

# APHIA II North Eastern Province

## *Quarterly Program Report*



**ACTIVITY TITLE:** APHIA II North Eastern Province

**AWARD NUMBER:** CA 623-A-00-07-00023-00

**EFFECTIVE PROJECT DATES:** 14 May 2007 – 13 May 2012

**REPORTING PERIOD:** July – September 2010  
(Project Year 3, Quarter 4)

**DATE OF SUBMISSION:** October 31, 2010



## **TABLE OF CONTENTS**

INTRODUCTION.....	7
<b>IMPROVED AND EXPANDED FACILITY-BASED HIV and AIDS, TB AND RH/FP .....</b>	<b>14</b>
1.1 Prevention of Mother to Child Transmission.....	15
1.1.1 Key Observations on Performance.....	15
1.1.2 Challenges .....	18
1.1.3 Planned Activities for the Next Quarter.....	18
1.2 Counseling and Testing .....	18
1.2.1 Key Observations on Performance.....	20
1.2.2 Challenges .....	20
1.2.3 Planned Activities for the Next Quarter.....	20
1.3 Palliative Care and TB/HIV Integration .....	21
1.3.1 Key Observations on Performance.....	21
1.3.2 Challenges .....	22
1.3.3 Planned Activities for the Next Quarter.....	22
1.4 Laboratory Services .....	22
1.4.1 Key Observations on Performance.....	23
1.4.2 Challenges .....	24
1.4.3 Planned Activities for the Next Quarter.....	24
1.5 ARV Treatment Services .....	24
1.5.1 Key Observations on Performance.....	24
1.5.2 Challenges .....	24
1.5.3 Planned Activities for the Next Quarter.....	25
1.6 Reproductive Health/Family Planning .....	24
1.6.1 Key Observations on Performance.....	26
1.6.2 Challenges .....	27
1.6.3 Planned Activities for the Next Quarter.....	27
1.7 Systems Strengthening and Other Capacity Building .....	28
1.7.1 Key Observations on Performance.....	28
1.7.2 Planned Activities for the Next Quarter.....	29
1.7.3 Challenges .....	34
<b>EXPANDED CIVIL SOCIETY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR .....</b>	<b>35</b>
2.1 Abstinence/Being Faithful.....	35
2.1.1 Key Observations on Performance.....	36
2.2 Other Prevention Activities .....	36
2.2.1 Key Observations on Performance.....	36
2.2.2 Challenges .....	37
2.2.3 Planned Activities for the Next Quarter.....	37
<b>EXPANDED CARE AND SUPPORT FOR PEOPLE AND FAMILIES AFFECTED BY HIV AND AIDS.....</b>	<b>41</b>
3.1 Other Prevention Activities .....	41
3.1.1 Key Observations on Performance.....	41
3.1.2 Challenges .....	43
3.1.3 Planned Activities for the Next Quarter.....	43
3.2 Orphans and Vulnerable Children .....	42
3.2.1 Key Observations on Performance.....	42
3.2.2 Challenges .....	44
3.2.3 Planned Activities for the Next Quarter.....	44
<b>STRATEGIC INFORMATION.....</b>	<b>45</b>
4.1 Key Observations on Performance.....	45
4.2 Challenges .....	46
4.3 Planned Activities for the Next Quarter.....	46
<u>APPENDIX 1: SPATIAL ANALYSIS OF PMTCT IN NEP.....</u>	<u>47</u>
<u>APPENDIX 2: SPATIAL ANALYSIS OF CT IN NEP .....</u>	<u>48</u>
<u>APPENDIX 3: SPATIAL ANALYSIS OF OVC COVERAGE IN NEP.....</u>	<u>49</u>

## **LIST OF TABLES AND FIGURES**

TABLE 1: ACHIEVEMENTS AGAINST TARGETS.....	9
TABLE 2: PMTCT CASCADE; OCTOBER 2009-SEPTEMBER 2010.....	16
TABLE 3: COUNSELING AND TESTING PERFORMANCE AGAINST YEAR 3 TARGET.....	18
TABLE 4: TB INDICATORS (JANUARY-SEPTEMBER 2010).....	21
TABLE 5: CD4 SAMPLE REFERRAL PERFORMANCE.....	23
TABLE 6: SUMMARY OF FP METHODS PROVIDED (JULY-SEPTEMBER 2010).....	25
TABLE 7: TRAINING FOR CAPACITY-BUILDING AND SYSTEMS STRENGTHENING.....	27
TABLE 8: SYSTEMS STRENGTHENING ACTIVITIES.....	31
TABLE 9: INFRASTRUCTURE UPDATE.....	32
TABLE 10: SUMMARY OF HBC SERVICES (OCTOBER 2009-SEPTEMBER 2010).....	40
TABLE 11: TOTAL OVC BENEFICIARIES IN NEP.....	44
FIGURE 1: COUNSELING AND TESTING AT ANC.....	16
FIGURE 2: MOTHER AND INFANT NEVIRAPINE UPATE AT ANC.....	17
FIGURE 3: PARTNER COUSELING AND TESTING.....	17
FIGURE 4: COUNSELING AND TESTING Figure 4.....	18
FIGURE 5: CONTRIBUTION TO CYP BY CONTRACEPTIVE METHOD (JULY-SEPT 2010).....	26

## 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
CHC	Community Health Committees
CHW	Community Health Worker
CIC	Community Implementation Committee
CME	Continuing Medical Education
CTS	Clinical Training Skills
CSI	Child Survival Index
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
DHSF	District Health Stakeholders Forum
DLTLD	Division of Leprosy, Tuberculosis and Lung Disease
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
HAART	Highly Active Antiretroviral Therapy
HBC	Home-based Care
HCBC	Home and Community-Based Care
HCT	HIV Counselling and Testing
HCW	Health Care Worker
HIV	Human Immunodeficiency 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 OVC 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
NCAPD	National Coordinating Agency for Population and Development
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	Voluntary Counselling and Testing
WASDA	Wajir South Development Agency
YFS	Youth Friendly Services
YTD	Year to Date

## INTRODUCTION

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

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

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

### **Some highlights from the current quarter:**

- The number of facilities supported by APHIA II NEP to provide PMTCT services rose from 138 in the previous quarter to 148. Most of the high volume facilities in NEP are now able to offer more efficacious prophylaxis regimens (Nevirapine plus AZT) while all Level 4 facilities offer triple prophylaxis (NVP+AZT+3TC) or even full HAART for eligible mothers.
- All mothers testing HIV+ at ANC received prophylaxis, including two who had opted-out in the previous period. Seven babies also accessed Nevirapine syrup. More babies exposed to HIV are accessing Early Infant Diagnosis between 6 and 18 weeks.
- Maternity testing for HIV among pregnant mothers has seen a four-fold increase in the last year. More emphasis has been put to testing at every opportunity and more accurate recording and reporting is able to show better results in the strategy of prevention of vertical transmission. Number of hospital deliveries is also increasing steadily.
- APHIA II NEP achieved 400% of its annual target for number of individuals who accessed counseling and testing for HIV and received their test results. This is largely attributable to APHIA II NEP's comprehensive provincial-level support of two national HCT campaigns, the latter of which spanned the third and fourth quarters of the project year.
- APHIA II NEP's investment in the development of HMIS infrastructure in the province is bearing fruits. The project received 98% of HMIS data by the 10th October against a national deadline of 15th October. As a result of this achievement, the project was able to analyze, review and report on KEPMS data prior to the deadline for submission.

- Impressive gains in couple years of protection (CYP), as a result of increases across all family planning methods in the number of new acceptors during the quarter. The project continues to emphasize healthy timing and spacing of pregnancy, in line with local cultural and religious sensibilities.
- Over 90,000 messages were passed by religious leaders and youth leaders through the mosques and chill club/G-Pange school programs. Since the project surpassed its annual targets within the first three quarters, a deliberate move was made to reduce the direct messaging and give more emphasis to outreaches and worksite-based activities in order to improve the quality of the messages and hence the impact.
- The project significantly exceeded both its quarterly and annual targets for number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. This is attributable primarily to the fact that two national HCT campaigns took place during Quarter 2 and Quarter 4. The project provided the primary support for these campaigns in NEP.
- Treatment Literacy training for PLHIV continues to form the cornerstone of APHIA II NEP's interventions for creating PLHIV advocates, forming post-test clubs, reducing self-stigma and generating demand for HIV services. During the quarter, APHIA II NEP trained 13 PLHIV in Modogashe and 21 PLHIV in Elwak.
- An additional 3141 registered OVC (50% female) received support from the project this quarter. The project achieved 76% of its annual target.

**Table 1: Achievements against targets**

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
<b>Prevention (Abstinence and being faithful)</b>							
Number of individuals reached through community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	61,109	91,998	89,156	54,451	296,714	200,000	148%
Number of individuals reached through community outreach HIV/AIDS prevention programs that promotes abstinence	26,182	57,506	32,861	37,604	154,153	40,000	385%
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	137	277	25	5	444	1,389	32%
<b>Condoms and other prevention activities</b>							
Number of targeted condom service outlets	0	2	11	30	30	30	100%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,092	15,304	8,570	18,740	49,706	8,000	621%
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	50	0	0	50	75	67%
<b>Palliative care (TB/HIV)</b>							
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) according to national or international standards	66	66	66	66	66	70	94%
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	55	92	99	72	318	150	212%

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Number of TB patients who received HIV counselling, testing, and their test results at a USG supported TB outlet	58	0	516	560	1134	50	2268%
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	470	192	0	0	662	1200	55%
<b>Orphans and vulnerable children</b>							
Number of OVC served by an OVC program	6,790	6,790	8,266	11,407	11,407	14,950	76%
<i>Male</i>	4,445	4,445	5,515	7,095	7,095	7,475	95%
<i>Female</i>	2,345	2,345	2,751	4312	4,312	7,475	58%
Number of individuals trained in caring for OVC	30	108	0	113	251	500	50%
<b>Counseling and Testing</b>							
Number of service outlets providing counseling and testing according to national or international standards	80	80	80	90	90	40	225%
Number of individuals who received counseling and testing for HIV and received their test results	28,252	14,315	52,920	24,595	120,082	30,000	400%
Number of individuals trained in counseling and testing according to national and international standards	0	31	0	0	31	60	52%
<b>Strategic Information</b>							
Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)	3	9	5	12	29	25	116%
Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	36	4	34	74	50	148%
<b>Systems Strengthening</b>							
Number of local organizations provided with technical assistance for HIV-related policy development	0	33	4	14	37	4	925%
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	14	13	4	42	4	1050%

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Number of individuals trained in HIV-related policy development	0	74	8	0	82	40	205%
Number of individuals trained in HIV-related institutional capacity building	0	0	0	38	38	40	95%
<b>Palliative care (excluding TB/HIV)</b>							
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	28	29	29	35	35	90	39%
Number of service outlets providing pediatric HIV-related palliative care (excluding TB/HIV)	7	7	14	20	20	4	500%
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	83	33	0	35	116	50	232%
Number of individuals provided with pediatric HIV-related palliative care (excluding TB/HIV)	48	82	146	161	161	100	161%
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,344	1,449	2,128	2,315	2,315	1,400	165%
<b>HIV/AIDS treatment/ARV services</b>							
Number of service outlets providing ART services according to national or international standards	12	14	14	20	20	20	100%
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	32	62	61	77	232	400	58%
(0-14)	0	7	6	9	22	50	44%
(15+)	32	55	55	68	210	350	60%
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)*	718	780	841	918	918	1,100	83%
(0-14)	42	49	54	62	62	96	65%
(15+)	676	731	787	856	856	960	89%

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites), by gender, age and pregnancy status*	607	762	769	810	810	990	82%
<i>Male (0-14)</i>	19	37	22	26	26	40	65%
<i>Male (15+)</i>	232	256	263	277	277	400	69%
<i>Female (0-14)</i>	22	49	27	27	27	40	68%
<i>Female (15+)</i>	334	407	444	465	465	400	116%
<i>Pregnant female (all ages)</i>	19	13	13	15	15	35	43%
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	0	0	68	68	25	272%
<b>Prevention of Mother-to-Child Transmission</b>							
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	134	138	138	148	148	60	247%
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,912	7,027	9,158	10,430	34,527	30,000	115%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	30	19	41	30	120	180	67%
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	69	0	36	105	100	105%
<b>Additional Indicators</b>							
Couple years of protection (CYP) in USG-supported programs	956	1,016	1,004	1,710	4,686	2,000	234%
Number of people trained in FP/RH with USG funds	0	37	0	0	37	50	74%
Number of counseling visits for FP/RH as a result of USG assistance	Not reported	Not reported	Not reported	Not reported	0	2,000	0%

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
Number of USG-assisted service delivery points providing FP counseling or services	79	79	138	148	148	40	370%
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	Not reported	Not reported	Not reported	Not reported	0	30	0%
Number of new FP acceptors as a result of USG assistance, by FP method	2,447	4,505	4,352	4,735	16,039	10,000	160%
Pills	883	1,382	1,199	1,506	4,970		
Injections	1,876	2,931	2,191	2,656	9,654		
I.U.C.D.	6	7	6	26	19		
Implants	43	53	72	106	274		
Male Sterilization					-		
Female Sterilization					-		
Condoms	1,507	2,011	3,120	5,143	11,781		
Other	232	235	260	441	1,168		
Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB related services	2	2	2	2	8	10	80%
Number of PLWHA support groups formed and/or linked to other services as appropriate	3	2	11	7	16	5	320%
Number of health workers trained in stigma reduction	0	0	0	0	0	TBD	
Number of individuals trained in the provision of laboratory-related activities	30	0	0	0	30	15	200%
<b>HQ Added Indicator for Global Database</b>							
Total number of service delivery sites supported/established by the project	132	138	138	148	148		

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

The Rapid Results Initiative for counseling and testing during the soccer World Cup greatly boosted utilization of HTC services – the project achieved 400% of its annual target for individuals counseled, tested and accessing results. Another RRI is planned for November/December and this will boost these services even further. The project will prepare facilities offering care and treatment in anticipation of individuals from these campaigns to be recruited, evaluated and placed on the most appropriate care and treatment options.

The completion of mentorship training is anticipated to enhance service delivery in adult and pediatric ART care and treatment. During the quarter under review, APHIA II NEP enhanced the CD4 lab networking system through logistic support for access to supplies, transport and more accurate recording and reporting. This has improved the number of clients who qualify for HAART to be initiated in good time.

During the same period there was improved access to maternal, newborn and child health (MNCH) services as a result of improved funding. APHIA II NEP rolled out access to SDM as a child spacing option in two new districts (Wajir and Mandera). As the project continues to generate demand in the community through champions and gatekeepers (religious leaders and community health workers) the facilities are also being prepared through OJT on supply chain management, recording and reporting as well as furniture and equipment distribution to create enabling environments.

Weather and general population movement was favorable during the quarter although meteorologists are predicting poor rainfall in northern Kenya and this bodes ill for the coming months.



*Dried-up communal water pan – Garissa District, September 2010*

## **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 aural and visual.

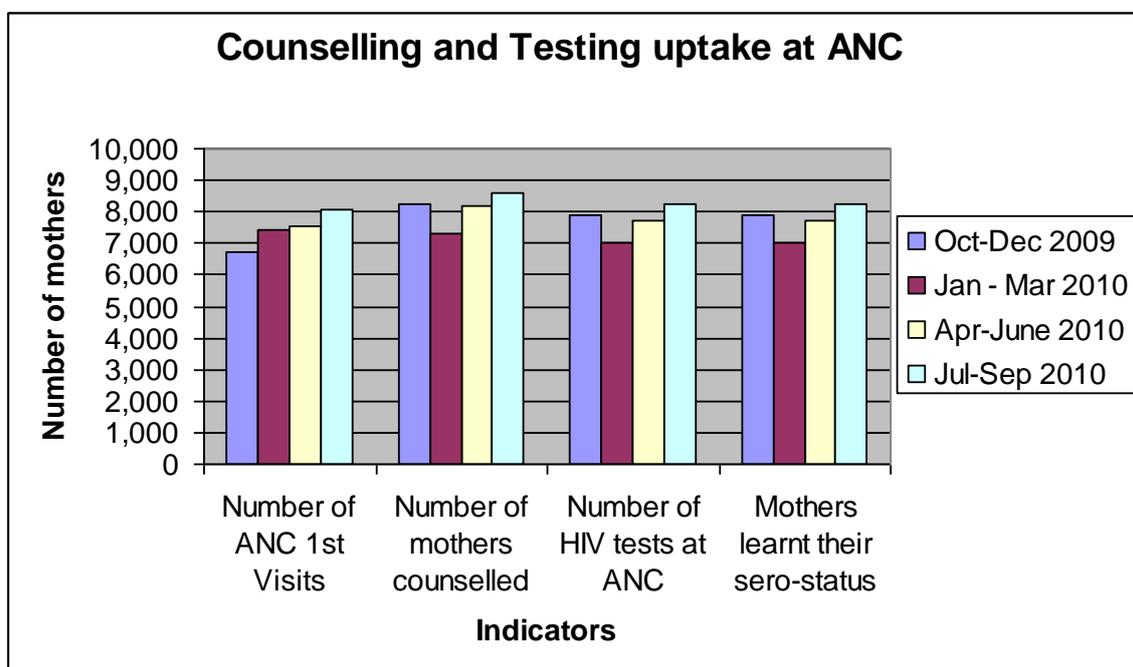
### **1.1.1 Key Observations on Performance**

- The number of facilities supported by APHIA II NEP to provide PMTCT services rose from 138 in the previous quarter to 148. Most of the high volume facilities in NEP are now able to offer more efficacious prophylaxis regimens (Nevirapine plus AZT) while all Level 4 facilities offer triple prophylaxis (NVP+AZT+3TC) or even full HAART for eligible mothers.
- All mothers testing HIV+ at ANC received prophylaxis, including two who had opted-out in the previous period. Seven babies also accessed Nevirapine syrup. More babies exposed to HIV are accessing Early Infant Diagnosis between 6 and 18 weeks.
- Maternity testing for HIV among pregnant mothers has seen a four-fold increase in the last year. More emphasis has been put to testing at every opportunity and more accurate recording and reporting is able to show better results in the strategy of prevention of vertical transmission. Number of hospital deliveries is also increasing steadily.
- Integrated outreach services using motorbikes continued to offer improved ANC services, including PMTCT. The project increased the number of facilities benefiting from integrated outreach in all districts.
- Facilitation of support supervision for technical managers has continued to add value to quality of service delivery through OJT, whole site orientation and follow-up of HCW trainees.
- Distribution of revised integrated HMIS registers and reporting tools with on-site orientation has improved data collection and utilization within DHMTs and facilities.

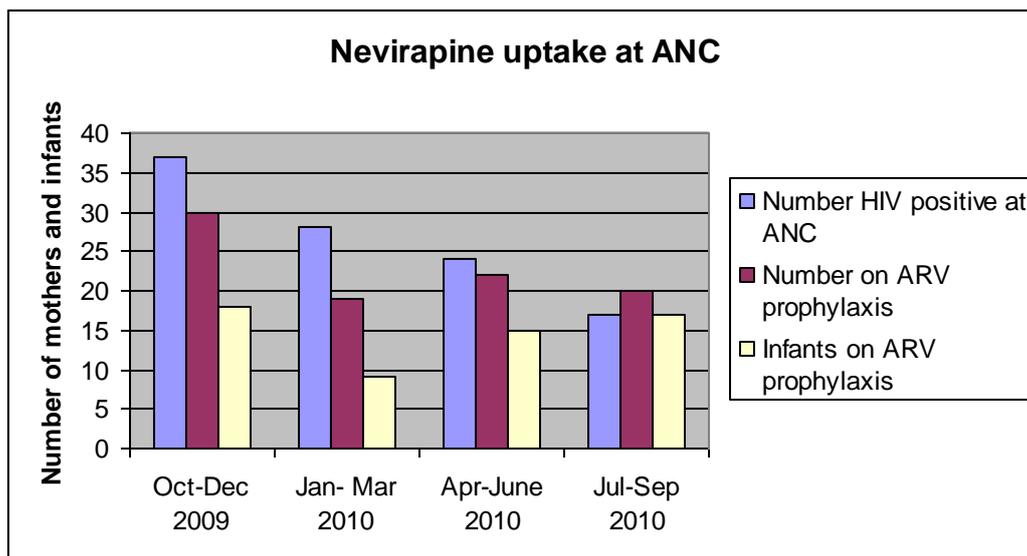
**Table 2: PMTCT cascade; October 2009 – September 2010**

	<b>Oct-Dec 2009</b>	<b>Jan-Mar 2010</b>	<b>Apr-Jun 2010</b>	<b>Jul-Sep 2010</b>
<b>Number of ANC 1st Visits</b>	6,750	7,406	7,540	8,064
<b>ANC revisits</b>	8,306	10,873	9,566	10,085
<b>Number of mothers counseled</b>	8,244	7,303	8,184	8,617
<b>Number of HIV tests</b>	7,912	7,027	7,705	8,220
<b>Mothers learnt their sero-status</b>	7,912	7,027	7,705	8,220
<b>Number HIV+</b>	37	28	24	17
<b>Number on ARV prophylaxis</b>	30	19	22	20
<b>Infants on ARV prophylaxis</b>	18	9	15	17
<b>Mothers tested at maternity</b>	472	1,388	1,453	2,248
<b>Number of deliveries</b>	1,659	2,627	3,324	3,703

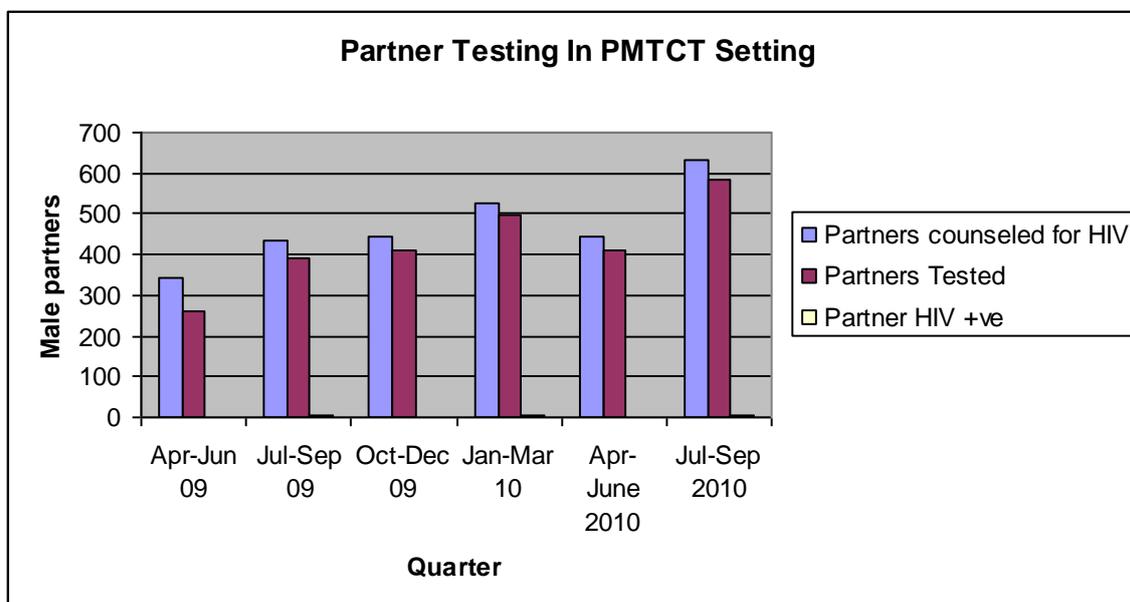
**Figure 1: Counseling and testing at ANC**



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



**Figure 3: Partner Counseling and Testing**



### **1.1.2 Challenges**

- Chronic and widespread shortage of skilled health workers. The economic stimulus hiring by the government at the constituency level has not had the desired impact in NEP because of a lack of applicants; several districts did not receive a single application. The challenges pertaining to human resources for health are unlikely to be resolved in the absence of policy changes by the government of Kenya.
- Fuel distribution for outreach services continues to face challenges, particularly in hard to reach areas of Mandera.
- Inadequate ART supplies, particularly in Wajir ART pharmacy, contributed to some PMTCT sites still using NVP only.

### **1.1.3 Planned Activities for the Next Quarter (October - December 2010)**

- Initiation of PMTCT services in new sites and strengthening in existing sites.
- Strengthening EID activities through OJT and establishment and support of laboratory networking for EID.
- Support for integrated outreaches at district-level.
- Joint DHMT/APHIA II NEP quarterly support supervision and follow-up of service providers trained in PMTCT.
- Roll out the implementation of the Standards-Based Management-Reward approach in PMTCT in the districts.
- OJT on data collection and data quality improvement.
- Ensure availability of more efficacious regimen for both mother and infant in all PMTCT sites.
- Support ART pharmacies to better manage ART commodities in order to minimize stock-outs, expiries and delays in data transmission for timely re-ordering of the same.
- Renovation of facilities and distribution of furniture and equipment to new sites, as per previous plans.
- Strengthen integration of services, especially family planning, into all HIV care and prevention activities so as to increase access and improve quality of service delivery.

## **1.2 Counseling and Testing**

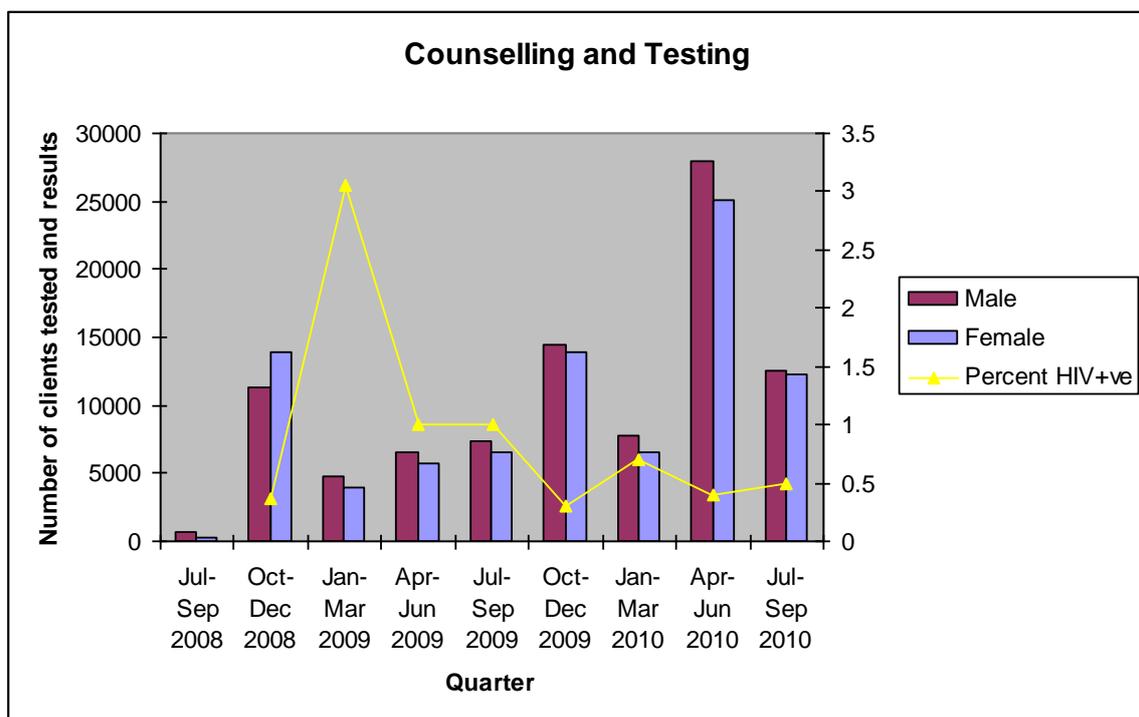
Counseling and testing (CT), particularly of key populations at higher risk of infection, continues to be a critical focal point for the project in maintaining or even reducing the low prevalence rate of HIV in the province. The project has initiated a range of counseling and testing activities in collaboration 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.

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+	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
Jul-Sep 2010	12,541	12,282	0.51	24,823
<b>Total Year 3 achievement</b>	<b>62,675</b>	<b>57,635</b>	<b>0.48</b>	<b>120,310</b>
<b>Year 3 target</b>				<b>30,000</b>
<b>Total as percent of Target</b>				<b>401%</b>

**Figure 4: Counseling and Testing**



### **1.2.1 Key Observations on Performance**

- APHIA II NEP achieved 400% of its annual target for number of individuals who accessed counseling and testing for HIV and received their test results. This is largely attributable to APHIA II NEP's comprehensive provincial-level support of two national HCT campaigns, the latter of which spanned the third and fourth quarters of the project year.
- The HCT campaign which concluded during the quarter under review achieved 160% of the provincial target assigned by NASCOP. Slightly more than 50% of those counseled and tested were male; 40% of all those counseled and tested were repeat testers. With less than .01% of individuals testing HIV+, one must conclude that the campaign did not achieve its intended focus on key populations at risk.
- In addition to supporting the HCT campaign, the project continues to focus on providing access to counseling and testing to key populations at risk through door-to-door, moonlight and other innovative outreach approaches. The training of PLHIV in treatment literacy and creation of post-test clubs has generated increased demand for quality services.
- The project jointly with partners supported integration of counseling and testing services in the worksite peer education outreaches and this has proved to be yielding good results.

### **1.2.2 Challenges**

- VCT counselors are still in short supply in the province. APHIA II NEP is working with Capacity Project to recruit and hire additional VCT counselors on behalf of the MOH.
- Test kit distribution and lack of reporting tools for consumption continued to be erratic, creating artificial shortages since there are enough test kits in the country.
- PITC as a strategy has still not picked well in most facilities and this results in missed opportunities for patients and clients to access counseling and testing services within facilities.
- Stigma and discrimination is still a barrier to access in NEP, particularly in areas where post-test clubs and home-based care services have not yet been initiated.

### **1.2.3 Planned activities for the next quarter (October - December 2010)**

- APHIA II NEP will support the RRI preceding World AIDS Day, in collaboration with NASCOP and other stakeholders.
- Continued support for innovative outreach services reaching key populations at risk, particularly uniformed services.
- Refocusing of PITC and DTC in high-volume facilities. Different strategies are being applied to increase prominence of both PITC and DTC at facility level by appointing focal persons to keep track of the initiative (to make sure it's happening); retraining of personnel; provision of tools for data capture; and, through CME.
- The project will continue supporting data collection, collation and usage for decision-making through distribution of tools and data feedback sessions.

## 1.3 Palliative Care and TB/HIV Integration

**Table 4: TB indicators (January – September 2010)**

NEP Yr3 Qtr4	Jan-Mar 2010					April-Jun 2010					July - Sept 2010				
	Children 0-14 yrs		Adults >14yrs		Total	Children 0-14 yrs		Adults >14yrs		Total	Children 0-14 yrs		Adults >14yrs		Total
	F	M	F	M		F	M	F	M		F	M			
No. of TB cases detected	1	1	18	155	175	8	13	106	368	495	38	26	208	316	588
No. of smear positive	0	0	21	107	128	0	3	40	163	206	7	2	72	134	215
No. of smear negatives	1	7	17	119	144	5	5	78	288	376	24	35	251	255	565
No. of Extra pulmonary TB patients on treatment	1	3	10	54	68	2	5	8	66	81	7	6	38	77	128
Total No. of TB patients on Re-treatment	0	0	14	382	396	0	2	30	424	456	6	3	26	133	168
Total No. of TB Patients tested for HIV	1	0	13	178	192	11	12	122	371	516	32	23	203	310	568
Total No. of TB Patients HIV+	3	0	21	27	51	0	0	27	72	99	4	7	31	30	72
No. of TB HIV patients on CPT	0	0	51	41	92	0	2	37	76	115	5	6	47	88	146
No. of defaulters	0	0	1	9	10	0	1	5	24	30	1	0	3	9	13
Total No. of TB patients completed treatment	0	0	6	96	102	12	13	48	262	335	17	13	101	255	386
Total No. of TB Deaths	0	0	1	5	6	1	0	2	23	26	0	0	3	10	13

### 1.3.1 Key Observations on Performance

- TB and HIV care integration has shown some improvement. The innovative approaches to data access continue to bear fruit.
- Data collected over the quarter shows a steady rise of case finding in the current reporting period. Although case finding in NEP had been dropping, data cleaning and innovation in data accessing has resulted in more accurate reporting.
- The problem of under-reporting of TB patients who were tested for HIV has been addressed and the statistics now appear to reflect the actual situation on the ground.
- The percentage of HIV+ clients who have TB co-infection is slightly over 12 per cent. TB incidence in NEP appears to be not directly associated with HIV, unlike in the rest of the country where the correlation goes up to 50 percent or more.
- The project continues to support TB screening and MDR surveillance in all the districts, especially in rural areas with limited access to facilities or laboratory services.
- The APHIA II NEP-supported quarterly TB/HIV meetings resumed with better participation and more realistic action plan development. Participants included PHMT, DASCOS, DTLCs, DHRIOs and District Pharmacists drawn from each of the districts of NEP. Participants reviewed TB/HIV data for the last quarter and assessed formation of

district TB/HIV committees and their role in TB/HIV collaboration. Participants also reviewed the progress on external quality assurance for TB microscopy in all labs undertaking TB diagnoses.

- The project supports district-level HIV/TB/RH targeted support supervision. The HIV/TB/RH programmatic areas were assessed with specific emphasis on strengthening of HIV/TB collaboration in the service delivery facilities.
- The project continues to support capacity-building through CMEs, OJT and trainee follow-up to ensure quality of service delivery is improved and/or maintained.

### **1.3.2 Challenges**

- The number of patients reported as being on co-trimoxazole prophylaxis should be equal to the reported number who are HIV+ and should be on ARVs. The low reported number of 146 indicates that either there are HIV+ individuals who deserve CTX but are not yet on the prophylaxis, or recording is not up to date.
- Initiation of TB screening in the PGH CCC and other ART sites could be improved. Lack of standard SOPs and recording and reporting tools makes it challenging to standardize this activity.
- Parallel reporting lines and complexity of MOH 711A makes data capture and interpretation quite difficult for service providers, facility in-charges and managers.

### **1.3.3 Planned Activities for the Next Quarter (October - December 2010)**

- Provide logistic support to ensure availability of co-trimoxazole at facilities.
- Integration of ART services in TB clinics, especially in high volume facilities and TB treatment centers.
- Continue to support formation of TB/HIV committees in all districts of NEP.
- Operationalize additional laboratory centers to improve access to TB diagnosis and treatment.
- Continued support of TB/HIV screening and MDR surveillance.
- Continue to support quarterly TB/HIV/lab joint meetings at provincial and district levels to ensure quality of comprehensive services to co-infected individuals.
- Provide support for rollout of new comprehensive TB/HIV data capturing tools that are more user friendly, easier to understand and more informative.
- Initiate TB/HIV committees and support quarterly TB/HIV committee meetings at district levels to ensure quality of comprehensive services to co-infected patients and follow-up of data.
- Support orientation/OJT of staff in the operational facilities and new staff on collection of specimens and EQA for laboratories.
- Strengthen screening for TB among all HIV+ clients at the CCC and proactive recording and reporting using the new tools jointly developed by NASCOP and the Division of Leprosy, Tuberculosis and Lung Disease (DLTLD).

## **1.4 Laboratory Services**

APHIA II NEP has prioritized renovation of laboratories in support of HIV diagnosis, care and treatment, TB services, as well as malaria and antenatal services. Equipping and furnishing some of the same labs and capacity-building of key personnel (lab technologists) not only increases access to diagnostic services, but also provides a critical opportunity for revenue generation by facilities.

## 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 had very limited access to this service and, as a result, were not always being put on the correct medications at the correct time. APHIA II NEP has assisted the MOH to establish a CD4 sample referral process through lab networking which has greatly expanded access by PLHIV to CD4 estimation.

**Table 5: CD4 sample referral performance**

#### Performance Before CD4 Networking (September – December 2009)

Month	CD4 tests processed
September	0
October	0
November	49
December	63

#### Performance After CD4 Networking (January – September 2010)

Quarter	Received	Processed	Rejected
January-March	87	33	54
April-June	137	107	30
July-September	170	127	43

## 1.4.2. Challenges

While there is continued increase in the number of samples received and processed, an unacceptable proportion of samples continue to be rejected. The project is assisting the MOH with training and quality control to address this situation.

- APHIA II NEP supported provision of essential laboratory equipments to selected facilities in greater Mandera.
- The project supported collection and submission of DBS samples to HIV national reference laboratory for quality assurance.
- APHIA II NEP facilitated DHMT support supervision for the newly functionalized laboratories in the region.
- The project initiated renovations of laboratories in Kotile, Dandu, Elwak, Wajir DH, Modogashe, Banane, and Khorof Harare facilities. The renovations are on-going and expected to be completed by the first quarter of 2011.

## 1.4.3 Planned Activities for the Next Quarter (October - December 2010)

- Renovation of prioritized laboratories will continue as per schedule.
- The project will support PMLT and DMLTs to conduct CD4 sample referral performance review meeting for laboratory in-charges.
- In conjunction with PMLT, support development of job aids for CD4 sample collection and shipping.
- Support TB MDR surveillance through specimen referral to TB central lab and timely dissemination of results to the testing labs in the province.
- Continue support for Early Infant Diagnosis through logistics and OJT to enhance enrollment of HIV+ pediatric patients into treatment and support.

## 1.5 ARV Treatment Services

### 1.5.1 Key Observations on Performance

- Kenya Pediatric Association continued to provide STTA in mentorship to improve ART services for both adult and pediatric clients. During the quarter, 31 service providers identified from active treatment sites completed a five-day training by a faculty of experts in all disciplines of care and treatment, including counseling and testing, laboratory services, nutrition and clinical assessment, initiation and monitoring of ARV therapy.
- VCT continues to be the biggest source of patients registered in CCCs, followed by TB treatment sites, PITC and lastly PMTCT sites. The number of HIV+ mothers started on care and/or treatment at PMTCT settings has improved and this shows that the quality of and access to care is improving in NEP facilities. It is important to note that sites not designated as CCCs (e.g. Level 3 facilities, TB clinics, PMTCT and in-patient wards) do not yet have pre-ART and ART registers but are initiating care and/or treatment. There may therefore be some under-reporting.

### 1.5.2. Challenges

- Initiation of infants into care and treatment continues to be a challenge: although there is an increase in the number of children started on ARVs from 6 in the last quarter to 9 this quarter, the total for the year is only 44 percent of the set target. The project expects that

the mentorship training conducted this quarter will contribute to increases in the percentage of HIV+ infants initiated into care and treatment.

- Erratic supply chain management contributing to irregular ARV access by clients on HAART.
- High levels of stigma and discrimination leading to clients who test HIV+ not seeking care and treatment.
- Failure of low-volume facilities to maintain records of HIV+ clients accessing care (pre-ART registers), resulting in artificially low reporting rates of clients enrolled into care after HTC.

### 1.5.3 Planned Activities for the Next Quarter (October – December 2010)

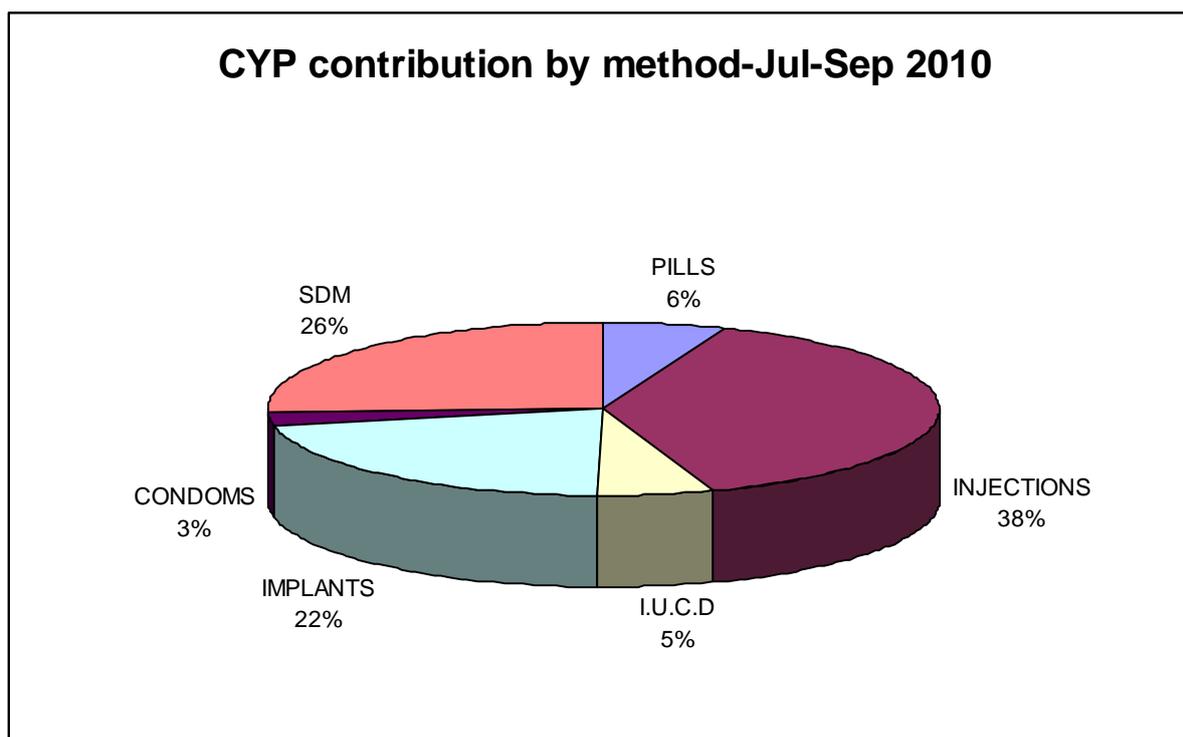
- Rollout mentorship into all the districts to improve quality of care for HIV+ clients.
- Strengthen EID services to increase number of children enrolled and improve overall care and treatment for the pediatric age-group.
- Continue to strengthen linkage between CCCs, home-based care services and support groups to minimize stigma and improve services for PLHIV.
- Continue to improve CD4 lab networking to strengthen enrollment of patients into ART following the revised national guidelines.
- Support finalization of data reconstruction at PGH and explore possibilities of transitioning to a electronic medical records system in order to reduce workload and increase data accuracy.
- Offer support to districts on ART logistics to minimize stock outs.
- Facilitate linkage of support groups to nutrition services at CCCs to improve quality of life for PLHIV.
- Support data for decision-making workshops at the district-level to improve quality of care.

## 1.6 Reproductive Health/Family Planning

**Table 6: Summary of FP methods provided (July - September 2010)**

Summary	Methods	New	Revisit	Total
PILLS	Microlut	318	227	545
	Microgynon	465	502	967
INJECTIONS	Injections	1,141	1,533	2,674
I.U.C.D	Insertion	27	0	27
IMPLANTS	Insertion	106	0	106
STERILIZATION	B.T.L	0	0	0
	Vasectomy	0	0	0
CONDOMS	No. of Clients receiving	3,395	1,764	5,159
ALL OTHERS: (CYLE BEAD)		346	95	441
TOTAL NUMBER OF CLIENTS		5,803	4,121	9,919
REMOVALS:	IUCD	6	0	6
	IMPLANTS	52	0	52

**Figure 5: Contribution to CYP by contraceptive method (July – September 2010)**



### 1.6.1 Key Observations on Performance

- Skilled care deliveries at health facilities continued to improve, mainly attributable to increase in number of health facilities and sustained demand creation by APHIA II NEP.
- The quarter witnessed enhanced integration of family planning services with HIV services – more districts internalized counseling and testing for HIV at family planning (child spacing) units. However, provision of family planning information and services at VCT/ART centers is not yet fully embraced.
- Impressive gains in couple years of protection (CYP), attributable to increases across all family planning methods in the number of new acceptors during the quarter. The emphasis has been on healthy timing and spacing of pregnancy, which is in line with local cultural and religious sensibilities.
- Sustained good performance in ANC clients accessing 4th visit; this enables full utilization of both preventive and promotive services to ensure healthy mother and baby.
- APHIA II NEP continued to scale-up the SDM initiative to other districts in the quarter. Districts such as Lagdera and Wajir South have integrated CycleBeads into the family planning method mix.
- Support to the 'Care for the Mother' initiative continued in the quarter; the four women groups have made significant in-roads in health messages dissemination to community members and referrals to the health facility. The project procured and delivered donkey carts to enhance the referral of women in labor to a health facility.



*Women group members taking delivery of a donkey cart at Balambala SDH.*

- APHIA II NEP supported most districts to carry out targeted supervision of RH/MCH services. The areas of focus included:
  - assessing family planning integration with HIV services, with emphasis on HIV counseling and testing at family planning clinics and provision of family planning information and services at VCT/ART clinics;
  - performance needs assessment of health care providers in child health and reproductive health;
  - assessment of preparedness of health facilities to initiate and sustain oral rehydration treatment for children with diarrhea; and,
  - infection prevention and control practices, including waste segregation, waste disposal and adherence to universal precautions.
- The project supported follow-up of health care workers trained on CTU/FP/HIV integration to reinforce learned skills and ascertain levels of implementation. Most of the health workers have implemented their action plans and are using the knowledge and skills gained productively.
- Continued support for FP commodity reporting through OJT and distribution of reporting tools.

### **1.6.2 Challenges**

- Inadequate number of basic and comprehensive essential obstetric care centers, impeding comprehensive and holistic care to pregnant mothers and newborns.
- Staff attrition leading to loss of institutional memory.
- Low demand for long-acting and permanent methods of family planning.

### **1.6.3 Planned activities for the Next Quarter (October - December 2010)**

- Continue supporting the implementation of the new monthly reporting tools for family planning commodities.
- Support training of service providers in Wajir and Mandera on CTU/FP/HIV integration.

- Support scale-up of SDM to districts in Wajir and Mandera.
- Continue supporting scale-up FP/VCT/ART integration in high-volume facilities in the districts.
- Support post-training follow-up and RH /FP supervision in all facilities.
- Minimal refurbishment of ORT corners to support management of diarrhea cases in children.
- Procure and distribute CycleBeads to support SDM scale-up.
- Continue supporting “ Care for the Mothers” project through regular supervision and periodic on-site TA.
- Social mobilization for utilization of long-acting and permanent methods of family planning.

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

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

- APHIA II NEP met or surpassed just over half of its annual training targets. The seemingly low performance on training targets is due to the emphasis of the project on meeting or surpassing programmatic targets (which training interventions are meant to contribute to). Training in NEP is relatively expensive, with trainees required to travel long distances for residential trainings. In addition, the project has been careful to reduce the opportunity costs associated with removing the limited number of service providers in NEP from their stations in order to attend trainings. Therefore, where programmatic targets were met or exceeded, the project reallocated any remaining training resources. It is also important to note that other capacity-building activities that are relatively inexpensive and do not remove service providers from their posts for lengthy periods of time – such as OJT and whole site training –continue to be supported by APHIA II NEP.
- The project initiated a performance needs assessment for health workers in Wajir county. The purpose of the assessment was to identify and prioritize capacity-building requirements for individual service providers as well as facility teams. This initiative shall be implemented in Mandera and Garissa counties in the coming quarter.

**Table 7: Training for capacity-building and systems strengthening**

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	July – Sept 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
<b>Prevention (abstinence and being faithful)</b>							
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	137	277	25	5	444	1,389	32%
<b>Condoms and other prevention activities</b>							
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	50	0	0	50	75	67%
<b>Palliative care (TB/HIV)</b>							
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	58	0	0	0	58	50	116%
<b>Orphans and vulnerable children</b>							
Number of individuals trained in caring for OVC	30	108	0	113	251	500	50%
<b>Counseling and Testing</b>							
Number of individuals trained in counseling and testing according to national and international standards	0	31	0	0	31	60	52%
<b>Strategic Information</b>							
Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)	0	36	4	34	74	50	148%
<b>Palliative care (excluding TB/HIV)</b>							
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	83	33	0	35	151	50	302%
<b>HIV/AIDS treatment/ARV services</b>					0		
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	0	0	0	68	68	25	272%
<b>Prevention of Mother-to-Child Transmission</b>							
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	69	0	36	105	100	105%
<b>Additional Indicators</b>							
Number of people trained in FP/RH with USG funds	0	37	0	0	37	50	74%
Number of individuals trained in the provision of laboratory-related activities	30	0	0	0	30	15	200%

## 1.7.2 Summary of Training Activities

### a) Prevention/Abstinence and Being Faithful

APHIA II NEP significantly surpassed the programmatic targets which the AB trainings are meant to support. The project concentrated this quarter on strengthening follow-up of previously trained staff and monitoring the quality of health messages passed on to target communities.

**b) Other prevention beyond abstinence and/or being faithful**

There was no training on prevention beyond AB as the project focused on providing additional technical assistance to 7 priority workplace programs.

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

The project surpassed by 16% the annual training target for TB/HIV palliative care. The good performance on the programmatic target can be attributed to significant improvement on TB/HIV data quality, reporting and reviews through TB/HIV quarterly meetings supported by APHIA II NEP since 2009.

**d) Orphans and Vulnerable Children**

The project trained 113 out of the targeted 140 OVC community caregivers during the quarter. The trainees were drawn from institutional OVC caregivers under the North Eastern Welfare Society sub-project (50 trainees) and from Khorof Harar and Balambala locational OVC committees (63 trainees). The project also focused on following-up OVC caregivers previously trained and other OVC care and support activities.

**e) Counseling and Testing**

APHIA II NEP significantly surpassed its programmatic targets for numbers of service outlets providing counseling and testing, and for numbers of individuals who accessed counseling and testing for HIV and received their test results. The HTC campaign coincided with the quarter under review – its success was attributable in large part to the work of counselors recruited and/or trained by APHIA II NEP in previous quarters.

**f) Strategic Information**

APHIA II NEP trained 34 service providers on ART/HMIS, primarily through OJT and on-site mentoring. The project also provided technical assistance to DHRIOs in order to improve performance and quality of data.

**g) Palliative Care (excluding TB/HIV Care)**

The project trained 35 PLHIV in Elwak and Modogashe on treatment literacy during the quarter, surpassing the annual target by 202%. 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. During the quarter, APHIA II NEP followed-up earlier treatment literacy trainees; reports reveal that the training has contributed significantly to stigma reduction and self-disclosure. PLHIVs are now active advocates in each of the districts in the province.

**h) HIV and AIDS Treatment/ARV Services**

The project surpassed the ART annual training target in the quarter by 172% after training a total of 68 service providers on ART against the quarterly and annual trainee targets of 25. Nearly half were trained through the APHIA II NEP mentorship initiative, in collaboration with the Kenya Pediatric Association. Performance on the ART programmatic target has significantly improved.

**i) Prevention of Mother-to-Child Transmission**

The project implemented PMTCT training for 36 service providers and reached 105% of the annual performance target.

**j) Additional Indicators**

## FP/RH/HIV

The project did not train any additional service providers, focusing instead on scaling-up of SDM beyond the Ijara pilot district. APHIA II NEP achieved 160% of its annual target for new FP acceptors.

**Table 8: Systems Strengthening Activities**

Indicators	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sept 2010	Year 3 Total	Year 3 Target	% Year 3 Target Achieved
<b>Systems Strengthening</b>							
Number of local organizations provided with technical assistance for HIV-related policy development	0	33	4	14	37	4	925%
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	14	13	4	42	4	1050%
Number of individuals trained in HIV-related policy development	0	74	8	0	82	40	205%
Number of individuals trained in HIV-related institutional capacity building	0	0	0	38	38	40	95%
<b>Other additional Indicators</b>							
Number of service outlets renovated or equipped to facilitate provision of HIV/AIDS or TB-related services	2	2	2	2	8	10	80%
Number of PLHIV support groups formed and/or linked to other services as appropriate	3	2	11	7	16	5	320%

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

The project has continued to perform well in the provision of low-cost TA for policy development/dissemination aimed at strengthening the health systems in the province. During this quarter, APHIA II NEP supported the PGH, 3 DHMTs and 3 HMTs to improve service delivery performance through initiation of 4 district training committees (DTCs) and managerial facilitative supervision.

In the past quarter the project supported 7 HIV/AIDS workplace programs in Garissa, mainly focusing on initiating HIV/AIDS workplace programs, training and following-up of workplace-based peer educators. The workplaces in Garissa district included NEP Technical Training Institute; Garissa Teachers Training College; PGH; Garissa district police and AP lines; and, the Provincial and District Education offices in Garissa.

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

While District Health Stakeholder Forums (DHSF) have existed for some time in NEP, they have rarely achieved their potential in terms of resource mobilization and coordination. APHIA II NEP is assisting DHMT/HMTs to better harness these forums in order to translate them into tangible improvements in the quality of health services.

This quarter, the project focused on Ijara district. A TA session for the DHMT/HMT was attended by nine (9) DHMT/HMT members. The DHMT/HMT members identified poor clarity about the mandate and roles of DHSF, inadequate and inconsistent funding to support DHSF, weak linkages between the AOP objectives and DHSF agenda as their main

challenges. The team discussed possible solutions, including effective and efficient DHSF meeting management; doing stakeholder inventory in the district using stakeholder analysis process; and, linking DHSF agenda to priority AOP targets and managers' performance management. The district managers' TA session was followed a day later by the Ijara DHSF attended by 27 stakeholders. The partners agreed to strengthen the DHSF by identifying a host/sponsor for subsequent meetings; identifying a tentative date and sharing minutes within 7 days of the meeting to enable participants to take allocated actions. The project has planned to provide similar TA to 6 districts in greater Wajir and Mandera in the next quarter.

In the reporting quarter, APHIA II NEP also provided on-going technical assistance to its three sub-grantees: NEWS; SIMAHO; and, WASDA.

## Infrastructure

During the last quarter, an infrastructure committee comprising of the APHIA II NEP Deputy Project Director, Service Delivery Specialist, Infrastructure Advisor, the Provincial Director of Medical Services and Provincial Director of Public Health and Sanitation met to ensure that work in most if not at all of the facilities marked for renovations had commenced and drew a work program to ensure completion of the renovations by the first quarter of 2011.

The project completed renovation works at Mandera district hospital CCC (Mandera East); works are at advanced levels and near completion at G.K. Prisons dispensary. The project initiated works in 5 facilities: Kotile health center (Ijara); Nanighi dispensary (Fafi); Iftin sub-district hospital (Dujis); TB manyatta clinic (Garissa PGH); and Modogashe district hospital (Lagdera).

The project completed extension and renovation works of APHIA II NEP office space co-located at the Wajir East district hospital. The hospital will benefit from this space when it is ultimately vacated by the project staff.

The table below provides an overview on the status on all sites to be renovated:

**Table 9: Infrastructure update**

Facility	District	Status	Remarks
Mandera DH CCC	Mandera East	Renovation works have completed	Fairly good work is evident as per specifications
Mandera DH maternity	Mandera East	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Kotile dispensary	Ijara	Works are in progress	Work expected to be completed in the next quarter (Oct – Dec 2010)
Nanighi dispensary	Fafi	Works are in progress	Work expected to be completed in the next quarter (Oct – Dec 2010)
Iftin SDH laboratory, cost-share room, and waiting area extension and	Dujis	Works are in progress	Work expected to be completed in the next quarter (Oct – Dec 2010)

Facility	District	Status	Remarks
renovation			
TB manyatta clinic	Garissa (PGH)	Works are in progress	Work expected to be completed in the next quarter (Oct – Dec 2010)
Modogashe DH laboratory	Lagdera	Works are in progress	Work expected to be completed in the next quarter (Oct – Dec 2010)
Banane dispensary laboratory	Lagdera	Tender awarded for renovation works to commence	Work expected to be completed in the next quarter (Oct – Dec 2010)
Dadarjabulla dispensary lab	Wajir South	Tender Evaluation in progress	Work expected to commence in the next quarter (Oct – Dec 2010)
Diff dispensary laboratory	Wajir South	Tender Evaluation in progress	Work expected to commence in the next quarter (Oct – Dec 2010)
Khorofharar SDH laboratory and VCT renovation works	Wajir East	Tender Evaluation in progress	Work expected to commence in the next quarter (Oct – Dec 2010)
Wajir DH laboratory	Wajir East	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Tarbaj laboratory	Wajir East	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Griftu DH laboratory	Wajir West	Tender Evaluation in progress	Work expected to commence in the next quarter (Oct – Dec 2010)
Buna SDH	Wajir North	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Dandu laboratory	Mandera West	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Guba laboratory	Mandera West	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Asabito maternity and lab	Mandera Central	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)
Elwak DH lab and record room	Mandera Central	Tendering stage	Work expected to commence in the next quarter (Oct – Dec 2010)



*Renovated CCC – Mandera district hospital.*

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

During the past quarter, the project supported the formation of 6 PLHIV post-test clubs from Wajir and Modogashe, and linked them to CHBC and ART services. In total, 16 groups in the year were either formed and/or linked to services meant to support the health, organization and livelihoods of the PLHIV.

### **1.7.2 Challenges**

**Overall challenges in systems strengthening in the past year:**

- High cost of supporting MoH policy development and dissemination activities in the absence of GoK budgetary support and support from other partners. This has been a challenge especially in responding to requests to facilitate AOP quarterly reviews after supporting the initial main workshop.
- The creation of new districts has resulted in challenges in terms of human resource capacity and support budget allocation to an increasing number of DHMTs and HMTs. It also stretches the capacity of the project to provide TA.

**Recommendations:**

- Prioritize implementation of trainings with OJT curriculae as well as other capacity-building approaches that do not take HWs away from their duty stations, such as on-site training, on-site TA and facilitative supervision.

- Continue development of 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 and provide TA to health supervisors to ensure they are able to effectively conduct performance management each year and identify staff training and other capacity building needs that are then captured in the district training databases.

### **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.

- APHIA II NEP presented on *Improved Data for Decision-Making – From No Case to Showcase* at the 6th National HIV Care and Treatment Consultative Forum organized by NASCOP.

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

### 2.1 Abstinence/Being Faithful

To achieve its AB objectives the project engages religious leaders and youth leaders to relay appropriate messages at schools and mosques. 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. However, of equal 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 project has consistently surpassed its AB targets, a reflection of strong ties with influential community leaders. The focus has now expanded from main urban centers to key populations at risk in peri-urban and rural settings.

A continuing challenge is to link this messaging with actual improvements in service utilization at health facilities. The project is working with both service providers and community leaders to increase quality and utilization of services.

In the last quarter over 90,000 messages were passed by religious leaders and youth leaders through the mosques and chill club/G-Pange school programs. Since the project surpassed its annual targets within the first three quarters, a deliberate move was made to reduce the direct messaging and give more emphasis to outreaches and worksite-based activities in order to focus the messages and increase their impact.



*Chill Club in Takaba being addressed by NEP Provincial Director for Medical Services*

## 2.1.1 Key Observations on Performance

### Integrated Outreach with Religious Leaders

The project supported integrated outreaches involving RLs and health workers in Wajir East, North 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. This has proved to be working in most parts of the district where notable change noted in some areas
- Conduct a mobilization for testing and counseling, targeting key populations at 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 behavioral change and as a continuation of the project's drive to create strategic alliances between RLs and PLHIV.



*Female religious leaders meeting in Wajir*

## 2.2 Other Prevention Activities

### 2.2.1 Key Observations on Performance

Peer educators continued to deliver OP messages in “hot spots” throughout the province. Peer educators targeted key populations at risk as per the *Sexual Networks Assessment*: miraa sellers/chewers, bar attendants, taxi drivers, truck drivers, CSWs, street tea/milk vendors, uniformed services personnel, alcohol and other drug users.

The project significantly exceeded both its quarterly and annual targets for number of individuals reached through community outreach that promotes HIV/AIDS prevention through other

behavior change beyond abstinence and/or being faithful. This is attributable primarily to the fact that national HCT campaigns took place during Quarter 2 and Quarter 4. The project provided the primary support for these campaigns in NEP.

### Workplace Peer Education

The project organized workplace peer educators outreach targeting uniformed personnel in Wajir, Mandera and Lagdera during the reporting quarter. The objectives of the outreach were to:

- educate uniformed personnel on the risk of HIV;
- emphasize the importance of VCT;
- outline appropriate prevention strategies, mainly condom use;
- strengthen workplace peer education by encouraging the integration of HIV messages into weekly security meetings of the uniformed personnel; and,
- conduct counseling and testing for willing individuals.

The result of the outreach targeting uniformed personnel working in and around refugee camps highlights the need for focused prevention and care interventions:

District	No. of persons counseled	No. tested	No. who tested HIV+.	Percentage testing positive
Lagdera	78 persons	22	05	23%

### Assessment of Stigma and Discrimination

The National Organization of Peer Educators (NOPE) submitted a report to APHIA II NEP on an assessment of stigma and discrimination in NEP. The overall goal of the assessment was to determine whether stigma and discrimination is being adequately addressed by the existing training curriculae.

Overall, the assessment determined that the APHIA II NEP training curriculae are appropriate and adequate for meeting the needs of the project’s target populations. However, the report also made specific recommendations for improving the quality of IEC materials and interventions, particularly with youth groups and peer educators.

#### 2.2.2 Challenges

- Linkage to services and follow-up of uniformed personnel who test HIV+ during outreaches.
- As witnessed from previous outreaches, most of the workers prefer counselors from outside their area of work due to stigma and concerns about confidentiality.

#### 2.2.3 Planned Activities for the Next Quarter (October - December 2010)

- Roll out workplace peer education program to all districts.
- Reduce engagement of community-based peer educators and concentrate on peer educators associate with institutions, particularly uniformed personnel.
- Update/train 30 peer educators from workplaces.

- Conduct outreach program targeting most at risk population – uniformed personnel in NEP districts.
- Use of electronic media to enhance social mobilization and passing messages through local FM stations during the HCT campaign.

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

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

**Table 10: Summary of HBC services (October 2009 – September 2010)**

<i>Activities/Services</i>	<b>Oct-Dec 09</b>	<b>Jan-Mar 10</b>	<b>Apr-Jun 10</b>	<b>Jul-Sep 10</b>
Number of clients served	416	448	484	517
Clients who died	3	1	8	3
No of caregivers	366	265	227	397
No. of HBC clients (Male)	161	171	150	155
No. of HBC clients (Female)	255	277	338	362
No. of clients on ARVs (Male)	102	107	97	128
No. of clients on ARVs (Female)	230	237	213	282
No. of ARVs clients dropped out	1	0	0	0
No. of referrals for VCT	63	30	61	132
No. of referrals for CCC	142	171	176	234
No. of referrals for FP	24	18	15	29
No. of referrals for nutrition	0	0	0	0
No. of referrals for support group	268	152	124	273
No. of referrals for PMTCT	23	15	20	16
Condom distributed	637	869	866	875

#### 3.1.1 Key Observations on Performance

- Treatment Literacy training for PLHIV continues to form the cornerstone of APHIA II NEP's interventions for creating PLHIV advocates, forming post-test clubs, reducing self-stigma and generating demand for HIV services. During the quarter, APHIA II NEP trained 13 PLHIV in Modogashe and 21 PLHIV in Elwak.



*Treatment literacy trainees and trainers in Modogashe*

- PLHIV advocates organized themselves in the different districts and held monthly meetings to implement what they learnt during treatment literacy and group leaders facilitation trainings.
- CHWs continued to register clients in the CHBC programs and mobilized PLHIV for CD4 sample referral.
- With assistance from Population Services International, Basic Care Packages were distributed to PLHIV at Garissa PGH CCC and through CHWs attached to post-test clubs.
- Several PLHIV advocates in NEP declared their status in public. They also advocated for linkages to other key partners and solicited for support for organizations of PLHIV. OPAHA Mandera, for example, after being evicted from their office because of stigma, secured a new office with the assistance of the district administration.
- During this quarter the project initiated several activities in Garissa and Ijara districts to support the rollout of the Community Strategy. APHIA II NEP is supporting two Community Units, in Khotile and Medina of Ijara and Garissa districts respectively. The project, in collaboration with partners, mobilized community members to identify CHWs and CHCs in each of the CUs.



*Treatment Literacy training in Elwak*

### **3.1.2 Challenges**

- Distribution of Basic Care Packages to PLHIV proved challenging. Potential beneficiaries were reluctant to come to the Garissa CCC for the packages because of stigma. Many removed the packaging so as to conceal the intended use of the items. Because of these challenges, it is felt that many PLHIV did not benefit from the BCP; however, alternative distribution channels, including through post-test clubs, are being explored.

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

- Training of Community Health Extension Workers (CHEWs) attached to Khotile and Medina CUs.
- Train CHWs from Khotile and Medina CUs.
- Train CHCs from Medina and Khotile CUs.
- Monitor and supervise Community Strategy activities in Khotile and Medina.
- Conduct regional Treatment Literacy TOT training for PLHIV advocates.
- Conduct Treatment Literacy training for PLHIV in Wajir.
- Conduct training for 20 CHWs on CHBC for WASDA CHBC program.
- Conduct adherence and stigma reduction training for 30 PLHIV in Wajir.
- Scale-up stigma reduction among PLHIV through BCC outreach

### 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.



*Distribution of supplies to OVC through OPAHA Garissa branch*

#### 3.2.1 Key Observations on Performance

- An additional 3,141 registered OVC (50% female) received support from the project this quarter. The project achieved 76% of its annual target. See Appendix 3 for a spatial analysis of OVC coverage by APHIA II NEP.

**Table 11: Total OVC beneficiaries in NEP**

<b>Location</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Garissa	2,497	1,613	4,110
Mandera	2,195	1,034	3,229
Wajir	1,884	1,373	3,257
Ijara	519	292	811
<b>Totals</b>	<b>7,095</b>	<b>4,312</b>	<b>11,407</b>

- APHIA II NEP’s strategy is to work with and through Area Advisory Committees (AAC) and Locational OVC Committees (LOC). Strong AACs and LOCs will ensure that identification and registration of OVC is appropriate, as well as contribute to sustainability of OVC support structures beyond the life of APHIA II NEP. However, the process is intensive in that these committees often need to be formed, trained and mentored, with assistance from APHIA II NEP and the Children’s Department. The strategy improves the quality of OVC programming and is therefore desirable for the long-term, but contributed to the project not meeting its annual target.
- The project supported and participated in AAC meetings in Garissa, Ijara, Wajir South, Wajir East, Mandera East and Mandera Central. The meetings were chaired by the District Commissioner in each district.
- APHIA II NEP supported two OVC caregivers trainings in Garissa (Balambala; 30 participants) and Wajir East (Khorof Harar; 28 participants). The training targeted 4 LOC committees in each district.



*OVC supplies awaiting distribution in Wajir*

## **OVC Comprehensive Direct Support**

### **Secondary School Fees**

APHIA II NEP supports selected OVC with secondary school tuition. A total of 140 OVCs have benefited from this service and routine monitoring was done during this quarter. During the quarter plans were also put in place to provide tuition support to an additional 150 OVC. The project has developed standard bursary forms and identified eligible candidates for support. The activity is currently in the final stage of disbursement in Garissa and Ijara districts.

### **Child Survival Index**

Two APHIA II NEP program officers participated in an OVC quality improvement training organized by the Ministry of Gender and Children Affairs in collaboration with USAID/Kenya. As a follow-up to the training, APHIA II NEP is piloting a quality improvement model using the Child Survival Index (CSI) in three districts with the assistance of URC-HCI (University Research Corporation/Health Care Improvement project) and the Children's Department. APHIA II NEP is piloting the model in Garissa, Fafi and Ijara districts.

#### **3.2.2 Challenges**

- Low knowledge of OVC caregivers and limited resources to meet the perceived needs.
- Weak capacity of most OVC partners and stakeholders.
- High expectations from the communities which often fall beyond the mandate of the project.
- Weak capacity of government OVC structures, particularly AACs and LOCs.

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

- Formation and training of AACs in Fafi and Wajir North districts.
- Pilot the implementation of OVC service standards in selected sites.
- Follow up of OVC support in Wajir and Mandera.
- Provide continuous TA to for sub-grant activities implementation.
- Continuous monitoring of routine program activities.
- Development of a position paper to support the efforts of PGH CCC in implementing a standard set of activities for informing OVC of their HIV status, including counseling and formation of support groups.

## **IV: STRATEGIC INFORMATION**

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

During the reporting period, the project initiated a process that when completed would see ART patients issued with unique identifiers at 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 within the province.

APHIA II NEP continued to support data feedback sessions in all the districts in NEP. The feedback sessions focused primarily on quarterly facility performance and addressed all health indicators as captured by HMIS. As a result of this initiative, and several other related ones, the project was able to receive 98% of data collection by the 10th October against a national deadline of 15th October. As a result of this achievement, the project was able to analyze, review and report on KEPMS data prior to the deadline for submission. This achievement is an indicator that APHIA II NEP's investment in the development of HMIS infrastructure in the province is bearing fruits.

### **Technical Support to Health Facilities**

The project conducted several OJT sessions with health personnel at selected health facilities. 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 on general data management techniques on error tracking. Familiarizing health workers specifically with the TB register will assist them to meet the new reporting requirement of disaggregating TB data by gender and age category.

### **District-level M&E Support**

During the project routine training needs assessment, it became clear that certain cadres of staff dealing with HIV/AIDS within the clinical setting, did not have a grasp on the various reporting tools and as such were either under or over reporting on certain data elements. The project identified the DASCOS, DHRIOs, Records Officers and CCC In-charges as key personnel who handled HIV related data and were challenged in certain reporting lines. APHIA II NEP supported a training that covered reporting on ART, PMTCT, TB/HIV and CT for these personnel. This training contributed to the excellent performance on reporting in the last quarter.

The project continues to offer support to DHRIOs regarding anti-virus updates for their computers. There is evidence that increased reporting using the File Transfer Protocol (FTP) has been registered in the province due to the transmission of virus-free data.

### **Introduction of Child Status Index (CSI) in NEP**

APHIA II NEP will introduce the CSI to assess the well-being of OVC supported by the project. The objective of this activity is to improve the quality of service and care for OVC, family and community. The action-oriented CSI tool which will be utilized during this exercise is expected to provide insights for planning, decision-making, and hopefully policy formulation. The initial stage of this intervention will focus on Fafi and Ijara Districts.

## **LQA rollout in NEP**

Through the National Coordinating Agency for Population and Development (NCAPD), the project is supporting the roll-out of a maternal and child health assessment using the LOT sampling methodology. This survey is expected to highlight “hot spots” where MCH interventions are needed and thus re-direct efforts to the very needy areas using the evidence generated by the assessment. This activity is expected to roll over to the new quarter and the report generated from this activity will be shared by key stakeholders.

## **4.2 Challenges**

Newly posted clinical staff in NEP had little or no experience in reporting on HIV. This has slightly hampered efforts to improve the rate and quality of data reported. Since the project has identified this challenge early enough, it plans to strengthen the CME component that focuses on reporting.

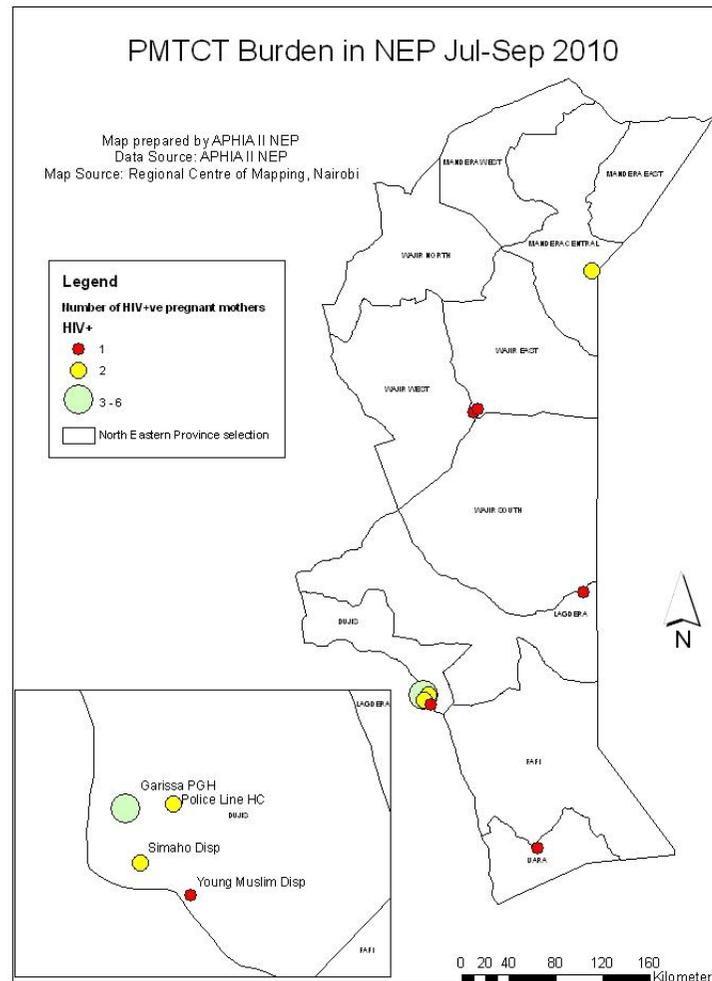
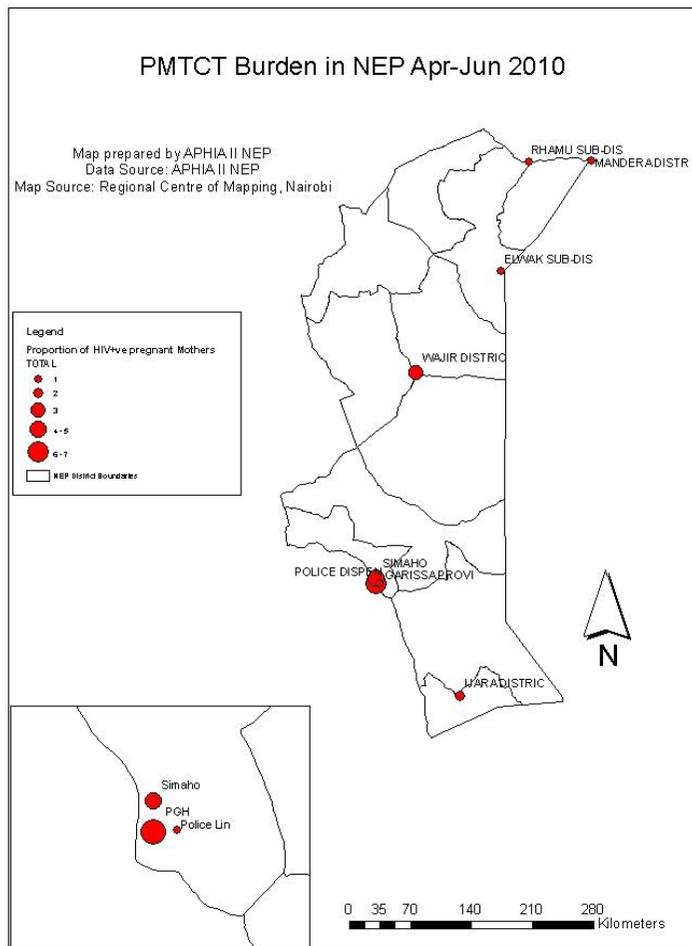
Because data needs remain dynamic, the need to modify or change reporting tools is inevitable. However, processes for introducing these tools have resulted in several challenges:

- there are several versions of reporting tools circulating in the project area and this has led to confusion on which ones to utilize in reporting;
- the introduction of the tools has not always been preceded by the requisite training on their utilization; and,
- some of the tools have been sourced/printed by NGOs which are keen to collect specific data and therefore do not necessarily strengthen the HMIS.

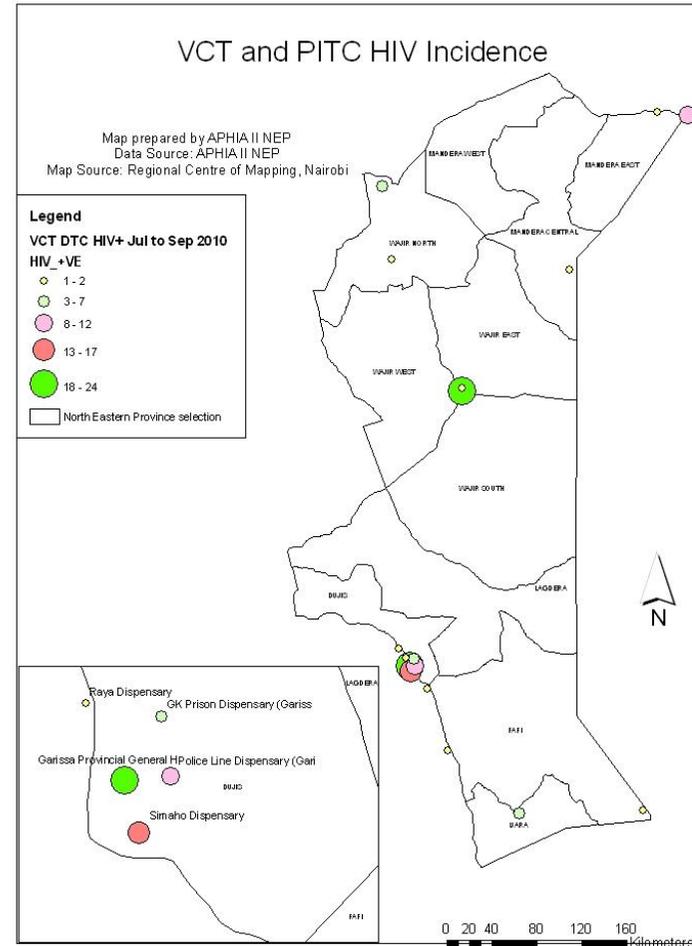
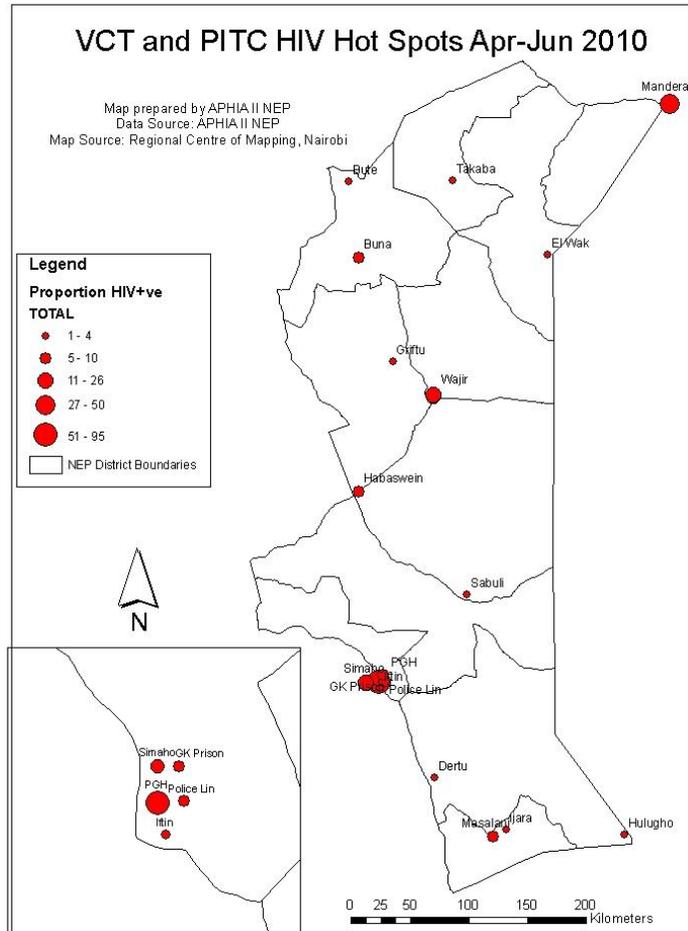
## **4.3 Planned Activities for the Next Quarter**

- The Child Status Index survey and the maternal-child LQA survey will be undertaken together with the Children’s Department and the NCAPD.
- The project will continue supporting data feedback sessions in each of the districts in NEP. The feedback sessions will focus on quarterly facility performance and shall address all HMIS indicators.
- Continued strengthening of data audits for improving the integrity of data reported by facilities.

# APPENDIX 1 SPATIAL ANALYSIS OF PMTCT IN NEP



## APPENDIX 2 SPATIAL ANALYSIS OF VCT IN NEP



### APPENDIX 3 SPATIAL ANALYSIS OF OVC COVERAGE IN NEP

