support OVC in institutions and provide them with material support based on PEPFAR 6+1 OVC core services. This support includes purchase of mattress, bed sheets, blankets, ITN nets, books (exercise and text), desks, provision of UNIMIX, uniform and school fees. During this quarter we continued to support the OVC as indicated below:

Table 10: OVC Beneficiaries Mandera District

Mandera District				
Name of IP	Male	Female	Total	Location of IP
Abu Huraria Children's Home	251	71	322	Banisa
Al Hidayah Children's Home	182	44	226	Rhamu
Al Sunnah Orphanage	147	74	221	Mandera Town
Aluteibi Children's Home	138	61	199	Elwak
Al weis Children's Home	155	61	216	Elwak
Al Fouazan	201	49	250	Rhamu
Takaba Primary School	166	104	270	Takaba
Daua Integrated School	188	125	313	Mandera Town
Mandera Islamic Centre	192	130	322	Mandera Town
Totals	1,620	719	2,339	

Table 11: OVC Beneficiaries Wajir District

Wajir District				
Name of IP	Male	Female	Total	Location of IP
Abubakar Sadiq Children's Home	171	25	196	Wajir Town
Al-Riaya Orphanage	35	51	86	Wajir Town
Islamic Call Foundation	107	44	196	Wajir Town
Itisam Children's Home	29	21	50	Wajir Town
Wajir Catholic Mission(Girls Town)	19	79	98	Wajir Town
Wajir Girls Integrated School	0	300	300	Wajir Town
Wajir Islamic Centre	48	0	48	Wajir Town
Catholic primary School	70	32	102	Wajir Town
Wajir School for the Deaf	50	32	86	Wajir Town
District Totals	529	584	1,113	

Table 12: OVC Beneficiaries Garissa and Ijara Districts

Garissa and Ijara districts				
Name of IP	Male	Female	Total	Location of IP
Najah Children's Home	150	0	150	Garissa town
Umal Kheir Children's Home	0	90	90	Garissa town
AMA Children's Home	184	114	298	Modogashe, Lagdera district
Alfurqan Children's Home	318	105	423	Masalani, Ijara district
Masalani Primary	25	25	100	Masalani, Ijara district
Garissa Special School	49	31	80	Garissa town
PDO	60	35	95	Fafi district
Balambala	144	106	250	Garissa
Garissa CBHC	55	40	95	Garissa
Mama Hani	49	31	80	Garissa
District Totals	1,034	577	1,611	

OVC Implementing Partners Meeting

During this quarter the program conducted two regional meetings with OVC IPs to monitor the progress of the program. These are some of the practical concerns raised at the meeting:

- The IPs requested the scope of services to OVC to be expanded to include the following activities:
 - Direct supplemental feeding to the orphans
 - Routine nutritional assessment and growth monitoring

- ECD feeding centre
- Provision of personal effects like soaps, tooth paste, etc
- Provide clothes and shoes in addition to school uniforms
- Renovation of toilets
- Office equipment and furniture for the IPs
- Capacity building for IPs management
 - TA on development of proper governance structures
 - TA in proposal writing and resource mobilization

Continuation of OVC Scale-up Exercise

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. During this quarter a total of 1,739 OVC were supported through the approach in Garissa, Lagdera, Fafi and Ijara districts.

Table 13: OVC supported through LOC

District	Location	# of OVC supported
Garissa	Shimbirey	50
	Saka	97
	Danyere	150
Lagdera	Banane	141
	Shanta Abak	150
	Dadaab	150
	Kulan/Liboi	202
Fafi	Welmarer/Yubis	226
	Fafi	143
	Bura (PDO)	330
Garissa	OVC of PLHIV	100
	Total	1,739



OVC and LOC in Danyere location, Garissa district

Institutional Capacity Building and Systems Strengthening

APHIA II NEP continues to support Area Advisory Councils (AACs) to exercise general supervision and control over the planning, financing and coordination of child welfare activities, particularly as they concern OVC. AACs represent the National Council for Children's Services at the grassroots level. Strengthening of AACs will contribute significantly to the sustainability of project interventions to assist OVC.

During this quarter the project assisted in the formation and subsequent training of four AACs in the newly-created districts of Mandera West, Mandera Central, Wajir South and Lagdera. During this quarter the project also supported AAC meetings in Garissa, Ijara, Wajir South, Wajir East and Mandera Central districts.

Secondary School Fees

APHIA II NEP provides school fees to a select number of children from all the partners supported, with the exception of those on sub-grants. The project gives special preference to children infected or directly affected by HIV. A total of 110 OVC benefited from this service and the project conducted routine monitoring. During the quarter, plans were put in place to cover an extra 150 OVC under this program. The program has developed standard bursary forms and identification of eligible students is ongoing.

Day of the African Child

During this quarter the APHIA II NEP supported the Day of the African Child in Garissa, Ijara, Wajir South, Wajir East, Mandera Central, Mandera East and Mandera West districts. The theme of celebration this year was "Planning and Budgeting for the Wellbeing of the Child – a Collective Responsibility."

Collaboration with USAID-supported Nutrition and HIV Program

Following discussions with NHP, APHIA II NEP coordinated a visit by NHP program officers to Garissa PGH. The project facilitated linkages between the PGH, PLHIV IPs and NHP to ensure that more clients are recruited into the food by prescription program.

3.2.2 Challenges

- Magnitude of OVC needs in the province in relation to resources available
- Limited capacity within the province of local implementing partners and district-level counterparts

3.2.3 Planned Activities for the Next Quarter

- Complete the distribution of supplies for community-based OVC in Garissa and Ijara
- Commence the distribution of supplies for community-based OVC in Wajir and Mandera
- Complete the processing of scholarships for the remaining 150 OVC in the region
- Training of Locational OVC Committees for eight locations

IV: STRATEGIC INFORMATION

4.1 Key observations on performance

- The project developed an integrated database that feeds directly into the Kenya Program Monitoring System (KEPMS).
- District Health Records and Information Officers, recruited and hired by APHIA II NEP on behalf of the Ministries of Health and through the CAPACITY project, reported to their work stations and received orientation from their provincial counterpart, a process that was supported by the project. With the placement of the new DHRIOs in Modogashe, Takaba, Elwak and Fafi, it is expected that issues related to timely and accurate reporting of health facility data from these regions, will improve significantly.
- APHIA II NEP met with the National Coordinator for the TB Program regarding TB data reporting for the province. The meeting clarified certain reporting procedures and contributed directly to improved TB data collection for the reporting period.

Technical Support to Health Facilities

APHIA II NEP conducted several OJT sessions for health personnel at various health facilities within the project area. Key data elements formed the platform for the OJTs with emphasis placed on ART data quality, TB data extraction, utilizing the newly introduced register, TB4, and general data management techniques on error tracking. Familiarizing health workers specifically with the TB register should assist them to meet the new reporting requirement of disaggregating TB data by gender and age category. In addition to this, the project demonstrated to health workers how the reporting tools can be slightly improved to capture PMTCT services extended to pregnant mothers. This is expected to improve on the PMTCT interventions accorded to mothers by type of prophylaxis.

During the reporting period, APHIA II NEP spearheaded the distribution of FP tools to all health facilities offering the service. This was necessitated after FP was integrated to all sites offering PMTCT as part of the project strategy of integrating key services.

District-level M&E Support

The project continues to provide anti-virus update support to DHRIOs who have computers provided by APHIA II NEP. There is sufficient evidence that increased reporting using the File Transfer Protocol (FTP) has been registered in the province due to the transmission of virus-free data.

During the reporting period, the project procured and distributed 11 back-up flash disks to be used by the respective DHRIOs for backing up their data.

OVC Registration

APHIA II NEP successfully registered nearly 2,000 new OVC, all of whom have been entered into the project database. APHIA II NEP has created internal systems that ensure that only registered OVC receive services from the project. This system allows the project to accurately report on the OVC receiving services at any time.

Training of CHBC IPs

APHIA II NEP facilitated a staff training for WASDA on reporting tools and the use of the project database. During the training, it was established that some of the trained CHWs were illiterate, something that has stimulated the project to devise ways of capturing data through other means such as the use of pictures/illustrations.

4.2 Challenges

The project realizes that whereas data needs remain dynamic, the need to modify/change reporting tools and subsequently plan for their roll out is inevitable. It is however worth noting that mechanisms to successfully roll out these tools have been less than ideal. This situation has presented several challenges, including:

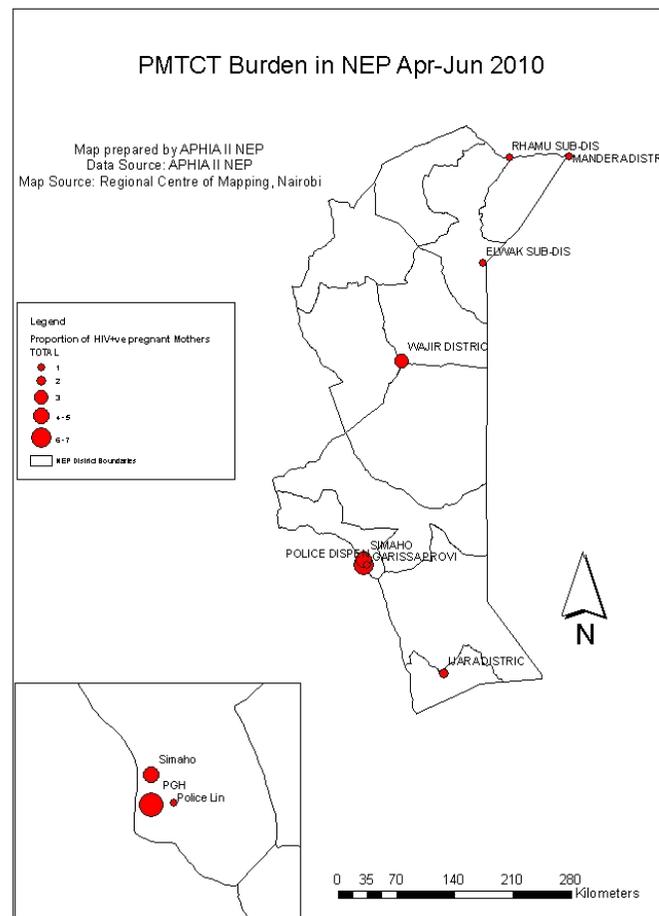
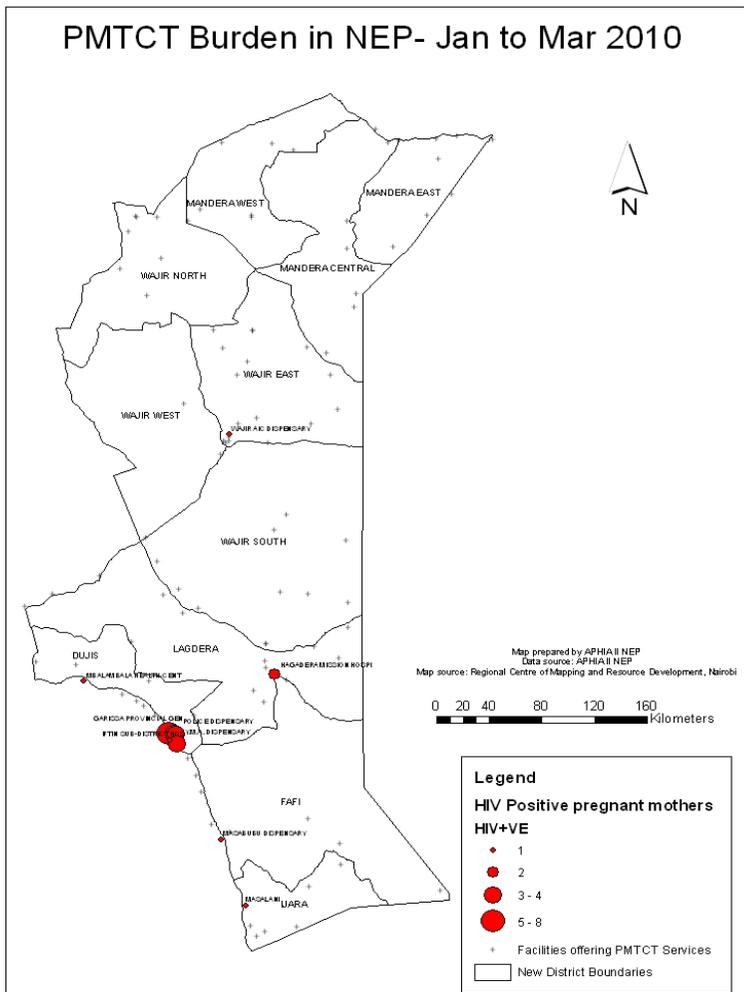
- There are several versions of reporting tools circulating in the project area and this has led to confusion on which ones to utilize when reporting.
- The introduction of the tools have not been preceded with the requisite training of users.
- Some of the tools have been sourced/printed by NGOs that are keen to collect specific data and therefore do not necessarily strengthen the overall HMIS.

The collation and reporting of ART data using a paper-based system is still a recurrent challenge. Since it is expected that longitudinal analysis be conducted on the treatment outcomes, the several registers required to do this usually end up confusing the records staff who in turn report inaccurately.

4.3 Planned Activities for the Next Quarter

- The project plans to support a process that will see ART patients issued with unique numbers in all the ART sites. This will allow clinicians to follow-up on patients who transfer in or out of particular sites. In addition, it will minimize the multiple counting of any patient receiving services at different locations.
- The APHIA II NEP project plans to continue supporting the data feedback sessions in all the districts in NEP. The feedback sessions will focus on quarterly facility performance and shall address all health indicators as captured by HMIS.
- The strengthening of data audits as part of improving the integrity of data reported from North Eastern province, will form part of project M&E activities for the coming quarter. This activity is slowly becoming an integral aspect of routine DHMT supervision in NEP.

APPENDIX 1 SPATIAL ANALYSIS OF PMTCT IN NEP



APPENDIX 2

SPATIAL ANALYSIS OF CT IN NEP

