

# APHIAplus Northern Arid Lands

## Quarterly Program Report



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## **LIST OF ABBREVIATIONS**

AAC	Area Advisory Committee
AB	Abstinence and/or Being Faithful
AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
APHIA	AIDS, Population and Health Integrated Assistance Program
APR	Annual Progress Report
ARIFU	AIDS Response in Forces in Uniform (Project)
ART	Antiretroviral Therapy
ARV	Antiretroviral
BC	Behavior Change
BTL	Bilateral Tubal Ligation
C4M	Care for Mothers
HCT	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
CHANIS	Child Health and Nutrition Information System
CHBC	Community and Home-Based Care
CHC	Community Health Committees
CHV	Community Health Volunteer
CIC	Community Implementation Committee
CME	Continuing Medical Education
CORP	Community-Owned Resource Person
CTS	Clinical Training Skills
CSI	Child Survival Index
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
DVI	Division of Vaccines and Immunization
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
GPS	Global positioning system
GIS	Geographic Information System
HAART	Highly Active Antiretroviral Therapy

HBC	Home-based Care
HCBC	Home and Community-Based Care
HCSM	Health Commodities and Services Management
HCT	HIV Counselling and Testing
HCV	Health Care Volunteer
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HINI	High-Impact Nutrition Interventions
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
IUFD	Intrauterine Foetal Death
IYCF	Infant and Young Child Feeding
KAIS	Kenya AIDS Indicator Survey
KCIU	Kenya Council of Imams and Ulamaa
KEMRI	Kenya Medical Research Institute
KNASP	Kenya National AIDS Strategic Plan
LIP	Local Implementing Partner
LLITN	Long-Lasting Insecticide-Treated Nets
LMS	Leadership, Management and Sustainability
LOC	Locational OVC Committee
LOE	Level of Effort
LOP	Life of Project
M&E	Monitoring and Evaluation
MARP	Most at Risk Population
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 Theatre
MSH	Management Sciences for Health
MTC	Medical Training College
NACC	National AIDS Control Council
NAL	Northern Arid Lands
NASCOP	National HIV and AIDS and STI Control Program
NCAPD	National Coordinating Agency for Population and Development
NCCS	National Council of Children Services
NEPTRC	North Eastern Province and Tana River County
NEPHIAN	North Eastern Province HIV and AIDS Network
NEWS	North Eastern Welfare Society
NHSSP	National Health Sector Strategic Plan
NHP	Nutrition and HIV Project
NOPE	National Organization of peer educators
NP HLS	National Public Health Laboratories Services
NQMG	National Quality Management Guidance
NRHS	Nyanza Reproductive Health Society
OI	Opportunistic Infection

OJT	On-the-Job Training
OOP	Office of the President
OVC	Orphans and Vulnerable Children
PAC	Post-Abortion Care
PASCO	Provincial AIDS and STD Coordinator
PCR	Polymerase Chain Reaction
PD/Hearth	Positive Deviance/Hearth
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
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNA	Performance Needs Assessment
PNC	Post-Natal Care
PTC	Post-Test Club
QA	Quality Assurance
RRI	Rapid Results Initiative
SCMS	Supply Chain Management System
SIMAHO	Sisters Maternity Home
SILC	Savings and Internal Lending Communities
SNA	Sexual Networks Assessment
STI	Sexually Transmitted Infections
STTA	Short-Term Technical Assistance
SUPKEM	Supreme Council of Kenyan Muslims
SW	Sex Worker
TA	Technical Assistance
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TIMS	Training Information Management System
TMP	Training Master Plan
TNA	Training Needs Analysis
TR	Tana River
TOF	Training of Facilitators (also refers to a facilitator him/herself)
TOT	Training of Trainers (also refers to a trainer him/herself)
TOWA	Total War Against HIV and AIDS
UES	Upper Eastern/Samburu
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
VSL	Village Savings and Loan
WASDA	Wajir South Development Agency
YCF	Young Child Feeding
YFS	Youth-Friendly Services
YTD	Year to Date

## I. EXECUTIVE SUMMARY

APHIAplus NAL trained two dedicated teams to conduct activities in Turkana North and Turkana South. The training was completed in February and operations commenced immediately after the training. Sensitization of community leaders in both Turkana North and South took place at the beginning of March. As at 30<sup>th</sup> April 2012, 406 male circumcisions had been performed. The teams were disengaged on April 30<sup>th</sup> and the supplies and equipment put in place for the incoming consortium to take over.

The quarter under review registered fewer clients for HIV counseling and testing (HTC) compared to the previous quarter due to the absence of both national and regional Rapid Results Initiatives. The Project however intensified support for focused and innovative counseling strategies for local partners. These included innovations for home-based CT (door-to-door, moonlight) and especially those targeting MARPs. The MARPs targeted included uniformed personnel in the three sub-regions, morans and their girlfriends in Samburu, sex workers in Isiolo and also livestock traders in all the major towns of NAL. Although the total number of individuals counseled and tested reduced from the previous quarter, the percentage of those testing positive has gone, up implying that the strategy of focusing on MARPs is ensuring that those in need of services are accessing the service.

The Project supported the implementation of 5I's through pro-active interventions in the partner sites implementing TB/HIV coordinated activities. There was varied success across the three sub-zones. The Central Unit of the tuberculosis control program has deliberately selected few counties in which to roll out the strategy. While in NEP the PTLC and his team seem to have responded well to the national roll out of the strategy, Upper Eastern and Samburu had challenges in accessing the guidelines, tools and commodities. In Turkana the strategy has not yet been introduced by the MOH.

The Project implemented ART mentorship training in Upper Eastern/Samburu and Turkana to bring the two sub-regions to the same level as in NEP where the training had been completed in the previous phase of the project. Kenya Pediatric Association implemented the trainings.

All maternal health indicators registered improvement during the quarter, including number of skilled deliveries (up by 10%), number of new ANC visits (improved by 27%) and number of up to 4 ANC visits (improved by 7 %). The number of children fully immunized went up by 38%, Pentavalent 3 (DPT3) by 15% and BCG by 16% as compared to the previous quarter. This was as a result of advocacy from religious leaders, CHVs, HCWs, FMCs and microteaching by service providers in the facilities every morning. Outreaches integrated immunization and helped in tracing defaulters.

The Project initiated collaboration with UNICEF sub-regional offices on the implementation of high impact nutrition interventions. Joint planning and synchronization of field activities were planned with UNICEF district-level Nutrition Support Officers. As a result of this joint planning, the Project coordinated with the Nutrition Support Officers to conduct facilitative supervision with DHMTs and ensure nutrition gaps were addressed in the supervision.

Partnering closely with the Children's Department, District Registrars, VCOs, school management committees and LIPs, the Project supported the processing of 928 birth certificates for OVC in UES; 507 in NEP/TR; and, 247 in Turkana. The marked increase in the issuance of birth certificates to OVC was as a result of the Project's strategy of batch processing applications in coordination with District Registrars. In NEP/TR, the project supported 16,064 OVC with mosquito nets, household utensils, bathing soap, school bags and wheelchairs for disabled children.

On 15<sup>th</sup> March 2012, the consortium of partners implementing APHIA*plus* Northern Arid Lands was informed by USAID that its proposal for the next five-year phase of the Project was not successful and that it was being replaced by a consortium of completely new partners. Closeout of Project activities therefore took on added urgency. The Project immediately confirmed with GOK counterparts and local implementing partners that the outgoing consortium would cease all field activities from March 31, 2012. The Project put into place plans for closing all district-level offices by April 30<sup>th</sup> and sub-regional offices by May 31<sup>st</sup>.

All relevant and requested background documentation was provided immediately to the incoming consortium to facilitate the transition. This report contains a number of recommendations for the incoming consortium which if implemented could result in both “quick wins” and sustained performance of initiatives implemented by the outgoing consortium.

## II. PROGRAM DESCRIPTION

APHIA*plus* (AIDS, Population, and Health Integrated Assistance; *plus* stands for people-centered; leadership; universal access; and, sustainability) is an agreement between the Government of Kenya and USAID. The APHIA*plus* Northern Arid Lands (NAL) service delivery project brings together a team of organizations: Pathfinder International; Management Sciences for Health; IntraHealth International; Food for the Hungry; and, International Rescue Committee. The Project also works with numerous other local implementing partners, including government ministries, non-governmental, faith-based and community organizations.

APHIA*plus* supports integrated service delivery in technical areas of HIV/AIDS, malaria, family planning, tuberculosis and MNCH, and selected interventions related to the social determinants of health. APHIA*plus* emphasizes service integration at all levels as a build-up to sustainability; all project activities are aligned with GoK policies and strategies.

APHIA*plus* Northern Arid Lands is an expansion of the APHIA II North Eastern Province project and was initiated in January 2011. The Project covers the northern 60% of Kenya, an area characterized by remote, nomadic communities with limited access to goods and services. The APHIA*plus* Northern Arid Lands zone stretches across four provinces and effectively incorporates three sub-regions: Turkana County; Upper Eastern province/Samburu (UES); and, North Eastern province/Tana River (NEP/TR).

The Project is operating in the following counties:

- Tana River
- Garissa
- Wajir
- Mandera
- Isiolo
- Marsabit
- Samburu
- Turkana

Innovative strategies are required to address the unique challenges faced by communities in this zone. Project activities occur at both health facility and community levels and involve a high degree of collaboration with GoK partners and stakeholders at provincial and district levels.

Activities fall into two result areas:

- increased use of quality health services, products and information; and,
- social determinants of health addressed to improve the well-being of marginalized, poor and underserved populations.

The Project is funded at approximately \$26M over five years. APHIA*plus* NAL was allocated funding apportioned across its program areas as follows:

- MCH – 43%
- HIV/AIDS – 42%
- Family Planning – 15%
- Nutrition – 1%

### III. CONTRIBUTION TO HEALTH SERVICE DELIVERY

#### Description of the Work Plan Status

#### **RESULT 3 – Increased Use of Quality Health Services, Products, and Information**

#### **3.1 HIV prevention and adoption of healthy behaviors**

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

- VMMC: APHIAplus NAL trained two dedicated teams to conduct activities in Turkana North and Turkana South. The training was completed in February and operations commenced immediately after the training. Sensitization of community leaders in both Turkana North and South took place at the beginning of March. As at 30<sup>th</sup> April 2012, 406 male circumcisions had been performed. The teams were disengaged on April 30<sup>th</sup> and the supplies and equipment put in place for the incoming consortium to take over.



*VMMC performed by APHIAplus NAL team in Lokichogio, Turkana county*

- The Project supported Community Units to disseminate core messages through talks on HIV and AIDS prevention and control, reproductive health/FP and communicable diseases that built on positive cultural and religious values. These talks are done during mothers meetings, community dialogue days and home visits. Community dialogue days attracted dozens of community members who are encouraged to use health facilities and integrated outreach services availed by the MoH and partners. The dialogue days also provide an opportunity to get inputs from community members and address myths and misconceptions.



*Community Action Day – Semikaro Health Centre, Tana River county*

- In Upper Eastern/Samburu, APHIAplus NAL trained 291 out-of school youth (of whom 230 were girls) on life skills in collaboration with the District Education Officers and DASCOS. During the trainings and follow-up, the Project increased awareness on HIV prevention through abstinence and or proper condom use as appropriate, built communication skills, enhanced assertiveness of girls in relationships and promoted social and religious values.
- Also in UES, the Project trained 16 expert patients to strengthen all outreach activities and to disseminate stigma reduction messages at CCCs, in schools, at all community trainings and social gatherings.
- APHIAplus NAL shared the Isiolo Sexual Network Assessment results with 50 Muslim religious leaders in January. This is a follow-up dissemination to the one done during the Islamic religious leaders' conference and included dissemination of the resolutions of the conference to Imams, Madrasa teachers and other Muslim institutions.
- The Project trained 380 MARPs in UES on risk reduction strategies. The training targeted sex workers, Samburu morans/girls, uniformed forces, fisher folks, prisoners, miraa venders and taxi drivers.
- The Project ensured refilling of condom dispensers across the NEP/Tana River sub-region through collaboration with CHVs, VCT counselors and peer educators. In Garissa and Tana River, 40 CHVs and 18 peer educators continued to dispense and refill condom dispensers. In Tana Delta, the Project supported identification of new condom outlets and refilling of condom dispensers.

### **Challenges and recommendations**

- Recruiting, training and posting VMMC clinical teams in remote areas of Turkana county is very challenging and took the Project several months to complete. These teams were just becoming fully operational when the Project was informed that it would be discontinued. The Project has strongly encouraged the incoming consortium to utilize the two existing VMMC teams rather than to start from afresh.
- Sex workers are a MARP present in many towns in NAL, but are particularly numerous in Isiolo town. The Project identified, trained and earned the trust of many Isiolo SWs. These SWs have special needs, including training on risk reduction, livelihood alternatives and the provision of dedicated clinical services for SWs because of the high levels of stigma which

they face. The incoming consortium is encouraged to pick up where the Project left off and to expand coverage to towns such as Moyale, Lodwar and Mandera.

- Insecurity still affects the monthly psychosocial support meetings in Isiolo and Moyale and not all group members have returned back after they fled to safe areas. In the second week of February, tribal clashes were experienced and affected the monthly PSS meetings. Some PLHIV from Kambi ya Juu lost their properties through fire and theft during the clashes. The MoH and the incoming consortium should work closely with the DSG and other arms of government security, as well as peace initiatives by CSOs, to promote lasting peace and to prioritize management of defaulters as a result of insecurity incidents and community clashes.
- Stigma is still persistent in some communities in NAL. Disclosure and denial remain obstacles. Some patients who are living with HIV travel to distant ART sites to collect their medications for fear of stigma at local CCCs. Stigma reduction initiatives should be strengthened: this includes health talks by expert patients during community meetings and at CCC clinics, community radio sessions and continued religious leaders talks in mosques, churches and community radio sessions. One of the roles of the religious leaders is to make home visits to critically ill clients to provide spiritual counseling and prayer. The incoming consortium should leverage existing constructive relationships with all of these groups.
- The Project supported the training of expert patients, one for each CCC. However, the work load is still very high because of increasing numbers of PLHIV who come for services. There is a need for adding staff to assist with the link desk work. Additional expert patients should be distributed to high-volume CCCs. They can be identified through the CCC in-charges because they know those who are influential and able to assist such initiatives.
- The Project did not manage to implement the anticipated Christian religious leaders' conference similar to the conference for Islamic leaders held in 2011. There is need for the incoming consortium to hold a conference for Christian religious leaders in order to reach the Christian community through their RLs. Similarly, the incoming consortium should make use of the resolutions issued by Islamic leaders in Garissa and Isiolo following their Project-supported conferences in 2008 and 2011, respectively.

### 3.2 HIV Counseling and Testing

Figure 1: Counseling and Testing Performance: NAL (January 2011 – March 2012)

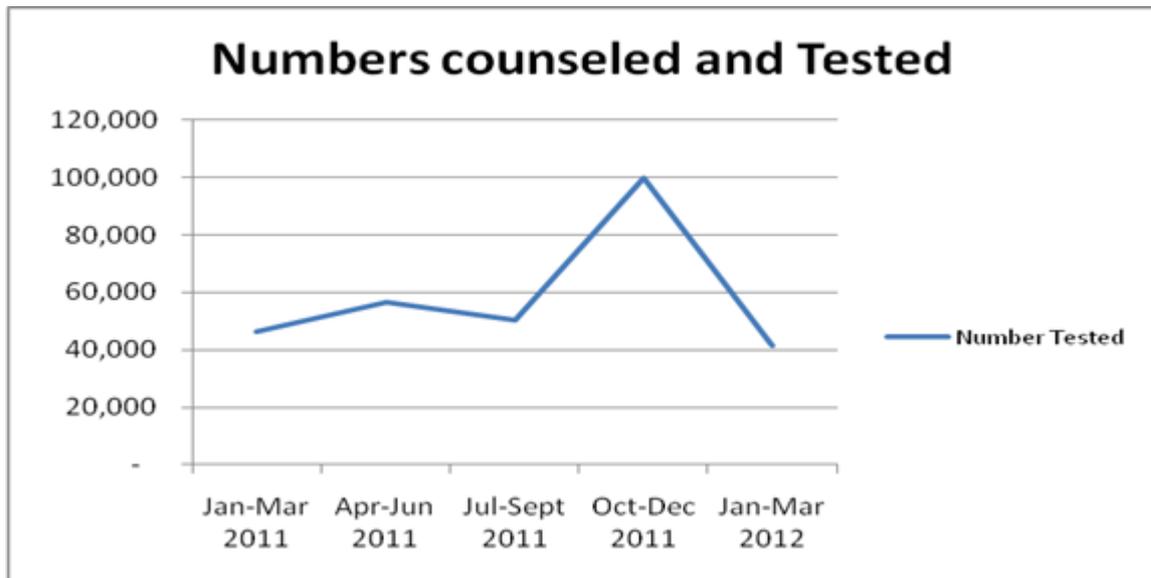
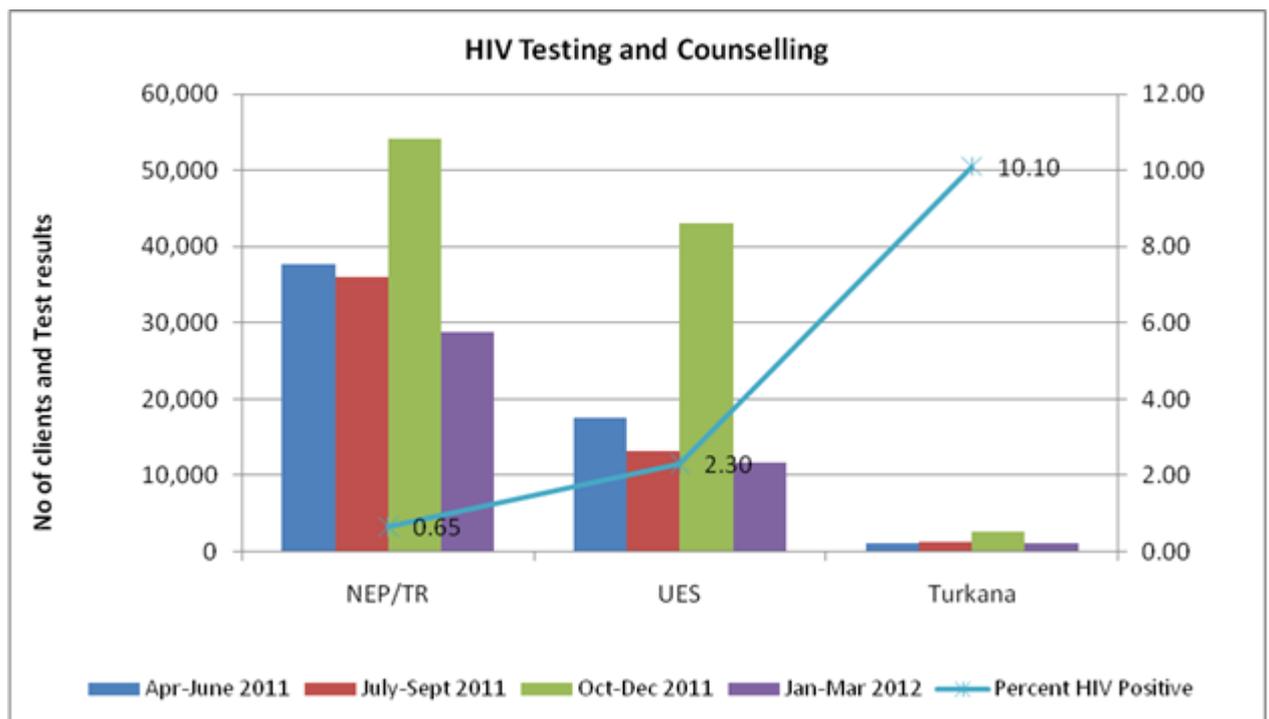


Figure 2: Counseling and Testing and Results: by Sub-Region (April 2011 – March 2012)



## Key observations on performance

- The quarter under review registered fewer clients for HIV counseling and testing (HTC) compared to the previous quarter due to the absence of both national and regional Rapid Results Initiatives. The Project however intensified support for focused and innovative counseling strategies for local partners. These included innovations for home-based CT (door-to-door, moonlight) and especially those targeting MARPs. The MARPs targeted included uniformed personnel in the three sub-regions, morans and their girlfriends in Samburu, sex workers in Isiolo and also livestock traders in all the major towns of NAL.
- Although the total number of individuals counseled and tested reduced from the previous quarter, the percentage of those testing positive has gone, up implying that the strategy of focusing on MARPs is ensuring that those in need of services are accessing the service.
- Routine support supervisions, OJTs and CMEs continued to add quality to HTC services throughout the Project area. The Project continued to support the established Quality Improvement Committees Upper Eastern and Samburu through orientation, supervision and logistical support.



*Clients with counselor during VCT outreach in Turkana county.*

## Challenges and recommendations

- The change of the HTC algorithm to exclude SD Bioline and introduce long ELISA as the tie breaker brought challenges to staff who have not been trained on the same as well as logistic challenges where the ELISA method was not easily available. Some facilities opted not to offer services while awaiting direction.
- The Project responded to these challenges by re-distributing RTKs and offering OJT on the new algorithms during supportive supervision and data dissemination meetings.

### 3.3 Palliative Care – TB/HIV

**Table 1: TB indicators (July 2011 – March 2012)**

Indicators	Jul-Sept 2011					Oct-Dec 2011					Jan-Mar 2012				
	Children		Adults		Total	Children		Adults		Total	Children		Adults		Total
	F	M	F	M		F	M	F	M		F	M			
TB cases detected	37	60	486	577	1,160	55	63	422	522	1,062	81	74	533	707	1,395
Smear positive	4	21	126	224	375	10	4	141	199	354	16	8	145	268	437
Smear negatives	24	23	348	384	779	29	31	322	345	727	51	59	415	437	962
Extra pulmonary TB patients on treatment	7	19	47	82	155	9	13	51	52	125	20	32	63	113	228
TB patients on Re-treatment	1	2	40	91	134	2	6	51	80	139	4	5	49	99	157
TB patients tested for HIV	39	33	403	495	970	42	52	375	449	918	66	61	381	519	1,027
TB patients HIV+	5	4	64	77	150	4	3	95	68	170	8	8	61	57	134
TB HIV patients on CPT	5	4	57	67	133	3	2	117	79	201	15	5	66	56	142
Defaulters	2	15	14	25	56	0	1	17	27	45	0	0	26	34	60
TB patients completed treatment	22	17	130	138	307	29	35	207	234	505	23	28	248	261	560
TB Deaths	30	0	16	15	61	0	0	14	11	25	1	0	13	13	27

#### Key observations on performance

- The Project supported the implementation of 5I's through pro-active interventions in the partner sites implementing TB/HIV coordinated activities. There was varied success across the three sub-zones. The Central Unit of the tuberculosis control program has deliberately selected few counties in which to roll out the strategy. While in NEP the PTLC and his team seem to have responded well to the national roll out of the strategy, Upper Eastern and Samburu had challenges in accessing the guidelines, tools and commodities. In Turkana the strategy has not yet been introduced by the MOH.
- In the reporting period, intensive case finding (ICF) yielded more co-infected patients, the majority of whom were started on treatment. The total number of TB cases detected increased by nearly 25%, evidence that ICF is taking root in NAL. The number of smear positive cases also increased by nearly 20%. This is a danger sign for the probability of co-infection, especially in Upper Eastern and Turkana, where the correlation between TB and HIV seems to be stronger than in NEP. Unfortunately, the number of HIV positive clients being put on CTX prophylaxis still remains challenging.
- In Upper Eastern and Samburu, the Project has continued to increase the number of facilities providing care for TB/HIV co-infected clients and the number of these clients on treatment. The Project supported OJT, CMEs and facilitative supervision during the quarter. The number of facilities providing TB/HIV care and treatment remained the same mainly due to limitation of the number of HCWs with the capacity to implement ARV services.

- In NEP, APHIAplus NAL supported TB screening and MDR surveillance outreaches in all the districts. The emphasis on active case finding is part of the implementation of the 5I's strategy. TB defaulter tracing was also conducted as part of the routine outreaches. The Project provided logistic support in the distribution of TB registers and IEC materials in facilities in Lagdera and Garissa.
- In Turkana county, there was an increase in the number of adult and pediatric clients accessing palliative care. This is attributable to a reduction in the knowledge gap after ART mentorship conducted in the quarter through STTA by Kenya Pediatric Association. Fifteen clinicians from supported sites benefitted. This was complemented by increased use of MOH tools in CCCs which aided clinicians to identify and treat ailments common in these clients. The Project provided logistical support for quarterly support supervision by the 3 DHMTs of Turkana county which featured a review of the use of the adult and pediatric TB diagnostic algorithms.

### **Challenges and recommendations**

- Poor documentation of TB screening in the care and treatment sites remains a challenge though mentorship on the use of TB ICF forms for all clients on HIV care in the past quarter is addressing that.
- Weak TB treatment defaulter tracing mechanisms continue to contribute to high defaulter rates. The setup of Community Units should include orientation of CHVs and other community mechanisms to address this issue.
- Few TB diagnostic and treatment centers in Turkana county. More diagnostic and treatment sites need to be supported in the county, especially among partner (sub-grantee) supported facilities.
- There were inadequate IPT and ICF registers for the implementation of 5I's in the region. This has really hampered the rolling out of the 5I's strategy. The DHMTs and other partners will need to continue to sensitize the service providers on the 5I's strategy and lobby with the MOH for the distribution of the reporting tools so that the strategy can be fully implemented.
- Many labs in NAL are unable to offer basic lab investigations due to lack of space and reagents. This has impacted negatively on care and treatment. There is need for districts and counties to link to the relevant national mechanisms as soon as they are operationalized. Meanwhile, the support for strengthening CD4 networking and other lab services should continue.

### 3.4 HIV and AIDS treatment/ARV services

**Table 2: Summary of ARV services (January 2011 – March 2012)**

<b>Indicator</b>	<b>Jan-Mar 2011</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sep 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Newly enrolled on HIV care	649	1,281	710	747	1,037
Newly initiated on ARVs	240	542	310	308	327
Cumulative on care	11,875	13,596	14,261	15,208	16,052
Cumulative on ARVs	5,212	5,946	6,185	6,509	6,839
Currently on ARVs	3,917	4,711	4,986	4,815	5,021

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

- The Project implemented ART mentorship training in Upper Eastern/Samburu and Turkana to bring the two sub-regions to the same level as in NEP where the training had been completed in the previous phase of the project. Kenya Pediatric Association implemented the trainings.
- The principle of universal access requires that all the clients found to be HIV positive be put on care and/or treatment at an early stage while the client is still relatively healthy. Progress towards this goal has continued to improve through increased counseling and testing at all levels (facility and community) using various innovative approaches. All the clients testing HIV positive are put on care and treatment at the earliest opportunity. The Project promotes the minimum package of services to ensure that a client is initiated into care even where access to comprehensive services in a CCC are not immediately available. These would include CD4 baseline test, other basic lab tests, initiation of Cotrimoxazole prophylaxis, TB screening and nutritional assessment.
- APHIAplus NAL supported logistics for the distribution of stabilizer tubes needed for transporting CD4 samples. The CD4 concept paper initially developed in NEP in conjunction with MOH partners was revised and approved by the PHMTs in Eastern and Rift Valley provinces and was shared with all the DHMTs and facility I/Cs in Upper Eastern/Samburu and Turkana county. The Project also provided on-going TA and logistical support for both CD4 and EID services leading to improved quality of care and treatment.
- Provision of quality pediatric ART services at the PGH Garissa has been a priority for the hospital. This quarter APHIAplus NAL supported two staff from the CCC PGH for a structured cross-visit to the CCC at Nakuru PGH. During this trip the staff enhanced their knowledge, skills and attitudes in the management of pediatric ART and provision of psychosocial support. The Project also supported the refurbishment of the pediatric ART ward in PGH Garissa. The site was painted and child-friendly murals put on the walls.

## Challenges and recommendations

- Shortages of qualified health staff in NAL persist despite the arrival in late December 2011 of health workers recruited through the Capacity Project, as not all staff offered the positions accepted the offer. The Capacity Project will need to conduct additional interviews for replacement staff where staff recruited earlier did not turn up.
- Low capacity for initiation of ART services continues to hamper ART service provision in some health facilities due to lack of training in ART. The ART mentorship program rolled out in the reporting period will help in addressing this gap in the interim while the National Training Mechanism conducts needs assessments.
- Most HIV-positive OVC do not have permanent guardians who can ensure consistent and quality follow-up of ART treatment and services. The Project recommends that these OVC should be linked to the OVC/HBC programs through the CCC link persons so as to put in place follow-up mechanisms.

### **3.5 HIV care and support**

The Project is working with PLHIV support groups or post-test clubs in all three sub-regions. The work with PLHIV is most mature in NEP, followed by UES and then by Turkana. The approaches for rolling out care and support in the rest of NAL have been based on the experience of APHIA II NEP, but the other sub-regions have also developed their own context-specific characteristics and strategies.

**Table 3: Summary of CHBC services (January 2011 – March 2012)**

<b>Services</b>	<b>Jan-Mar 2011</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sept 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Clients served	3,608	5,007	6,327	6,078	7,129
Clients who died	9	8	36	16	22
Care givers	2,401	2,632	3,232	2,423	2,484
HBC clients (male)	976	2,034	2,464	2,477	2,567
HBC clients (female)	1,636	2,973	4,112	4,338	4,622
Clients on ARVs (male)	477	1,332	1,834	1,656	2,452
Clients on ARVs (female)	1,197	1,718	2,579	2,852	4,106
ARV clients dropped out	2	2	22	36	22
Referrals for VCT	294	295	983	502	786
Referrals for CCC	263	595	1,010	908	1,547
Referrals for FP	241	357	1,133	616	733
Referrals for nutrition	1,093	1,918	3,532	2,156	1,385
Referrals for support group	325	1,501	1,594	1,597	2,593
Referrals for PMTCT	61	236	238	222	257
Condoms distributed	436	2,230	10,834	13,602	16,912

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

- The Project trained 30 PTC members from Lorugumu and Namoruputh in Turkana county in treatment literacy. The trained PLHIV are now capable of serving as advocates for PLHIV and as resource persons for the incoming consortium.
- APHIAplus NAL launched Community and Home-Based Care activities in Mandera county.



*CHBC training for CHVs in Mandera County*

- APHIAplus NAL continued to advocate for PLHIV and link them to support services such as food, nutrition and medical care. In Elwak, for example, PTC members were linked to Adventist Development and Relief Agency and are now being supported with relief food on a monthly basis.
- In UES, 4,851 clients received CHBC services offered through local implementing partners, PTCs and link desks at health facilities. The number of active care givers increased by 17 as a result of training more CHVs and support for an additional 6 Community Units.
- In UES, the number of condoms distributed with support from the Project increased by nearly 300% to over 7,100. This increase is attributed to scale-up of the efforts of the CHVs trained on HBC. Expert patients, adequate counseling by CHVs, and house-to-house distribution also resulted in increased numbers of condoms being distributed to PLHIV.

### **Challenges and recommendations**

- The empowerment of a cohort of PLHIV advocates across the NAL zone represents an important achievement of the Project and one that should be leveraged and built upon by the incoming consortium. They are a critical component to improving the lives of PLHIV in NAL and fighting stigma across the zone.
- Treatment literacy training has been the single most empowering intervention for PLHIV in NAL. The Project has developed a cadre of treatment literacy TOTs who are from the NAL region and who can lead or assist with the scaling up of training. The incoming consortium should make use of these valuable resource persons.
- There is need for continued counseling on substance abuse – particularly in Turkana, Samburu, Moyale and Mandera – and intensification of defaulter tracing with the help of local leaders, CHVs, caregivers and expert patients. Expert patients should also be supported to conduct outreaches for substance abusers. Use of reformed substance abusers as mentors

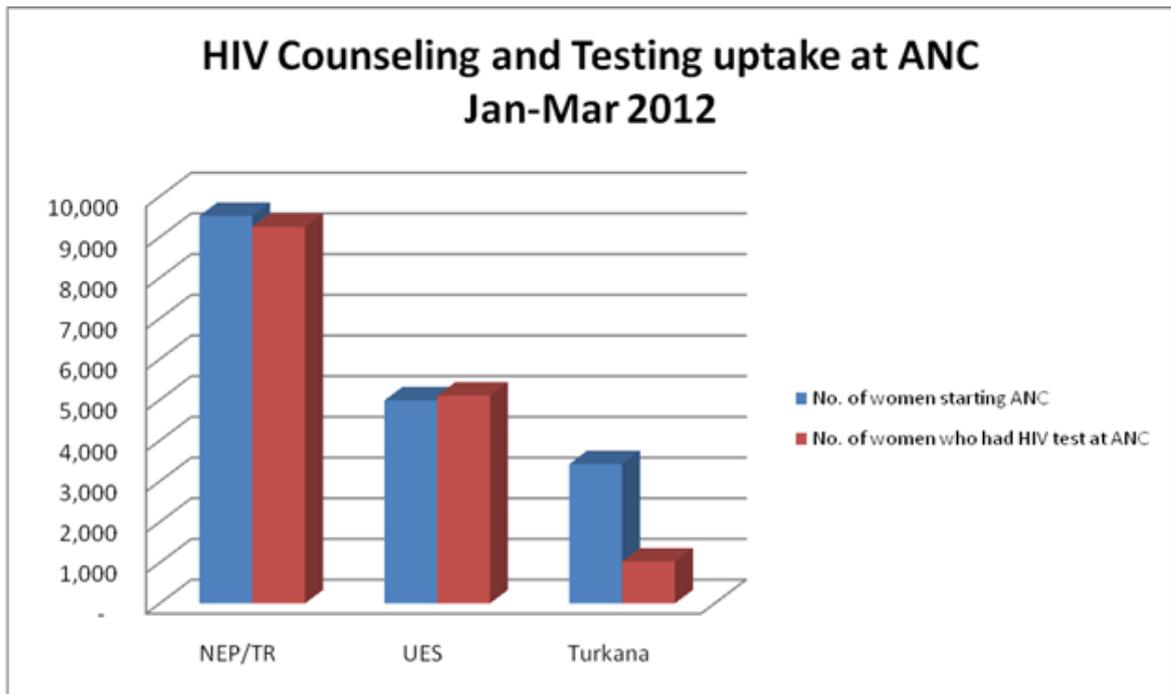
is also important – the Project has used a number of these and the incoming consortium should consider them as resource persons.

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

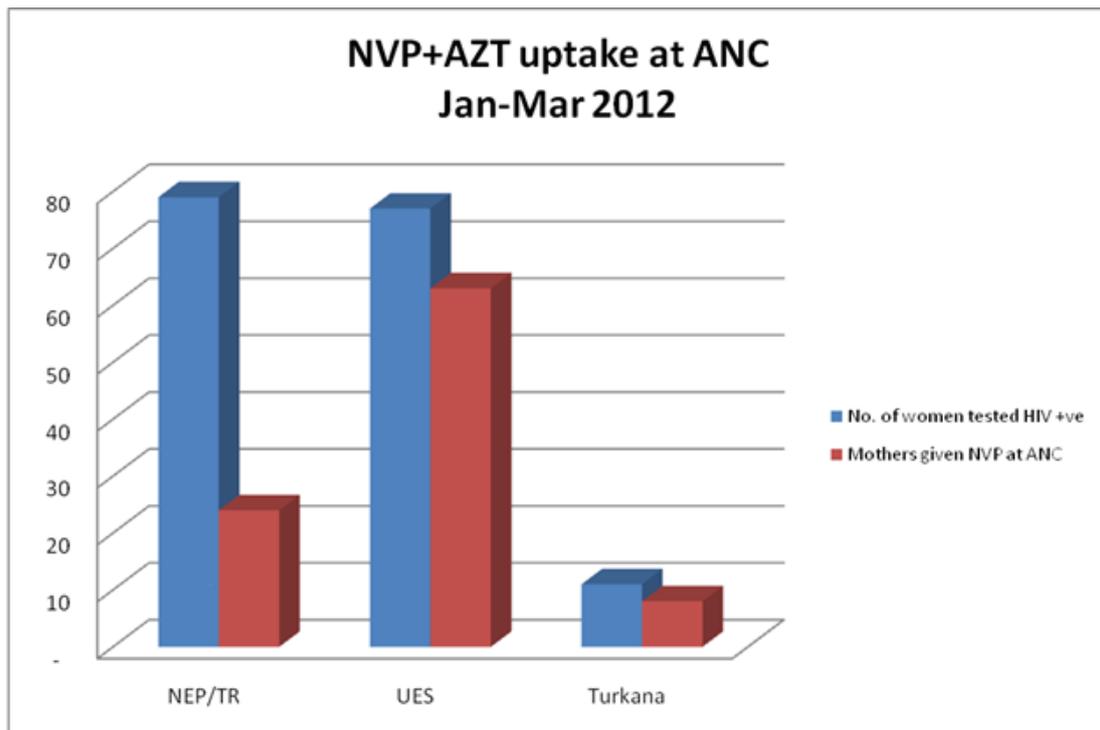
**Table 4: PMTCT cascade (January 2011 – March 2012)**

<b>Indicators</b>	<b>Jan-Mar 2011</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sept 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Women starting ANC	15,069	13,569	16,893	14,133	17,929
Women attending ANC as revisits	22,251	21,800	22,198	22,683	26,943
Women counseled	16,775	15,044	15,707	13,582	16,515
Women who had HIV test	15,612	14,227	14,366	12,791	15,382
Women tested HIV +	155	129	141	107	121
Mothers given NVP at ANC	114	108	91	100	95
Infants tested for HIV after at 6WKS	47	49	42	29	27
Infants tested for HIV after at 3 months	20	49	58	32	22
Infants issued with preventive ARVs	104	82	52	72	79
Mothers tested at maternity	3,758	3,990	3,154	3,326	3,607
Maternity HIV	51	70	38	56	56
Deliveries	5,885	6,998	6,356	5,765	6,356

**Figure 3: HIV Counseling and Testing at ANC (January – March 2012)**



**Figure 4: NVP + AZT uptake at ANC (January – March 2012)**



## Key observations on performance

- PMTCT continues to gain acceptance in all the three sub-regions of NAL. Unlike five years ago in NEP when HIV testing in the antenatal clinic was viewed with suspicion, nowadays it is accepted as part of ANC and mothers who are not offered the service are at times known to demand why.
- In the period under review, 93 percent of clients attending ANC were offered HIV counseling and testing, of which 93 percent accepted the test. According to the data, only 78% percent of those who tested positive were put on prophylactic ARVs. This contrasts significantly with the previous quarter when 93 percent of mothers accessed prophylaxis. It is uncertain whether this is a data issue or reflects the reality on the ground.
- The number of facilities offering PMTCT in Upper Eastern/Samburu increased by five but the reporting rate is still low. Nakurio dispensary in Turkana county was also supported to offer PMTCT services. Project support for initiation of PMTCT services in facilities already offering ANC was through mentorship of service providers, supply of RTKs and prophylactic ARVs as well as reporting tools.
- Number of deliveries at facilities continued to rise as a result of awareness creation in communities and improved services. HIV testing in maternities during deliveries also continued to improve.
- APHIAplus NAL supported the integration of FP into PMTCT in public facilities and faith-based facilities through procurement and distribution of CycleBeads, which have gained wide acceptance. This was done during OJT sessions and DHMT support supervision visits. The Project also integrated PMTCT counseling and HEI in the outreaches conducted during the quarter by the DHMTs and the service delivery sub-grantees.

## Challenges and recommendations

- In Turkana county, ANC attendance among pregnant mothers is relatively low and male involvement in PMTCT is still a challenge. This will require more work in developing a strategy that will bring men on board since it is known they are the decision makers on most health matters. CHVs and opinion leaders such as Laibons (medicine men; see picture in section 3.9) have indicated willingness to be supportive.
- ANC uptake, especially the 4<sup>th</sup> ANC visit, is still low in many facilities, attributed to high dropout rates and late enrollment for the service, often in the third trimester.
- Lack of G4S or other courier services in parts of NAL hampers transportation of EID samples. There is need to develop closer partnerships with local traders and the Post Office and support the DMLTs to transport DBS samples from remote locations to points where G4S services are available.
- Drought and insecurity during the quarter hindered accelerated PMTCT service uptake and follow-up of PMTCT service defaulters as planned. The Project recommends that the DHMTs work closely with other key stakeholders, especially local politicians, security agencies and development partners in food/water and peace and security initiatives to improve peaceful co-existence and avoid tribal clashes, especially in Upper Eastern (Isiolo, Moyale).

## **Maternal, newborn and child health/family planning**

MNCH/FP is a priority program area in NAL. Maternal mortality remains unacceptably high in NAL with almost all of the deaths being the result of well-known and preventable causes such as hemorrhage, eclampsia, obstructed labor and puerperal sepsis.

Assessments by the Project across the region have identified a constellation of cross-cutting **challenges** that define the region:

**Socio-cultural challenges** – NAL is mainly inhabited by nomadic pastoralist communities which have maintained their traditional cultures. More than half of the population, concentrated primarily in NEP/TR and Upper Eastern, professes to the Islamic religion. A number of cultural and religious beliefs have significantly contributed to poor MNCH health-seeking behaviors and health outcomes. Among the Somali and Borana community, for example, pregnant mothers are expected to immediately go into seclusion for 40 days following delivery. This encourages home delivery by TBAs and impedes targeted postnatal care. The Islamic and Catholic faiths support utilization of the less efficacious natural family planning methods but strongly discourage usage of conventional and modern family planning services for healthy timing and spacing of pregnancy. This religious dictum has led to low uptake of family planning services. The preference of women in Turkana county to give birth in a squatting position has discouraged them from seeking deliveries with service providers for whom squatting is seen as foreign. The almost universal practice of FGM in the region (apart from Turkana County), coupled with early marriages, contributes significantly to negative maternal health outcomes as well as obstetric fistulas.

**Spatial challenges** – Distances to health facilities in NAL average 50 kilometers and are often considerably farther. Paved roads and reliable public transportation are a rarity. This significantly limits access to health care, especially when taking into account the harsh climatic conditions (hot sun and rough terrain alternating with flooded roads during rainy seasons). Most of the Level 4 health facilities are yet to attain comprehensive emergency obstetric care status. The vast distances and poor roads discourage referrals for obstetric complications and have a direct and detrimental effect on treatment outcomes.

**Economic challenges** – Public health facilities at level 2 and 3 have statutory exemptions for maternal and child health; however, some form of financial expenditure is required to cover procurement of supplies and transport. Furthermore, most health facilities have standard charges for laboratory diagnoses. In this zone, where livestock rearing remains the main source of livelihood, the measures of poverty are sobering, with the absolute poverty level at 65% in 1994 and 73% by 2000. Vision 2030 reported in its section on the Northern Arid Lands that half of Turkana could see their livelihoods improve 1000% and still not reach the poverty threshold.

**Personnel, equipment and infrastructure challenges** – Difficulties in attracting, hiring and retaining skilled health staff in the region hampers the attainment of adequate and sustained capacity for delivery of high-quality health services. A significant percentage of health staff manning peripheral facilities are contract employees hired by development partners or special GOK programs such as the Economic Stimulus Program – they require frequent and timely updates to offer comprehensive health services. Preference by clients for female health care workers during antenatal and delivery services also reduces access to services. Majority of the health facilities lack basic medical equipment to offer quality MNCH/FP services; these include EmOC, FP and cold chain equipment for EPI. Additionally, the inadequate and often rudimentary referral infrastructure often delays obstetric referrals and contributes to negative maternal outcomes.

**Demographic challenges** – Fertility rates across the region are quite high, averaging 6 children per household. This is coupled by low contraceptive prevalence at 3.5% (NEP; KDHS 2008/9). NAL performs poorly in terms of education, a powerful social determinant of health, particularly acceptance of modern methods of family planning. Primary school enrollment, measured by net enrollment rate (NER) lags significantly behind the national average of 91%. NER is 66% in Samburu and Turkana, and below 10% in NEP. Transition to secondary school and retention rates are poor, with only about 5% of learners going to secondary school, and drop-out rates as high as 18% in Turkana (the national rate is 3.5%). 2007 data show only 42% of students complete primary school. Girls' access to school, retention, and exam results are all worse than boys'.

In response to this unique constellation of challenges, the Project developed MNCH/FP **strategies** to assist the MOH and communities to address and mitigate them:

**Partnerships with influential gatekeepers** – Strategic partnerships with traditional gatekeepers can leverage the significant influence these individuals and institutions have in NAL. In these situations, the existence of deeply rooted cultures and adherence to traditions can become an opportunity. APHIAplus NAL has established strategic partnerships with religious leaders and community structures – Islamic leaders in NEP, Tana River and Upper Eastern; elders in Turkana; morans in Samburu; and other key gatekeepers in the rest of the zone – to remove negative barriers and advocate for increased uptake of high-impact maternal, newborn and child health services.

**Integrated outreach services** – Outreach models targeting the hard-to-reach and underserved populations which constitute much of NAL can effectively increase access to and utilization of health services. The outreach model supported by APHIAplus NAL is mainly motor-bike supplemented with vehicle-based outreaches and nomadic clinics in specific areas. APHIAplus NAL supports outreach services by providing logistics, training and guidance on the minimum care package in the outreach sites.

**Laboratory networking** – Laboratory networking directly addresses the spatial challenges to providing critical diagnostic services for remote populations. It also greatly reduces the costs associated with having to travel to the point at which diagnostic services are offered. The Project supports clients in the vicinity of peripheral facilities to access referral laboratory services for CD4, EID and ANC profiles.

**Smart integration** - The project supports health service smart integration to leverage support for health care needs and maximize outputs. Specific emphasis is laid on high-quality, high-impact and low-cost interventions to improve uptake of service delivery. Service integration promotes a '**one-stop shop**' approach for key target populations such as youth, women of reproductive age and children. Service delivery points and/or program areas targeted include MCH, FP, HIV, YFS and postnatal care.

**MOH resource envelope** – The Project has provided the MOH with monthly district-level resource envelopes which the MOH can draw on to fill critical gaps and implement activities which fall within the mandate of APHIAplus. The sharing of this information prior to the district AOP development process enables districts to develop AOPs which are feasible in terms of support anticipated from APHIAplus NAL. APHIAplus technical staff work closely with districts during the development and consolidation of their AOPs to ensure that support anticipated from APHIAplus NAL is realistic, consistent with the APHIAplus service delivery mandate, complementary to support received from GOK and other partners, and contributing to APHIAplus NAL programmatic targets – particularly MNCH/FP targets.

**Evidence-based, high-impact interventions** – Emphasis has been on increasing access to and utilization of cost-effective high-impact interventions, including strengthening:

- focused ANC (assessing any risk factors);
- ANC services (encouraging 4 visits, individualized birth plans and emergency preparedness prevention and management of pregnancy complications, including nutrition counseling);
- Labor and delivery (safe delivery kits for facility delivery, EmOC, active management of the third stage of labor, and use of a partograph to monitor labor);
- Postnatal care services (management of PPH with oxytocin, skilled attendance within 24-48 hours of birth, LAPM, and review of maternal and perinatal deaths);
- Counseling women/families on healthy timing and spacing of pregnancies;
- Early and exclusive breastfeeding to support newborn outcomes, reduce hemorrhage, and promote infant health;
- Immunization coverage at the district level; and,
- Community-based treatment of pneumonia, diarrhea and malaria.

### **3.7 Maternal Health**

**Table 5: Maternal health services (January – December 2011)**

<b>Indicator</b>	<b>Jan-Mar 2011</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sept 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Skilled care deliveries	6,047	6,998	6,240	5,765	6,356
New ANC visits	15,957	14,684	16,882	14,133	17,929
4+ ANC visits	5,749	6,783	5,480	5,741	6,116
Lactating mothers receiving Vitamin A	12,422	14,404	12,834	10,763	13,974
ANC clients receiving IPT2	5,450	7,203	3,633	1,573	1,599
MVAs performed	65	73	44	42	44

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

- All maternal health indicators registered improvement, including number of skilled deliveries (up by 10%), number of new ANC visits (improved by 27%) and number of up to 4 ANC visits (improved by 7 %).
- APHIAplus NAL provided logistic support for the transportation of 12 ambulances provided by the GOK from Nairobi to the various model health centers in NEP province. This should improve referral systems in the province. The Project also provided continuous support for emergency obstetric referral to the periphery facilities through the provision of fuel for the ambulances.
- The Project conducted CMEs on Emergency Obstetric Care at high-volume facilities having the capacity to act as referral centers from peripheral facilities. The objective of the CMEs was to improve the knowledge of staff on management of obstetric emergencies and to provide updates on new procedures and processes.

- APHIAplus NAL distributed emergency obstetric equipment in UES and Turkana for improving deliveries and obstetric care at the facility level. Equipment distributed included weighing scales, Ambu bags and infant height boards.
- The Project was involved as a service delivery performance verifier in the World Bank pilot project on performance-based financing in Samburu county. The PBF pilot is focused on improving MNCH indicators, especially targeted skilled deliveries.
- The Project strengthened community-facility linkages by revitalizing FMCs, sensitizing TBAs and supporting the formation of MDR committees. The Project supported follow-up and re-sensitization meetings for religious leaders that included sessions and messages to advocate for increased uptake of reproductive health services.

### 3.8 Newborn and Child Health

**Table 6: Newborn and child health services (January – December 2011)**

<b>Indicator</b>	<b>Jan-Mar 2011</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sept 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Newborns with LBW	382	512	274	274	233
Newborns receiving BCG	16,092	18,231	27,949	19,752	22,884
Children less than 12 months of age who received DPT3	14,482	16,998	24,325	18,143	20,890
Children under year vaccinated against measles	14,774	17,712	24,886	18,150	24,856
Children under year fully immunized	13,297	11,413	19,411	14,880	20,668
Children under five receiving Vitamin A	41,759	122,889	91,084	65,988	50,251
Children under five treated for malaria	28,134	37,973	32,468	62,450	53,233
Cases of child diarrhea treated	10,945	37,038	38,124	46,964	29,727
Cases of child pneumonia treated with antibiotics	4,480	15,236	16,056	15,850	16,986

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

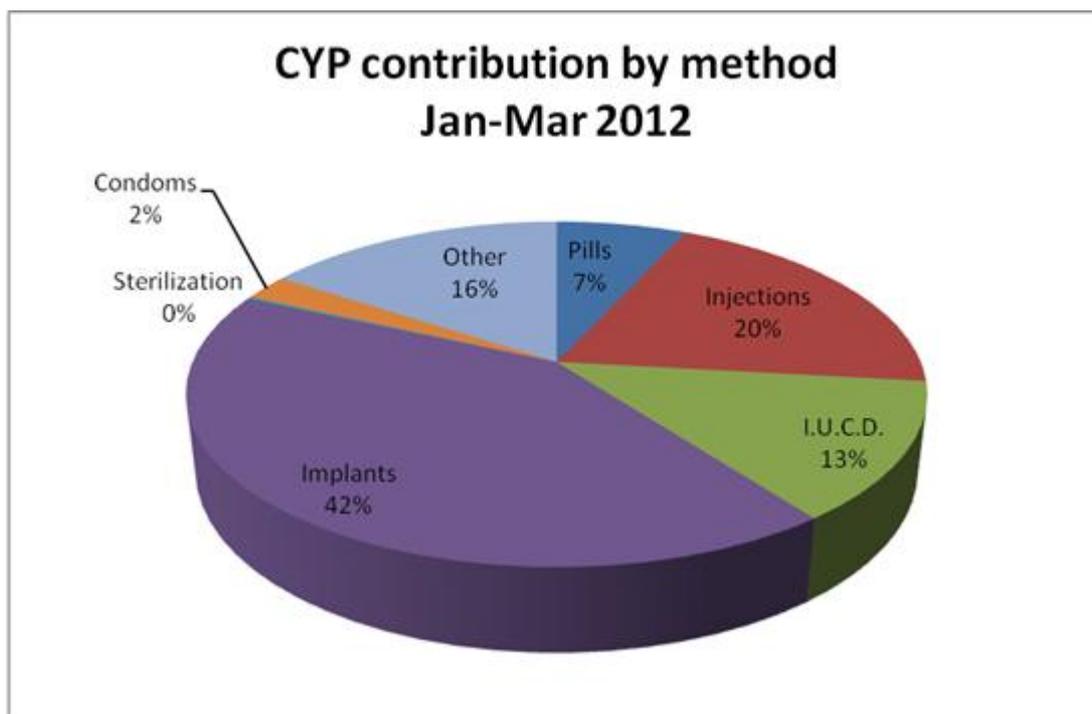
- The number of children fully immunized went up by 38%, Pentavalent 3 (DPT3) by 15% and BCG by 16% as compared to the previous quarter. This was as a result of advocacy from religious leaders, CHVs, HCWs, FMCs and microteaching by service providers in the facilities every morning. Outreaches integrated immunization and helped in tracing defaulters. The Project supported DNOs to do support supervision, provision of TA and delivery of commodities to ensure that Vitamin A supplementation was carried out in all the facilities and all the outreaches.
- With establishment of ORT corners and OJTs on how to prevent and manage diarrhea, cases of diarrhea reduced significantly. With Project support, DHMTs ensured availability of ORT corners in all the high-volume sites and sensitized all service providers, including CHVs, on management of diarrhea cases at both the facility and the community levels.

### 3.9 Family Planning

**Table 7: Summary of FP methods provided (April 2011 – March 2012)**

<b>Methods</b>	<b>Notes</b>	<b>Apr-Jun 2011</b>	<b>Jul-Sept 2011</b>	<b>Oct-Dec 2011</b>	<b>Jan-Mar 2012</b>
Pills	Microlut	855	888	876	960
	Microgynon	2,540	2,077	2,281	3852
Injection	Injection	11,184	11,485	11,490	12,222
IUCD	Insertion	87	84	136	187
Implants	Insertion	280	194	294	520
Sterilization	BTL	8	3	3	1
	Vasectomy	-	-	-	
Condoms	Clients receiving	5,157	5,736	9,387	13,645
All others (CycleBeads)		785	891	813	492
<b>Totals</b>		<b>20,896</b>	<b>21,358</b>	<b>25,280</b>	<b>31,879</b>
Removals	IUCD	-	27	36	58
	Implants	32	79	80	107

**Figure 5: Contribution to CYP by contraceptive method (January – March 2012)**



**Key observations on performance**

- During the reporting period, the Project supported the Ministry of Health to improve access to the full range of methods through distribution of policy guidelines, equipment, commodities, protocols, job aids and other IEC materials. The Project procured 12,000 units of CycleBeads and distributed them to all three sub-regions, including to FBO facilities that only offer natural FP methods.
- Injectables are still the most preferred contraceptive method among the rural women in NAL but there is a steady growth in the acceptance of long-acting methods such as implants and IUCDs. This can be attributed to capacity building and OJT for staff, ensuring commodities and job aids are available where needed, and culturally appropriate advocacy at the community level through influential opinion leaders.
- The Project supported Lodwar District hospital to conduct an orientation workshop for 15 health care workers on long-acting methods to increase skills. Service and counseling aids were also distributed.



*Discussing SDM using CycleBeads with Laibons (medicine men) in Turkana county*

### **Challenges and recommendations**

- Religious and cultural barriers still play a major role in discouraging women from practicing child spacing in all the three sub-regions. Advocacy must continue with influential opinion leaders, taking into account cultural sensitivities.

### **3.8 Nutrition**

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

APHIAplus NAL's approach to nutrition has been to provide support for the scaling-up of Kenya's high-impact nutrition interventions through facility-based, community-level and outreach interventions.

- Following heavy rains in the last quarter, there was a reduction in the negative impacts of the prolonged drought on both livestock and humans. The values of livestock increased, giving pastoralist households additional funds to supplement their nutritional needs.
- The Project initiated collaboration with UNICEF sub-regional offices on the implementation of high-impact nutrition interventions. Joint planning and synchronization of field activities were planned with UNICEF district-level Nutrition Support Officers. As a result of this joint planning, the Project coordinated with the Nutrition Support Officers to conduct facilitative supervision with DHMTs and ensure nutrition gaps were addressed in the supervision.
- Continued collaboration with the Nutrition and HIV Project (NHP). In September 2011, APHIAplus NAL and NHP agreed on the respective roles and responsibilities of the two projects in rolling out Food By Prescription (FBP) to primary and satellite sites meeting agreed-upon criteria. The purpose of this collaboration was to expand access to these services to marginalized and remote populations in need of them.
- Initiation of new FBP satellite sites with the support of NHP. APHIAplus NAL identified sites and personnel meeting minimum criteria, ensured delivery of supplemental and

therapeutic food commodities and *WaterGuard* to the trained sites and initiated monitoring of the distribution.

- The Project supported the implementation of monthly nutrition coordination meetings in all the districts.
- APHIAplus NAL established or revived ORT corners in high-volume facilities in each sub-region.

### **Challenges and recommendations**

- There continues to be a shortage of nutrition officers in the districts. Capacity Project and UNICEF have played a major role in addressing HRH gaps in NAL, but more needs to be done.
- The potential exists for expanding the number of FBP sites in the districts. There is need to open up more central sites and support additional satellite sites in order to expand access to this service throughout the zone.

## **RESULT 4 – Social Determinants of Health Addressed to Improve the Well-Being of Targeted Communities and Populations**

### **4.1 Marginalized poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs**

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

- The Project continued to monitor and support implementation of voluntary savings and lending through training to PLHIV and caregiver groups in the previous quarters. The number of people actively involved in economic security initiatives through Project linkages approximately doubled during the quarter.
- An increasingly viable and potentially beneficial intervention in NAL is the construction and management of greenhouses for improved nutrition and income generation. The Project has partnered for construction of greenhouses for PTCs in Namoruputh and Kanamkemer in Turkana, and Oldonyiro in UES.
- APHIAplus NAL continued to assist PTCs to register themselves as welfare groups and the majority of them now have bank accounts. As recognized legal entities, the groups can now approach many projects and agencies for financial support and contributions-in-kind. For example, the Project has linked dozens of PTCs in NAL to TOWA funds administered by the Kenya National AIDS Control Council.



*Akiche Akide beaded girls VSL group discussing CycleBeads in Lokori, Turkana county*

### **Challenges and recommendations**

- APHIAplus NAL has initiated economic empowerment programs with groups across NAL. The incoming consortium should maintain the momentum and pick up where the Project has left off.

### **4.2 Improved food security and nutrition for OVC, PLHIV, pregnant women and TB patients**

Successive poor rains coupled with rising food and fuel prices led to a food security situation with alarming levels of acute malnutrition being recorded across much of NAL. Although relief in the form of sustained rainfall came during the previous quarter, inadequate relief food added challenges for households which were already having limited access to food supplies. It will take time and successive good rainy seasons for communities and households to regain their resilience. The long rains are projected to be poor in most of NAL, particularly NEP.

The implications of continued poor rains for vulnerable groups, including OVC, PLHIV and pregnant women, are particularly serious. To maintain the same body weight and level of physical activity, asymptomatic PLHIV, for example, need an increase of 10 percent in energy, according to the World Health Organization. This proportion can rise to 20-30 percent for symptomatic adults and as high as 50-100 percent for HIV-positive children experiencing weight loss.

### **Key observations on performance**

- In NEP, the Project linked 25 PTC members in Elwak with Adventist Development and Relief Agency, which will provide them with monthly food rations. In Wajir, the Office of the President continued assisting PLHIV and OVC households with monthly food rations. FBP continued to be distributed through CCCs in Garissa and Wajir, as well as remote locations such as Elwak and Rhamu.

- In UES, APHIAplus NAL trained 100 OVC caregivers in Marsabit on setting up multistory gardens. A green house was also procured for a OVC caregiver group in Leiyai village of Marsabit through the support of FH Kenya. The Project ensured food rations were provided to 2,580 OVC through linkages with FH Kenya. Another 912 OVC were supported with food rations through Ripples International.
- In Turkana, PLHIV trained by the Project in VSL are now engaged in petty trading, fish mongering, selling of fruits and vegetables, bead making, etc. This has contributed to the nutritional well-being of their families and themselves.

### **Challenges and recommendations**

- High expectations for food relief by vulnerable community members in NAL. Cyclical droughts and the provision of relief food has created dependency syndrome amongst a number of communities. Emphasis needs to be put on sustainable interventions that are designed to reduce dependency on external assistance.
- Limited opportunities for small businesses in NAL, in comparison to the needs of the vulnerable populations. The incoming consortium should continue where this Project has left off, placing continued emphasis on strengthening the capacity of vulnerable communities to enhance their livelihoods and nutritional status.
- Caregivers for TB clients frequently lack skills to care and manage TB patients. Malnutrition in TB patients is sometimes identified too late due to confusion in clinical diagnosis. The CHVs should be given skills on TB management and nutritional issues at the local level.

### **4.3 Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs**

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

- In Turkana, the Project worked with AACs to identify 400 OVC for assistance with education tuition at ECD centers. Due to the closeout of the Project, the list of OVC was provided to the incoming consortium for financial support.
- Education of children, particularly girls, is still a hard sell in much of NAL, especially the more remote areas. The incoming consortium must maintain a focus on this.
- In UES, APHIAplus NAL LIPs supported 765 OVC with school uniforms and 422 OVC with secondary school fees and scholastic materials. The Project also supported 1,780 OVC girls with 2,750 sanitary towels to ensure that girls don't miss classes because of their menses.
- The Project supported 3,000 students in Garissa and Tana Delta to be reached with hygiene and nutrition education, in order to improve health seeking behavior among the most vulnerable children.



*School health talk at Rafiki Primary School, Tana River county*

### **Challenges and recommendations**

- Many schools in NAL are not implementing school health programs because they perceive this as an additional responsibility for the teachers and because the new school health guidelines have not yet been fully implemented in the region by the Ministries of Education and Public Health. Once implemented, the policy would address health access, equity and quality challenges. In the meantime there is need to identify patrons committed to the school health program, train them and encourage them to initiate and sustain school health clubs. The Project proposes strong liaison with DEOs to introduce the school health program policy guidelines as part of overall education performance and the monitoring tools provided in the guideline.
- Negative cultural practices such as child labor, lack of knowledge of child rights and limited access to quality OVC services are other key challenges. These challenges should be handled by school management committees (where they are in existence), the OVC QI teams, VCOs and Children's Department.
- High expectations for education support from the community especially because the cost of education has become increasingly prohibitive and parents/guardians of orphans are burdened by payment of these fees.

### **4.4 Increased access to safe water, sanitation and improved hygiene**

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

- In UES, the Project supported the provision of PUR to pupils in 8 school health clubs in Isiolo county, 10 clubs in Samburu county and 12 clubs in Marsabit county as part of a comprehensive school health program that included water, sanitation and hygiene topics. The comprehensive school health program trainees are expected to cascade the same knowledge and skills to an estimated 500 school children in each of their respective schools and surrounding communities. One major expectation of the knowledge and

skills transfer is for the trainees to ensure cleanliness of toilets and the surrounding environment at school and home.

- The Project continued to create or improve linkages between teachers, DEO's office, other partners and the Public Health Department to improve provision of water, sanitation and hygiene in schools. In NEP/TR, for example, the Project advocated for Save the Children, UNICEF and Kenya Red Cross to support provision of hand washing facilities, soaps and construction of latrines in schools supported by APHIAplus NAL.
- APHIAplus NAL supported CLTS orientation for CHVs, peer educators, MARPs, and PLHIV in Turkana South, North and Central during the quarter.

### Challenges and recommendations

- CLTS has the potential to gain traction in NAL, particularly in Turkana county where it is strongly supported by the MOH. The incoming consortium is encouraged to build on the momentum which has been established.

### 4.5 Strengthened systems, structures and services for marginalized, poor and underserved

**Table 8: Support for OVC**

Indicator	NEP/TR	UES	Turkana
Eligible adults and children provided with a minimum of one service	16,064	19,293	2,537
OVC enrolled in ECD program through APHIAplus referrals	0	416	321
OVC assisted by the project to obtain legal birth certificates	450	928	365

### Key observations on performance

- Partnering closely with the Children's Department, District Registrars, VCOs, school management committees and LIPs, the Project supported the processing of 928 birth certificates for OVC in UES; 507 in NEP/TR; and, 247 in Turkana. The marked increase in the issuance of birth certificates to OVC was as a result of the Project's strategy of batch processing applications in coordination with District Registrars.
- In NEP/TR, the project supported 16,064 OVC with mosquito nets, household utensils, bathing soap, school bags and wheelchairs for disabled children.



*Provision of wheelchairs to handicapped children at Garissa Special School*

- The Project facilitated a Child Protection Stakeholders' Forum in conjunction with the Department of Children's Services in Garissa District. The main aim was to sensitize stakeholders on emerging issues on child protection. A total of 30 participants attended the forum and a 20 member committee was formed to follow-up. This forum was seen to be timely and necessary since child trafficking in Garissa has become an alarming issue recently. The committee will educate the public on the dangers of human trafficking.
- APHIAplus NAL supported the training of 60 teachers in NEP/TR on improved learning environments and creating child-friendly schools. The concept of child-friendly schools promotes child participation and quality learning outcomes for girls and boys equally, maximizing the use of available resources.
- In UES, APHIAplus NAL participated in and supported 4 district AAC meetings and facilitated 2 divisional AAC meetings in Isiolo county. Issues affecting OVC, integration of OVC activities by the partners on the ground and sharing of the work plans with Children's Departments were discussed and agreed upon in meetings attended by the council members and the Director of Children Services during her monitoring visit in Isiolo County. The Project also trained 45 divisional AAC members from Kinna and Marsabit and the VCOs in Kinna division on creation of awareness on children's rights and the legal instruments for child protection.
- In Turkana, the Project provided comprehensive support to 2,002 OVC this quarter through local partners: Reformed Church of East Africa in Lokichar (500); African Inland Church in Lokichogio (502); and, Diocese of Lodwar (1,000). Services provided included legal protection, educational support, shelter and psychosocial support.

## Challenges and recommendations

- The Project has put great emphasis on establishing, working through and building the capacity of local institutions dealing with OVC, including AACs, LOCs and VCOs. As a result, a great deal of latent capacity is being left in place which was not there previously. These institutional structures have the potential to be tremendous resources to any external agencies supporting OVC and the incoming consortium is strongly encouraged to make use of them.
- Batch processing of birth certificate applications has proven a cost-effective method. The incoming consortium is encouraged to establish relationships with District Registrars and employ the same methodology in order to address the huge backlog of OVC in NAL who are lacking birth certificates.
- Abundance of harmful cultural practices, especially early marriages and FGM, and inadequate IEC materials for continued advocacy and sensitization have continued to undermine OVC protection efforts for girls and other OVC. Project recommendation is for continued engagement, training and discussion with key community stakeholders, opinion leaders and custodians of culture such as circumcisers, TBAs, and RLs to help them understand the dangers of such practices. The RLs and provincial/county administration should also continue with strong advocacy for solutions to these challenges.

## 4.6 Expanded social mobilization for health

### Key observations on performance

- In UES, the Project trained 60 girls' circumcisers and traditional birth attendants on dangers of female genital mutilation. Participants were informed of the Education Act 2011 that criminalizes FGM for girls less than 18 years, particularly the ones in school. Islamic leaders were involved in the training and were able to explain that FGM is *Sunna* and not mandatory in Islam.
- The Project supported the dissemination of the resolutions of the November 2011 conference of Islamic leaders. These resolutions hold great potential for positively influencing personal health behaviors and community norms. Among the key health resolutions made during the RL conference was that couples in formally recognized marriages can use condoms for healthy timing and spacing of pregnancies, especially during the two years of breast feeding, and as an HIV preventive measure for discordant couples. They also agreed that they have a duty to disseminate risk factors in HIV transmission and to provide spiritual support to PLHIV. They resolved to launch spirited campaigns to discourage FGM due to its negative impacts on the health, education and development of women in the mainly Muslim communities.
- APHIAplus NAL continued to share the findings of the Isiolo sexual network assessment with stakeholders and community groups in the region. This was done during the sex workers and youth out-of-school life skills trainings that were done in Isiolo county. The sessions helped these groups to dispel myths held about HIV transmission, identify risk factors and learn about ways to live positively.
- The Project sponsored health forums for Facility Management Committees in the counties of Tana River, Garissa, Wajir and Mandera to sensitize them on high impact interventions and increase demand for facility-based services. The Project also sponsored health forums for 135 women in Garissa, Mandera, Tana Delta and Fafi on RH, HIV, safe motherhood, skilled delivery and immunization. Participants were drawn from registered and active women's groups.

- APHIAplus NAL supported Community Units to disseminate accurate information on HIV and AIDS prevention and control, reproductive health/FP and communicable diseases that is consistent with positive cultural and religious values. These talks are done during mothers' meetings, community dialogue days and home visits. Community dialogue days attracted dozens of community members who are encouraged to use health facilities and integrated outreach services availed by the MoH and partners. The dialogue days also provide an opportunity to get inputs from community members and address myths and misconceptions.

### **Challenges and recommendations**

- Retrogressive cultural practices like FGM are still widely practiced in NAL and continue to affect girl child education despite continuous community education on the rights of the child. The incoming consortium should continue to support the Children's Department to conduct community sensitization meetings on child rights through partners that are implementing OVC activities.
- In Turkana, it has been difficult to access kraal elders, herbalists and witch doctors. These are all very influential decision makers in the Turkana community and there is need to explore ways to advocate with them as influencers of change.

## **IV. CONTRIBUTION TO HEALTH SYSTEMS STRENGTHENING**

### **Description of the work plan status**

The Project implemented a number of health system strengthening activities across the region during the quarter. These interventions fell within the following categories:

- Health Leadership, Governance and Policy
- Human Resources for Health
- Health Financing
- Health Commodities and Equipment
- Health Information
- Health Service Delivery (covered mostly by the previous sections of this report)

### **Strategic Approaches**

- Systems performance gaps assessments through supportive supervision and prioritization of needed actions at various service delivery levels and or through linkages with the national mechanisms, other development partners and local implementing partners.
- The Project continued to build partnerships and linkages with national mechanisms for result 1 and 2 activities and other development partners and local implementing partners for result 3 and 4 activities. The section below describes the partners that the Project has been able to link to and collaborate with in the course of the reporting quarter.

## **Systems strengthening activities**

### **Health Leadership, Governance and Policy**

- Supported facilitative supervision by PHMTs and DHMTs to address performance and quality gaps. Supported PHMTs in support supervision for lab networking for CD4, biochemistry and hematology diagnostics.
- Involved DHMTs in planning and execution of integrated outreaches at over 100 sites across NAL.
- Provided TA, supported and involved the DHMTs in the planning and implementation of DHSFs and collaborated with other partners for effective implementation of result 4 activities in various districts..
- Supported DHMTs to conduct biannual performance reviews of AOP7.
- Continued to support facility governance improvement by working with Facility Management Committees and sponsoring OJT on project planning and management for local implementing partners.
- Distributed the School Health Policy guidelines through the District Education Officers.

### **Human Resources for Health**

- Supported monthly facility I/Cs meetings for the purpose of data dissemination, CMEs, TA, OJT and performance monitoring. There has been significant improvement in service delivery as a result of addressing staff knowledge and skills gaps using these interventions.
- OJT, CMEs and TA conducted in the district hospitals to increase service uptake and to build skills of the healthcare workers.

### **Health Financing**

- The Project continued to provide resource envelopes (Kshs 200,000/month as of January 2012) to the DHMTs and PHMTs to implement prioritized AOP activities. The resource envelope approach to capacity building proved popular with MOH counterparts as it allowed them to plan with reliable resources and according to their own priorities – as long as they fell within the Project mandate and had been included in the AOPs. There is evidence that the use of the resource envelopes also contributed to the abilities of DHMTs and PHMTs to plan and implement activities.
- Continued support for a Performance-Based Financing pilot for maternal and child health in Samburu District, in collaboration with MOH, World Bank and Population Council. The Project supported and participated in a workshop in Maralal for field-testing PBF verification tools.



*Piloting of PBF verification tools in Maralal, Samburu county*

- Selected DHMTs allocated their own resources for supporting integrated outreach models piloted by APHIAplus NAL. For example, Samburu county and Marsabit South DHMTs continued to support public and FBO-based partner facilities to implement much needed integrated outreaches. These included: DHMT Samburu East Kshs 35,000 allocation per month to West Gate Conservancy to carry out 6 integrated outreaches; Samburu North DHMT Kshs 72,000 allocation per month to Arsim Lutheran Church for integrated outreach to 4 sites and Laisamis DHMT Kshs 40,000 allocation to Illuat Lutheran dispensary to implement integrated outreach at 4 sites.

#### **Health Commodities and Equipment**

- Linked and collaborated with national mechanisms for supply of commodities, including HCM for BCP and IEC materials, SCMS for stabilizer tubes, NHP for food by prescription.
- Strengthened delivery of commodities/drugs to the facilities through provision of logistical support.
- Reduced stock out of commodities through provision of OJTs/TA to facility I/Cs on commodities management.

#### **Health information**

- Supported monthly facility I/C's meetings for the purpose of identifying facility data gaps, analyzing performance, building capacity for addressing gaps identified and performance and quality improvement. The Project provided and supported provision of CMEs, TA and OJT on use of data for decision making and quality improvement. This has improved timeliness, quality and consistent submission of data from facility to district, provincial and national levels.
- Supported training of DHRIOs and facility in-charges on the new NASCOP tools and DHIS.

- APHIAplus NAL provided logistical support for the distribution and dissemination of various facility data reporting tools and/or provided supportive supervision on the proper use of the reporting tools.

**Health Service Delivery (covered mostly by the previous sections of this report)**

- Supported interdepartmental meetings in the district hospitals for the purpose of strengthening linkages within and between departments.
- APHIAplus NAL assisted Lodwar District Hospital to implement a customer satisfaction survey. This will contribute to the hospital's quality improvement strategy.
- Support for integrated outreach services to increase access to and utilization of services by remote communities.
- MDR committee formation at the facility level, leading to community involvement and ownership.
- Quality and performance improvement through support supervision from the DHMTs to the facilities.

**Linkages with national mechanisms and other programs**

- Coordinated with NHP for provision of FBP and training of HCVs in each of the sub-regions. Creation of satellite sites is bringing FBP closer to remote communities through logistic support and training.
- Linked the facilities (ARV and PMTCT sites) and the district hospitals with Kenya Pharma for ARV and OI drug supplies.
- Coordinated with Capacity Project to monitor placement and performance of staff hired on behalf of the MOH in NAL.
- The co-location of a Program Officer from HCSM within the NAL project has improved collaboration and networking of health facilities to SCMS and Kenya Pharma for improved supply of test kits, ARV prophylaxis and other commodities.
- Working closely with Ministry of Public Health and Sanitation and Ministry of Education on establishing or strengthening school health programs.
- Linked facilities to SCMS for supply of HCT and lab commodities.
- Collaborated with NRHS and mobilized clients for VMMC service provision in Loiyangalani.
- Link to IMC in Isiolo for supplementary feeding and outreaches in some areas.

## **V. MONITORING AND EVALUATION ACTIVITIES**

### **Key observations on performance**

- The Project continued to invest in accurate data collection and use by the several partners it works with to generate service statistics. A robust follow-up plan was developed together with the district health managers to ensure that the health workers recently trained on the use of the NGI-compliant data collection tools are utilizing these tools correctly. During the reporting period, the Ministry of Health through the HMIS department printed adequate registers and summary tools to be distributed to health facilities all over the country. APHIAplus NAL supported the distribution of these tools by collecting them at the Ministry headquarters and ensuring that they reached the respective Provincial headquarters. Onward distribution to the district and facility level was also done using the Project's resources.

- The Project developed a practical orientation training package that ensures that DHRIOs and HRIOs hit the ground running when they report to their new stations. Three new DHRIOs were supported in this manner during this quarter.
- The routine practice of interrogating data through data quality audits began to bear fruit as fewer health service data errors were observed in NAL during the quarter. This practice has also been extended to the community component of the Project that touches on OVC support and home-based care.
- The Project supported all the Districts in NAL to conduct district-level data performance meetings, a practice that has now been embedded in the DHMT's calendars. These meetings for the first time were attended by staff of non-GOK health facilities and were seen as a starting point in harmonizing reporting for both GOK and non-GOK health facilities in NAL.

**VI. ENVIRONMENTAL COMPLIANCE**

**APHI*plus* Northern Arid Lands**  
Cooperative Agreement # 623-A-00-07-00023-00  
May 14, 2007 – May 13, 2012

**Environmental Mitigation and Monitoring Report**

Bi-lateral health activities funded through the USAID/Kenya Mission fall under the Environmental Threshold Decision designated at the Strategic Objective level. APHIAplus Northern Arid Lands (NAL) will take necessary mitigation measures and will utilize the appropriate forms for screening activities for potential environmental impacts and for monitoring compliance with determinations as set forth in the Initial Environmental Examination (IEE) of the USAID/Kenya Office of Population and Health Portfolio (SO3).

Several project activity categories are excluded from initial environmental examination as no environmental impacts are expected as a result of these activities. These include: education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); analyses, studies or research workshops and meetings; activities involving document and information transfers; programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.); and studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning. However, if any topic associated with these activities inherently affects the environment and the Project will ensure that relevant information for mitigation is provided.

The SO3 IEE determined that certain SO3 activities have potential for negative impact on the environment in the following categories:

- 1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs;
- 2) Generation, storage and disposal of hazardous or highly hazardous medical waste, e.g. blood testing in VCT centers, STI/HIV testing, blood for malaria and anemia, and laboratory-related activities;
- 3) Small-Scale construction/rehabilitation of health facilities;
- 4) Small-Scale water and sanitation activities;
- 5) Small-Scale agricultural sector activities; and
- 6) Use of pesticides (i.e., specific long-lasting insecticide treated bed nets)

This annual environmental mitigation and monitoring report (EMMR) primarily addresses these activities as applicable and forms a part of the APHIAplus NAL Work plan. The EMMR is divided into three sections:

1. Environmental Verification Form
2. Mitigation Plan for specific environmental threats
3. Reporting Form

The Project will also cooperate with the USAID AOTR to undertake field visits and consultations to jointly assess the environmental impacts of ongoing activities and the effectiveness of associated mitigation and monitoring plans. Sub grantee activities are within the scope of the activities listed in this EMMR; any USAID/Kenya funds transferred by Pathfinder through grants or other mechanisms to other organizations under the Project will therefore incorporate this EMMR.

**Part I: Environmental Verification Form**

**USAID/Kenya Award Name:** APHIAplus Northern Arid Lands

**Name of Prime Implementing Organization:** Pathfinder International

**Name of Sub-Awardee Organization (if this EMMR is for a sub):** N/A

**Geographic Location of USAID-funded activities (Province, District):** all districts of USAID APHIAplus Northern Arid Lands

**Date of Screening:**

**Funding Period for this Award:** May 14, 2007 – May 13, 2012

**Current FY Resource Levels:** FY \$10,371,657

**This report prepared by:**

**Name:** David Adriance **Date:** 14 June 2011

Indicate which activities your organization is implementing under SO3 funding.

	<b>Key Elements of Program/Activities Implemented</b>	<b>Yes</b>	<b>No</b>
1	<ul style="list-style-type: none"> <li>• Education, technical assistance or training</li> <li>• Analysis, studies, academic or research workshops and meetings</li> <li>• Documents and information transfer</li> <li>• Programs involving health care, or family planning services except where directly affecting the environment</li> <li>• Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning</li> </ul>	X X X X	
2	Procurement, storage, management and disposal of public health commodities	X	
3	Generation, storage, handling and disposal of hazardous and highly hazardous medical waste	X	
4	Small-scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers	X	
5	Small-scale water and sanitation	X	
6	Small-scale agriculture activities, including but not limited to small crop production, drip irrigation, agriculture, horticulture, poultry and small livestock, and dairy production	X	
7	Use of pesticides	X	
8	Other activities that are not covered by the above categories		

**Part II: Mitigation plan for specific environmental threats**

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
1. Education, Technical Assistance, or Training etc.	<ul style="list-style-type: none"> <li>Improper disposal of used items like Condoms used during training</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization of Community members on proper disposal</li> </ul>	<ul style="list-style-type: none"> <li>-Service Delivery Advisor,</li> <li>-Outreach Programs Specialist</li> </ul>	Discussions' of Environmental impact included in training and other materials	<ul style="list-style-type: none"> <li>-Review of Materials</li> <li>Interviews</li> </ul>	Quarterly
2. Procurement, Storage, Management and Disposal of Public Health Commodities	<ul style="list-style-type: none"> <li>Improper storage of commodities (HIV test kits, ARVs OI drugs, Contraceptives, condom, nutrition supplements)</li> <li>Improper disposal of commodities, chemicals or expired drugs (ARVs, OI drugs,</li> </ul>	<ul style="list-style-type: none"> <li>Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities</li> <li>Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of</li> </ul>	<ul style="list-style-type: none"> <li>-Service Delivery Advisor</li> <li>- District Facilities Coordinators</li> </ul>	<ul style="list-style-type: none"> <li>-Storage and disposal information integrated into training curricula</li> <li>-#Continuous Medical Education session conducted that address Commodity management (storage and disposal)</li> <li># Health facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Review of training curricular</li> <li>- Review project database for CME conducted</li> <li>- Report review of Supervision visits and facility records</li> <li>-Document observations</li> </ul>	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
	<p>contraceptives )</p> <ul style="list-style-type: none"> <li>• Improper disposal of packaging materials</li> <li>• Improper disposal of used items like Condoms, Test kits etc.</li> </ul>	<p>drugs and chemical</p> <ul style="list-style-type: none"> <li>• Sensitization on decontamination of waste before disposal</li> <li>• Facilitation of Sub grantee on disposal of wastes</li> <li>• Mainstreaming of universal precaution session on whole site orientation</li> <li>• Mainstreaming of universal precaution session in facilitative supervision</li> <li>• Provide National guidelines on same</li> <li>• Provide linkage of Facilities to</li> </ul>		<p>with pits for disposal of waste</p> <p># Health facilities with or linked with incinerators</p>	<p>during site visit</p> <p>- Interviews</p>	

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		incinerators facility available				
3. Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste	<ul style="list-style-type: none"> <li>Medical waste not sorted out for proper handling, effective treatment and disposal methods to be used</li> <li>Medical waste not decontaminated before disposal potentially contaminating water supplies</li> <li>Medical waste disposed in open ground and falling in the wrong hands potentially transmitting diseases</li> </ul>	<ul style="list-style-type: none"> <li>Sensitize Facility in charges to have a written Waste Management plan (<i>Written plan</i>-describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.)</li> <li>Follow-up/monitor health facility's waste management plan through on-site TA</li> <li>Train Facility in-charges and health staff on</li> </ul>	<ul style="list-style-type: none"> <li>-Service Delivery Advisor</li> <li>- District Facilities Coordinators</li> </ul>	<ul style="list-style-type: none"> <li># of Health facilities with Waste management plan.</li> <li># Health facilities with pits for disposal of waste</li> <li># Health facilities with or linked with incinerators</li> <li>#Continuous CME conducted that address medical waste and disposal and infection prevention</li> </ul>	<ul style="list-style-type: none"> <li>- Site visits including observations and practices and review of facility record</li> <li>- Review of project database of CME conducted</li> <li>- Review of project files on individual health facilities</li> </ul>	Quarterly

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
	<ul style="list-style-type: none"> <li>Medical waste not incinerated as per set standards</li> </ul>	<p>waste separation handling, temporary storage disposal of hazardous medical wastes via CME course</p> <ul style="list-style-type: none"> <li>Sensitization on decontamination of waste before disposal</li> <li>Facilitation of Sub grantee on disposal of hazardous wastes</li> <li>Mainstreaming of universal precaution session on whole site orientation</li> <li>Mainstreaming of</li> </ul>				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
		universal precaution session in facilitative supervision  <ul style="list-style-type: none"> <li>• Provide injection safety container</li> </ul>				

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
4. Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers	<ul style="list-style-type: none"> <li>• Ground excavation when laying pipes resulting to removal of natural land cover causing sedimentation of surface water.</li> <li>• Channeling of drainage water into water system degrading water supply</li> <li>• Disposal of construction materials causing damage to aesthetics of the site/area.</li> <li>• Contamination of groundwater and surface water through improper disposal on toxic materials used in construction</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitize contractors on environmentally friendly installation</li> <li>• Sensitize contractors on drainage channeling</li> <li>• Sensitize contractors on site rehabilitation</li> <li>• Sensitize contractors to safely dispose hazardous materials.eg Burn waste materials that are not reusable/readily recyclable, do not contain heavy</li> </ul>	Service Delivery Advisor - District Facilities Coordinators	<p>-renovation checklist Completed for each site</p> <p>#. of renovated sites with rehabilitated environment</p> <p># of sites with proper drainage management</p>	-Site visits -review of documentation	-At startup, weekly, at handover

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
	materials e.g. paint and solvent	metals and are flammable				
5. Small Scale Water and Sanitation	Construction or renovation of hand washing stations, public showers, latrines or wastewater and drainage at health facilities, training centers or IP offices - or renovating surface or groundwater supply systems - results in damage to ecosystem, altered drainage, sedimentation of surface and ground water contamination	--Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Examples include: (1) locate water sources upstream from potential sources of contamination; (2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.	Service Delivery Advisor - District Facilities Coordinators	--Renovations checklist completed for each site --Contractor site plan addressing key points such as use of space, schedule of activities, etc. in place and adhered to --Design approval from GOK authority --Water quality of prescribed standard	--Site visits --Review of documents --Facilitate GOK authorities to conduct water quality tests --Review records of health education topics provided by project Advocates and CHVs in facilities	--At start-up, weekly during renovations, at hand-over

Category of Activity From Section 5 of 5 of IEE	Describe specific environmental Threats of your organization's activities	Description of Mitigation Measures for these Activities	Who is responsible for monitoring	Monitor indicator	Monitoring Method	Frequency of monitoring
6.Small-Scale Agricultural activities	-Desertification due to over grazing - Drainage and degradation of wetland and riparian areas Reduction of water quality	N/A-Sensitize the project beneficiaries in improvement of grazing management  - Vegetate riparian areas to prevent erosion along stream banks - Improve training of farmers in input use, especially chemicals	Outreach Program Specialist -District Community Coordinator	-# of household employing improved grazing husbandry methods  -% of riparian areas vegetated  #of farmer trained in input use and Chemical use	-Site monitoring visits -Review report	-Quarterly
7. Use of Pesticides	-Termite control in renovation of facilities noted above (where necessary) is done improperly.  -Inappropriate handling or storage of pesticides causing acute or chronic health effects Inappropriate disposal of obsolete	Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Sensitize project beneficiaries on integrated pest management control	-Service Delivery Advisor - District Facilities Coordinators  Outreach Program Specialist -District Community Coordinator	--Termite control effected as per GOK standards: indicators TBD depending on type of renovation  -# of households trained and employing improved pesticide	--Site visits --Contractor records review  Site monitoring visits	Once, during pesticide application  -Quarterly

<b>Category of Activity From Section 5 of 5 of IEE</b>	<b>Describe specific environmental Threats of your organization's activities</b>	<b>Description of Mitigation Measures for these Activities</b>	<b>Who is responsible for monitoring</b>	<b>Monitor indicator</b>	<b>Monitoring Method</b>	<b>Frequency of monitoring</b>
	pesticides that could contaminate water			management methods		
8. Other Activities	None	N/A	N/A	N/A	N/A	N/A

**Part III: Reporting Form**

<p><b>For the Project Period: May 14, 2007 – May 13, 2012</b>  <b>List each mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)</b></p>	<p><b>Status of Mitigation Measures</b></p>	<p><b>List any outstanding issues relating to required conditions</b></p>	<p><b>Remarks</b></p>
<p><b><i>Education, technical assistance and training</i></b>                      Education, technical assistance and training about activities that inherently affect the environment includes discussion of prevention and mitigation of potential environmental effects</p>	<p>Project continues to ensure that activities that inherently affect environment are supported. In line with the national training curricula, project staff ensures that infection prevention that is integrated in most curricula is covered during all supported trainings. In addition, the project staff in collaboration with PHMTs/DHMTs has continued to provide TA to supported sites. The Project has also continued to support continuing medical education in infection prevention, provision of commodities and supplies (disinfectants, decontamination buckets and gloves)</p>	<p>No outstanding issues</p>	<p>Project will continue to incorporate discussion of mitigation within any educational or TA activity of relevance at both facility and community level. In addition, the project will continue to provide infection prevention supplies and commodities and; to support PHMTs/DHMTs to conduct supportive supervision in the province.</p>
<p><b><i>Procurement, Storage, Management and Disposal of Public Health Commodities</i></b></p> <ul style="list-style-type: none"> <li>• Educate, give technical assistance and train Facility in-charges and health staff on storage procedures of various commodities</li> <li>• Educate, give technical assistance and train facility in-charges on proper waste disposal, destruction of drugs</li> </ul>	<p>Project continues to support training of services providers in commodity management using national curricula which includes storage and disposal in addition to provision of national guidelines. The Project staff continues to</p>	<p>-Construction or renovation of incinerator where lacking in some facilities</p>	<p>- The Project conducted facility assessment in the Upper Eastern, Samburu and Turkana and noted facilities lacking proper waste disposal facilities such as incinerators and is working to link facilities to organizations that can assist in</p>

<p>and chemical</p> <ul style="list-style-type: none"> <li>• Sensitization on decontamination of waste before disposal</li> <li>• Facilitation of Sub grantee on disposal of wastes</li> <li>• Mainstreaming of universal precaution session on whole site orientation</li> <li>• Mainstreaming of universal precaution session in facilitative supervision</li> <li>• Provide National guidelines on same</li> <li>• Provide linkage of Facilities to incinerators facility available</li> </ul>	<p>provide ongoing TA at supported sites.</p> <p>The Project continued supporting the PHMT/DHMTs in conducting support supervision and in identifying any gaps in environmental mitigation processes and checking where facility linkages can be done to manage waste disposal were practical.</p>		<p>construction or renovation</p> <p>-The Project will continue to support the facilities identify mechanism of disposal of expired drugs.</p>
<p><b>Generation , Storage, handling and disposal of hazardous and highly hazardous medical Waste</b></p> <ul style="list-style-type: none"> <li>• Sensitize Facility in charges to have a written Waste Management plan (<i>Written plan</i>- describing all the practices for safe handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.)</li> <li>• Follow-up/monitor health facility's waste management plan through on-site TA</li> <li>• Train Facility in-charges and health staff on waste separation handling, temporary storage disposal of</li> </ul>	<p>The Project will continue to support CMEs on waste management at facility and district level.</p> <p>Continue to provide waste bins and bin liners of different color codes as stipulated in the national guidelines.</p> <p>Support PHMT/DHMT in supportive supervision to ensure waste management plans are implemented.</p>	<p>Health Care Waste management program checklist and action plan at the supported sites and any new site that the project may expand to.</p> <p>-Provision of injection safety containers</p>	<p>The Project in collaboration with DHMTs will continue to assist remaining sites and any new site in completion of waste management program checklist and action plan; to provide waste bins and liners, encourage linkages on transportation and incineration of medical waste; to support CMEs in waste management; monitor and provide onsite TA on waste management; supportive digging of compost pits as applicable; support DHMTs in supportive supervision and establish linkages on transportation of medical waste for</p>

<p>hazardous medical wastes via CME course</p> <ul style="list-style-type: none"> <li>• Sensitization on decontamination of waste before disposal</li> <li>• Facilitation of Sub grantee on disposal of hazardous wastes</li> <li>• Mainstreaming of universal precaution session on whole site orientation</li> <li>• Mainstreaming of universal precaution session in facilitative supervision</li> <li>• Provide injection safety container</li> </ul>	<p>Support digging of compost pits to facilitate disposal of non-bio-hazardous waste.</p> <p>The Project will continue to provide injection safety boxes as need arises</p> <p>The Project will support DHMTs in developing action plans on waste management for their respective sites.</p> <p>Supported sites will be supported in completing the minimum checklist and action plan and project staff in collaboration with DHMTs continue to monitor and provide on-site TA on waste management.</p> <p>-The Project will continue to support CMEs in medical injection safety.</p>		<p>incineration from facilities without incinerators to certified incinerators within their regions when practical.</p> <p>-Project will continue providing injection safety boxes on need basis</p>
<p><b>Small Scale rehabilitation of Hospitals, Clinics, laboratories, VCT or Training Centers</b></p> <ul style="list-style-type: none"> <li>• Sensitize contractors on environmentally friendly installation</li> <li>• Sensitize contractors on drainage channeling</li> <li>• Sensitize contractors on site</li> </ul>	<p>The Project has developed a :</p> <ul style="list-style-type: none"> <li>-Standard checklist on environment, health and safety in small construction projects that the contractors have been filling before start of every project</li> <li>-End of job or task environment, health and safety performance</li> </ul>	<p>-Work is ongoing in several sub-grantee sites. The Project staff will ensure standard checklist is adhered to during the renovation.</p>	<p>The Project staff will continue to ensure that the contractors fill the standard checklist before the start of every project and at the completion of every renovation, the said project staff will ensure end of job performance evaluation form is filled.</p>

<p>rehabilitation</p> <ul style="list-style-type: none"> <li>Sensitize contractors to safely dispose hazardous materials. For example, burn waste materials that are not reusable/ readily recyclable, do not contain heavy metals and are flammable</li> </ul>	<p>evaluation form to be filled by the responsible project staff on completion of every project.</p>		
<p><b>Small Scale Water and Sanitation</b></p> <ul style="list-style-type: none"> <li>Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. Examples include: <ul style="list-style-type: none"> <li>(1) locate water sources upstream from potential sources of contamination;</li> <li>(2) incorporate topics of importance and proper use of water and sanitation facilities into health-facility based health education.</li> </ul> </li> </ul>	<p>The Project will :</p> <ul style="list-style-type: none"> <li>-Encourage Standard checklist on environment, health and safety in small construction projects the contractors have been filling before start of every project handle by other partners in the project area handling social determinates</li> <li>-Ensure end of job or task environment, health and safety performance evaluation form to be filled by the responsible project staff on completion of every project.</li> <li>-The Project supports “Malezi Bora”</li> </ul>	<ul style="list-style-type: none"> <li>-Although the project is not having any renovation works, other partners do and there is need to ensure that environment, health and safety performance evaluation form has been filled and standards adhered to.</li> <li>-Topics on water</li> </ul>	<ul style="list-style-type: none"> <li>-The Project staff will continue to ensure that Partners request the contractors fill the standard checklist before the start of every project and at the completion of every renovation, the said project staff will ensure end of job performance evaluation form is filled.</li> <li>-The Project staff will ensure topics on water and sanitation become routine facility based health talks.</li> </ul>
<p><b>Small-Scale Agricultural activities</b></p> <ul style="list-style-type: none"> <li>-Sensitize the project beneficiaries in improvement of grazing management</li> <li>- Vegetate riparian areas to prevent erosion along stream banks</li> </ul>	<p>The Project will ensure Partners:</p> <ul style="list-style-type: none"> <li>-providing livestock as part of IGA ensure beneficiaries are follow improved grazing managements</li> <li>- trained on input use to avoid degradation</li> </ul>	<ul style="list-style-type: none"> <li>-Verification that improved grazing management and agricultural practices are being observed.</li> </ul>	<p>The Project staff will continue to ensure where safe agricultural practices are used.</p>

- Improve training of farmers in input use, especially chemicals	- Project will ensure sub grantee adopt safe farming methods and vegetate riparian areas to prevent erosion along river banks		
<b>Use of Pesticides</b> -Carry out works in accordance with principles of USAID Environmental Guidelines for Small-Scale Activities in Africa and GOK guidelines. Develop checklist to assure this. -Sensitize project beneficiaries on integrated pest management control	- Project will ensure that Partners provide training on Integrated Pest Management any activities that may require use of pesticides e.g. Kitchen and vegetable gardens, livestock IGA etc.	No outstanding issues.	The Project staff will continue to ensure where pesticides are used, they are biodegradable.
<b>Other Activities</b> N/A	n/a	n/a	n/a

## VII. FINANCIAL REPORT

Name of Partner:	<b>Pathfinder International</b>
Name of Project:	<b>APHIA<i>plus</i> Northern Arid Lands</b>
Agreement Number:	<b>623-A-00-07-00023-00</b>
Total Estimated Cost:	<b>\$25,753,517</b>
Obligated Funds:	<b>\$25,753,517</b>
Future Mortgage:	<b>\$0</b>
Project Start Date:	<b>14 May 2007</b>
Project End Date:	<b>13 May 2012</b>
Financial Status for the period ending:	<b>31 March 2012</b>
Date Prepared:	<b>10 May 2012</b>

	Funding Source						
	PEPFAR	POP	MALARIA	MCH	NUTRITION	TOTAL	Cost Share
<b>A. Obligated Funds to date:</b>	22,063,027	2,680,490	100,000	760,000	150,000	25,753,517	1,800,000
<b>B. Cumulative Expenditures</b> <b>(as of 30/December/11):</b>	17,002,700	2,587,360	100,000	515,568	150,000	20,355,628	1,800,000
<b>C. Actual expenditures:</b>							
<b>1 January through 31-March-12</b>	3,371,322	93,130		244,432	-	3,708,884	-
<b>D. Accruals</b> <b>for current quarter</b>	-	-	-	-	-	-	-
<b>E. Total Accrued Expenditures (B+C+D)</b>							
<b>From inception to date:</b>	20,374,022	2,680,490	100,000	760,000	150,000	24,064,512	1,800,000
<b>F. Remaining Balance (Pipeline):</b>							
<b>(A-E)</b>	1,689,005	-	-	-	-	1,689,005	-
<b>G. Estimated Expenditures for</b> <b>next quarter (ending 30/June/12)</b>	1,689,005	-	-	-	-	1,689,005	-
<b>H. Projected Expenditure for next Quarter plus</b> <b>one</b> <b>quarter July-Aug 12:</b>	0	-	-	-	-	-	-
<b>I. Estimated remaining LOP</b> <b>monthly burn rate (after Aug 12):</b>	-	-	-	-	-	-	-

## **Financial Report narrative**

The Project has spent cumulatively \$24,064,469, or 93%, of the total obligated amount of \$25,753,517. Expenditure against the previous obligated amount of \$5,397,889 was \$3,708,884 or 68%. The projected expenditure for the next quarter is \$1,689,005 which will bring the total expenditure for the quarter to 100% of the last obligated amount.

The Project spent \$3,708,841 during the quarter, or 105% of the projected expenditure of \$3,500,000.

The Project officially closes on May 13th in the next quarter. Therefore, the Project will concentrate on closeout-related activities and payment of any outstanding vendors invoices.

The Project has been able to meet the contractual cost-share requirement of \$1.8M.

## ANNEXES

## ANNEX I

### PERFORMANCE MONITORING PLAN

Key Indicator Table - YEAR I

APHIAplus Northern Arid Lands - Kenya.

1/1/2011 - 5/30/2012

Performance Indicator	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Target Jan-May 2012	% achieved against Target Jan-May 2012
<b>GENDER</b>					
# of people reached by an individual, small group or community level intervention that explicitly address norms about masculinity	3,500	9,777	10,486	TBD	
Number of people reached by an individual ,small group, or community-level intervention or service that explicitly address Gender-based violence and coercion related to HIV/AIDS	3,299	13,454	5,772	TBD	
# of people reached by an individual, small group or community level intervention or service that that explicitly address the legal rights and protection of women and girls impacted by HIV/AIDS	3,326	10,801	2,468	TBD	
# of people reached by an individual, small group or community level intervention or service that that explicitly address aim to increase access to income and productive resources of women and girls impacted by HIV/AIDS	3,575	1,384	7,549	TBD	
<b>MARP</b>					
# of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	3,767	10,229	7,940	TBD	
<b>PREVENTION WITH POSITIVE (PwP)</b>					
# of (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) intervention	1,658	2,296	2,390	TBD	
<b>SEXUAL AND OTHER BEHAVIORAL RISK PREVENTION</b>					
# of targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required (OB/C-BAB/C)	7,706	17,401	20,402	TBD	
# of targeted population reached with individual and/or small group level prevention interventions that are primarily focused on abstinence and/or being faithful and are based on based on evidence and/or meet the minimum standards required (AB/F)	5,047	6,130	4,962	TBD	

<b>IR3: Increased use of quality health service, products and information</b>					
<b>COUNSELING AND TESTING</b>					
# of service outlet providing counseling and testing according to national or international standards	327	512	407	162	251%
# of individuals who received testing and counseling services for HIV and received their test results	50,379	99,631	41,574	31,750	131%
<b>HIV/AIDS TREATMENT/ARV SERVICES</b>					
# of clients with advanced HIV infection newly enrolled on ART	310	308	327	450	73%
<i>Paed</i>	42	28	50	250	20%
<i>Adults</i>	268	280	277	2,500	11%
# of clients with advanced HIV infection receiving ART (currently)	4,514	4,694	5,021	6,800	74%
<i>Paed</i>	507	522	572	1,000	57%
<i>Adults</i>	4,007	4,172	4,449	5,800	77%
# of clients with advanced HIV infection who ever started on ART	6,185	6,512	6,839	8,250	83%
<i>Paed</i>	717	738	788	1,250	63%
<i>Adults</i>	5,468	5,774	6,051	7,000	86%
% of adults and children known to be alive and on treatment 12 months after initiation of ART	76	74	77	83	93%
% of HIV positive persons receiving CD4 screening at least once during the reporting period	39	42	46	70	66%
# of HIV positive persons receiving CTX prophylaxis	12,281	12,697	8,648	13,875	62%
# of HIV clinically malnourished clients who received therapeutic or supplementary food	562	479	451		
# of service outlets providing ART services according to national or international standards	81	81	81	49	165%
<b>PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)</b>					
# of services outlets providing the minimum package of pmtct services according to national or international standards	352	357	395	398	99%
# of pregnant women who received HIV counseling and testing for PMTCT and received their test results	17,520	15,382	19,359	17,250	112%
Number of HIV+ mothers issued with ARV prophylaxis	92	100	95	250	38%
% of HIV positive pregnant women who received ART to reduce the risk of MTCT	83	93	78		

# of HIV positive pregnant women newly enrolled into HIV care and support services	124	134	218	213	102%
# of infants tested for HIV at 6 weeks	42	27	27	170	16%
% of infants born to HIV+ women who received and an HIV test within 18 months of birth	45	46	48		
# of HIV exposed infants provided with ARVs prophylaxis	91	79	110	213	52%
<b>PALLIATIVE CARE (EXCLUDING TB/HIV)</b>					
# of individuals provided with HIV related palliative care (excluding TB/HIV)	668	749	2,693	3,500	77%
# of individuals provided with HIV related paediatric palliative care (excluding TB/HIV)	91	75	438	1,150	38%
% of HIV positive patients who were screened for TB in HIV care or treatment settings	42	100	100	80	
# of HIV positive patients in HIV care or treatment (pre-art or ART) who started TB treatment	150	134	334	130	257%
# of TB patients who received HIV counseling, testing and their test results at USG supported TB outlets	970	1,027	1,027	875	117%
<b>VMMC</b>					
# of VMMC clients	-	0	290	3,500	8%
<b>MNCH/RH/FP/SI</b>					
# of deliveries performed in a USG supported health facility	6,356	5,074	6,624	5,175	128%
# of ANC visits with skilled providers in USG supported health facilities	39,619	36,816	44,872	25,000	179%
# of children less than 12 months of age who received DPT3 from USG supported programs	24,325	19,961	20,890	17,000	123%
# of children <5 years of age who received vitamin A from USG supported	91,084	48,385	50,251	22,500	223%
# of children receiving measles vaccine	24,886	21,787	24,856	17,000	146%
# of children receiving BCG	27,949	21,611	22,884	21,000	109%
# of cases of child diarrhea treated in USG supported site	38,124	34,348	29,727	25,000	119%
# of new FP acceptors as a result of USG assistance by FP method	21,358	31,879	18,765	6,250	300%
Pills	2,965	3,157	3,654		
Injections	11,485	12,222	12,222		

I.U.C.D.	84	187	187		
Implants	194	520	520		
Male Sterilization	-	1	21		
Female Sterilization	3	2	4		
Condoms	5,736	13,645	13,645		
Other	891	813	492		
<b>3.1 increased availability of an integrated package of quality high impact intervention at community and facility levels</b>					
# of services availability of an integrated package vitamin A from usg supported program	275	275	305		
# of service outlets providing HIV related palliative care (excluding TB/HIV)	204	209	405	195	208%
# of service outlets providing hiv related paediatric palliative care (including TB/HIV)	88	88	89	130	68%
# of service outlets providing PEP	84	84	85	130	65%
% of pregnant women receiving 2 doses of IPT	97	119			
# of service outlets providing clinical prophylaxis and/or treatment for TB to HIV related individual (diagnosed or presumed according to national or international standards)	87	87	276	170	162%
# of USG assisted service delivery points providing FP counseling or services	385	390	395	450	88%
CYP provided through USG supported programs	5,005	5,815	6,918	3,500	198%
# of targeted condoms service outlets	195	200	190	210	90%
# of condom distributed (GOK health seek indicator and standard OP)	99,390	48,358	98,753	60,000	165%
% of district with community IMCI intervention	87	87	88	78	113%
# SP participating in CME or CE	1,764	2,617	1,122	330	340%
# of service outlets integrating HIV/AIDS, TB, RH/FP, malaria and MNCH services by facility type	230	230	230	170	135%
% of facilities with stock outs of methods	-	0	0		
# of service outlets with full contraceptive method mix	219	219	219	88	249%
# of mobile units with providing testing	26	26	33	46	72%

# of service outlet with youth friendly services	21	21	23	28	82%
<b>3.2 Increased demand for a integrated package of quality high impact intervention at community and facility</b>					
# of facilities with private counseling areas	80	80	81	49	165%
# of facilities with functioning facility management committee	122	188	207	75	276%
# of functioning Community Units (GOK Heath sector indicators and SOP manual)	26	27	33	15	220%
# communities implementing the CS	23	25	33	15	220%
<b>3.3. Increased adoption of healthy behavior</b>					
# of BCC products distributed by type	8	8	5	15	33%
<b>3.4 Increased program effectiveness through innovative approaches</b>					
% of facilities use data for performance monitoring	100	100	100	78	
# of CU using data for DM	24	25	30	15	200%
# of eligible adults and children provided with a minimum of one care service	30,302	35,939	37,894	38,750	98%
# of local organization and service points provided with technical assistance for strategic information	37	28	13	135	10%
# of local organizations and service points provided with technical assistance for HIV related policy development	41	31	14	20	70%
# of local organizations and service points provided with technical assistance for HIV related institutional capacity building	35	27	11	20	55%
<b>IR4: Social determinant of health addressed to improve the wellbeing of the community, especially marginalized poor and underserved population</b>					
<b>4.1. Marginalized poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs</b>					
# of people actively involved in economic security initiatives through project linkages	920	618	1,284	1,000	128%
# of PLHIV support groups formed and/or linked to other service as appropriate	33	32	23	16	144%
<b>4.2: Improved food security and nutrition for margnized poor and underserved population</b>					
# of eligible clients who received food and/or other nutrition services	5,467	8,011	5,681	2,500	227%

<b>4.3: Marginalized poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education program</b>					
# of schools supported by child friendly program	50	27	50	210	24%
# of youth trained in life skills	1,988	4,956	2,288	3,875	59%
# of OVC enrolled in ECD program through APHIAplus referrals	406	603	737	800	92%
<b>4.4: Increased access to safe water, sanitation and improved hygiene</b>					
# of water and/or sanitation projects established in project supported facilities through linkages with usg funded WSS project	28	5	3	80	4%
# of organization and outlets selling POU and SW project through linkages with HCM project	11	5	1	90	1%
# of hygiene sessions held at schools	105	4,918	113	105	108%
<b>4.5 Strengthening systems, structures and services for protection of marginalized poor and underserved population</b>					
# of OVC assisted by the project to obtain legal birth certificate	446	1,598	1,682	1,750	96%
# of VHH identified and referred to services	1,836	128	2,445	363	674%
<b>4.6 Expanded social mobilization for health</b>					
# of RL who are advocating for reduced stigma and improved MNCH	38	159	230	11	2091%

**ANNEX II**

**WORK PLAN STATUS MATRIX**

AOP Activity Ref:	Indicator Ref:	Output:	Source (Ministry/Other):	Planned Activities:	Activity Status	Reason for Variance	Action Plan
<b>Project Management and Administration</b>							
<b>Monitoring and Evaluation</b>							
	48	29 Districts supported to hold 6 district level data dissemination meetings		Support quarterly district level data dissemination feedback meetings including AOP 6/7 performance review	This activity is on-going and all the Districts within the NAL region have conducted dissemination sessions.		
		At least 15,000 OVCs have their profiles stored electronically		Facilitate electronic storage of the OVC profiles	Completed successfully		
		80% of health facilities in NAL region conduct DQAs		Conduct Data Quality Assessments for community and facility interventions	On-going		
	48	100% of health facilities in NAL conduct data/HMIS supportive supervision		Conduct data/HMIS supportive supervision for health facilities	On-going		
		29 DHRIOs oriented on NGIs		Support orientation for DHRIOs on PEPFAR's Next Generation Indicators	Completed successfully		
	48	29 DHRIOs and 29 DASCOS oriented on data cleaning for HCT data		Provide technical assistance on data management related to HCT rapid results initiative	Completed successfully		

		100% of CU's have community monitoring tools		Revise and distribute community monitoring tools based on NGI	Revision of all tools completed and distributed		
<b>Result Area 3:</b> Increased use of quality health services, products and information							
<b>Intermediate Result 3.1:</b> Increased availability of an integrated package of quality high-impact interventions at community and facility levels							
<b>Expected Outcomes:</b>							
		1 facility assessment tool developed/adapted		Develop/adapt a facility assessment tool for use during a joint comprehensive facility assessment	Completed		
		1 Facility assessment report		Joint facility assessment of high volume facilities in Upper Eastern and Samburu, Turkana and Tana River to identify needs in terms of training, infrastructure, equipment and supplies	Completed		
				Communicate district-level resource envelopes to MOH for informing AOP planning	Completed		
<b>Counseling and Testing</b>							
AOP Cohort 5 and 6		120 facilities conducting and reporting on PITC		Support PITC/DTC through facilitative supervision and quality improvement approaches	Completed	Over 230 sites reporting on PITC and captured as CT sites	
	46	50 additional VCT sites identified		Identify additional VCT sites or rooms and link them with the national renovation mechanism	Not done	Expected coordination with the national mechanisms initiatives on renovations and Training	The project appreciates that static VCT not appropriate for NAL hence the need to change approach and expand moonlight, integration of HTC (PITC) and house-to-house CT
<b>Palliative Care TB/HIV</b>							
				Improve HIV/TB data management through OJT and quarterly data audit	On-going		
				Facilitate TB/HIV quarterly meetings through provision of TA and secretariat services	On-going		
	40; 34	45 CCCs reporting on FP integration		CCCs will be supported to assess PLHIV for FP needs and offer contraception or safer pregnancy counseling including referral for Family Planning services	On-going		

	50; C.1.1.D/N	TBD		Support facilities to ensure PLHIV receive a minimum care package through assessment of partner status and provision of partner counseling and testing or referral	On-going		
<b>HIV and AIDS Treatment/ ARV Services</b>							
AOP Cohort 5 and 6	27	30 new sites offering and reporting on ART services		Continued scale up of ART services by increasing the # of sites by 10 in each sub-region through provision of TA, QI and linkages	On-going	Delayed training of health workers to expand sites offering ART services still a handicap	Scale-up of CD4 lab networking in all sites providing CT and establishment of satellite sites initiating ARTs enabled the project commence 9 satellite sites
		2,000 blood samples analyzed for CD4 and 1200 DBS samples tested through lab networking		Logistical support for the transportation of CD4 and EID specimens	On-going		
	12; 13	550 DBS samples analyzed and results availed		Conduct OJT and support referral of specimens to KEMRI/AMPATH labs to improve Early Infant Diagnosis	On-going		
	14	150 infants initiated on ART		Improve pediatric HIV treatment through linkage of EID results to index (mother) results to ensure timely ART initiation	On-going		
	27	1,450 adults and infants initiated on treatment		Support the provision of ART services through re-distribution of ARVs, test kits and other related supplies and distribution of guidelines to new sites	On-going		Increased enrollment into care and treatment of HIV+ clients through the health worker mentorship program
				Support ART data reconstruction and OJT in PGH and district hospitals	On-going		
<b>North Eastern Province and Tana River</b>							
	40	6 health facilities report on successful integration of MCH and ART services into TB centers		Integration of MCH and ART services into TB centers (6 centers in NEP/TR)	On-going		
				Support the strengthening of CD4 lab networking in Tana River through TA, specimen transport and linkages to Garissa PGH for facilities in Tana River district (in coordination with Coast PHMT)	On-going		

	57; C5.1.D; 8; C2.3.D			Scale-up FBP sites in Mandera and Masalani by facilitating linkages btw PTCs and CCC in coordination with NHP	On-going		
				Support 20 HIV care satellite sites to offer minimum care package including cotrimoxazole prophylaxis, multivitamins, baseline lab assessment and WHO staging	On-going		
<b>Condoms and Other Prevention Activities</b>							
<b>North Eastern Province and Tana River</b>							
				Identification of high-risk behaviors, places and populations, particularly in Tana River	Completed		
AOP Cohort 5 and 6	36; P8.4.D	20 condom outlets established and reporting		Establish 20 condom outlets around hotspots	Completed and target surpassed		
	43			Increase the number of mobile outreaches providing counseling and testing	On-going		
	43			Continued support and scale up of monthly mobile, moonlight and house-to-house VCT outreaches in urban centers	On-going		
				<b>Expand worksite MARP peer educators program</b>			
	20; P8.1.D			Support worksite PE to conduct awareness sessions targeting individuals/ small groups (MARPs) on relevant thematic areas	On-going		
<b>Turkana</b>							
				<b>VMMC</b>			
				Participate in and provide secretariat support to a Turkana County VMMC task force led by the MOH	on-going		
				Two staff dedicated VMMC clinical teams in Turkana North and Turkana South, with recruitment assistance from Capacity Project, and provide with necessary equipment and supplies.	on-going		
	P5.1.D; 50; C1.1.D/N			Ensure the provision of the minimum package of services for VMMC, including integration of HIV CT and risk reduction counseling, by the dedicated VMMC clinical teams	on-going		

				CHWs conduct community mobilization events on VMMC in coordination with VMMC service provision by dedicated clinical teams	on-going		
<b>Prevention of Mother-to-Child Transmission</b>							
AOP Cohort 5 and 6	28	398 health facilities in NAL offer at least dual prophylaxis for PMTCT		Support the provision of comprehensive PMTCT services by proving TA to the DHMT to ensure supply of dual prophylaxis in all facilities offering PMTCT	on-going		
	66; 22			Through involvement of religious leaders and other community gate keepers, community mobilization for early ANC attendance to be supported in the three sub-regions	On-going		
	12; 13			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	On-going		
		600 men counseled and tested within the PMTCT setting		Encourage male involvement in PMTCT through couple counseling, and service promotion through local media (FM stations)	On-going and target expected to be surpassed		
<b>North Eastern Province and Tana River</b>							
	28	40 new sites in Tana River reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (40 sites Tana River County)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
<b>Turkana</b>							
	28	20 new sites in Turkana reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (20 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training
<b>Upper Eastern and Samburu</b>							
	28	50 new sites in Upper Eastern reporting on PMTCT services		Support the provision of comprehensive PMTCT services by providing linkage to national mechanisms for ART for prophylaxis supplies and ensuring facilities have reporting tools (50 sites)	Not done	Delayed training of health workers to expand sites offering PMTCT services	Awaiting the commencement of National mechanisms on Training

<b>Maternal Health</b>							
AOP Cohort 1	21	10,450 mothers deliver through skilled attendants		Increase skilled deliveries through provision of EOC packages, guidelines and supervision, as well as OJT/CME for health providers on FANC and other relevant topics	On-going		
AOP Cohort 1		79,500 women attending at least 4 ANC visits		Support mother child clinics and other CBO-run health facilities through TA and supervision	On-going		
<b>Newborn and Child Health</b>							
AOP Cohort 1	23	Measles-56,000, DPT3- 51,000, BCG-79,500		Improved immunization coverage through facilitating implementation of the reach every district (RED) strategy by supporting integrated outreach, defaulter tracing	On-going with key targets surpassed		
	24	207,500 children under 5 years supplied with vitamin A		Support DNOs to conduct growth monitoring, deworming, Vitamin A supplementation in ECD centers	On-going		
		Number of cases of child diarrhea treated in USG supported site		Supportive supervision and guidance to SPs for training mothers on how to make ORS at home	On-going		
AOP Cohort 1				Facilitate the distribution of LLTN to pregnant women and under 5s in selected sites	On-going		
AOP Cohort 2	1; P11.1.D			Support PITC for sick children esp. in pediatric wards and outpatient (MCH) departments	On-going		
<b>FP/RH</b>							
AOP Cohort 1				Conduct performance improvement/quality improvement monitoring of Contraceptive Technology Update trainees as part of routine support supervision	On-going		
<b>Upper Eastern and Samburu</b>							
	8; C2.3.D; 57; C5.1.D			Establish a relief food distribution system targeting PLHIV in Maralal, building the capacity of local partners to implement, monitor and report effectively	on-going		
				Facilitate nutrition and HIV OJT in Isiolo DH for all CCC, MCH and TB clinical staff (include social workers)	on-going		
	8; C2.3.D			Decentralize NACS/FBP services to 2-3 satellite sites (OJT, distribution of food commodities to the sites and facilitate in availing satellite reports to the Isiolo DH on a monthly basis).	on-going		

<b>Adolescent SRH</b>							
	44			Support the implementation of Youth Friendly Service in provincial and district hospitals through refurbishment and furnishing (linkages with G-Youth and others)	On-going		
<b>Malaria</b>							
				Distribution of LLITN in high-risk zones (target pregnant women and under 5 children)	On-going		
				Support the provisions of ACTs, RDTs through TA, linkages and supervision	On-going		
				CHWs mobilize communities near high volume facilities as well as conduct outreach in coordination with PHC outreach	On-going		
<b>Water and Sanitation</b>							
AOP Cohort 3	61			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	On-going		
	61			Increase the number of facilities with infection prevention and waste disposal systems through linkages and TA	On-going		
<b>Intermediate Result 3.2:</b> Increased demand for an integrated package of high impact interventions at community and facility levels							
<b>Expected Outcomes:</b>							
<b>CHW Outreach Activities/ Community Strategy</b>							
<b>North Eastern Province and Tana River</b>							
	45			Hold consultative review meeting with DHMTs on ongoing community strategy in Ijara and Garissa districts	On-going		
	26; 45			Facilitate provision of CU support logistics (reporting tools, registers and chalk boards) to all functional CUs	On-going		
<b>Intermediate Result 3.3:</b> Increased adoption of healthy behaviors							
<b>Expected Outcomes:</b>							
<b>North Eastern Province and Tana River</b>							
				Review Jipange program evaluation to determine risky behavior in secondary schools, scale up/rollout to 20 additional schools as a basis for evidence based programming	On-going		

	59			Identify/replace 50 out-of-school youth leaders for life skills training for Jipange and Chill program	On-going		
<b>Intermediate Result 3.4:</b> Increased program effectiveness through innovative approaches							
<b>Expected Outcomes:</b>							
<b>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)</b>							
	43			Increase the number of mobile outreaches providing counseling and testing	On-going		
				Support prevention outreach among MARPs including targeted BCC	On-going		
				Support HCT targeting MARPs	On-going		
	21			CHW outreach to include safe motherhood, development of birth plans, danger signs and refer for skilled delivery	On-going		
AOP Cohort 2	24; 8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going		
AOP Cohort 2	8; C2.3.D			Undertake targeted integrated outreach (growth monitoring, vitamin A supplementation, supplementary feeding)	On-going and target expected to be surpassed		
<b>Result Area 4:</b> Social determinants of health addressed to improve the well being of the community, especially marginalized, poor and underserved populations							
<b>Intermediate Result 4.1:</b> Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs							
<b>Expected Outcomes:</b>							
	56			Link PLHIV to partners providing services / social safety nets (IGA, BCC, credit facilities)	On-going		
<b>Intermediate Result 4.2:</b> Improved food security and nutrition for marginalized, poor and underserved populations							
<b>Expected Outcomes:</b>							
<b>Improved food security and nutrition for PLHIV</b>							
	8; C2.3.D; 57; C5.1.D			Support CHWs to conduct nutrition screening to HBC clients and link them to food security programs	On-going		
				Support the referral and linkage of PLHIV to FBP services	On-going		

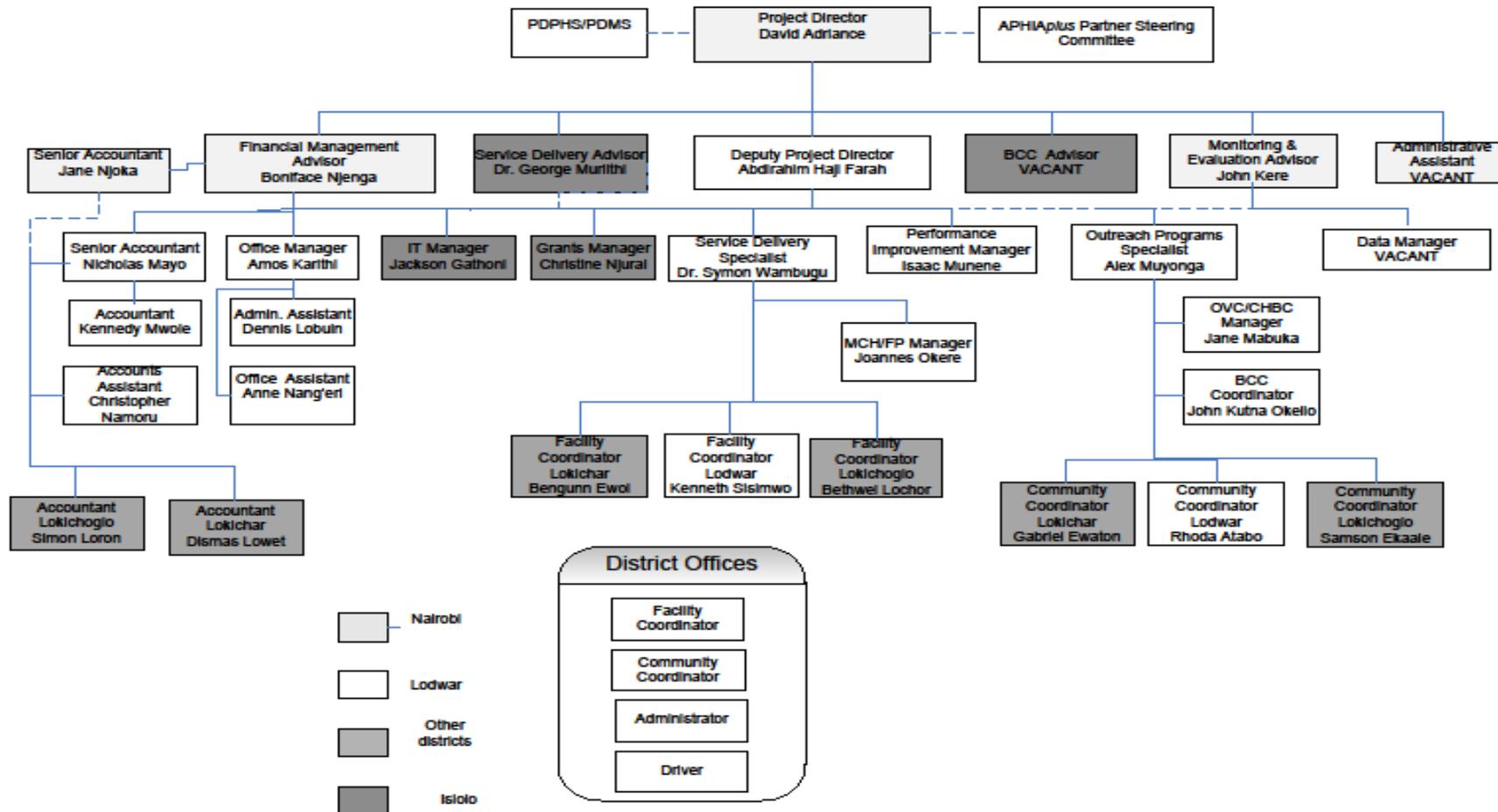
				Facilitate linkages between PTCs, CBOs and NHP support	On-going		
<b>Improved food and nutrition for pregnant women and TB patients</b>							
	57; C5.1.D			Refer eligible pregnant & lactating mothers, TB patients to food supplementation initiatives	On-going		
<b>Intermediate Result 4.3:</b> Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs							
<b>Expected Outcomes:</b>							
	58			Identification of schools to support child friendly activities	Completed		
				Train teachers and AACs on child rights, protection and participation, stimulative classrooms and child friendly environment	On-going		
	58			Support and establish child friendly services in targeted schools through provision leaning equipment	On-going		
				Conduct school enrollment drive targeting OVC in partnership with LOCs, MOE and Children dept.	On-going		
				Monitor and supervision of child right, protection and participation activities	On-going		
				Support FOGs to identify schools to support child friendly activities	On-going		
<b>Intermediate Result 4.4:</b> Increased access to safe water, sanitation and improved hygiene							
<b>Expected Outcomes:</b>							
	63			Liaise with MOE to identify/initiate hygiene education in selected priority schools	On-going		
<b>Intermediate Result 4.5:</b> Strengthened systems, structures and services for marginalized, poor and underserved populations							
<b>Expected Outcomes:</b>							
	64			Identify OVC and facilitate the acquisition of birth certificates	On-going		
				Support CSI pilot and roll out	On-going		

				Support national and international events related to child survival and protection	On-going		
<b>Intermediate Result 4.6:</b> Expanded social mobilization for health							
<b>Expected Outcomes:</b>							
	66			Sensitization of religious and cultural leaders at county levels in regards to addressing cultural beliefs that hinder conventional health seeking behavior	On-going		
	66			Train RLs on stigma discrimination/HIV and AIDS and basic MNCH to improve their capacity	On-going		
	66			Support RLs to implement prevention interventions targeting small groups through outreach	On-going		

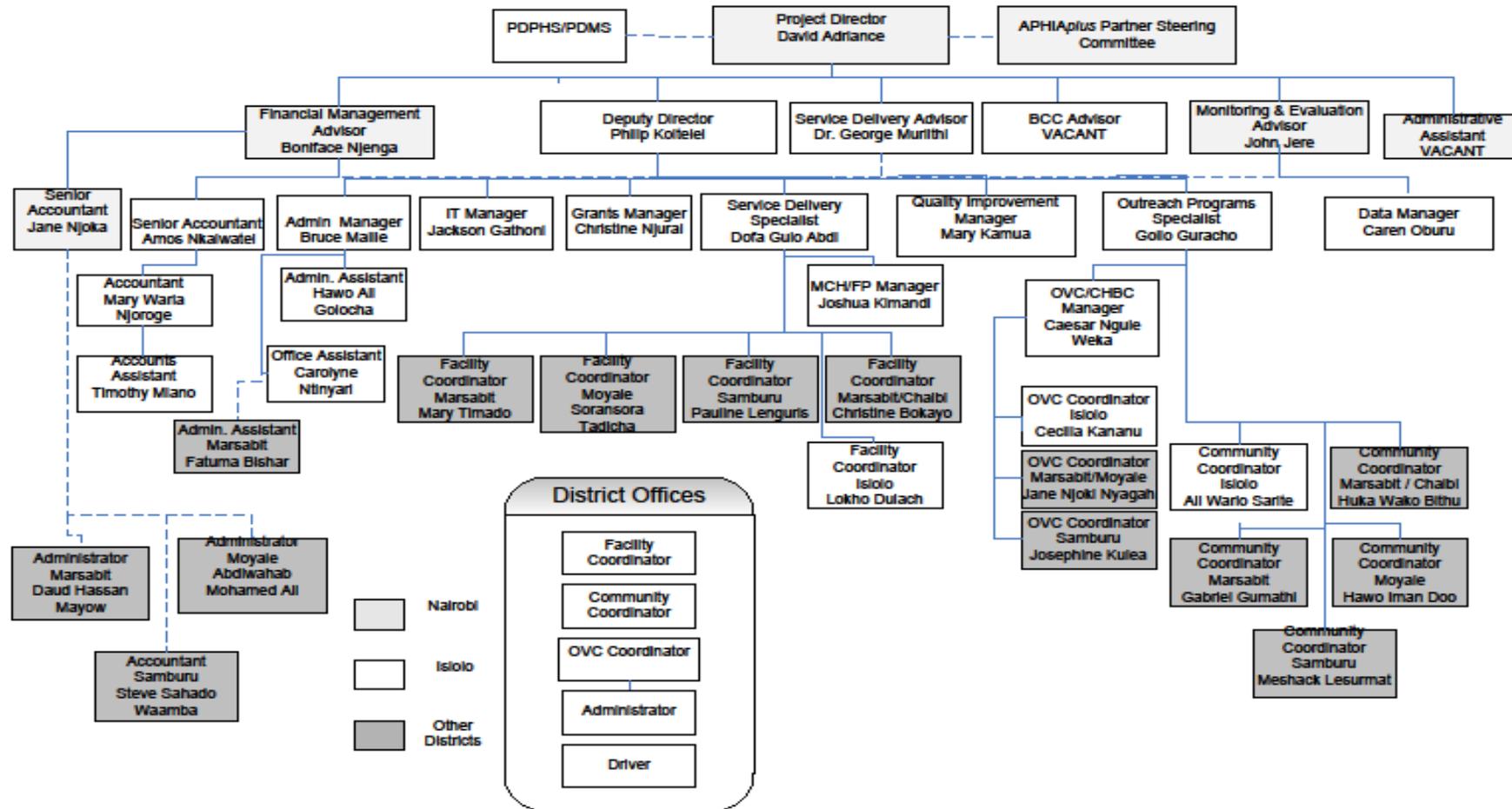
**ANNEX III**

**IMPLEMENTING PARTNERS ORGANOGRAMS  
BY SUB-REGION**

## APHIAplus Northern Arid Lands Organizational Chart Turkana



### APHIAplus NAL Organizational Chart Upper Eastern plus Samburu



APHIAplus NAL Organizational Chart,  
North Eastern Province & Tana River

