

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

Activity #	Activity Description	Quarter					
		1	2	3	4	5	6
Project Management and Administration							
0.1	Project staff recruitment, orientation and deployment	X	X				
0.2	Staff performance management and development	X	X	X	X	X	X
0.3	Identification of project strategic partners, partnership building and linkages coordination	X	X	X	X	X	X
0.4	Hold quarterly project review and planning meetings	X	X	X	X	X	X
0.4	Hold bi-annual Project Partners Steering Meeting with institutional representatives		X		X		X
0.5	Prepare and submit quarterly progress and financial reports to USAID		X	X	X	X	X
0.6	Conduct project management/supervisory visits to NAL	X	X	X	X	X	X
0.7	Monthly collection of service statistics and review of sub-grantee progress	X	X	X	X	X	X
0.8	Prepare and submit LOP work plan, PMP and M&E plan to USAID	X	X				
0.9	Review and revise LOP work plan			X			
Monitoring and Evaluation							
1.1	Support quarterly district level data dissemination feedback meetings including AOP 6/7 performance review	X	X	X	X	X	X
1.2	Rollout OVC data collection for Child Status Index	X		X		X	
1.3	Facilitate OVC photography and electronic storage of the OVC profiles	X		X			
1.4	Conduct Data Quality Assessments for community and facility interventions	X	X	X	X	X	X
1.5	Conduct data/HMIS supportive supervision for health facilities	X	X	X	X	X	X
1.6	Conduct community supportive supervision	X	X	X	X	X	X
1.7	Support orientation for DHRIOs on PEPFAR's Next Generation Indicators	X		X		X	
1.8	Continuous hiring of casual data clerk for entry of facility and community intervention data	X	X	X	X	X	X
1.9	Conduct data status assessment for Tana River, Turkana and Upper Eastern and Samburu health facilities	X	X	X			
1.10	Provide technical assistance on data management related to HCT rapid results initiative	X		X			
1.11	Provide orientation to OVC/CHBC M&E to new CHWs for LIP	X		X		X	
1.12	Distribute and provide orientation on revised HMIS registers	X		X		X	
1.13	Orient Fixed Obligation Grantees (FOG) on project M&E and monitoring LIP implementation	X	X	X	X	X	X
1.14	Revise and distribute community monitoring tools based on NGI	X	X	X	X	X	X
1.15	Provide technical assistance to FOG-LIP on M&E systems and data management operations	X		X		X	
1.16	Support APHIAplus quarterly performance review	X	X	X	X	X	X
1.17	Organizing overall KePMS data entries and compilation for APHIAplus NAL	X	X	X	X	X	X
1.18	Support DHMT in data collection, analysis and tracking achievement of MOH AOP 6/7/APHIAplus NAL workplan	X	X	X	X	X	X
1.19	Participate in rollout of district and facility trainings on revised HIV/AIDS data management system tools (reporting)	X	X				
1.2	Conduct a Household Vulnerability Assessment for the development of an economic strengthening strategy		X				
Coordination							
2.1	HRH gap analysis where needed, support and capacity building through linkages to national responsible mechanisms (CapacityPlus and LMS Projects)		X	X	X	X	X
2.2	Staff participation in meetings and conferences to share best practices, lessons learned and provide technical/ programmatic updates as requested	X	X	X	X	X	X
2.3	Orientation/APHIAplus launch meetings at the district level	X					
2.4	Participate in regional AOP 7 consolidation and semi-annual review meetings	X		X		X	

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

2.5	Participation in district health stakeholders forum		X	X	X	X		
Result 3: Increased use of quality health services, products and information								
Sub Result 3.1 Increased availability of an integrated package of quality high-impact interventions at community and facility levels								
3.1.1	Develop/adapt a facility assessment tool for use during a joint comprehensive facility assessment	X	X					
3.1.2	Joint facility assessment of high volume facilities in Upper Eastern and Samburu, Turkana and Tana River to identify counseling and testing, PMTCT, FP, MNCH, YFS etc. sites to determine their capacity (personnel, reporting tools, commodities) and identify gaps	X	X					
3.1.3	Provide minor equipment to high volume facilities as determined by the joint facility assessment		X	X				
3.1.4	Monthly supportive supervision, OJT, mentorship and quality improvement to SPs to support implementation of high impact practices and smart integration as appropriate (described in technical areas below)		X	X	X	X	X	X
3.1.5	Provide TA to service providers during quarterly meetings conducted by DHMT in Upper Eastern and Samburu		X	X	X	X	X	X
3.1.6	Support sensitization meeting for PHMT/DHMT on quality improvement and health systems strengthening		X	X				
3.1.7	Advocate for women in leadership roles in Facility Management Committees	X	X	X	X	X	X	X
3.1.8	Ongoing monitoring of subgrantee implementation including supervision, mentoring, quality improvement and technical assistance to ensure high quality and integrated (where appropriate) services and/or outreach activities	X	X	X	X	X	X	X
3.1.9	Strengthen referral system within facilities through adopting/developing/disseminating SOPs and protocols		X	X	X	X	X	X
3.1.10	Support integrated facility based motorbike model outreach in NEP/TR and UE/S	X	X	X	X	X	X	X
Counseling and Testing								
3.1.11	Support PITC/DTC through facilitative supervision and strengthening logistics of service provision	X	X	X	X	X	X	X
3.1.12	Link with national mechanisms to ensure sufficient of supplies for CT		X	X	X	X	X	X
3.1.13	Logistic support for the distribution of commodities and supplies		X	X	X	X	X	X
3.1.14	Scale up the provision of HCT services (PITC, DTC, VCT) (increase by 40 sites in NEP/TR; 20 sites in UE/S; 20 sites in Turkana)	X	X	X				
3.1.15	Identify additional VCT sites or rooms and link them with the national renovation mechanism		X					
3.1.16	Strengthen PITC in all service outlets through interdepartmental monthly coordination meeting and provision of TA and logistics	X	X	X	X	X	X	X
3.1.17	Support HCT RRI campaigns and WAD through logistics and supportive supervision		X		X			X
3.1.18	Strengthen data collection and analysis during HCT RRI				X			
3.1.19	Support implementation of QA and QC policies and systems for HIV testing	X	X	X	X	X	X	X
3.1.20	Support logistics to ensure continuous supply of test kits and reagents to sites through linkages with SCMS and Kenya Pharma. (66 sites in NEP/TR; 127 in UE/S; Turkana TBD)	X	X	X	X	X	X	X
3.1.21	Facilitate monthly counselor supervision forums and OJT for HCT counselors and participate in SP training on counseling and testing	X	X	X	X	X	X	X
3.1.22	Integrate CT into all types of outreach services (door to door, moonlight, livestock markets, etc.) with focus on MARPS and hard to reach populations		X	X	X	X	X	X
3.1.23	Integrate counseling and testing in nomadic clinics/outreaches services	X	X	X	X	X	X	X

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.24	Support and scale up home based CT targeting MARPs			X	X	X	X
3.1.25	Improved STI diagnosis and treatment through provision CME/OJT, up to date guidelines, SOPs and treatment flow charts STI prevention and treatment for pregnant mothers, SW, male-friendly STI services for MSM, increased use of rapid STI tests		X	X	X	X	X
Palliative Care TB/HIV							
3.1.26	Scale up the number of service outlets providing comprehensive TB/HIV services (increase by 35 sites NEP/TR; 20 sites UE/S)		X		X		
3.1.27	Support 15 ART sites to provide comprehensive TB/HIV services through OJT in Turkana	X	X	X	X	X	X
3.1.28	Improve HIV/TB data management through OJT and quarterly data audit	X	X	X	X	X	X
3.1.29	Facilitate TB/HIV quarterly meetings through provision of TA		X		X	X	
3.1.30	Link labs to the national TB programs for renovation, furnishing and equipment		X		X	X	
3.1.31	Integrate TB testing in nomadic mobile clinics in NEP/TR and UE/S			X			
3.1.32	Strengthen CME/CPD departments in PGH/District hospitals through TA and logistics		X	X	X	X	
3.1.33	Support benchmarking for relevant areas of technical needs in NEP/TR and UE/S	X	X	X	X	X	X
3.1.34	Improved infection prevention practices and waste management in the TB centers through provision of IEC materials, SOPs	X	X	X	X	X	X
3.1.35	Distribute and disseminate relevant policies and guidelines on TB/HIV/AIDS as needed	X	X	X	X	X	X
3.1.36	Provide TA, CME/OJT and material support for improved infection prevention and control and on TB diagnosis and treatment at selected facilities		X	X	X	X	X
3.1.37	Facilitate active TB case finding, MDR surveillance, contact/defaulters tracing, monthly focused door-door HIV/TB screening		X		X		
Palliative Care (excluding TB/HIV care)							
3.1.38	Support facilitative technical quarterly supervision and strengthening logistics of service provision	X	X	X	X	X	X
3.1.39	Strengthen quarterly PGH/districts laboratory stakeholders forums through provision of TA and logistic support	X	X	X	X	X	X
3.1.40	Distribute and disseminate national laboratory policy and guidelines		X				
3.1.41	Provide updates for 30 lab techs in each sub-region on TB microscopy/HIV testing through OJT/CME			X			
3.1.42	Conduct district lab assessments in Tana county, Turkana and UE/S and with partners facilitate implementation of action plans developed after the assessment			X			
3.1.43	Supplement the supply of necessary lab reagent for monitoring HIV care for the priority facilities through linkages with SCMS	X		X	X	X	
3.1.44	Source for additional PCR for EID and monitoring of patients on HAART through linkages with SCMS		X				
3.1.45	Develop, standardize and disseminate data and reporting tools and disseminate national guidelines to clerks on medical records			X			
3.1.46	Support district level quarterly and annual stakeholders (DSHF) information dissemination meetings in Turkana and UE/S	X	X	X	X	X	X
3.1.47	Conduct regular data quality assurance processes	X	X	X	X	X	X
3.1.48	Improve storage and filling systems for registers and other records through renovations and procurement of cabinets through linkages with national mechanisms		X				
3.1.49	Support on CME/On the job training for HMIS personnel		X	X	X	X	

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

HIV and AIDS Treatment/ ARV Services							
3.1.50	Continued scale up of ART services by increasing the # of sites by 10 in each sub-region through provision of TA, logistics and linkages	X	X	X	X	X	X
3.1.51	Integration of ART services into TB centers (6 major centers in NEP/TR; 20 centers in UE/S; Turkana TBD)		X	X	X		
3.1.52	Support the strengthening of the CD4 lab networking through TA and logistics	X	X	X	X	X	X
3.1.53	Improve timely ART initiation through active follow-up of HIV positive cases esp. pediatric cases		X	X	X	X	X
3.1.55	Support implementation of PEP through provision of TA, guidelines, registers, job aides		X	X			
3.1.56	Strengthen Clinical Care forums in NEP/TR through TA and logistics support	X	X	X	X	X	X
3.1.57	Logistical support for the transportation of CD4 and EID specimens	X	X	X	X	X	X
3.1.58	Strengthen nutrition care to PLHIV by scaling up FBP sites through linkages with NHP		X	X			
3.1.59	Support and strengthen quarterly DHMT facilitative supervision sites by offering TA and logistic support	X	X	X	X	X	X
3.1.60	Conduct OJT and support logistics for Early Infant Diagnosis	X	X	X	X	X	X
3.1.61	Support the provision of ART logistics through re-distribution ARVs, test kits and other related supplies and distribution of guidelines to new sites	X	X	X	X	X	X
3.1.62	Support ART data reconstruction and OJT in PGH and district hospitals	X	X				
3.1.63	Strengthen and support integration of TB testing services in HIV clinics		X	X	X		X
3.1.64	Improved STI diagnosis and treatment through provision CME/OJT, up to date guidelines, SOPs and treatment flow charts. STI prevention and treatment for sex workers, male-friendly STI services for MSM, increased use of rapid STI tests	X	X				
3.1.65	Strengthen implementation of PWP in all clinical care settings through provider skills in discordant couples counseling and provision of guidelines, job aides and targeted TA		X	X	X		X
3.1.66	Establish an HIV resource center in PGH CCC through TA and logistics		X		X		X
3.1.67	Support active follow-up of pediatric ART initiation	X	X	X	X	X	X
3.1.68	Strengthen ART mentorship through ART updates, quarterly support supervision, TA, CME/OJT and logistics	X	X	X	X	X	X
3.1.69	Orient SPs on the national/KEMSA ARV procurement and utilization systems and linkages with Kenya Pharma		X	X			
3.1.70	Decentralization of ART services to hard to reach facilities (ensure provision of minimum HIV care packages)	X	X	X	X	X	X
Condoms and Other Prevention Activities							
North Eastern Province and Tana River							
3.1.71	Identification of hotspots, particularly in Tana River		X	X	X	X	
3.1.72	Establish 20 condom outlets around hotspots		X	X	X	X	
3.1.73	Use/engage PEs, CHWS, PLHIV advocates as condom service outlets		X	X	X	X	
3.1.74	Liaise/support public health department or PEs to refill condom outlets on regular basis		X	X	X	X	
3.1.75	Support national festivities (WAD) to encourage mass testing				X		
3.1.76	Increase the number of mobile outreaches providing counseling and testing		X	X			
3.1.77	Continued support and scale up of monthly mobile, moonlight and house to house VCT outreaches in urban centers targeting MARPs	X	X	X	X	X	X
Establish worksite MARP peer educators							

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.78	Support worksite PE to conduct awareness sessions targeting individuals/ small groups (MARPs) on relevant thematic areas		X	X	X	X	
3.1.79	Conduct refresher trainings for worksite peer educators		X				
3.1.80	Conduct targeted BCC outreach to small groups (MARPs) in urban centers		X	X	X		
3.1.81	Establish worksite PE programs in Turkana, Upper Eastern, Samburu and Tana River		X	X	X		
Turkana							
3.1.71	Conduct mapping of condom dispenser locations as part of the comprehensive community assessment (<i>activity 3.2.1</i>)	X	X				
3.1.72	Link with government and other stakeholders to provide condoms for distribution by CHWs and PEs		X	X	x	X	X
3.1.73	Provide condom dispensers in areas identified in mapping/community assessment through linkages with national mechanism		X	X	X	X	X
3.1.74	Link with CHWs/CORPs for community mobilization prior to facility outreach visits		X	X	X	X	X
3.1.75	CHWs conduct health talks in coordination with mobile VCT		X	X	X	X	X
	Establish worksite MARP peer educators						
3.1.80	Identify peer educators	X	X				
3.1.81	Train peer educators			X			
3.1.82	Provide reporting tools and IEC tools for peer outreach			X			
3.1.83	Support quarterly follow-up meetings with PEs to reinforce training content and discuss challenges and successes				X	X	X
Upper Eastern and Samburu							
3.1.71	Conduct mapping of condom dispenser locations		X	X	X		
3.1.72	Link with government and other stakeholders for condom distribution by CHWs		X	X	X		
3.1.73	Identify most at risk groups in Upper Eastern and Samburu counties						
3.1.74	Support formation of support groups among MARPs		X	X	X	X	
3.1.75	Support prevention outreach among MARPs including targeted BCC			X	X	X	
3.1.76	Support HCT targeting MARPs		X	X	X	X	
3.1.77	Facilitate and support logistics for DHMT to offer VMMC, ensure reporting tools are in place		X	X	X	X	
3.1.78	Distribute VMMC policies and guidelines		X	X			
3.1.79	Community mobilization for VMMC in preparation and in coordination with VMMC camps targeting Turkana communities in Samburu and Isiolo		X	X			
Prevention of Mother-to-Child Transmission							
3.1.84	Support the initiation of comprehensive PMTCT sites by proving TA to the DHMT, OJT to the providers, link to national mechanisms for ART for prophylaxis and ensuring facilities have reporting tools (40 sites Tana River County; 10 sites Turkana; 50 sites UE/S)	X	X	X	X	X	X
3.1.85	Improve DHMT facilitative supervision to PMTCT sites by offering TA and logistic support	X	X	X	X	X	X
3.1.86	Improve linkages between ANC/PMTCT, pediatric PITC and CCC through regular interdepartmental coordination meetings	X	X	X	X	X	X
3.1.87	Integrate FP, PWP counseling in PMTCT through distribution of PWP job aides, guidelines including infant feeding guidelines	X	X	X	X	X	X

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.88	Strengthen and integrate PMTCT in nomadic clinics and outreach services	X	X	X	X	X	X
3.1.89	Expanded EID and HIV-exposed infant follow-up, enrollment of infected babies into care and treatment through active case finding, provision of guidelines, posters and EID materials in NEP/TR and Turkana	X	X	X	X	X	X
3.1.90	Conduct CME/OJT and support logistics for Early Infant Diagnosis within 18 months through laboratory networking in NEP/TR and Turkana	X	X	X	X	X	X
3.1.91	Facilitate integration of PMTCT counseling into outreach services including outreach linked to nutrition supplement programs		X	X	X	X	X
3.1.92	Improve nutritional support e.g., infant feeding options and food by prescription (FBP) in PMTCT sites by building linkages and coordination with partners	X	X	X	X	X	X
3.1.93	Operationalize postnatal services at the PGH and district hospitals		X				
3.1.94	Provide TA and logistics to strengthen postnatal clinics at the facility and during integrated outreach services	X	X	X	X	X	X
3.1.95	Support logistics to ensure all PMTCT sites have triple therapy (or full HAART depending on level of facility) and provide TA on the calculation of buffer stock needs	X	X	X	X	X	X
3.1.96	Link positive mothers to mother to mother support groups to provide psychosocial support in Upper Eastern and Samburu		X	X	X	X	X
3.1.97	Encourage male involvement in PMTCT through couple counseling, incentives like LLITN in Upper Eastern and Samburu		X	X	X	X	X
3.1.98	Integrate postnatal services at the CCC at the district hospitals		X	X	X	X	X
Turkana							
3.1.76	Provide TA support to facilities offering VMMC in commodities management through linkages with the national mechanism		X	X	X	X	
3.1.77	OJT for service providers on VMMC		X	X	X	X	
3.1.78	Support the MOH to integrate VMMC in the outreach clinics		X	X	X	X	X
3.1.79	CHWs conduct community mobilization events on VMMC in coordination with facility VMMC outreach		X	X	X	X	X
Maternal Health							
3.1.99	Increase skilled deliveries through provision of EOC packages, guidelines and logistics support	X	X	X	X	X	X
3.1.100	Strengthen facility and community referral system through active tracking, development of referral guidelines, SOPs and protocols	X	X	X	X	X	X
3.1.101	Conduct OJT/CME for health providers on FANC, AMTSL, mgmt. of PPH, eclampsia and other relevant topics	X	X	X	X	X	X
3.1.102	Assess provider/ facility capacity and staffing gaps (<i>as part of the joint facility assessment, activity 3.1.2</i>) and link as needed to the national mechanism to close the gaps	X	X	X	X	X	X
3.1.103	Facilitate linkages to the national supply chain mechanisms to ensure adequate supply of key maternal health commodities such as antimalarials, Iron/folate supplements, TT vaccines etc.	X	X	X	X	X	X
3.1.104	Provide support to MOH for monthly maternal death reporting and intervention as appropriate, re-activation of MDR committees, CME/OJT for members	X	X	X	X	X	
3.1.105	Develop a TOR/ guidelines for MDR operations and establish an MDR desk at the MCH clinic						
3.1.106	Conduct a one day workshop to orient MDR committee members to their roles						

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.107	Strengthen MDR monitoring						
3.1.108	Initiation/ ensure availability of outreach registers in outreach posts for postnatal case follow-up	X	X	X	X	X	X
3.1.109	Develop a mechanism for the referral of cases as part of postnatal case follow-up	X	X	X	X	X	X
3.1.110	Link households to CHWs for postnatal follow up	X	X	X	X	X	X
3.1.111	Scale-up of 'Care for Mothers' program through initiation of C4M and provision of community referral mechanism in other facilities in NAL	X	X	X	X	X	X
3.1.113	Develop a community referral register to be reviewed by the MCH in charge as part of the C4M activity		X	X	X	X	
3.1.114	Strengthen PAC services in hospitals through TA and provision of equipment and supplies through linkages with the national mechanism	X	X	X	X	X	
3.1.115	Support the MOH to conduct a sensitization meeting on PAC including youth-friendly PAC						
3.1.117	Initiate cervical cancer screening in the PGH and district hospital through provision of equipment and OJT of SPs through linkages with national programs	X	X	X			
3.1.118	Assess provider/ facility capacity to conduct cervical cancer screening as part of the joint facility assessment and link to national mechanisms to fill gaps in provider knowledge/ facility capacity		X	X			
3.1.119	Disseminate key messages for SPs on cervical cancer and introduce/ follow up through OJT and monitoring		X	X	X	X	X
3.1.120	Create awareness among SPs and support effective referral for cervical cancer		X	X	X	X	X
3.1.122	Support mother child clinics and other upcoming CBO run health facilities through TA and logistics	X	X	X	X	X	X
3.1.123 ; 3.1.8	Quarterly monitoring of FOG MNCH activities		X	X	X	X	X
3.1.124	Support private health facilities to provide integrated MNCH/RH/FP services through TA and logistics including linkages to ensure that the facilities have registers for data capturing	X	X	X	X	X	
3.1.125	Facilitate outreach services that target women secluded to their manyattas during the first 40 days postpartum to deliver postpartum and postnatal care to the woman and infant	X	X	X	X	X	X
3.1.126	Establish and strengthen PNC for seven major health facilities in NEP/TR (level four and above)	X	X	X	X	X	X
3.1.127	CHWs outreach to include safe motherhood, development of birth plans, danger signs and refer for skilled delivery		X	X	X	X	X
3.1.128	Facilitate/ support skilled care deliveries and proper labor support through the use of the partograph to prevent prolonged/ obstructed labor	X	X	X	X	X	X
3.1.129	Create awareness among SPs and support effective referral for fistula repair	X	X	X	X	X	X
Newborn & Child Health							
3.1.130	Support implementation of Baby Friendly Hospital initiative through sensitization of HCWs, provision of guidelines, hospital charter assessment, support the World BF Day	X	X	X	X	X	
3.1.131	Initiate BF clubs in MCH and refurbish lactation centers in major facilities through linkages with the national mechanism	X	X	X			X
3.1.133	Facilitate DNOs to monitor BF clubs		X	X	X	X	X
3.1.134	Sensitize CHWs to roll out IYCF and ENA interventions for BF mothers						
3.1.135	Facilitate quarterly meetings for BF club members and CHEWs to review progress						

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.136	Improved prevention and management of childhood illness through training/updating SP/CHWs on clinical IMCI and community-IMCI (linkage with national training program)	X	X	X	X	X	X
3.1.137	Improved immunization coverage through facilitating implementation of the reach every district (RED) strategy by supporting integrated outreach, defaulter tracing	X	X	X	X	X	X
3.1.138	Support MOH/FOGs to conduct mobile/motorbike integrated outreaches as part of the RED strategy including SFP sites	X	X	X	X	X	X
3.1.139	Asses the capacity of static health facilities for cold chain management for vaccines as part of the joint facility assessment	X	X	X	X	X	X
3.1.140	Support DNOs to conduct growth monitoring, deworming, Vitamin A supplementation in ECD centers	X	X	X	X	X	X
3.1.141	Refurbish and equip ORT corners in the high volume facilities, improve provision of ORS, Zinc, Iron and Vit A	X	X	X	X		
3.1.142	Establish ORT resource desk at selected health facilities						
3.1.143	Educate mothers on three tier management of diarrhea (increased BF, Zinc and ORT)						
3.1.144	Sensitize mothers on how to make ORS at home						
3.1.145	Facilitate the distribution of LLTN to pregnant women and under 5s in selected sites	X	X	X	X	X	X
3.1.146	Support PITC for sick children esp. in pediatric wards and outpatient (MCH) departments	X	X	X	X	X	X
3.1.147	Active follow-up of HEI and infected infants to ensure enrollment into care and treatment	X	X	X	X	X	X
3.1.148	Re-activate postnatal services/clinics in high volume facilities through refurbishment and provision of equipment through linkages with the national mechanism	X	X	X	X	X	X
3.1.149	CHWs mobilize communities near high volume facilities as well as outreach in coordination with PHC outreach		X	X	X	X	X
FP/RH							
3.1.150	Conduct performance improvement/ quality improvement monitoring of Contraceptive Technology Update trainees	X	X	X	X	X	X
3.1.151	Strengthen and support FP information and education activities in additional facilities through provision of audio-visual tools and teaching aides, FP counseling job aids	X	X	X	X	X	
3.1.152	Increase the number of facilities offering contraceptive commodity mix through provision of equipment and related supplies through linkages with the national mechanism (increase by 40 facilities in NEP/TR; 15 in Turkana; 40 in UE/S)	X	X	X			X
3.1.153	Support the scale-up and use of SDM (CycleBeads)	X	X	X	X	X	X
3.1.154	Support the scale-up of SBM-R for FP/RH services in NEP/TR	X	X	X	X	X	X
3.1.155	Facilitate the integration of FP into postpartum, HIV and AIDS and TB services in new facilities	X	X	X	X	X	X
3.1.156	Provide TA, monitor quality and audit FP/RH services	X	X	X	X	X	X
3.1.157	Distribute and disseminate the national policy and guidelines on FP/RH as needed	X	X	X	X	X	X
3.1.158	Strengthen contraceptive logistic management through capacity building (OJT) and complementing commodity supply from KEMSA/DRH (linkage with SCMS)	X	X	X	X	X	X
3.1.159	Support community based distribution of FP methods through logistics to CHWs in community units	X	X	X	X	X	
3.1.160	Integrate FP services in SFP outreach programs	X	X	X	X	X	X
3.1.161	CHWs mobilize communities near high volume facilities in coordination with PHC outreach and counsel/ hold dialogues about FP and HTSP and make FP referrals to the facility		X	X	X	X	X

APHAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

Nutrition							
3.1.162	Support nutrition activities including support supervision, targeted outreach and school health programs	X	X	X	X	X	X
3.1.163	Support Baby Friendly Hospital initiative in PGH and district hospitals in NEP/TR through TA and logistics		X	X			
3.1.164	Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	X	X	X	X	X	
3.1.165	Support school health programs	X	X	X	X	X	
3.1.166	CHWs mobilize communities near high volume facilities as well as conduct outreach in coordination with PHC outreach		X	X	X	X	X
Adolescent SRH							
3.1.167	Support the implementation of Youth Friendly Service in provincial and district hospitals through refurbishment and furnishing (linkages with G-Youth and others)	X	X	X	X	X	X
3.1.168	Provide TA to health providers on the provision of Youth Friendly Services	X	X	X	X	X	
3.1.169	Support the provision of youth-friendly PAC services through the distribution of YFPAC job aids						
3.1.170	Support establishment of post rape counseling and treatment centers	X	X	X	X	X	
3.1.171	Support gender mainstreaming in health activities (girl child education, FGM campaign, leadership role and GBV)	X	X	X	X	X	
Malaria							
3.1.172	Distribution of LLITN in high-risk zones (target pregnant women and under 5 children)	X	X	X	X	X	X
3.1.173	Support the provisions of ACTs, RDTs through TA, linkages and logistics	X	X	X	X	X	X
3.1.174	Distribution of malaria guidelines, SOPs and posters to facilities	X	X	X	X	X	
3.1.175	CHWs mobilize communities near high volume facilities as well as conduct outreach in coordination with PHC outreach		X	X	X	X	X
Water & Sanitation							
3.1.176	Increase the number of health facilities and schools that initiate and complete water and /or sanitation projects as a result of linkages made to USG-funded WSS projects	X	X	X	X	X	
3.1.178	Increase the number of facilities with infection prevention and waste disposal systems through linkages and TA	X	X	X	X	X	
3.1.179	Conduct baseline or update (inventory) on facilities with functional water systems		X	X			
3.1.180	Conduct OJT/CMEs on Infection prevention skills and practices, provision of guidelines, SOPs and equipment and supplies	X	X	X	X	X	X
3.1.181	Improved water treatment and storage in facility through ensuring the availability of waterguard, water storage tanks, water dispensers, IEC materials (linkages)	X	X	X	X	X	
IR 3.2 Increased demand for an integrated package of high impact interventions at community and facility levels							
CHW Outreach Activities/ Community Strategy							
NEP and Tana River							
3.2.1	Hold consultative review meeting with DHMTs on ongoing community strategy in Ijara and Garissa districts	X	X				
3.2.2	Facilitate provision of CU support logistics (reporting tools, registers and chalk boards) to all CUs			X	X		
3.2.3	Facilitate support for community dialogue days		X	X	X	X	X
3.2.4	Facilitate and support community action days		X	X	X	X	X
3.2.5	Monitoring and supervision of community strategy activities implementation in the region		X	X	X	X	X
3.2.6	Link CUs to key partners for water and sanitation program support		X	X	X	X	X
3.2.7	Facilitate community health education on hygiene and sanitation			X	X	X	X

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.2.8	Support CHWs to identify vulnerable households and refer for needed services			X	X	X	X
3.2.9	Support development of SOP to strengthen referral systems			X	X	X	X
3.2.10	Support provision/distribution of IEC materials, particularly vernacular radio, on key health messages			X	X	X	X
3.2.11	Identify potential condom outlet CHWs			X	X	X	X
3.2.13	Follow up on trained CHWs			X	X	X	X
3.2.14	Support community sensitization through public barazas on C-IMCI through CUs			X	X	X	X
3.2.15	Conduct awareness sessions in mosques, churches and other gatherings on prevention of HIV, HTSP, MNCH, GBV, IYCN		X	X	X	X	X
3.2.16	Support community mobilization for CT during HTC campaigns		X	X	X	X	X
3.2.17	Support purchase of 86 bicycles for CHWs		X	X	X	X	
3.2.18	Support procurement of two motor bikes in Medina and Kotile CHEWs		X	X	X	X	
3.2.19	Conduct refresher training on data for decision making for CHWs		X	X	X	X	
Turkana							
3.2.1	Comprehensive community assessment to identify current state of implementation of the community strategy including the status of the community units, identify/ map existing CHWs, post test clubs, high volume schools, condom dispensers among other identified needs	X		X			
3.2.2	Orientation/ sensitization for community and district leaders on APHIAplus high impact interventions		X				
3.2.3	Identify and train CHWs for care and support, MCH, including birth preparedness and recognition of danger signs during pregnancy, FP, HTSP, VMMC, IYCN and working with youth		X				
3.2.4	Community mobilization and link to PHCs for measles vaccine, immunization, BCG, Vit A, IPT2, etc. (through campaigns, mothers clubs, CHW outreach)		X	X	X	X	X
3.2.5	Community mobilization for Malezi Bora		X		X		X
3.2.6	Community mobilization for HCT				X		X
3.2.7	Community mobilization for outreach services (moonlight VCT, prevention of HIV, outreach services including ANC, VMMC, FP, and other MNCH)	X	X	X	X	X	X
Upper Eastern and Samburu							
3.2.1	Conduct mapping/ identification of CHWs and their distribution throughout the region	X					
3.2.2	Hold meeting with DHMT in three CUs in three counties to map out strategies of reviving the community units		X				
3.2.3	Hold an APHIAplus orientation meeting for all CHW and community committee in three CUs (1 per county)		X				
3.2.4	In coordination with DHMT lead refresher trainings for CHWs and CHCs in the three CU with additional training for care and support, MCH, FP, HTSP, VMMC and working with youth refresher training		X				
3.2.5	Engage Health Stakeholders within the catchment of CU to enlist their support through the Division Development Committee meetings		X	X	X	X	X
3.2.6	Collaboratively with the GOK, disseminate CHW household registers and reporting tools and facilitate the provision of registers/reporting tools		X	X	X	X	X
3.2.7	Community dialogue using CHWs AND CHEWs about HIV prevention, MCH, FP, HTSP, VMMC and working with youth	X	X	X	X	X	X
3.2.8	Hold public meeting to launch CU including DC, DHMT and issue certificates to CHWS		X	X			
Care and Support for PLHIV							
NEP and Tana River							

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.2.21	Identify potential partners that provide food to PLHIV and support linkages	X	X	X	X	X	X
3.2.22	Support and conduct treatment literacy training for 150 PLHIV			X	X	X	
3.2.23	Identify discordant couples and provide basic PWP package through individual/ small group meetings		X	X	X	X	X
3.2.24	Support and strengthen IPs & CCC linkages	X	X	X	X	X	X
3.2.25	Support BCC outreach in hotspot areas through engagement of PLHIV advocates		X	X	X	X	X
3.2.26	Sensitization of DHMTs and PTCs to BCP		X	X			
3.2.27	Support distribution of BCP kits to all Is in the region			X	X		
3.2.28	Support HCT training for 30 advocates			X			
3.2.29	Identify key partners and link PTCs to social safety nets	X	X	X	X	X	X
3.2.30	Support quarterly PTC meetings in the region	X	X	X	X	X	X
3.2.31	Carry out stigma reduction campaigns by engaging active advocates and religious leaders in high volume areas	X	X	X	X	X	X
3.2.32	Identify new condom dispensing sites and install		X	X	X	X	X
3.2.33	Develop SOP to strengthen referrals of vulnerable groups to economic security initiatives in the region		X	X	X		
3.2.34	Monitoring and supervision of CHBC in the region		X	X	X	X	X
3.2.35	Conduct baseline assessment of CHBC activities and key partners in Tana River		X				
3.2.36	Establish 10 PTC groups in Tana River county and three in NEP		X	X	X		
3.2.37	Conduct training for PTC group leaders on facilitation skills		X	X	X		
3.2.38	Conduct 20 TOT training for active PLHIV advocates for Tana River county		X	X	X		
3.2.39	Rollout CHBC in Mandera town, Elwak, Modogashe & Ijara districts		X	X	X	X	
3.2.40	Identify CHBC IPs and potential CHWs among IPs	X	X				
3.2.41	Map CHBC locations in the respective districts (mapping CHBC clients in respective localities)	X	X				
3.2.42	Identify potential CHWs			X			
3.2.43	Support 2 week training for CHWs on CHBC		X	X			
Turkana							
3.2.21	Conduct treatment literacy trainings in high volume facilities to support treatment adherence	X	X				
3.2.22	CHW follow up for care and support and to support healthy home-based practices		X	X	X	X	X
3.2.23	Provision of HBC supplies for HBC		X	X	X	X	X
Upper Eastern and Samburu							
3.2.21	Conduct treatment literacy trainings in 10 high volume facilities to support treatment adherence		X	X	X		
3.2.22	Support CACC meetings /CDF Meetings		X	X	X	X	X
3.2.23	MIPA i.e., International days (World AIDS Day)				X		
3.2.24	Conduct HBC stakeholders meeting		X	X	X	X	X
3.2.25	Link FOGs to HSSF Meetings		X	X	X	X	
IR 3.3 Increased adoption of healthy behaviors							
NEP and Tana River							
3.3.1	Conduct current Jipange program evaluation to determine risky behavior in secondary schools, scale up/rollout to 20 additional schools as a basis for evidence based programming		X	X	X	X	
3.3.2	Identify/replace 50 youth out of school for life skills training for Jipange and Chill program		X	X			

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.3.3	Review/adapt life skill curriculum for training youth		X	X			
3.3.4	Identify and engage trainers for the life skill training		X				
3.3.5	Sensitize 7000 out of school youth on life skills through youth forums		X	X			
3.3.6	Initiate/conduct youth-led weekly sessions on life skills and abstinence in both primary and secondary schools	X	X	X	X	X	
3.3.7	Hold sensitization meetings for patrons/ head teachers in school implementing life skill / abstinence sessions	X	X	X	X	X	X
3.3.8	Hold quarterly monitoring and supervision meetings with youth facilitators, patrons and head teachers	X	X	X	X	X	X
3.3.9	Liaise with APHIA II HCM to procure BCC/IEC materials for malaria, HIV/AIDS, TB & safe water for distribution through CUs, health facilities and outreaches		X	X	X	X	X
3.3.11	Adapt/reproduce BCC brochures with SD & CT messages and distribute them during outreaches and through CUs		X	X	X	X	
Turkana							
3.3.1	Identify 4 high volume schools to establish/ support school clubs	X	X				
3.3.2	Orient the teachers/ club patrons to APHIAplus and information about HIV prevention, hygiene and sanitation, delaying the age of marriage, delaying first pregnancy, HTSP, links to YFS and other age appropriate RH MNCH messages and practices		X	X			
3.3.3	Develop/ provide IEC materials and reporting tools for school clubs		X	X			
3.3.4	Quarterly review meetings for patrons/ school clubs on challenges and successes			X	X	X	X
3.3.5	Establish mothers clubs through FOGs to support breastfeeding, link to facility providers, opportunity for immunization outreach, messages and information about ANC attendance, FP and HTSP, skilled delivery messages, HIV prevention, TB, link to IGA, nutrition information. Target high volume manyattas.		X	X	X	X	X
Upper Eastern and Samburu							
3.3.2	Identify two schools per district, meet with teachers and patrons to identify the activities including HIV prevention, hygiene, water sanitation, and links to YFS						
3.3.1	Orient the teachers/ club patrons to APHIAplus and information about HIV prevention, hygiene and sanitation, HTSP, links to YFS and other age appropriate RH MNCH messages and practices		X	X			
3.3.3	Quarterly review meetings for patrons/ school clubs on challenges and successes		X	X	X	X	X
3.3.4	Provide IEC materials to facilities		X	X	X	X	X
3.3.5	Sensitization of CORPS to facilitate ANC, deliveries and referrals to facilities. Initiate community based condom distribution through CHWs.		X	X	X	X	X
3.3.6	Develop IEC public service announcements for vernacular radio		X	X	X	X	X
3.3.7	Link with FH and existing mother to mother support groups to support and reinforce high-impact practices and healthy home-based behaviors including breastfeeding support, HTSP, nutrition, hygiene, RH/FP, IYCF		X	X	X	X	X
3.3.8	Monitor mother-to-mother support groups		X	X	X	X	X
IR 3.4 Increased program effectiveness through innovative approaches							
Integrated mobile and other outreach services to reach MARPs, women, girls and hard to reach populations to bring care closer to the client (these activities are also reported under IR 3.1 and 3.2)							
3.1.76	Increase the number of mobile outreaches providing counseling and testing		X	X			

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

3.1.77	Continued support and scale up of monthly mobile, moonlight and house to house VCT outreaches in urban centers targeting MARPs, pastoralists and other hard to reach populations	X	X	X	X	X	X
3.1.75	Support prevention outreach among MARPs including targeted BCC			X	X	X	
3.1.76	Support HCT targeting MARPs		X	X	X	X	
3.1.23	Integrate counseling and testing in nomadic clinics/outreaches services	X	X	X	X	X	X
3.1.88	Strengthen and integrate PMTCT in nomadic clinics and outreach services	X	X	X	X	X	X
3.1.10	Support integrated facility based motorbike model outreach	X	X	X	X	X	X
3.1.31	Integration of TB testing services in nomadic clinics and other outreach services		X	X	X		X
3.1.37	Facilitate active TB case finding, MDR surveillance, contact/defaulting tracing, monthly focused door-door HIV/TB screening		X		X		
3.1.159	Support community based distribution of FP methods through logistic support to CHWs in community units	X	X	X	X	X	
3.1.127	CHW outreach to include safe motherhood, development of birth plans, danger signs and refer for skilled delivery		X	X	X	X	X
3.1.164	Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	X	X	X	X	X	
3.1.172	Distribution of LLITN in high-risk zones-river bank communities and selected hinterlands only (target pregnant women and children under 5) through targeted linkages	X	X	X	X	X	X
3.1.137	Improved immunization coverage by supporting routine integrated outreaches and defaulter tracing	X	X	X	X	X	X
3.1.147	Active follow-up of HEI and infected infants to ensure enrollment into care and treatment	X	X	X	X	X	X
3.1.136	Improved prevention and management of childhood illness through training/updating SP/CHWs on clinical IMCI and community-IMCI (linkage with National training program)	X	X	X	X	X	X
3.1.108	Initiation/ ensure availability of outreach registers in outreach posts for postnatal case follow-up and link households to CHWs for postnatal case follow up	X	X	X			X
3.2.43	Support 2 week training for CHWs on CHBC		X	X			
3.1.125	Facilitate outreach services that target women secluded to their manyattas during the first 40 days postpartum to deliver postpartum and postnatal care to the woman and infant.		X	X	X	X	X
3.1.70	Decentralization of ART services to hard to reach facilities (ensure provision of minimum HIV care packages)	X	X	X	X	X	X
Result 4: Social determinants of health addressed to improve the well being of the community, especially marginalized, poor and underserved populations							
<i>IR 4.1 Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs</i>							
4.1.1	Link PLHIV to partners providing services / social safety nets (IGA, BCC, credit facilities)	X	X	X	X	X	X
4.1.2	Identify partners and link PTCs to training on entrepreneurship		X	X	X	X	X
4.1.3	Link livestock marketing groups to business skills development		X	X	X	X	
4.1.4	Linking livestock traders and keepers to credit facilities		X	X	X	X	
4.1.5	Link pastoralists to alternative economic activities		X	X	X	X	
4.1.6	Support pastoralists to access livestock development & marketing services initiatives						
4.1.7	Awareness and sensitization forum on MCH, FP, client perceptions through existing pastoral community structures e.g., WUAs, LMCs, SMCs		X	X	X	X	
<i>IR 4.2 Improved food security and nutrition for marginalized, poor and underserved populations</i>							
<i>Improved food security and nutrition for OVC</i>							
4.2.1	Sensitization and orientation of OVC caregivers and CHWs to conduct MUAC assessments		X	X	X	X	
4.2.2	Support the referral and linkage of OVC to access FBP services		X	X	X	X	

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

4.2.3	Monitor the progress of implementation of MUAC activities by CHWs		X	X	X	X	
<i>Improved food security and nutrition for PLHIV</i>							
4.2.4	Support CHWs to conduct nutrition screening to HBC clients and link them to food security programs	X	X	X	X	X	X
<i>Improved food security and nutrition for pregnant women and TB patients</i>							
4.2.5	Refer eligible pregnant & lactating mothers, TB patients to food supplementation initiatives	X	X	X	X	X	X
IR 4.3 Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education							
4.3.1	Liaise with district education officers to support child friendly activities in schools in collaboration with department of children services		X	X	X	X	
4.3.2	Link with CDF in Upper Eastern for construction and renovations of classrooms and toilets and rainwater harvesting		X	X	X	X	X
4.3.3	Identification of schools to support child friendly activities		X	X			
4.3.4	Train teachers and AACs on child rights, protection and participation, stimulative classrooms and child friendly environment		X	X			
4.3.5	Support and establish child friendly services in targeted schools through provision leaning equipment			X	X		
4.3.6	Conduct school enrollment drive targeting OVC in partnership with LOCs, MOE and Children dept.		X	X	X	X	
4.3.7	Monitor and supervision of child right, protection and participation activities		X	X	X	X	
4.3.8	Facilitate/ participate in forums for school management committees in collaboration with the department of children services and the district education officers		X	X	X	X	X
4.3.9	Support FOGs to identify schools to support child friendly activities	X	X	X	X	X	
IR 4.4 Increased access to safe water, sanitation and improved hygiene							
4.4.1	Liaise with MOE to identify/initiate hygiene education in selected priority schools		X		X		X
4.4.2	Liaise/support public health department to conduct hygiene education sessions in the selected schools	X		X		X	
4.4.3	Liaise with UNICEF to promote hygiene education through child to child program in selected high-priority schools		X	X	X	X	
4.4.4	Link school health clubs with FH and Solidarities hygiene and sanitation programs in Upper Eastern and Samburu		X	X	X	X	X
Water and sanitation							
4.4.5	Identify USG funded projects dealing with WASH programs		X				
4.4.6	Create linkages between identified project and facilities / CUs to establish WASH projects in NEP and Tana River and Turkana; in Upper Eastern and Samburu, link with FH , Solidarities, Christian Community Services, ACK Mt. Kenya and Pastoralists integrated support program WASH projects		X	X	X	X	
4.4.7	Link FH water harvesting in schools and piped water systems to extend water to health facilities		X	X	X	X	
Safe water products							
4.4.8	Identify local organizations (CBOs, CUs, health facilities) and link then to HCM to promote implementation and selling of SW products/activities		X	X			
4.4.9	Liaise with HCM project to provide SW and POU products (PUR, water guard, Aquatabs) to the identified local organizations		X	X	X	X	
4.4.10	Link with FH in Upper Eastern to distribute PUR in health facilities		X	X	X	X	X

APHIAplus NAL Workplan
Associate CA #: 623-A-00-07-00023-00
January 2011-May 2012

IR 4.5 Strengthened systems, structures and services for marginalized, poor and underserved populations									
Orphans and Vulnerable Children									
4.5.1	Map out no of LOCS	X	X						
4.5.2	Capacity build LOCS (community based trainings)		X	X	X	X			
4.5.4	Continue support to the existing OVC through procurement of OVC supplies (uniforms, shoes, hygiene kits, kitchen kits)		X	X	X	X			
4.5.5	Linkage and referral to support services		X	X	X	X			
4.5.6	Monitor the progress of continue OVC and their referral for support		X	X	X	X			
4.5.7	Support quarterly AAC meeting to lobby for birth certificates to OVC and other related OVC support activities		X	X	X	X			
4.5.8	Facilitate quarterly district sub OVC Committees (DOSC) to advocate for crosscutting OVC issues i.e., birth certificates, child rights, linkages and referrals		X	X	X	X			
4.5.9	Identify OVC and facilitate the acquisition of birth certificates		X	X	X	X			
4.5.10	Monitor and report on the progress of the acquisition of birth certificates		X	X	X	X			
4.5.11	Identify and train OVC caregivers		X	X	X	X			
4.5.12	Support the OVC photograph for building strong OVC database		X	X	X	X			
4.5.13	Support OVC QI STD pilot and roll out		X	X	X	X			
4.5.14	Support CSI pilot and roll out		X	X	X	X			
4.5.15	Develop and implement OVC FOG and subgrantee monitoring plan	X	X	X					
4.5.16	Provide continues TA to OVC IP,FOG, and subgrantees	X	X	X	X	X	X	X	X
4.5.19	Planning and review meetings with FOGs		X	X	X	X	X	X	X
4.5.17	Conduct quarterly child protection stakeholder forums in collaboration with department of children services		X	X	X	X			
4.5.18	Support national and international events related to child survival and protection		X	X	X	X			
IR 4.6 Expanded social mobilization for health									
4.6.1	Sensitization of religious and cultural leaders at county levels in regards to addressing cultural beliefs that hinder conventional health seeking behavior		X	X	X	X	X	X	X
4.6.2	Develop subagreement with SUPKEM for advocacy and mobilization on MCH in NEP and bordering districts	X	X						
4.6.3	Train RLs on stigma discrimination/HIV and AIDS and basic MNCH to improve their capacity		X		X				
4.6.4	Support RLs to implement prevention interventions targeting small groups through outreach			X					
4.6.5	Develop and distribute monitoring/reporting tools to RLs		X	X	X	X			
4.6.6	Conduct quarterly monitoring meetings with RLs		X	X	X	X			