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## LIST OF ABBREVIATIONS AND ACRONYMS

<b>AA</b>	Alcoholics Anonymous
<b>AAC</b>	Area Advisory Council
<b>AB</b>	Abstinence and/or Being Faithful
<b>ACU</b>	AIDS Control Unit
<b>AED</b>	Academy for Education and Development
<b>AFB</b>	Acid Fast Bacilli
<b>AOP</b>	Annual Operational Plans
<b>ART</b>	Antiretroviral Therapy
<b>AZT</b>	Zidovudine
<b>BMS</b>	Behavioral Monitoring Survey
<b>CBO</b>	Community Based Organizations
<b>CCC</b>	Comprehensive Care Centre
<b>CHATT</b>	Congregational HIV/AIDS Hope Teams
<b>CHWs</b>	Community Health Workers
<b>CME</b>	Continuous Medical Education
<b>COPHIA</b>	Community Based HIV/AIDS Care, Support and Prevention Project
<b>CRS</b>	Catholic Relief Services
<b>CRS</b>	Corporate Social Responsibility
<b>CSW</b>	Commercial Sex Worker
<b>CT</b>	Counseling and Testing
<b>CTO</b>	Cognizant Technical Officer
<b>CTU</b>	Contraceptive Technology Update
<b>CTX</b>	Cotrimoxazole
<b>CYP</b>	Couple Year of Protection
<b>DBS</b>	Dry Blood Sample
<b>DHMT</b>	District Health Management Team
<b>DHRIO</b>	District Health Records and Information Officers
<b>DMOH</b>	District Medical Officer of Health
<b>DRH</b>	Division of Reproductive Health
<b>DTC</b>	Diagnostic Counseling and Testing
<b>DTCs</b>	Drought Tolerant Crops
<b>DQA</b>	Data Quality Assessment
<b>DQASO</b>	District Quality Assurance and Standards
<b>EID</b>	Early Infant Diagnosis
<b>EOC</b>	Essential Obstetric Care
<b>FANC</b>	Focused Ante Natal Care
<b>FBO</b>	Faith Based Organizations
<b>FHI</b>	Family Health International
<b>GIS</b>	Geographic Information System
<b>GSN</b>	Gold Star Network
<b>HCBC</b>	Home and Community Based Care
<b>HCP</b>	Health Care Provider
<b>HFG</b>	Human Immunodeficiency Virus Free Generation
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBP</b>	Implementing Best Practices
<b>IDU</b>	Intravenous Drug User
<b>IGA</b>	Income Generating Activity
<b>IMAI</b>	Integrated Management of Adult Illnesses
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IMPACT</b>	Implementing AIDS Prevention and Care Project
<b>IUCD</b>	Intrauterine Contraceptive Device
<b>ITN</b>	Insecticide Treated Net
<b>IP</b>	Infection prevention
<b>JFFLS</b>	Junior Farmer Fields and Life Schools
<b>JICA</b>	Japan International Cooperation Agency
<b>JOL</b>	Journey of Life
<b>KATSO</b>	Kenya AIDS Treatment and Support for HIV/AIDS
<b>KGGA</b>	Kenya Girl Guide Association

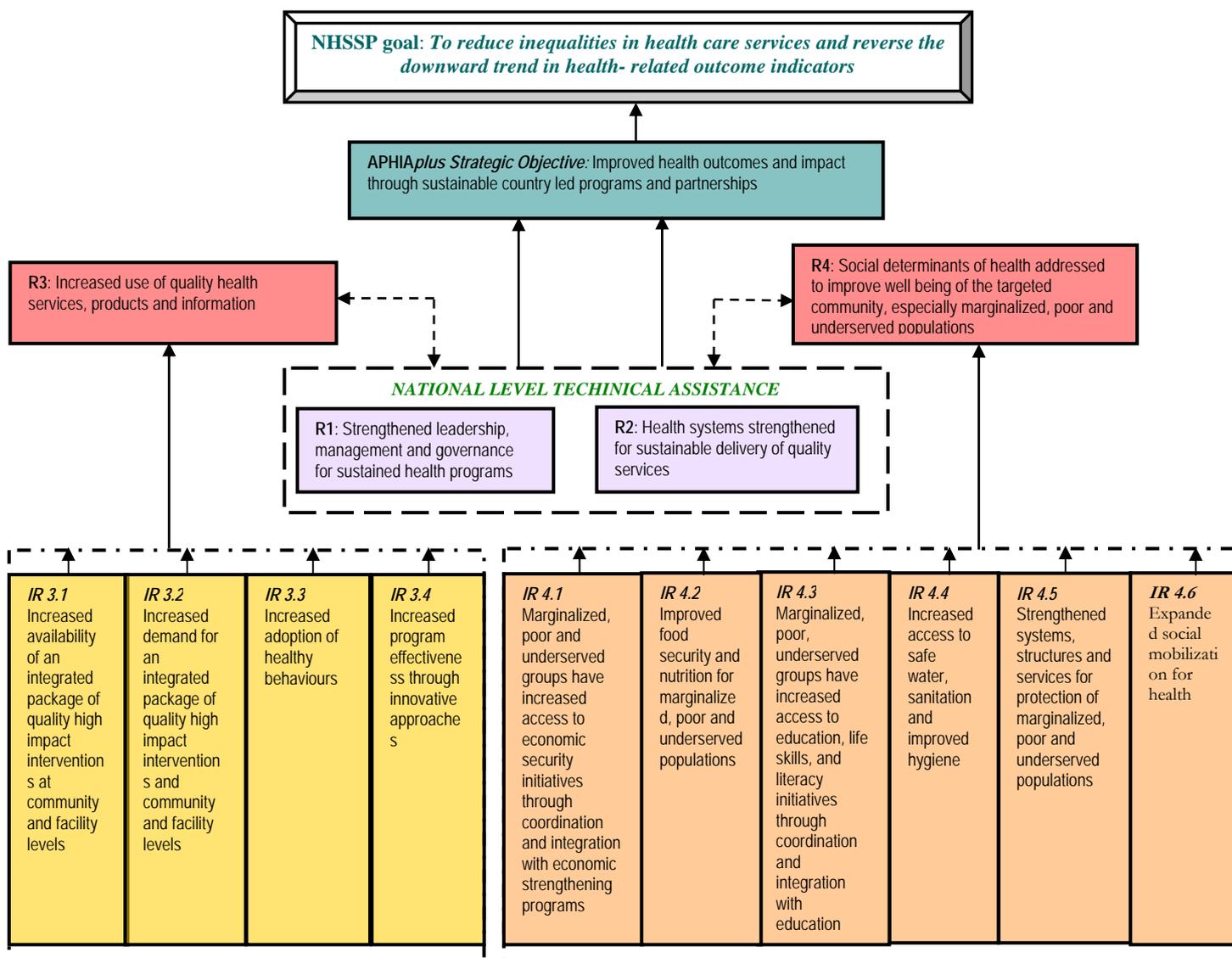
<b>KIOF</b>	Kenya Institute of Organic Farmers
<b>KMA</b>	Kenya Medical Association
<b>KTDA</b>	Kenya Tea Development Agency
<b>MARPS</b>	Most At Risk Populations
<b>MCH</b>	Maternal Child Health
<b>MFI</b>	Macro Finance Institutions
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men Who Have Sex with Men
<b>MSW</b>	Male Sex Workers
<b>NACC</b>	National Aids Control Council
<b>NASCOP</b>	National Aids and STI Control Programme
<b>NGOs</b>	Non Governmental Organizations
<b>NOPE</b>	National Organization of Peer Educators
<b>OCPD</b>	Officers Commanding Police Divisions
<b>OVC</b>	Orphaned and Vulnerable Children
<b>PDE</b>	Provincial Director of Education
<b>PGH</b>	Provincial General Hospital
<b>PHMT</b>	Provincial Health Management Team
<b>PHOs</b>	Public Health Officers
<b>PHTs</b>	Public Health Technicians
<b>PITC</b>	Provider Initiated Testing and Counseling
<b>PMO</b>	Provincial Medical Officer
<b>PDPHS</b>	Provincial Director of Public Health and Sanitation
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PPP</b>	Public-Private Partnerships
<b>PSS</b>	Psycho Social Support
<b>PTC</b>	Post Test Counseling
<b>PWD</b>	People with Disability
<b>PWP</b>	Prevention with Positives
<b>RH/FP</b>	Reproductive Health/Family Planning
<b>RRF</b>	Rapid Response Funding
<b>RRI</b>	Rapid Results Initiative
<b>SBM-R</b>	Standards Based Management- Recognition
<b>SILC</b>	Saving Inter Lending Community
<b>SWAK</b>	Society of Women and AIDS in Kenya
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TOWA</b>	Total War Against
<b>USAID</b>	US Agency for International Development
<b>USG</b>	United States Government
<b>VCT</b>	Voluntary Counseling and Testing
<b>WHO</b>	World Health Organization
<b>WVI</b>	World Vision International
<b>YSO</b>	Youth Serving Organizations

## 1.0 BACKGROUND

The APHIAP/plus Nuru Ya Bonde (NyaB) program is a five year (January 2010 – December 2015) cooperative agreement, between Family Health International (FHI) and the U.S. Agency for International Development (USAID). The project partnership is comprised of six strategic partners: Family Health International (FHI), the National Organization of Peer Educators (NOPE), Catholic Relief Services (CRS), Liverpool VCT and Care (LVCT), African Medical and Research Foundation (AMREF) and Gold Star Kenya (GS Kenya).

The APHIAP/plus NyaB program goal is to improve health outcomes and impacts through sustainable country led programs and partnerships. The program charts a clear course toward full Kenyan ownership of a broader range of sustainable public health services at the community, district and county levels by promoting a country led, country owned and country managed program at all levels of implementation, health care and supporting the MOH (Ministry of Public Health and Sanitation and Ministry of Medical Services) to effectively play its role of coordination of all health services in region.

The APHIAP/plus NyaB program will focus on four areas namely; 1) Health systems strengthening, 2) Integrated service provision, 3) Demand creation, and 4) Social determinants of health. The program will link with other USAID supported national level programs addressing these areas. These include training, human resources for health, commodity supplies, health communication, leadership, management and governance, Health Management Information Systems (HMIS), M&E, health policy, financing, renovation, and social protection. The program results framework is presented below:



## 2.0 PROGRAM HIGHLIGHTS AND CHALLENGES

### HIGHLIGHTS

Below is a highlight of achievements in different interventions. Detailed results are presented in Annex 5. The annual targets presented annex 5 are subject to change after approval of the annual work plan by USAID.

- The number of sites offering PMTCT this quarter is 642. The ARV prophylaxis uptake in ANC was 81 percent and 227 percent in maternity.
- A total of 154, 955 individuals excluding TB patients were counseled and tested for HIV,
- The number of TB patients counseled and tested was 2,905.
- A total of 1,262 individuals were initiated into HIV treatment during the quarter. By the end of the quarter, 21,740 individuals were on ARVs. Children accounted for 9 percent of these individuals on treatment.
- A total of 83, 796 new and re-visit FP clients were served this quarter, reaching a CYP of 36, 729. A total of 11,611 mothers attended the fourth ANC visit during the quarter against 37,008 first ANC visits.
- By the end of the quarter, a total of 28, 765 targeted population reached with individual and/or small group level preventive interventions
- A total of 13, 577 MARPS were reached with individual and/or small group level prevention interventions
- A total of 71,723 clients were provided with palliative care both from the community and facility based program including TB care during this quarter.
- A total of 89,724 OVC were registered in the program by the end of the quarter. Of these, 62% (55,870) percent had ever been served with services according to need while 12% (11, 141) were monitored through home visits.

## 3.0 PROGRAM MANAGEMENT

**APHIA II Rift Valley Close out Meeting:** The final A2RV project close out meeting was held on 26<sup>th</sup> January 2011 at Nakuru. The meeting themed “*Celebrating Access to Quality Health through Partnerships*” brought together various project stakeholders including GOK ministries. Project beneficiaries gave accounts of the various ways the project had impacted their lives. Partners exhibited project activities in a gallery walk that aimed at showcasing project achievements during its 4.5 years of implementation.



**APHIAPlus launch:** The USAID/Kenya funded APHIAPlus Nuru Ya Bonde Project was launched on January 27, 2011 in a colourful ceremony held in Nakuru (see cover page). The 5-year (Jan 2011- Dec 2015) comprehensive health care project aims at improving the health of the residents of the southern Rift Valley region. The Project builds upon USAID Kenya’s country-wide health service support project known as the AIDS, Population and Health Integrated Assistance II (APHIA II). The project will work closely with the Kenya Government and a wide range of local organizations to ensure quality services delivery to its beneficiaries. Project activities will be aligned to GOK priorities as outlined in the Kenya Essential Package for Health (KEPH), vision 2030, the National Health and AIDS Strategic Plan and the Annual Operational Plan (AOP).



**Visit by AOTR:** During the quarter, the project AOTR visited three project facilities namely Naivasha DH, Rongai and Kapkures HC together with the CDC PMTCT Technical Officer to review the PMTCT and CT activities. This was the inaugural visit by the AOTR to the project. Part of the visits also included a meeting between APHIAPlus and Hope World Wide staff involved in the prevention program to discuss how the two programs will collaborate to provide a comprehensive health program in the Rift Valley to make best use of resources from USG.

**Local Implementation Partner Sub agreements:** A total of twenty sub agreements were developed for the period covering January to September 2011. These partner sub agreements are drawn to ensure essential service delivery to all project beneficiaries during the project transition phase. Project implementation partners range from key government ministries, local NGOs to CBOs and FBOs. APHIAPlus Nuru ya Bonde program development and finance teams undertook sub agreement interpretation meetings with all sub awardees to ensure clear understanding of the scope of work, budgetary provisions and standard operating procedures in project activity implementation.

**Technical Support meeting at Crowne Plaza: NyaB team participated in the USAID** organized one-day meeting at Crowne plaza in Nairobi to explain the difference between the APHIA II Project and APHIAPlus Project; and to brainstorm on the understanding of the technical approach of APHIAPlus to ensure common understanding and hence harmonized work plans across the different Zones of APHIAPlus projects.

**Support of the AOP Process:** During the quarter under review, APHIAPlus Project staff focused on supporting the MOH in the AOP process across the entire Rift Valley. The purpose of supporting the AOP process was to ensure the MOH set up comprehensive plans with realistic targets. The developed AOP provided a basis for the APHIAPlus Rift Valley Project year one work plan.

**Work Planning Process:** During the quarter, the project staff developed the 2011 project work plan. The process was participatory and involved staff at various levels. A smaller team refined the work plan document ensuring that activities were reflective of GOK relevant ministries priorities and technical approaches.

**Naivasha- District Health Stakeholders Forum (DHSF):** The Naivasha/Gilgil DHSF was held on March 24, 2011. The forum brought together different partners and GOK ministries that implement health related projects within Naivasha and Gilgil districts. A presentation was made to introduce APHIAPlus Nuru ya Bonde at this key forum that forms a platform for partner collaboration.

**Narok Stakeholders forum:** Narok District organized an OVC stakeholders forum bringing together 47 NGOs and Government line ministries to dialogue on best practices in service delivery, care and support for OVC. As a result, a strong network between the APHIAPlus project, and other stakeholders was formed.

## 4.0 PROGRESS AND RESULTS; TECHNICAL AREAS

### 4.0 R.1: Improved and expanded facility-based HIV/AIDS, TB, RH/FP, Malaria and MCH services

The section below outlines the achievements in improving and expanding facility-based HIV&AIDS, TB, RH-FP, malaria and MCH services during the January to March 2011 quarter. The number of sites for most clinical services has dropped due to transition of sites under former Samburu districts to APHIAPlus NAL as well as omission of sites that were inactive for the past one year.

#### Highlights

- Project staff participated in the 2 day national level AOP7 planning and orientation meetings.
- Participation in the PMTCT TWG meeting in Eldoret that discussed the eMTCT pilot in the country.
- Attended the EID and pediatric ART strategy meetings for North and South Rift
- Participated in the dissemination meeting that shared the findings from the LQAS survey on child survival indicators.
- Jointly with the PHMT members participated in a three day workshop that focused on accelerating maternal and newborn survival and set regional priorities for the AOP7 plans
- Contributed to the pilot testing of the materials for the national EMR training curriculum in Kisumu

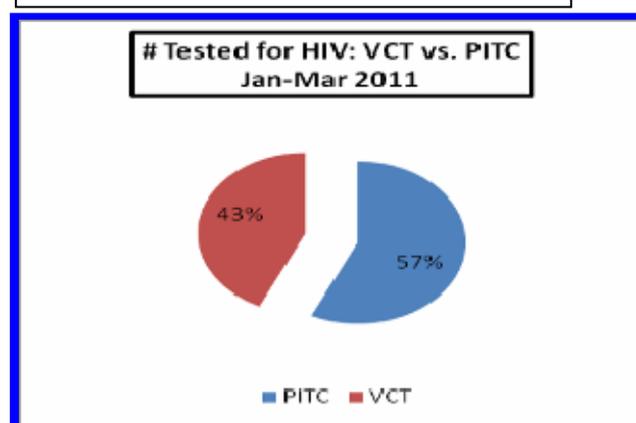
#### 4.1.1 Prevention of Mother to Child Transmission of HIV (PMTCT)

Provision of PMTCT services has been decentralized to 642 APHIAPlus supported facilities including level two health facilities both in public and private sectors. Orientation of 32 service providers on the revised PMTCT guidelines was done. During the reporting period, 40,143 pregnant women were counseled & tested for HIV and received their results. 35,904 were in ANC and 4,190 in labor and delivery. A total of 35,755 1<sup>st</sup> ANC attendees were served. 1,494 HIV positive pregnant women were identified; 1,317 in ANC and 177 in maternity. Health facilities are providing the highly efficacious prophylactic ARV regimens to prevent MTCT.

#### 4.1.2 HIV Testing and Counseling (HTC)

Various approaches to HIV testing & counseling (HTC) including PITC, VCT, workplace, moonlight and community outreach testing were employed by the APHIAPlus project during this reporting period. A total of 154,995 individuals were counseled and tested for HIV and received their results in the context of PITC (excluding in TB settings) and VCT (both static and mobile). 6318 were identified as HIV infected. More females than males consistently accessed HIV CT services

Fig 1: Tested for HIV



#### Voluntary Counseling and Testing (VCT)

A total of 66, 517 individuals (32, 891-female) were counseled and tested for HIV and received their results at 255 APHIAPlus supported CT sites. 37% of the clients were aged 15-24yrs. In total, 2,698 (1,713-female) clients tested HIV positive translating to an overall prevalence of 4%. However, the HIV prevalence was highest among women aged >25yrs at 6% while it was lowest among males aged 15-24yrs at 1%. 2376 couples tested for HIV and received their results. 129 couples (5%) had discordant results and 85 (4%) had concordant positive results.

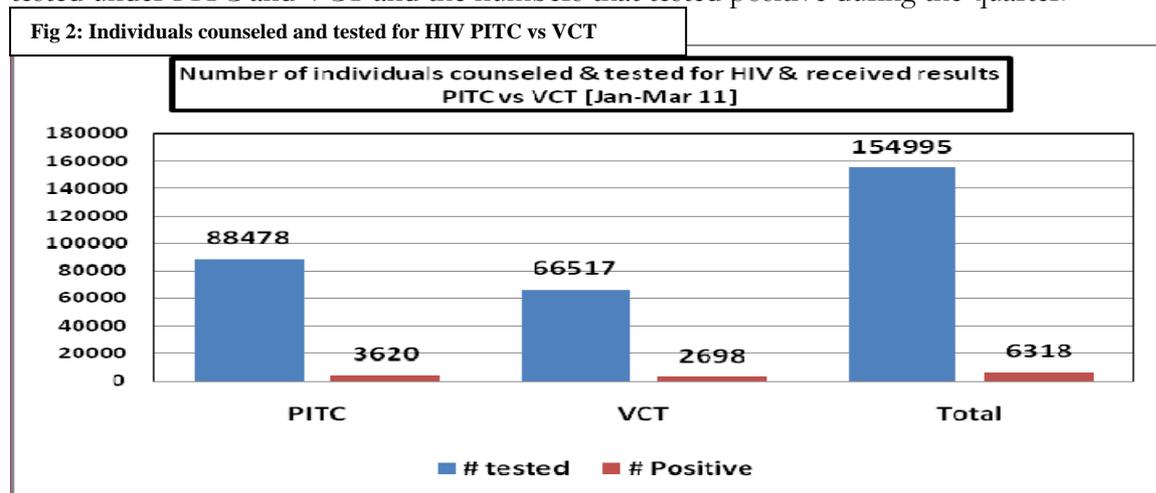
#### Provider Initiated Testing and Counseling (PITC):

A total of 486 APHIAPlus supported health facilities are providing PITC as a routine service that is

convenient to patients and clients who seek medical interventions. PITC is currently available across all levels of care. During the quarter, 88,478 individuals (52,976-female) were counseled and tested for HIV and received their results using the PITC approach. 95% (83,729) were served through the out-patient department while 5% (4749) were through the in-patient department.

Children accounted for 21% and 27% of those tested in-and out patient departments respectively. Significantly more adult females accessed the HIV test via the out-patient department compared to adult males.

3620 individuals tested positive for HIV; 3152 from the OPD and 468 from the in-patient department. On average the HIV prevalence from PITC was 4.1%. The prevalence was 3.8% for the OPD clients and 9.9% for patients in the in-patient department. It was highest among the adult patients in the inpatient department at 12%. Below is a graph showing the number of individuals tested under PITC and VCT and the numbers that tested positive during the quarter.



#### 4. 1. 3 ART

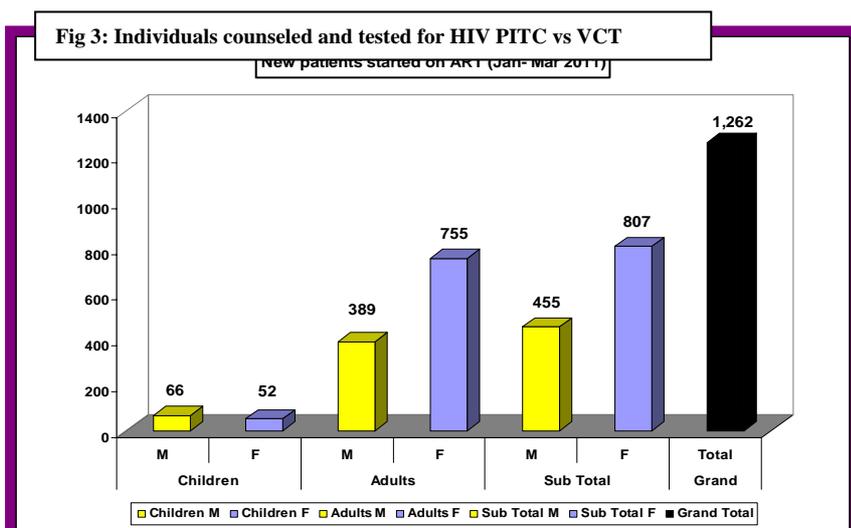
During the period under review, the total number of sites providing ART were 114. Cumulatively 29,364 patients have ever started ART in APHIAPlus supported sites. The majority of the patients (or 63%) are female while pediatric patients account for 9% (2,739) of the total.

##### 4. 1. 3.1 ART/ Palliative care: Adult

1,143 new adult patients (756 Female) were started on ART during this reporting period. More adult females than males were started on treatment. A total of 29,360 adults were currently on prophylaxis with majority 99% (29,302) on cotrimoxazole.

##### 4.1.3.2 ART/Palliative Care: Pediatric

119 new pediatric patients (52 Female) were started on ART during this reporting period. Slightly more male children were started on treatment compared to the females.



##### 4.1.3.3 Current clients (Adults and Children) on ARV by end of March 2011

21,740 patients (63% Female) are currently on ART in APHIAPlus supported sites. 1,968 (9%) are children aged <15 years. 140 HIV infected pregnant women are on HAART

##### 4.1.3.4. HIV& AIDS Treatment: Public-Private Partnerships (PPP)

A phased verification of the private providers in Rift Valley was done to establish their operational

status initially targeting 21 facilities. A Peer-to-Peer CME was supported jointly with the Abbott HIV&AIDS program for private providers in Eldoret and 33 participants attended mainly drawn from the AMPATH program.

A meeting with the regional KMA officials was held to revitalize the Technical Committee in Rift Valley and address the terms of reference, MOU, CMEs and trainings of private providers. 15 sites were supported to access subsidized ARVs through the PEPFAR pharmacy in Nairobi while four sites were linked to Philips Pharmaceutical for ARVs with access prices. 23 private health facilities reported activities under HIV care & treatment during this reporting period.

219 new patients (143-female) were registered for chronic HIV care in the private health facilities. 5% (11) were children aged <14yrs. The cumulative number of patients ever registered for HIV care in the APHIAP*lus* supported private health facilities is 4,748 (2946-female) with children accounting for 8% of the total.

112 patients (67-female) were newly initiated on ART; only three were children aged <14yrs. Most of the patients (61 or 55%) were in WHO stage 1 and 2. 15 patients (13%) were started with WHO stage 4. Cumulatively 2,056 patients (1238-female) have ever been started on ART in the APHIAP*lus* supported private health facilities. 1,086 patients (680-female) are currently on ART with 56 (5%) being children. 2,757 patients (1,742-female) are on cotrimoxazole preventive therapy and 34 on fluconazole.

#### **4.1.3.4 Palliative Care: Facility Based including (TB/HIV) and Community based care**

During the quarter, 3,149 new patients were registered for chronic HIV care at 114 APHIAP*lus* supported care & treatment sites. 244 were children aged <14yrs while the majority (2,905) were adults. Cumulatively 71,723 patients (7,121 children) have ever enrolled for chronic HIV care at the APHIAP*lus* supported sites. 32, 876 (21, 581-female) are on cotrimoxazole preventive therapy while 102 are on Fluconazole (73-Female).

#### **4.1.3.5 Tuberculosis/HIV**

2,966 new TB cases were detected during this reporting period from 245 sites. 589 (20%) of the cases were among children aged <15years. 2,905 patients accepted the HIV test and received their results. On average the HIV testing uptake was 98% but it was comparatively higher among the adults than the pediatric group. 1,117 patients tested HIV positive giving a prevalence of 38%. This prevalence was significantly higher among female adult patients at 44%. 1,155 patients received Cotrimoxazole preventive therapy (CPT)

#### **4.1.4. Reproductive Health, Family Planning and Maternal Child Health**

37,008 1st ANC attendees were served, 11,611 clients attended the 4<sup>th</sup> ANC visit and 15,764 deliveries by skilled attendants were recorded in 725 health facilities. IPT was de-emphasized in the most districts of the Rift Valley due to changes in Malaria policy and the reduced risk of malaria in the province. 11,937 and 7,300 clients received IPT1 and IPT2 respectively. 29,689 new FP acceptors were served at 725 APHIAP*lus* supported service delivery points. 14,555 (49%) received injectable methods while 4,080 (14%) opted for LAPM including 1 client who had a vasectomy.

The CYP for the period under review was 36,729 with LAPM contributing 20,720 (56%).

11 health facilities in Rift Valley (PGH Nakuru, Naivasha DH, Gilgil Hospital, Eldama Ravine DH, Narok North DH, Kapenguria DH, Kajiado DH, Molo DH, Nanyuki DH, Njoro HC and Langalanga HC) are providing cervical cancer screening services. However, the services at Langalanga HC were discontinued due to the transfer of the trained staff.

#### **Maternal and Child Health Services (MCH):**

The APHIAP*lus* project supported the high impact interventions targeting maternal and neonatal health through supporting district based monthly meetings for health facility in-charges, integrated outreaches. DPT 3 was provided to 37,572 children; 36,605 were under 1 year and 967 above 1 year. Vitamin A supplementation was given to a total of 48,715 children; 23,426 were children aged between 6 and 12 months while 25, 289 were above 1 year.

#### **4.1.5.1 Facility to Community Linkages**

**Community Units:** The project undertook to review to CHU that were established under APHIA II. 19 CHU were reviewed. Overall, the attrition rate among the trained CHW was over 60%. Most of the CBHIS tools have not yet reached the CHU hence there has been poor reporting from the units. 16 CHU have to be revamped since most of the CHEW that had been trained to support those units have since been transferred hence little support from the new CHEWs who are yet to undergo any orientation. None of the CHU had ever received kits, a factor that needs to be resolved by the program. Most of the CHC had not been formed hence the difficult for the CHW to sustain the CHU without structural support. In the next quarter, the project will undertake to phased approach to reviving the existing CHU before considering scaling up to new sites.

#### **4.1.5.2 Integration of Counseling and Testing into Family Planning**

1,795 FP clients were counseled for HIV. 1,581 were new FP acceptors and 214 were revisits. 970 accepted the test and 10 identified as HIV positive. The HIV testing uptake was 53% (833/1581) among the new clients compared to 64% (137/214) among the revisiting clients. HIV CT is currently being integrated into FP in several APHIA*Plus* supported facilities.

#### **4.1.5.3 Quality Improvement (QI) and Support supervision:**

The PHMT and DHMTs from Njoro, Narok North and Narok South were facilitated to conduct integrated facilitative supervision during the quarter under review. The clinical team members participated in the preparation of selected health facilities for the OGAC data audit covering the HIV prevention, care & treatment and RH-FP.

#### **4.1.5.4 Youth Friendly Services**

Only four integrated youth friendly centres (at PGH Nakuru, Gilgil hospital, Narok DH and Naivasha DH) are operational and actively reporting their activities. 1,526 and 1,976 clients were served as new and revisits in these youth centres.

Below is a summary of opportunities, lesson learned and challenges experienced during the quarter.

#### **Opportunities:**

- The renewed focus in the AOP7 planning on involving stakeholders in health provides a great platform to disseminate the guidelines for DHSF to the DHMTs.
- Support the establishment of integrated YFS by districts in response to the AOP7 indicator for cohort 4 (youth) embracing the whole market approach. This would strengthen the provision of services for youth since some facilities offer dedicated services for youth but do not document for reporting.
- The Economic Stimulus Package (ESP) has boosted the staffing levels at the lower level health facilities, although the service providers need enhancement of skills to offer quality services.
- The district based monthly facility I/Cs meetings supported by the APHIA*Plus* project provide a great opportunity to disseminate key issues that affect quality assurance in service delivery

#### **Lesson(s) learned:**

- Facilitative supervision and clinical mentorship visits offer opportunities to strengthen the provider proficiency on integration of health services through OJT.

#### **Challenges:**

- Managing high expectations from the DHMTs about APHIA*Plus* support.
- Erratic supply of essential commodities (contraceptives; OCP, injectables, implants, condoms) and laboratory reagents.
- The proposed changes to the data collection, reporting and summary tools apparently not well disseminated. This will definitely affect the quality of data collection, collation and analysis.
- Inadequate dissemination of the changes in the policy guidelines (IPT for malaria, ART & PMTCT)

- The rapid sub-division of administrative districts has overwhelmed the capacity of the Ministry of Health to deploy adequate officers and develop effective systems to support health facilities (e.g. system for essential commodities)
- Lack of standard health services integration summary tools to quantify the degree of integration at the facility level.
- Poor data management practices & systems among the private health care providers.

**The following are the planned activities for the April to June 2011 quarter for clinical services]:**

Conduct rapid training needs, mapping of retired midwives and health facility assessments (public and private sector)

- Jointly with the MOH establish new CT, PMTCT, ART sites and ORT centers
- Support the quarterly DHSF meetings, P/ DHMT facilitative supervision and clinical mentorship visits
- Support monthly integrated outreach clinics and facility I/C meetings
- Dissemination of revised data collection, reporting tools and service/policy guidelines
- Dissemination of LQAS findings in Koibatek, Marakwet and Narok.
- Participate in the quarterly facility level DQA (for selected facilities) and disseminate findings
- Support whole site orientations on integration of HIV CT into FP services
- Production and distribution of job aids
- Conduct CME and hold monthly Technical Committee meetings

## 4.2.0. Health Communication

**Introduction:** The Health Communication interventions are guided by a strategic imperative that emphasizes a) raising awareness among targeted audiences segmented by their socio-graphic and psychographic profiles b) raising perception of personal health risk c) promotion of a broad range of facility and community based services and d) stigma reduction among the community members and in health delivery outlets that will lead to higher levels of partner disclosure, treatment adherence and positive living and e) substance abuse mitigation. The interventions are designed to deliver target friendly comprehensive package of services guided by national level guidelines and policies while also responding to the underlying social factors that increase vulnerability to HIV, STIs and other health conditions. In the period under review the program was firming the transition from APHIA II to APHIA*Plus*. Among the implementing partners who had been involved in APHIA II some were awarded SAG to continue programming.

### Highlights:

- Stakeholders engagement and joint planning meetings including participation in AOP process supporting MOPHs/MOMS
- Orientation of technical staff, IP staff and peer educators to APHIA*Plus* program design, technical approaches as well as the New Generation Indicators
- Development of work plans and implementation frameworks
- Preparatory activities towards conducting a formative assessment for youth populations
- Interventions carried out targeting inmates in correctional facilities in North Rift and PLWHA in confinement.
- World TB day 24<sup>th</sup> March celebrated in Narok South with public awareness on treatment efficacy.

### 4.2.1 Sexual and other Risk Prevention:

#### Youth Interventions:

During the quarter under review mobilization for service uptake continued in targeted project sites by partners as well as through the activities under the G-Pange banner. In this regard, mobilization for testing continued resulting in 518 youth (312-males) being counseled and tested and a further 245 youth (179-males) accessing FP information and commodities (condoms). HIV Free Generation also began to plan alongside the APHIA*Plus*; G-Amini, G-Kinge, G-Jue, G-Inue begun to get rolled out. The regular services targeting youth continued and more specifically in the YFC in PGH, Narok, Trans Nzoia, Gilgil and Maai Mahiu.

In an effort to increase access to marginalized and underserved youth the 24 PWDs peer educators trained by HI under APHIA II were re-oriented on APHIA*Plus* continued with one-on-one and group sessions and reached 327 (193-males) people with hearing impairment. The challenge for the persons with hearing impairment remains the inability of health care providers to adequately respond to their needs since the use of sign language is very limited.

Three youth support groups were established in Kitale, Moi's Bridge and West Pokot. The groups comprising 36 (27-females) youth meet at the youth friendly centers and are currently undergoing sessions on positive living, nutrition, status disclosure, and treatment adherence. Peer education activities were carried out among the youth target groups reaching 30,749 (14,775-males) out of school youth and 218 in school youth with health messages and the testing of 518 (312-males) out of school youth. A further 245 (179-males) were provided with FP information and services.

#### Most At Risk Populations (MARPS)

The MARPs program targets female sex workers, men who have sex with men, touts and traders and men and women in both formal and informal workplaces as well as PLWHIV. The program reached 975 sex workers using one-on-one and 309 using group approach. It is significant to note that the fluidity of sex worker populations within an operating sites precludes an accurate attribution of targets reached since the potential for double counting is relatively high. This is also compounded by the fact that there are sex workers who do not self-identify as such though their peers know them and reach out to them. 133 male partners of sex workers were also reached with health communication. 306 truckers were reached with interventions that included health education

and condom efficacy education. Matatu sector intervention reached 1,547 males and 209 females.

### **Sex workers**

The Sex Worker program targets female sex workers and their clients. The program includes peer education, condom promotion and distribution, counseling and testing for HIV, access to STI treatment and other SRH services, referrals for HIV care and treatment, support for sex workers with alcohol dependence and economic empowerment initiatives. The interventions are currently running in three major hotspots in the larger Nakuru district namely: Nakuru town, Salgaa and Makutano. There are four drop-in centers in the three sites serving the sex workers' population.

Peer group sessions were conducted in the three sites with a total of 309 female sex workers attending. Through the drop-in centers, 74 female sex workers and 35 clients were provided HTC services. A total of 14,620 male condoms were also distributed through the established condom outlets. Four (4) community based alcoholics anonymous groups with a total membership of 70 sex workers were established this quarter. The AA groups hold weekly group therapy sessions based on the twelve step program.

### **Men who have sex with men**

The APHIAP*Plus* Nuru ya Bonde MSM intervention will be rolled out through an MSM network based on the current MSM social networks. During the quarter, two informal preparatory meetings were held with targeted audience. A planned mapping exercise will be carried out in the next quarter to inform development of a specific SBC strategy.

### **Matatu Touts and informal traders**

The touts and traders intervention is implemented in the larger Nakuru district targeting five (5) major matatu routes. Sixty (60) new peer educators were trained this quarter increasing the number of active peer educators to eighty one (81). A total of 836 peers were reached through small group sessions. Thirty five (35) of the peers voluntarily enrolled in the AA groups and have been meeting at the drop in centre for support sessions.

In total the interventions targeting OP reached 2,680 males and 2,481 females with one-on-one sessions and 3,723 male and 2,882 females with group sessions.

### **Workplace Programs:**

Six flower farms that previously implemented the APHIAII project in Naivasha have been identified to carry on with the APHIAP*Plus* project: Kauturi Limited, Oserian, Homegrown, Van Den Berge, Aquila and Ol Jorwa all with dedicated facilities ranging from level 2-4. Formative studies in each of these workplaces will be conducted in order to customize interventions that respond the specific needs of the individual workplaces. Other workplaces will be identified in Narok and Kajiado County. In Kericho and Nandi counties there will be formative assessments to guide the development of targeted interventions for plantations.

## **4.2.2 Prevention with People Living with HIV (PwP)**

In this period the program reached 144 males and 204 females living with HIV using a one-on-one approach and 193 male and 334 females using the group approach.

The following are activities planned for the next quarter under health communication:

- Establishment of sex workers intervention in Naivasha and Gilgil
- Training of MSM peer educators
- Commissioning of a new drop-in centre for matatu crew in Njoro, Nakuru district.
- CT outreach to MARP hot spots
- Continued support to community based Alcoholics Anonymous groups
- Peer education and outreach to all MARP groups.

### 4.3.0 Community Health

**Highlights:** The quarter under review was mostly a transition phase and most activities during this quarter were centered on transitioning the program from APHIA II to APHIA*Plus* and planning for service delivery. Several transition meetings were held with both OVC and HBC partners to prepare them for the new project. Some of the smaller OVC IPs earlier sub contracted under APHIA II were grouped into clusters and several meetings were held in various regions to create understand among partners on how they would work together. A big part of the quarter was also spent visiting partners at various sites to draw sub agreements and to interpret the sub agreements. Despite the ground work preparation some of the partners managed to implement some activities, although the level of activities was relatively low.

#### 4.3.1 Orphans and Vulnerable Children (OVC)

**Child level activities:** By the close of the APHIA II in December 2010 89,724 OVC had been registered and served out of a target of 90,000. During the quarter under review no new OVC were recruited because the project due to transition to the new project. Out of the registered 89,724, 55,870 OVC were served during the quarter. 6,838 OVC received three or more services, 37,769 received two or one service and another 11,141 were monitored but received no additional service.

**HIV testing for OVC:** By the end of the APHIA II project the project had tested 73,036 out of the 89,724 OVC recruited in the program. During the quarter under review 448 OVC were tested in Kitale. In Narok South a total of 90 OVC were tested during a HTC outreach in commemoration of the world TB day on 24<sup>th</sup> March 2011. During this outreach the community got an opportunity to receive information on TB. The TB coordinator gave a health talk on TB, passing the word that TB is curable and treatment is free in all government health facilities. ENOCOW CBO in Narok managed to test 599 OVC and four of them who were found positive have been linked to the CCC for care and support. This brought the total number of OVC tested during the quarter to 1037. Most of the OVC testing is scheduled for the subsequent quarter.

**Provider (Care giver) Level:** Monthly care giver sessions were carried out in most of the sites, to discuss the reporting issues and strengthen the capacity of care givers to carry out quality reporting. During these meetings challenges facing CHWs were discussed and appropriate solution agreed upon

**Systems strengthening:** Most of the sites carried out site support supervision for both the caregivers and field volunteers. Two new AACs were formed in Kajiado and Laikipia during the quarter. The project staff visited relevant GOK Ministries of Health, Education, Agriculture, Youth, Gender and Children's Department and Provincial Administration to brief them on the planned activities under APHIA*Plus*. Most of the APHIA*Plus* partners participated in AAC meetings and held discussions with the AAC to establish and agree on some of the joint activities. Some of the activities agreed upon were joint supervision of OVC activities, vetting OVC for school fees and participating in OVC health action days.

University Research Co. (URC) in collaboration with USAID and Ministry of Gender Children and Social Development organized a 2 day work shop in Nairobi on QA /QI. The purpose of this workshop was to ensure that APHIA*Plus* implementers are incorporating issues of QA/QI in provision of OVC services. The team also reviewed the OVC quality standards developed by the Ministry of Gender, Children and Social Services to ensure that the team understands and uses the

quality standards guidelines in the implementation of OVC activities.

Narok district held a stakeholders meeting bringing together NGOs and Government line ministries to dialogue on best practices in service delivery, care and support for OVC. 47 organizations were represented. This saw the formation of a strong network between the APHIAPlus project, and other stakeholders. The children office according to what came out of the meeting should play a pivotal role in connecting all the organizations and Ministries working with children to ensure that there is harmonious communication. The meeting also identified the need to develop a database of all the organizations working with children indicating their areas of operation to avoid duplication of service provision and care while also updating the OVC database for effective planning by all stakeholders.

#### 4.3.2. Expanded home and community support (Palliative care)

**Client level activities:** The total number of registered clients from the previous quarter was 29, 144 the total number of new clients recruited during the quarter was 713 bringing the total to 29,857. The total number of referrals for various services between home and community was 13,593. Of these, a total of 2,141 were referred for CT, 2,714 for RH/FP, 1,988 for PMTC, 4,084 for ARVs and 864 were referred for legal support. Clients in the program continued to be encouraged to join support groups for additional support including drug adherence and to participate in group IGA..Six support groups with a total of 150 members were trained on Agriculture skills, and psychosocial care. The group members are expected to initiate Income generating activities like bee keeping and rabbit rearing.

**Prevention With Positives:** Some of the sites in Nakuru held drug adherence sessions for HIV positive guardians. 65 clients were reached. In North Rift meetings for discordant couples were conducted and couples were counseled on prevention and positive living. During the quarter 10,751 PLWHAs support group members received psychosocial support and prevention messages including preventing the spread of HIV. In Nakuru 8 lay treatment workers (PLWHAs) manning various link desks within the districts empowered PLWHAs with prevention messages.



**Provider level activities:** Monthly reporting meetings were carried out in most of the sites for both site supervisors and the CHWs. Sites in the Northern Rift also organized facility meetings with the facility staff and CHWs to ensure good linkages and referrals between facility and community. CHWs in the five districts of south Rift have been trained on Community strategy, this is expected to increase their general performance in issues related to health.

#### System Strengthening

Three new link desks were formed in Marakwet County: in Marakwet Valley, Nandi and Marakwet Highlands. This brings the total number of link desks to 40 up from 37 desk formed by end of APHIA II project. At the partner level, joint planning meetings were held for staff, CHWs and District coordinators. Mobilization of church and community groups to support HCBC activities was done in some of parishes like Kitale.

The HBC staff from the six HBC sites met with DMOHs and DHMT teams from APHIAPlus supported districts to orient them about the transition period activities that will run until



September 2011. At another level, APHIAPlus staff met with CBO leaders in March to facilitate proper working relationships between the umbrella CBO and the various CBOs that they will be supporting under the cluster level. This is expected to enhance collaboration and good working relations between partners.

To ensure government inclusion and participation in this program, project staff met with various stakeholders from the Ministry of Agriculture (MOA), Ministry of Livestock and development (MOLD), Ministry of Fisheries (MOF) and Ministry of Youth Development to discuss possible areas of collaboration and networking in agriculture and development.

#### 4.3.3 Social Determinants:

##### Household Economic strengthening workshop

USAID organized a workshop for APHIAPlus projects on household economic strengthening; the workshop took place from 1<sup>st</sup> to 10<sup>th</sup> March and was facilitated by Cardno Emerging Markets consultants. The purpose of the training was to provide staff with skills to strengthen the economic component among the marginalized groups and how to help the groups establish sustainable economic activities.



##### Economic/ livelihood support

Most of the economic activities started under APHIA II continued during the quarter. A total number of 3,113 households were linked to economic support during the quarter. Support group activities like bee keeping, poultry keeping, dairy goat keeping and rabbit keeping continued with support from the community supervisors. Other activities include wool making and selling of food stuffs in the market. 113 support group members were supported with fertilizers, to support their farm activities. The fertilizer was donated by JICA through one of the implementing partners.

Umoja Blind Self Help group, a group comprised of PLWHAs with visual impairment was supported with Ksh. 200,000 from the Nakuru Member of Parliament to initiate a rabbit keeping project. This will enhance their economic capacities.

**SILC group activities:** SILC group activities started during APHIA II project continued during the quarter. Groups continued to report savings. Apart from the regular savings most of the SILC groups are also involved in other economic strengthening activities.



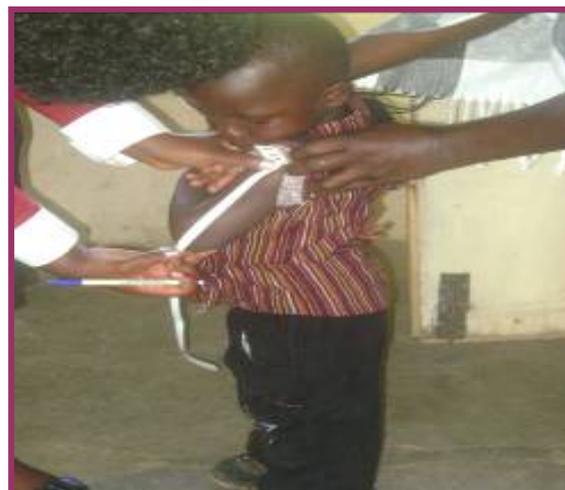
In North Rift 4 SILC groups were trained on SILC methodology, and in Ngong six groups of 150 PLWHAs initiated bee keeping activities. This is expected to improve their income and their health too.

Two SILC groups in Marakwet were linked to SMEP. One member trained by CHACK is in turn training other members. Sabon SILC group, which was started by a peer educator, reported that they have saved up to Kshs 60,000 in the last four months and are planning

to start lending to members.

### **Food and Nutrition:**

Families previously trained on organic farming continued establishing kitchen gardens and doing small scale farming to feed their families. Families also continued getting fresh and dried vegetables from the Nakuru farm. A total of 1000 OVC families received food from the farm during the quarter and another 24,674 individuals received food support through the HCBC program. This quarter an assessment for malnourished OVC was done. CHW within Nakuru district were trained to do MUAC. 639 OVC found to be malnourished were linked to AED Program for Food for prescription program at the Provincial General Hospital, Njoro and Molo. Eight groups in North Rift were given refresher training on going agricultural activities.



### **Stigma Reduction: Support group Activities**

Four new support groups, one for children aged 10-17 was formed during the quarter. Support groups continued to have their regular monthly meetings and group activities. The support group activities included psychosocial activities, education on positive living and economic support activities. During the quarter 27,120 individuals were reached with psychosocial support.

## **5.0 Strategic Information (SI)**

**Start up activities:** This was the first quarter of project implementation and most of the activities were geared towards starting up the project. During the quarter, three M&E Officers and two Data Management assistants from other FHI projects joined the M&E team. They were oriented on the data management, reporting systems and deployed appropriately. The Senior Project Staff including the M&E Specialist attended a meeting that brought together organizations contracted by USAID to implement the APHIA*plus* project in Kenya and USAID Technical Staff including the Health Director. The agenda was to: concretize the vision and provide clear understanding of the difference between APHIA II and APHIA*plus*, define the APHIA*plus* minimum package of support at community and facility level, clarify the coordination of APHIA*plus* projects with national mechanisms and provide guidance on work plan development. Meetings were also held among M&E Advisor and USAID M&E staff to begin initial discussions on planning for baseline assessments to inform program planning and evaluation.

During the quarter, an annual work plan and M&E plan were developed and submitted to USAID. These processes were preceded by an M&E retreat held with Technical and Program staff aimed at clarifying monitoring, evaluation and program research obligations and opportunities in APHIA*plus* programs and strategize a way forward.

A data quality audit was carried out by a consultant hired by USAID Washington during the quarter. The audit focused on ART, Immunization and OVC programs with an aim to validate the data reported to USAID in 2010 as well as commodity security for these services. The auditor was accompanied by the USAID/K M&E Program Management Specialist. Two facilities namely Rongai HC and Kapkures and Red Cross DIC providing OVC services were provided. The general recommendations were that APHIA II staff should make more contacts with IPs and facilities and have this documented, build the capacity of partners to conduct basic analysis and harmonize ART data annually to ensure consistency.

### **Improved capacity of district health management teams to plan and manage service delivery**

The M&E staff participated in the AOP training at provincial level and later participated in the development meetings at district level where they supported MOH staff in setting targets. This AOP will form the basis for review meetings in future.

### **Strengthened capacity to record, report and use data for decision making**

**HMIS:** Several activities were carried out to meet this objective. Orientation and planning meetings

were held with DHRIO in North Rift where agreements were reached on how to address the challenges facing these regions in reporting. DQA were also conducted for PMTCT, ART, FP, ANC in 16 facilities mainly district hospitals in both South and North Rift Regions. The assessment involved both project and MOH staff and focused on data report between July and August 2010. Results were shared with the facility in charges.

Support supervision and mentorship for 90 service providers was done, records were reviewed and updates given to address some of the reporting issues identified. All districts were supported to hold district performance review meetings that bring together Facility In-charges to share and review progress. The meetings were used as opportunities to provide technical updates too.

Two M&E Officers participated in Master TOT training on revised HIV/AIDS data collection and reporting tools. The team will support the roll out of the training at district level and for continuous on job training. The project continued to monitor district reporting rates for the different interventions as shown in Annex 2. The overall reporting rates for all interventions are above 85% apart from one district where the rates are low.

**CHIS:** Induction meetings were held for the new staff as well as interpretation of the Scope of work and reporting requirements. The M&E staff also participated in the recruitment of data assistant and M&E Officers for IPs as part of the strategy to strengthen their capacity. Several partners and new staff got orientation on use of OVC and prevention database. The project continued to monitor reporting rates for the different intervention areas as shown in Annex 1. The quarterly reporting rates are generally low due to slow start in implementation at the start of the quarter as the project transitioned between the two projects.

## ANNEXES

## Annex 1: Community Reporting Rates

## HCBC Reporting Rates

Partner	District	No. of CHWs	CHWs Reported			Reporting Rate
			Jan	Feb	March	
Catholic Diocese of Kitale	Central Pokot	12	9	10	7	72%
	Kwanza	23	17	21	20	84%
	Trans Nzoia East	23	17	19	19	80%
	West Pokot	14	14	14	13	98%
Catholic Diocese of Eldoret	Keiyo South	35	30	30	35	90%
	Nandi North	52	48	47	52	94%
	Marakwet	46	40	38	40	86%
Catholic Diocese of Nakuru	Nakuru central	79	66	64	64	82%
	Naivasha	78	59	63	64	79%
	Nakuru North	49	46	42	47	92%

## Prevention Reporting Rates

Partner	District	# of active Peer educators	# of Peer educators reported			Reporting Rate
			Jan	Feb	March	
CCS	West Pokot	66	13	15	33	31%
	Kwanza	58	37	33	51	70%
	Marakwet	60	27	37	33	54%
HI	T. Nzoia West	28	1	1	19	25%
	Kwanza	4	0	3	3	50%
	Trans Nzoia East	27	0	24	26	62%
	West Pokot	14	0	13	14	64%
FAIR	Nakuru	230	0	200	215	90%
KNOTE	Naivasha	90	38	54	67	59%
FHOK	Nakuru	30	6	21	21	53%
ICL	Nakuru	3	0	0	3	100%

## OVC Reporting Rates

Partner Name	District	Reporting Rate
AIC EMINING	KOIBATEK	106
AIC RAVINE – KOIBATEK	KOIBATEK	97
AJAM	KAJIADO	60
CATHOLIC DIOCESE MOGOTIO	KOIBATEK	69
CATHOLIC DIOCESE OF CARITAS	LAIKIPIA	60
CATHOLIC DIOCESE OF NGONG	KAJIADO	27
DAIGA CCC	LAIKIPIA	96
DOLDOL CCC	LAIKIPIA	92
EBENEZER KOIBATEK	KOIBATEK	65
ILL-POLEI CCC	LAIKIPIA	91
KIMANJU CARE LED COALITION	LAIKIPIA	86
LIFA TOWN CCC	LAIKIPIA	96
MAAP	KAJIADO	61
NARETISHO CCC	LAIKIPIA	82
OLPADEP	KAJIADO	24
RAVINE RURAL SACCO	KOIBATEK	55
Catholic Diocese of Eldoret (CDE)	Nandi Central, Keiyo South and Marakwet	65%
Catholic Diocese of Kitale (CDK)	Trans Nzoia East, Kwanza, West Pokot, Central Pokot and North Pokot	58%
Christian community Services (CCS)	West Pokot, Uasin Gishu, Nandi East, Tinderet, Central Pokot and Central Pokot	65%
Chepterit Aids Parish Committee	Nandi Central	82%
Mary Immaculate Sisters	Uasin Gishu	60%
Mother Francesca Maternity Home	Nandi	86%
St. Boniface Tindinyo	Nandi	52%
NADINEF	Narok North & South	67
ENOCOW	Narok North & South	67
KNOTE	Naivasha	83%
CDN	Naivasha	46%
	Nakuru North	63%
	Nakuru central	72%
ST LWANGA NJORO	Njoro	80%
KCIU	Nakuru	75%
	Molo	91%
ELBURGON DIC	Nakuru	73%
LANET DIC	Nakuru	74%
MOLO DIC	Nakuru	60%

<b>REDCROSS DIC</b>	Nakuru	<b>88%</b>
<b>SALGAA DIC</b>	Nakuru	<b>87%</b>
<b>ST NICHOLAS DIC</b>	Nakuru	<b>67%</b>
<b>WETHA SELF HELP GROUP</b>	Naivasha	<b>33%</b>

## Annex 2: MOH Reporting Rates by District

District	PMTCT	DTC	VCT	ART	TB	RH/FP
East Pokot	69	70	0	100	78	67
Kajiado Central	86	85	81	100	83	85
Kajiado North	89	90	85	100	98	90
Koibatek	96	99	96	100	93	96
Laikipia East	92	92	81	83	75	91
Laikipia North	100	100	83	100	100	100
Laikipia West	89	77	63	88	91	92
Loitokitok	90	99	79	97	87	96
North Baringo	88	90	89	100	100	85
Central Pokot	96	94	100	100	100	96
Keiyo South	86	89	96	89	100	90
Kwanza	100	98	100	100	100	100
Marakwet	95	90	94	100	93	88
North Pokot	93	90	90	100	90	97
Trans East	84	88	94	100	85	85
West Pokot	94	90	100	100	93	94
Narok South	82	86	81	96	100	91
Narok North	93	86	86	92	93	92
Molo	93	90	95	100	100	95
Naivasha	93	95	95	100	100	91
Nakuru central	93	90	93	100	100	97
Nakuru North	93	88	90	100	100	95

Annex 3: **Sub agreements Summary – January to September 2011**

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
1	SAG	AMREF	01.01.2011	30.09.2011		Support roll out of the Community Strategy, including strengthening CHUs and building capacity of and providing TA to CHWs, CHEWS, CHCs and other Level 1 mechanisms.
2	SAG	CATHOLIC RELIEF SERVICES	01.01.2011	30.09.2011		Support home-based and community care, as well as OVC support through TA, capacity building and transitioning of activities to local groups and implementing partners (both faith- and non-faith-based groups)
3	SAG	LIVERPOOL VCT	01.01.2011	30.09.2011		Provide TA in SGBV, including counseling and advice to vulnerable groups; Design and provision of a comprehensive range of services in HTC, STI screening and treatment
4	SAG	NATIONAL ORGANIZATION FOR PEER EDUCATORS	01.01.2011	30.09.2011		Promote healthy behaviors among marginalized youth through social mobilization and BCC that leverages NOPE's community networks and interface with public/private health facilities.
5	SAG	REACH OUT TRUST	01.01.2011	30.09.2011	Mombasa	Conduct a Public Health Evaluation (Outpatient addiction support for female sex workers with harmful and hazardous alcohol intake in Mombasa, Kenya)
6	SAG	SAPTA CENTRE	01.01.2011	30.09.2011	Mombasa	Conduct a Public Health Evaluation (Alcohol harm reduction intervention among female sex workers in Mombasa, Kenya)
7	SAG	INTERNATIONAL CENTER FOR REPRODUCTIVE HEALTH	01.01.2011	30.09.2011	Mombasa	Conduct a Public Health Evaluation (Alcohol harm reduction intervention among female sex workers in Mombasa, Kenya)
8	SAG	MINISTRY OF PUBLIC HEALTH AND SANITATION	01.01.2011	30.09.2011	ALL	Support to GOK for delivery of quality, high-impact and integrated services to communities in Rift Valley province (MOPHS)
9	SAG	MAAP	01.01.2011	30.09.2011		Provide integrated service delivery for HIV/AIDS Orphans and Vulnerable Children Care and Support in South Rift Valley Region(Kajiado, loitokitok)
10	SAG	LIFA CBO	01.01.2011	30.09.2011	Laikipia	Provide integrated and comprehensive service delivery for HIV/AIDS prevention and OVC support while addressing the social determinants of health in Laikipia District.
11	SAG	K-NOTE	01.01.2011	30.09.2011	Naivasha	Provide integrated and Comprehensive service delivery for OVC care and support and HIV&AIDS, STI, Malaria and TB Prevention among Youth Out-of-school in Naivasha District
12	SAG	KENYA COUNCIL OF IMAMS AND ULAMAS	01.01.2011	30.09.2011	Nakuru	Provide integrated and comprehensive service delivery for OVC support, care and treatment while addressing the social determinants of health among the Muslims in Rift Valley Province
13	SAG	I CHOOSE LIFE - AFRICA	01.01.2011	30.09.2011	Nakuru, Njoro	Implement a comprehensive HIV&AIDS, STI, FP/RH, Malaria and TB prevention program and Life Skills for youth in Tertiary and Higher Learning Institutions in Rift Valley
14	SAG	MOTHER FRANCESCA	01.01.2011	30.09.2011	Nandi	Provide integrated HIV/AIDS Orphans and Vulnerable Children Care and Support services in Nandi County
15	SAG	HANDICAP INTERNATIONAL	01.01.2011	30.09.2011	Transnzoia, west pokot	Implement a Youth and Special Population Prevention and Service Promotion Program in Trans-Nzoia and West Pokot Counties.
16	SAG	FAMILY HEALTH OPTIONS KENYA	01.01.2011	30.09.2011	Nakuru	Support transport Sector Integrated Health Service Delivery Project in Nakuru
17	SAG	FAIR	01.01.2011	30.09.2011	Nakuru North, Nakuru	Implement an integrated and comprehensive service delivery program for OVC, Sex workers and their clients through support, care and treatment while

18	SAG	ENAITOTI OLMAA NARETU COALITION FOR WOMEN		01.01.2011	30.09.2011	central, Molo, Njoro Narok	addressing the social determinants of health in South Rift  Provide integrated and comprehensive services for OVC care and support while addressing the social determinants of health in Narok District
19	SAG	DELIVERANCE CHURCH NAKURU		01.01.2011	30.09.2011	Nakuru Central	Provide integrated and comprehensive services for OVC support, care and treatment while addressing the social determinants of health in Nakuru District
20	SAG	CATHOLIC DIOCESE NGONG	OF	01.01.2011	30.09.2011	Kajiado	Provide integrated and comprehensive services for OVC and PLHAs support, care and treatment while addressing the social determinants of health in South Rift Valley Region (Kajiado)
21	SAG	CATHOLIC DIOCESE KITALE	OF	01.01.2011	30.09.2011	Transnzoia, west Pokot	Implement an integrated Home and Community – Based Care and Support Project in Trans-Nzoia and West Pokot Counties.
22	SAG	NAROK DISTRICT NETWORK HIV/AIDS	FOR	01.01.2011	30.09.2011	Narok north and south	Implement an integrated and comprehensive service delivery program for OVC support while addressing the social determinants of health in Narok North and South Districts
23	SAG	CATHOLIC DIOCESE ELDORET	OF	01.01.2011	30.09.2011	Marakwet, keiyo south, Nandi central	Implement an integrated HIV/AIDS Home and Community – Based Care and Support Project in Nandi and Elgeyo-Marakwet Counties.
24	SAG	CARITAS NYERI		01.01.2011	30.09.2011	Laikipia	Implement an integrated and comprehensive service delivery program for OVC and PLHAs support while addressing the social determinants of health in Laikipia District.
25	SAG	CCS ELDORET		01.01.2011	30.09.2011	Pokots, Nandi East, Tinderet, Keiyo Souh, Marakwet, Kwanza	Implement integrated and comprehensive service delivery in HIV/AIDS Prevention, OVC Care and support while addressing the social determinants of health in North Rift Region
26	SAG	MINISTRY MEDICAL SERVICES	OF	01.01.2011	30.09.2011	All	Support to government for delivery of quality, high-impact and integrated services to communities in Rift Valley province (MOMS)
27	SAG	CATHOLIC DIOCESE NAKURU	OF	01.01.2011	30.09.2011	Nakuru Naivasha Gilgil Njoro Koibatek Mogotio	Implement an integrated and comprehensive service delivery program for OVC and PLHAs support, care and treatment while addressing the social determinants of health in Rift Valley province(Nakuru/Naivasha/Gilgil/Koibatek/Mogotio)
				01.01.2011			

#### Annex 4: APHIA Plus Zone 3 Jan - March 2011 Travel

Travel Date	Destination	Reason for Travel	Person
3 <sup>rd</sup> – 5 <sup>th</sup> January 2011	Nairobi	To facilitate close out activities with Strategic partner sub- agreements	Ruth Odhiambo
3 <sup>rd</sup> – 17 <sup>th</sup> January 2011	Nakuru	Relocation	Bernard Mugira
5 <sup>th</sup> – 19 <sup>th</sup> January 2011	Nakuru	Relocation	Samuel Ngumah/ Nelly Katana/ Faith Ngumah
2 <sup>nd</sup> – 16 <sup>th</sup> January 2011	Eldoret	Relocation	Grace Sirya
13 <sup>th</sup> – 15 <sup>th</sup> January 2011	Nairobi	AOP 7 Orientation Workshop	Dr. Japheth Kituu
18 <sup>th</sup> – 28 <sup>th</sup> January 2011	Nakuru	Provide support during APHIA II close-out and launch of APHIA Plus Rift Valley	George Obanyi
9 <sup>th</sup> – 22 <sup>nd</sup> January 2011	Nakuru	Relocation and report to duty station	Dickson Mwakangalu/ John Ndiritu / Ahmed Bunu / Peter Katsusu/
9 <sup>th</sup> – 22 <sup>nd</sup> January 2011	Nakuru/ Narok	Relocation and Report to duty station	Davies Chibindo
9 <sup>th</sup> – 22 <sup>nd</sup> January 2011	Nakuru/Eldoret	Relocation and report to duty station	Tom Dado
8 <sup>th</sup> – 21 <sup>st</sup> January 2011	Nakuru	Relocation and report to duty station	Kombo Kironda/ Sadat Nyinge
17 <sup>th</sup> – 30 <sup>th</sup> January 2011	Nakuru	Relocation and report to duty station	Christine Mwamsidu
13 <sup>th</sup> – 26 <sup>th</sup> January 2011	Nakuru	Relocation and report to duty station	Fredrick Githongo
17 <sup>th</sup> – 30 <sup>th</sup> January 2011	Nakuru/Narok	Relocation and report to duty station	Maurice Obuya
13 <sup>th</sup> – 26 <sup>th</sup> January 2011	Nakuru	Relocation and report to duty station	Fredrick Githongo
17 <sup>th</sup> – 30 <sup>th</sup> January 2011	Nakuru	Relocation and report to duty station	Christine Mwamsidu
19 <sup>th</sup> – 21 <sup>st</sup> January 2011	Nairobi	To attend APHIA Plus Technical Meeting	Oby Obyerodhyambo / Linda Muyumbu / Irene Muteti / Dr. Japheth Kituu/ Josphat Buluku / Ruth Odhiambo / Peter Kagwe
19 <sup>th</sup> – 21 <sup>st</sup> January 2011	Nakuru	Relocation extension (TA 011- 003)	Samuel Ngumah
11 <sup>th</sup> – 21 <sup>st</sup> January 2011	Nakuru	To attend orientation meting in Nakuru	Dr. Maurice Aluda
16 <sup>th</sup> – 19 <sup>th</sup> January 2011	Nakuru	Relocation	Dr. Maurice Aluda
20 <sup>th</sup> January – 4 <sup>th</sup> February 2011	Nakuru	Relocation	Rhoda Ndeke
17 <sup>th</sup> – 30 <sup>th</sup> January 2011	Nakuru	Relocation	Brenda Opanga
26 <sup>th</sup> – 27 <sup>th</sup> January 2011	Nakuru	Attend APHIA II close out meeting and Launch of APHIA Plus	Simon Ochieng/Peter Katsutsu/ Jay Mairura / Kennedy Yogo/ Christine Aluoch Nyabundi
29 <sup>th</sup> January – 12 <sup>th</sup> February 2011	Nakuru/ Narok	Relocation	Wycliffe Kokonya/ Victoria A. Bolo
31 <sup>st</sup> January – 14 <sup>th</sup> February 2011	Nakuru	Relocation	Lorina Kagosha
31 <sup>st</sup> January – 13 <sup>th</sup> February 2011	Nakuru	Relocation	Maureen Okola
26 <sup>th</sup> – 27 <sup>th</sup> January 2011	Nakuru	Participate in APHIA II close out and Launch of APHIA Plus	Peter Wainaina
25 <sup>th</sup> – 28 <sup>th</sup> January 2011	Nakuru	Hand over data files and IT equipment for Nanyuki Office	Fred Ochieng
25 <sup>th</sup> – 28 <sup>th</sup> January 2011	Naivasha	To attend PHMT consultative meeting with District Health administrators in Naivasha	Dr. E. Waqo/ Jessica Musisi/ Ruffin Rono / Isaac Ruto / Luke Kiptoon / Bernedette Musavakwa
1 <sup>st</sup> – 5 <sup>th</sup> February 2011	Naivasha	AOP 7 Development workshop	John Kiprof/ Simeon Koech/ Jay Mairura
28 <sup>th</sup> – 31 <sup>st</sup> January 2011	Nairobi	Attend P. Mwarogo's sister's funeral amd attend a meeting with CD FHI	Ruth Odhiambo
6 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend a program meeting to review/ develop program strategies in preparation for engagement in MOH AOP meetings at district/ county levels	Kennedy O. Yogo/ Peter Njoka/ Christine Mwamsidu

1 <sup>st</sup> – 2 <sup>nd</sup> February 2011	Nairobi	Drive staff(A. Ophwette) to Nairobi in preparation for Regional Consultation meeting in South Africa	Samuel Ngumah
1 <sup>st</sup> -1 <sup>st</sup> February 2011	Kericho	Drive staff to Kericho to attend a follow-up meeting between APHIA Plus and WRP	Sadat Nyinge
2 <sup>nd</sup> – 5 <sup>th</sup> February 2011	Naivasha	AOP 7 Development workshop	Bernard Otieno/ Ahmed Bunu/ Sarah Mutimba/ Dr. Mwakangalu/ Esther Kimari/Peter Kagwe/ Dr. J. Kituu/ Kenneth Otieno
8 <sup>th</sup> – 22 <sup>nd</sup> February 2011	Eldoret	Relocation to Eldoret	John Kiprop / Jay Mairura
20 <sup>th</sup> – 21 <sup>st</sup> January 2011	Nairobi	Drive staff( A. Ophwette) to Nairobi for a meeting with CD and pick staff from Nairobi (Ruth an Oby) to Naivasha for a meeting at Karuturi Ltd	Tobias Otieno
6 <sup>th</sup> – 6 <sup>th</sup> January 2011	Nanyuki	Drive staff( C. Gitahi) to Nanyuki to provide support during close-out and handover of Nanyuki office	Simeon Koech
21 <sup>st</sup> – 21 <sup>st</sup> January 2011	Nairobi	Drive staff (G. Kopyo) to Nairobi for a meeting and pick staff (J. Kituu) after attending APHIA Plus technical meeting	Simeon Koech
12 <sup>th</sup> – 12 <sup>th</sup> January 2011	Nairobi	Pick AMREF staff from Nairobi to Naivasha for strategic partners meeting	George Ndungu
12 <sup>th</sup> – 12 <sup>th</sup> January 2011	Nanyuki	Provide support during close out and handover of the Nanyuki office	Catherine Gitahi
9 <sup>th</sup> – 10 <sup>th</sup> February 2011	Nairobi	Drive CD to Nairobi after attending meeting at Bondo DH	Samuel Ngumah
4 <sup>th</sup> -4 <sup>th</sup> February 2011	Ngong/ Nairobi	Site assessment for proposed Kajiado/ Ngong satellite office	Ruth Odhiambo
6 <sup>th</sup> – 10 <sup>th</sup> February 2011	Nakuru	Attend all Program and technical staff meeting and AOP 7 development training	Maurice Obuya
6 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend all program and technical staff meeting and program development team meeting	Simon Ochieng
7 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Drive staff to Nakuru to attend all Program and Technical staff meeting and program development team meeting	Keke Mwarabu
7 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend all program and technical staff meeting and AOP 7 Development training	Peter Katsutsu
6 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend all Program and Technical staff meeting and program development team meeting	Wycliffe Kokonya
15 <sup>th</sup> – 16 <sup>th</sup> February 2011	Kitale	To support West Pokot, North Pokot and Central Pokot districts to develop MOH AOP 7	Tom Dado
9 <sup>th</sup> – 9 <sup>th</sup> February 2011	Ongata Rongai	Carry out Sub- award for Beacon of Hope CBO	Richard Omwega
8 <sup>th</sup> – 9 <sup>th</sup> February 2011	Nairobi	Drive Project Director to Nairobi for a meeting	Josphat Buluku
9 <sup>th</sup> – 10 <sup>th</sup> February 2011	Eldoret/ Nakuru	Drive staff (J.Mairura and J. Kiprop) to Eldoret – Relocation and pick staff( P. Katsutsu and M. Obuya) from Nakuru after AOP 7 development workshop	Keke Mwarabu
6 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend all Programs and Technical staff meeting	Jay Mairura
6 <sup>th</sup> – 8 <sup>th</sup> February 2011	Nakuru	Attend all Program and technical staff meeting	Christine Alouch Nyabundi
11 <sup>th</sup> – 13 <sup>th</sup> February 2011	Narok	Attend a dissolved governance meeting for South Rift	Anthony Ophwettee
13 <sup>th</sup> – 15 <sup>th</sup> February 2011	Eldoret/ Marakwet	Attend meeting with DHMT Marakwet	Dr. Japheth Kituu
13 <sup>th</sup> – 14 <sup>th</sup> February 2011	Marsabit	Drive consultants (Charles Omondi and Samwel Mbugua) to Marsabit to conduct IYCF formative survey	Simeon Koech
14 <sup>th</sup> – 16 <sup>th</sup> February 2011	Narok	Participate in Narok South AOP 7 development training	Thomas Ondimu
21 <sup>st</sup> February – 6 <sup>th</sup> March 2011	Nakuru	Relocation	Simon Ochieng
15 <sup>th</sup> – 20 <sup>th</sup> February 2011	Kajiado/ Loitoktok	To attend District stakeholders forum – 15 <sup>th</sup> February 2011 and support Kajiado North/ Central and Loitoktok to develop AOP 7	Violet Ambundo

20 <sup>th</sup> – 22 <sup>nd</sup> February 2011	Nairobi	To attend KEMPS training at AMREF Regional Training Centre	Linda Muyumbu/ Bernanrd Mugiira/ Jacqueline Kamau
15 <sup>th</sup> – 15 <sup>th</sup> February 2011	Kajiado/ Loitoktok	15 <sup>th</sup> – Drive staff to Kajiado for District Stakeholders forum (V. Ambundo)	George Ndungu
16 <sup>th</sup> – 20 <sup>th</sup> February 2011	Kajiado / Loitoktok	16 <sup>th</sup> – 20 <sup>th</sup> February 2011 – drive staff to Kajiado/ Loitoktok for AOP 7 Development training	George Ndungu
16 <sup>th</sup> – 19 <sup>th</sup> February 2011	North Rift	Participate in AOP7 planning meetings for Pokot and Marakwet districts	Dr. Japheth Kituu
15 <sup>th</sup> – 16 <sup>th</sup> February 2011	Kitale	To support West Pokot, North Pokot and Central Pokot districts to develop MOH AOP7	Kennedy O. Yogo / Peter Njoka Mugendi / Christine M. Mwamsidu
14 <sup>th</sup> – 15 <sup>th</sup> February 2011	Narok	Participation in AOP 7 Development planning meeting for Narok South	Moses Emalu / Kenneth Otieno
16 <sup>th</sup> – 20 <sup>th</sup> February 2011	Kajiado/ Loitoktok	Participate in AOP 7 development planning meeting for Kajiado Central and Loitoktok districts	Maurice Obuya/Peter Kagwe/ John Ndiritu
16 <sup>th</sup> – 18 <sup>th</sup> February 2011	Kajiado North	Participation in AOP 7 Development planning meeting for Kajiado North District	Peter Katsutsu/ Esther Kimari/ B.Otieno/ Duncan Ager/ Josphat Buluku
16 <sup>th</sup> – 17 <sup>th</sup> February 2011	Naivasha	Participate in AOP 7 Development planning meeting for Naivasha District	Simon Ochieng
15 <sup>th</sup> – 15 <sup>th</sup> February 2011	Nairobi	To attend a meeting to review the progress made in BMS 2010 data analysis and report writing	Linda Muyumbu
15 <sup>th</sup> – 16 <sup>th</sup> February 2011	Kitale	Participate in AOP 7 Development planning meeting for Pokot Districts	Christine A. Nyabundi
17 <sup>th</sup> – 18 <sup>th</sup> February 2011	Kabarnet	To attend a AOP training for Baringo East District	Irene Muteti/ Samuel Ngumah
20 <sup>th</sup> – 21 <sup>st</sup> February 2011	Nanyuki	Participate in AOP 7 Development planning meeting for Laikipia East District	Thomas Ondimu/Bernard Otieno/ Esther Kimar/ Oby Oby Obyerodhyambo/ Samson Kaba
20 <sup>th</sup> – 21 <sup>st</sup> February 2011	Nanyuki	To Participate in AOP 7 Development planning meeting for Laikipia North District	Dr. Dickson Mwakangalu/ Rachel Manyeki / Brenda Opanga/ Samuel Ngumah
21 <sup>st</sup> -22 <sup>nd</sup> February 2011	Nyahururu	Participate in AOP 7 development planning meeting for Laikipia West District	Dr. Japheth Kituu/Kombo Kironda/ Hellen Nyongesa/ John Ndiritu/ Peter Kagwe
14 <sup>th</sup> – 14 <sup>th</sup> February 2011	Nanyuki	Enroute from Marsabit after taking consultants (C. Omondi and S. Mbugua) for IYCF formative	Simeon Koech
18 <sup>th</sup> – 19 <sup>th</sup> February 2011	Isiolo/ Nairobi	Pick consultants (C. Omondi and S. Mbugua) after IYCF formative assessment in Marsabit	Simeon Koech
17 <sup>th</sup> – 18 <sup>th</sup> February 2011	Nairobi	Drive WOFAK officials to Nakuru for a meeting and take them back to Nairobi	Tobias Otieno
21 <sup>st</sup> – 24 <sup>th</sup> February 2011	Nairobi	To attend interviews for compliance officer on the 22 <sup>nd</sup> , attend a meeting with the division of nutrition on the 23 <sup>rd</sup> and attend and to participate in an interview for the deputy director, clinical care for A+ RV on the 24 <sup>th</sup>	Ruth Odhiambo
21 <sup>st</sup> – 22 <sup>nd</sup> February 2011	Eldoret	To attend CME breakfast meeting in Eldoret	Maureen Okola
21 <sup>st</sup> – 26 <sup>th</sup> February 2011	Loitoktok/ Kajiado	Supervision visits by PHMT in Loitoktok / Kajiado	Isaac Ruto/ Benedette M./Dr. Etyang/ Dr. Ian Njeru/ Chris Lesururanga/ Violet Ambundo/Elizabeth Kiptoo/ Luke Kiptoon/ Jessica Musisi/ Dr. Waqo/ Nancy Chelule/ Geoffrey D/ Tobias Otieno
22 <sup>nd</sup> – 23 <sup>rd</sup> February 2011	Kabarnet	To support North Baringo Districts to develop MOIH AOP 7	Kennedy O. Yogo/ Nicodemus Mwangui/
21 <sup>st</sup> – 22 <sup>nd</sup> February 2011	Nairobi/ Nanyuki	Drive staff (Dr. Mwakangalu) to Nairobi for a meeting and to Nanyuki to support Laikipia North AOP 7 development planning meeting	George Ndungu
21 <sup>st</sup> – 20 <sup>th</sup> February 2011	Nyahururu	AOP 7 development training for Laikipia West	Dr. Maurice Aluda

23 <sup>rd</sup> – 24 <sup>th</sup> February 2011	Nanyuki	Travel to Nanyuki to attend a meeting with CARITAS and LIFA	Hellen Nyongesa/ Peter Kagwe/ Kombo Kironda
4 <sup>th</sup> – 4 <sup>th</sup> February 2011	Ongata Rongai	Drive staff to Ongata Rongai to survey the Ngong satellite office	Josphat Buluku
15 <sup>th</sup> – 15 <sup>th</sup> February 2011	Nairobi	Drive staff (Linda nad Joel) to Nairobi for a meeting	Josphat Buluku
21 <sup>st</sup> – 21 <sup>st</sup> February 2011	Eldoret	Drive staff to Eldoret for a meeting with AMPATH	Josphat Buluku
4 <sup>th</sup> – 4 <sup>th</sup> February 2011	Narok	Drive Sarah Were to Narok and back to Nakuru	Samuel Ngumah
28 <sup>th</sup> – 28 <sup>th</sup> January 2011	Nakuru	Attend IRI meeting	Peter Katsutsu/Jay Mairura
9 <sup>th</sup> – 10 <sup>th</sup> January 2011	Nairobi	Enroute to Nakuru from Mombasa on transfer	Davies Chibindo
23 <sup>rd</sup> – 24 <sup>th</sup> February 2011	Nanyuki	Travel to Nanyuki to attend a meeting with Caritas and LIFA	Richard Omwega
7 <sup>th</sup> – 21 <sup>st</sup> February 2011	Nakuru	Relocation	Joel Kuria
16 <sup>th</sup> February – 2 <sup>nd</sup> March 2011	Eldoret	Relocation	Fredrick Githongo
28 <sup>th</sup> February – 2 <sup>nd</sup> March 2011	Nairobi	Travel to Nairobi to attend Household Economic Strengthening TA and workshop for USAID-Implementation Partners	Irene Muteti / Joel Kuria / Samson Kaba / Duncan Ochieng/
28 <sup>th</sup> February – 3 <sup>rd</sup> March 2011	Eldoret	Travel to Eldoret/ Kitale to discuss sub-agreement budgets with CDE, CDK, HI, ACK-CCS – Eldoret and attend Project Accountant Interview for the Mother Franscian Partner	Richard Omwega
23 <sup>rd</sup> – 23 <sup>rd</sup> February 2011	Nanyuki	Drive staff ( R. Omwega/ Eluid Okumu- CRS) to Nanyuki for a meeting with CARITAS Nyeri and LIFA	Josphat Buluku
23 <sup>rd</sup> – 24 <sup>th</sup> February 2011	Nanyuki	Travel to Nanyuki for a meeting with CARITAS Nyeri and LIFA	Eliud Okumu
24 <sup>th</sup> – 25 <sup>th</sup> February 2011	Nakuru	Service and repair vehicle KAY 708L	Nicodemus Mwangui
27 <sup>th</sup> February – 8 <sup>th</sup> March 2011	Nairobi	Conduct interviews and attend Household Economic Strengthening TA and workshop for USAID – Implementation	Ruth Odhiambo
27 <sup>th</sup> February – 1 <sup>st</sup> March 2011	Nairobi	27/ 28 <sup>th</sup> Feb- Drive Ruth O. to Nairobi to participate in interviews and attend household Economic strengthening TA and workshop[ for USAID – Implementation Partners and 28 <sup>th</sup> /1 <sup>st</sup> Drive staff (IreneM. / J. Kuria) to Nairobi for Household Economic Strengthening Ta and Workshop for USAID Implementation Partners	Samuel Ngumah
27 <sup>th</sup> – 28 <sup>th</sup> February 2011	Nairobi	To attend a M&E retreat planning meeting	Linda Muyumbu
1 <sup>st</sup> – 4 <sup>th</sup> March 2011	Kajiado	Drive staff to the larger Kajiado to conduct various program activities (L. Kagosha/ S. Ochieng / N. Wachira and Kenneth Otieno)	Sadat Nyinge
28 <sup>th</sup> February – 1 <sup>st</sup> March 2011	Nairobi	Pick Staff from Nairobi to Nakuru for M&E retreat	Josphat Buluku
28 <sup>th</sup> February – 1 <sup>st</sup> March 2011	Nairobi	Pick staff from Nairobi to Nakuru for M&E retreat	George Ndungu
1 <sup>st</sup> – 2 <sup>nd</sup> March 2011	Kajiado	To introduce Lorina to GOK staff APHIA works with in Kajiado and make a presentation on APHIA Plus to Kajiado County Council workplace	Simon Ochieng
1 <sup>st</sup> – 4 <sup>th</sup> March 2011	Kajiado	Conduct courtesy calls and visits to relevant District heads in Kajiado; meet county council of Kajiado to plan for workplace program and BOH team leader to discuss the sub agreement development process; meeting with MAAP, CD Ngong and CBOs under their sub agreement to discuss sub agreement; roles and responsibilities and work plan	Nancy Wanjiku W. Otieno

3 <sup>rd</sup> – 4 <sup>th</sup> March 2011	Kajiado	Meeting with MAAP, CD Ngong and CBOs under their sub agreements to discuss sub agreement, roles and responsibilities and work plan	Kenneth Otieno
1 <sup>st</sup> – 4 <sup>th</sup> March	Kajiado	Conduct courtesy calls and visits to relevant District heads in Kajiado; meet county council of Kajiado to plan for workplace program and BOH team leader to discuss the sub agreement development process; meeting with MAAP, CD Ngong and CBOs under their sub agreement to discuss sub agreement; roles and responsibilities and work plan	Lorina Kitawa Kagosha
24 <sup>th</sup> – 25 <sup>th</sup> February 2011	Kajiado	Travel to Kajiado/ Magadi for orientation and interpretation of scope of work for MAAP and CDN Ngong	Nancy Wanjiku W. Otieno Lorina Kitawa Kagosha/Samson Kaba
25 <sup>th</sup> -25 <sup>th</sup> February 2011	Kajiado	PHMT supervision Kajiado/ Loitokitok districts : Ref to TA 011-146 and 139 respectively	Tobias Otieno/ Violet Ambundo
23 <sup>rd</sup> February 2011	Eldoret	Identify selected GSN sites in Eldoret for site visit and follow-up	Maureen Okola/Simeon Koech
21 <sup>st</sup> – 22 <sup>nd</sup> February 2011	Kajiado/ Nakuru	Drive staff to Kajiado for a meeting and Nakuru for relocation (S. Ochieng)	Keke Mwarabu
17 <sup>th</sup> – 18 <sup>th</sup> February 2011	Kabarnet	To support Pokot East district to develop MOH AOP 7	Kennedy O. Yogo/ David Lumbo /
26 <sup>th</sup> – 27 <sup>th</sup> February 2011	Nakuru/	Drive staff to Nakuru to attend APHIA II close out meeting and Launch of APHIA Plus	Davies Chibindo
15 <sup>th</sup> – 16 <sup>th</sup> February 2011	Kajiado	Drive staff (S. Ochieng/ W. Kokonya) to Kajiado for district stakeholders forum	Keke Mwarabu
2 <sup>nd</sup> – 2 <sup>nd</sup> February 2011	Kericho	To kericho to attend follow-up meeting between APHIA and WRP	Linda Muyumbu
2 <sup>nd</sup> – 4 <sup>th</sup> March 2011	Nairobi	To attend partners meeting in Nairobi	Bernard Otieno
3 <sup>rd</sup> – 4 <sup>th</sup> March 2011	Ngong	To attend sub- agreement interpretation meeting in Ngong	Bernard Otieno
8 <sup>th</sup> – 8 <sup>th</sup> February 2011	Kapsara	Drive staff(S. Were) to Kapsara for incinerator commissioning	George Ndungu
24 <sup>th</sup> – 24 <sup>th</sup> February 2011	Nairobi	Drive staff( Dr. Kituu) to Nairobi to attend interviews and pick Ruth O. and JH Nambweya from Nairobi	George Ndungu
2 <sup>nd</sup> - 2 <sup>nd</sup> March 2011	Nakuru	To supervise the on-going partitioning in Nakuru Office	Roseline Oluoch
2 <sup>nd</sup> – 3 <sup>rd</sup> March 2011	Nairobi	Drive staff to Nairobi after M&E retreat and pick staff after attending partners meeting in Nairobi	George Ndungu
1 <sup>st</sup> – 2 <sup>nd</sup> March 2011	Eldoret/ Nakuru	Drive staff Jay Mairura to Eldoret and pick office furniture from Nakuru to Narok	Davies Chibindo
2 <sup>nd</sup> – 2 <sup>nd</sup> March 2011	Nairobi	Drive staff( D. Ager) to Nairobi to attend project start up team meeting (AMREF)	Simeon Koech
4 <sup>th</sup> – 6 <sup>th</sup> March 2011	Eldoret	Drive staff (P. Kagwe) to Eldoret to join CRS Executive Vice President for US Operations during her visit to the APHIA project sites in the North Rift	Samson Kaba
21 <sup>st</sup> – 22 <sup>nd</sup> February 2011	Eldoret	Drive staff(Maureen Okola) to attend to CME breakfast meeting in Eldoret	Simeon Koech
2 <sup>nd</sup> – 3 <sup>rd</sup> March 2011	Nairobi	Attend partners meeting in Nairobi	Dr. Japheth Kituu
3 <sup>rd</sup> – 4 <sup>th</sup> March 2011	Nairobi	Drive staff to Nairobi after attending M&E retreat	Tobias Otieno
9 <sup>th</sup> – 23 <sup>rd</sup> March 2011	Nakuru	Relocation	Penina Masila/ Albert Meritei
4 <sup>th</sup> – 4 <sup>th</sup> March 2011	Nanyuki	CARITAS Planning Meeting	Eliud Okumu/ Simon Koech
13 <sup>th</sup> – 17 <sup>th</sup> April 201	Mombasa	Attend Kenya Paediatric Association Conference in Mombasa	Dr. Jane Nyikuri Wenyaa/ Dr. Stella Kalunde
10 <sup>th</sup> -11 <sup>th</sup> March 2011	Nairobi	Drive staff to Nairobi for LQAs – Child Health Indicator survey dissemination	Simeon Koech/ Violet Ambundo / Teberius Matofali

7 <sup>th</sup> – 11 <sup>th</sup> March 2011	Nakuru	To attend a Master TOT training for the roll our revised HIV indicators and tools held at Cathay Hotel	Maurice Obuya
24 <sup>th</sup> – 24 <sup>th</sup> February 2011	Nakuru	Drive KAU 030J and collect KAZ 985	George Mulewa
8 <sup>TH</sup> – 8 <sup>TH</sup> March 2011	Eldoret	To do configuration of WIMAX – safaricom	Peter Kimani/ Samuel Ngumah
13 <sup>th</sup> -14 <sup>th</sup> March 2011	Eldoret	To carry out Pre- Award Assessment of Handicap International and Christian Community Services	Sarah S. Were
20 <sup>th</sup> – 22 <sup>nd</sup> March 2011	Narok /Naivasha	To carry out Pre- Award Assessment of Enaitoti CBo, NADINEF and K-NOTE	Sarah S. Were
14 <sup>th</sup> – 18 <sup>th</sup> March 2011	Pokot North	Clinical mentorship ART sites at Konyao, Kacheliba, Alale health facilities in Pokot North Districts	Jay Mairura/ Tom Dado
9 <sup>th</sup> – 9 <sup>th</sup> March 2011	Nanyuki	To drive staff (Sarah Were) for site visit at LIFA	Tobias Otieno
10 <sup>th</sup> – 11 <sup>th</sup> March 2011	Nakuru	Enroute to Eldoret after attending work planning meeting in naivasha	Kennedy Yogo
14 <sup>th</sup> – 16 <sup>th</sup> March 2011	Nairobi	APHIA Plus Workplan Consolidation meeting	Dr. Japheth Kituu/ Dr. Aluda M./Dr. D. Mwakangalu/ John Ndiritu/Oby O./I. Muteti/P. Kagwe/S. Gichuki/D. Ager/L. Muyumbu/R. Odhiambo
15 <sup>th</sup> – 18 <sup>th</sup> March	Kajiado	Drive staff(L. Kagosha) to Kajiado for various program activities	Josphat Buluku
16 <sup>th</sup> – 18 <sup>th</sup> March 2011	Kajiado	Meet with DC Rongai team leader to determine continuation of support of OVC under the church; Discuss issues raised in previous transition meetings with APHIA Plus IIPs and facilitate MOU development meetings between LIPs and CBOs (MAAP and OLPDEP, CIWOCH and AJAM; and CD Ngong and DC Ngong	Lorina K. Kagosha
17 <sup>th</sup> – 18 <sup>th</sup> March 2011	Nairobi/ Kajiado	Drive staff (R. Omwega) to Nairobi and Kajiado to carry out pre-award for the following partners; ICLand FHOK – 17 <sup>th</sup> March 2011 and MAAP – 18 <sup>th</sup> March 2011	George Ndungu
17 <sup>th</sup> – 18 <sup>th</sup> March 2011	Nairobi/ Kajiado	Travel to Nairobi/ Kajiado to carry out pre-award for the following partners – ICL and FHOK on 17 <sup>th</sup> and MAAP on the 18 <sup>th</sup>	Richard Omwega
9 <sup>th</sup> – 10 <sup>th</sup> March 2011	Nairobi	Travel to Nairobi to attend a follow-up meeting on household economic strengthening TA and Workshop for USAID- implementation	Duncan Ochieng
15 <sup>th</sup> – 16 <sup>th</sup> March 2011	West Pokot/ Transzoia East	OGAC audit preparation	John Kiprof/Christine Mwamsidu/ Peter Njoka/David Lumbo
8 <sup>th</sup> – 10 <sup>th</sup> March 2011	Nairobi	To attend PEPFAR partners Pre- SAPR reporting meeting	Linda Muyumbu
15 <sup>th</sup> – 18 <sup>th</sup> March 2011	Kajiado	Meet with DC Rongai team leader to determine continuation of support of OVC under the church; Discuss issues raised in previous transition meetings with APHIA Plus IIPs and facilitate MOU development meetings between LIPs and CBOs (MAAP and OLPADEP, CIWOCH and AJAM; and CD Ngong and DC Ngong and DC Rongai)	Nancy Wanjiku Otieno/ Charles Njue
17 <sup>th</sup> – 18 <sup>th</sup> March 2011	Nairobi	Finalize APHIA Plus Zone 3 work plan	Linda Muyumbu/ Ruth Odhiambo/ Dr. Maurice Aluda
23 <sup>rd</sup> – 23 <sup>rd</sup> March 2011	Nakuru	Drive staff (Paul Chege) from Eldoret to Nakuru	Tom Dado
1 <sup>st</sup> – 2 <sup>nd</sup> February 2011	Talek/ Sekenani	Orientation and Supervision for ART sites- Narok South District	Peter Katsutsu
2 <sup>nd</sup> – 2 <sup>nd</sup> February 2011	Masai Mara	Drive staff (K. Otieno and NADINEF) team to Masai Mara for CBO visits	Keke Mwarabu
8 <sup>th</sup> – 8 <sup>th</sup> March 2011	Nakuru	Drive staff(M. Obuya) to Nakuru for a meeting and service vehicle KAN 909R	Keke Mwarabu
1 <sup>st</sup> - 2 <sup>nd</sup> February 2011	Talek/ Sekenani	Provide support during orientation of new ATO and supervision of ART sites	George Mulewa

7 <sup>th</sup> - 8 <sup>th</sup> March 2011	Naivasha/ Nakuru	Drive staff to Naivasha to attend APHIA Plus work plan meeting	Nicodemus Mwangui
20 <sup>th</sup> – 23 <sup>rd</sup> March 2011	Kisumu	Attend EMR health manager’s pilot workshop	Dr. Maurice Aluda
23 <sup>rd</sup> – 25 <sup>th</sup> March 2011	Baringo N./ E. Pokot	Attend a DMOH planning meetings on 23 <sup>rd</sup> in Baringo North and 24 <sup>th</sup> in Pokot East	John Kiprof/ Nicodemus Mwangui
21 <sup>st</sup> – 21 <sup>st</sup> March 2011	Nakuru	To supervise the progress in Nakuru Office renovations	Roseline Oluoch
23 <sup>rd</sup> – 26 <sup>th</sup> March 2011	Kisumu	Attend Kenya Association of Physicians (KAP) 15 <sup>th</sup> Annual Scientific Conference	Maureen Okola/ Dr. Babu Bora
22 <sup>nd</sup> – 25 <sup>th</sup> March 2011	Nairobi	Attend APHIA Plus OVC QI Planning meeting	Bernard Otieno
22 <sup>nd</sup> – 24 <sup>th</sup> March 2011	Nairobi	Attend APHIA Plus OVC QI Planning meeting	Irene Muteti
22 <sup>nd</sup> – 25 <sup>th</sup> March 2011	Nairobi	Travel to Nairobi to conduct interviews	Ruth Odhiambo
22 <sup>nd</sup> – 23 <sup>rd</sup> March 2011	Nairobi	Drive Project Director to Nairobi to conduct interviews	Samuel Ngumah
23 <sup>rd</sup> – 27 <sup>th</sup> March 2011	Mombasa	Installation of EMR in Coast GSN sites	Joel Kuria
23 <sup>rd</sup> – 24 <sup>th</sup> March 2011	Loitoktok	Support World TB day – Loitoktok	Geoffrey Bii/ Joseph Tandi /Dr. Ejersa Waqo / Dr. Ego Agere /Tiberius Matofali / Isaac Ruto / Jessica Musisi /Beatrice Kariuki /Alice Tepes
24 <sup>th</sup> – 25 <sup>th</sup> March 2011	Kajiado	Drive staff to Ngong (L. Kagosha/ B. Otieno) to conduct interviews for M&E Officer	Sadat Pole Nyinge
14 <sup>th</sup> – 16 <sup>th</sup> March 2011	Nairobi	Finalize APHIA Plus zone 3 workplan	Rachel Manyeki
23 <sup>rd</sup> - 24 <sup>th</sup> March 2011	Nairobi	Attend a strategic partners meeting for work plan review	Rachel Manyeki
22 <sup>nd</sup> – 23 <sup>rd</sup> March 2011	Narok	Travel Narok to carry our pre- award assessment	Sarah Were
24 <sup>th</sup> – 25 <sup>th</sup> March 2011	Kajiado	Conduct M&E interviews at Catholic Diocese of Ngong	Lorina K. Kagosha
3 <sup>rd</sup> – 18 <sup>th</sup> April 2011	Nakuru	Relocation	Patricia Kombe/ Anthony Oloo / Alexander Osaho/ Tanya Oloo
3 <sup>rd</sup> – 18 <sup>th</sup> April 2011	Nakuru	Relocation	Beatrice Gatundu/ Martin Owaga
22 <sup>nd</sup> – 23 <sup>rd</sup> March 2011	Nakuru	Drive CRS staff to Nakuru for a meeting	Nicodemus Mwangui
24 <sup>th</sup> – 25 <sup>th</sup> March 2011	Nakuru	Attend database system training / induction	Christine Mwamsidu
30 <sup>th</sup> March – 2 <sup>nd</sup> April 2011	Eldoret	NASCOP PMTCT MBP dissemination	Thomas Ondimu
24 <sup>th</sup> – 25 <sup>th</sup> March 2011	Nairobi	Drive staff to Nairobi(R. Manyeki) to attend a strategic partners meeting for work plan review	Simeon Koech
25 <sup>th</sup> -25 <sup>th</sup> March 2011	Nairobi	Travel to Nairobi to attend a strategic partners meeting for work plan review	Rachel Manyeki

### Annex 5: Progress achieved at a glance

NB: The presented Targets for year 1 are subject to change after the work plan is approved by USAID

RESULT AREA	INTERMEDIATE RESULTS	INDICATOR	RESULTS	
			TARGETS Year 1	Jan-Mar 2011
<b>Result 3: Increase use of quality health services, products and information.</b>	3.1 Increased availability of an integrated package of quality high impact interventions at community and facility level	Number of public sector facilities with a functional Quality of Care Team	10	0
		Number of districts with functional District Health Sector Forum	22	4
		Number of districts with a functional data reporting and management systems	22	0
		Number of community health workers trained to provide (OVC and HCBC -250, prevention-250)	500	0
		Number of functional Community Units	68	28
		Number of functional Community Health Committees	68	28
		Number of CHC with youth representation	103	0
		Number of private facilities providing integrated (ART, RH-FP, MNCH, malaria) interventions	80	23
		Facility reporting rate (PMTCT, ART, FP)	75%	93%
		C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	20%	10%
		P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results and type of counseling	915,950	154,955
		C2.1.D Number of HIV positive adults and children receiving a minimum of one clinical care service (by age <15,15+ and sex	74,700	71,723
		C2.2.D Number of HIV positive adults and children receiving cotrimoxazole prophylaxis (by age <15,15+ and sex	80,000	32,978
		C1.1.D Number of eligible adults and children provided with a minimum of one care service (by age <18, 18+)	100000	88,294
T1.1.D Number of adults with advanced HIV infection newly enrolled on ART by age (<1,<15,15+), sex and pregnancy status	5943	1,262		

	T1.4.D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	35,943	29,364
	T1.2.D Number of adults with advanced HIV infection receiving ART by age (<1,<15,15+) sex and pregnancy status	25,000	21,740
	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	70%	73%
	P.1.1.D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	120,000	40,143
	P.1.2.D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	4,379	1,354
	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	2,846	0
	C5.3.D Number of eligible children provided with health care referral	60%	0%
	P7.1.D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	51,320	10,751
	P 1.3.D Number of service outlets providing PMTCT according to national guidelines	900	642
	11.1 Number of service outlets providing ART care and treatment according to national guidelines	150	114
	9.1 Number of service outlets that provide HIV testing and Counseling	900	554
	Number of health facilities providing diagnosis and treatment of malaria according to the National guidelines	300	0
	Number of HIV positive patients with TB in HIV care and treatment (Pre ART and ART) who started TB treatment	20,531	1,155
	Number of new facilities offering intergrated family planning services (by type of facility private or public)	1200	23
	Number of women of child bearing age (15-49) using a modern family planning method	370,000	103,356
	Number of deliveries by skilled birth attendants	55,000	15,065
	P8.1.D Number of intended groups reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	200,000	28,765
	P8.2.D Number of individuals reached with individuals/small	100,000	16,441

		group interventions primarily focused on abstinence and/or being faithful					
		P8.3.D Number of MARPS reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards (CSW, MSM, youth, PLHIV)	60,000 Youth; Other MARPS TBD	13,755			
		Number of males circumcised as part of minimum package of MC for HIV prevention services	200	0			
		Number of condom service outlets	300	0			
3.2 Increased demand for an integrated package of quality high impact interventions at community and facility levels	P11.1.D Number of Youth (15-24) receiving testing and counseling services for HIV and received their test results by sex, results at community level	Number of districts with functional BCC committees	8	0			
		Percentage target population who recall hearing or seeing a specific message	TBD				
		Number of facilities with strategies to monitor client satisfaction	3	0			
		Number of community units with community mobilization strategy	30	0			
		Proportion of caretakers who washed their hands before handling food	TBD	0			
		P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at community level	Percent of children under 5 who slept under a insecticide treated net the last night before the survey	TBD	0		
			Percentage of caretakers who correctly identify danger signs of common childhood illnesses	TBD	0		
			Vitamin A supplementation coverage	200000	0		
			Immunization coverage rate	70%			
				75%			
			<b>Result 4: Social determinants of health addressed to improve the well-being of the community,</b>	4.1 Marginalized, poor and underserved groups have increased access to economic security initiatives through coordination and integration with economic strengthening programs	Proportion of households transitioning along the vulnerability continuum	10%	0%
					C5.7.D Number of eligible adults and children provided with economic strengthening service	4,000	228
4.2 Improved food security and nutrition	Number of households linked to commodity markets	50		0			

especially marginalized, poor and underserved populations	for marginalized, poor and underserved populations	Number of households reporting food security	625	0
	4.3 Marginalized, poor and underserved groups have increased access to education, life skills and literacy initiatives through coordination and integration with education programs	C5.4.D Number of eligible children provided with education and /or vocational training	40,000	228
	4.4 Increased access to safe water, sanitation and improved hygiene	Proportion of households with functional latrines	67%	0%
		Percentage of households with safe water storage facility at point of use	100%	0%
	4.5 Strengthened systems, structures and services for protection of marginalized, poor and underserved populations	P6.1.D Number of persons provided with PEP by exposure type (occupational, sexual assault/rape)	NA	571
		Number of facilities offering comprehensive Post Rape Care services	32	0
		Percentage of eligible children provided with shelter and care giving	100% (120,000)	0%
		P12.2.D Number of people reached by an individual, small group or community level intervention or service that explicitly addresses gender based violence and coercion related to HIV/AIDS by sex and age	200,000	0
		P12.3.D Number of people reached by an individual, small group or community level intervention or service that explicitly addresses legal rights and protection of women and girls impacted by HIV/AIDS by sex and age	50,000	0
		C.5.6.D Number of eligible adults and children provided with psychosocial/spiritual (By age <18,18+)	120,000	29,211
	4.6 Expanded social mobilization for health	Number of local implementing partners assessed for organizational capacity	20	0
		Number of MARP networks established	22	0
		P8.22.N Percentage of the surveyed population with accepting attitudes towards PLHA, sex workers, MSM	45%	0%

Annex 6: Summary of ART data by District Jan to Mar 2011

	New on Care				Cumulative on Care				New on ART				Cumulative on ART			
	Paeds		Adults		Paeds		Adults		Paeds		Adults		Paeds		Adults	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Baringo North	-	-	5	7	2	6	25	46	-	-	2	6	3	2	6	29
Kajiado	8	11	145	275	283	308	2207	4478	5	8	52	81	94	102	869	1638
Keiyo South	-	1	3	18	2	6	45	138	-	-	1	7	1	1	15	42
Koibatek	2	8	28	71	97	121	565	1428	5	4	8	22	51	56	245	370
Kwanza	4	3	38	67	43	62	310	594	9	1	10	20	23	23	105	194
Laikipia East	6	10	20	78	193	241	632	1901	3	4	28	55	82	103	483	1048
Laikipia North	-	-	-	3	0	0	1	5	-	-	-	1	0	0	1	3
Laikipia West	2	4	11	41	47	35	251	575	1	2	8	19	28	33	193	738
Loitokitok	3	1	9	38	44	44	249	615	3	-	1	8	14	16	152	300
Marakwet	1	-	21	33	31	15	137	315	2	-	13	11	16	5	100	200
Molo	10	17	127	250	453	611	2867	5861	8	6	32	68	178	153	1094	2151
Naivasha	27	17	110	304	417	417	2611	5864	6	3	59	124	138	168	1204	2246
Nakuru Central	44	22	256	482	1215	1179	7790	14826	10	16	103	190	508	530	3570	5812
Nakuru North	4	5	30	63	181	152	978	2358	2	-	21	32	37	30	346	605
Narok North	3	5	46	104	109	108	959	1870	1	1	20	24	52	53	395	696
Narok South	4	2	12	35	62	67	262	682	5	4	9	36	28	21	108	288
Pokot Central	1	3	11	14	26	30	120	206	2	1	4	10	13	10	40	87
Pokot East	-	-	1	1	2	0	8	5	-	-	-	1	1	0	1	2
Trans Nzoia East	1	2	8	27	30	18	87	263	-	2	4	11	14	7	42	134
West Pokot	3	10	28	85	238	226	939	1529	5	-	12	30	73	73	571	501
	<b>123</b>	<b>121</b>	<b>909</b>	<b>1,996</b>	<b>3,475</b>	<b>3,646</b>	<b>21,043</b>	<b>43,559</b>	<b>67</b>	<b>52</b>	<b>387</b>	<b>756</b>	<b>1,354</b>	<b>1,386</b>	<b>9,540</b>	<b>17,084</b>