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Quarterly Progress Report



A couple that benefited from APHIAplus in Kapsabet, North rift

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List of Acronyms

AMREF	-	African Medical and Research Foundation
ANC	-	Ante Natal Care
AOP	-	Annual Operation Plan
APHIAPlus	-	AIDS Population & Health Integrated Assistance Project People Centered, Local leadership, Universal access, Sustainability
ART	-	Anti Retroviral Therapy
BCC	-	Behaviour Change Communication
BEONC	-	Basic Essential Obstetric and New Born Care
BFHI	-	Baby Friendly Hospital Initiative
BMS	-	Behavioral Monitoring Survey
CBHIS	-	Community Based Health Information System
CBOs	-	Community Based Organizations
CD4	-	Cluster of Differentiation 4
CHC	-	Community Health Committees
CHUs	-	Community Health Units
CHW	-	Community Health Worker
CRS	-	Catholic Relief Services
CSOs	-	Civil Society Organizations
CPT	-	Comprehensive Performance Test
CT	-	Counseling and Testing
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DHIS	-	District Health Information System
DHMT	-	District Health Management Team
DHSF	-	District Health Stakeholders Forum
DTLC	-	District TB and Leprosy Coordinator
DQA	-	Data Quality Audit
EID	-	Early Infant Diagnosis
ESP	-	Economic Stimulus Program
FHI	-	Family Health International
FP	-	Family Planning
GBV	-	Gender Based Violence
GIS	-	Geographic Information System
GOK	-	Government of Kenya
GS Kenya	-	Gold Star Kenya
HAART	-	Highly Active Antiretroviral Therapy
HBC	-	Home Based Care
HCM	-	Health Communication & Marketing
HCT	-	HIV Counseling and Testing
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	-	Health Management Information System
ICT	-	Information & Communication Technology
IEC	-	Information Education and Communication
IMCI	-	Integrated Management of Childhood Illnesses
IPT	-	Isoniazid Preventive Therapy
IYCF	-	Infant & Young Child Feeding
KAIS	-	Kenya AIDS Indicators Survey
KEPH	-	Kenya Essential Package for Health
KOGS	-	Kenya Obstetrical and Gynaecological Society
LAPM FP	-	Long Acting and Permanent Methods of Family Planning

L&D	-	Labor and Delivery
LIPs	-	Local Implementing Partners
LLITNs	-	Long-lasting-insecticide-treated nets
LVCT	-	Liverpool Voluntary Counseling and Testing, Care and Treatment
M&E	-	Monitoring and Evaluation
MARPS	-	Most at Risk Populations
MC	-	Maternal Care
MNCH	-	Maternal Newborn and Child Health
MOE	-	Ministry of Education
MOGCS	-	Ministry of Gender Children & Social Development
MoPHS	-	Ministry of Public Health & Sanitation
MOH	-	Ministry of Health
MOYAS	-	Ministry of Youth Affairs
NGOs	-	Non-Governmental Organizations
NOPE	-	National Organization of Peer Educators
OJT	-	On-the-Job-Training
OVC	-	Orphans and Vulnerable Children
PEP	-	Post-Exposure Prophylaxis
PHMT	-	Provincial Health Management Teams
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PLWHA	-	People Living with HIV and AIDS
PTLC	-	Provincial TB and Lung Diseases Control
PMTCT	-	Prevention of Mother-to-Child Transmission
PwP	-	Prevention with Positives
QA/QI	-	Quality Assurance/Quality Improvement
RDTs	-	Rapid Diagnostic Tests
RH/FP	-	Reproductive Health/Family Planning
SGBV	-	Sexual & Gender Based Violence
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
USAID	-	United States Agency for International Development
VMMC	-	Voluntary Medical Male Circumcision
Y-PEER	-	Youth-Peer Education Network

Executive Summary

The APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically, the project aims to increase the use of quality services, products and information and to address social determinants of health to improve the wellbeing of targeted communities and population in 14 out of the 16 counties in Rift Valley Province.

The project is currently in the first year of implementation. This report covers achievements in the second quarter of 2011.

The Annual Work Plan was approved in the quarter under review. During the same period, an audit of the orphans and vulnerable children (OVC) program was conducted. The audit, focusing on data reported in the last quarter of APHIA II project that preceded APHIAplus, was carried out by the Regional Office of Global AIDS Coordinator (OGAC). Below are highlights of the achievements during the quarter.

- A total of 37,728 women, 43% of the 86,750 eligible population, received HIV counseling and testing for prevention of mother to child transmission (PMTCT) and received their results through 642 sites.
- 904 partners of women who attended antenatal clinic were tested for HIV.
- 86% of HIV-infected women received anti-retroviral prophylaxis for PMTCT in ANC and labour and delivery (L&D).
- A total of 446 infants were tested for HIV (229 at 6 weeks and 217 at three months) in 105 facilities, according to data reported through the integrated reporting form (MOH 711A).
- A total of 92,587 new and re-visit family planning (FP) acceptors were served, contributing to 12% of the WRA and raising the couple year of protection (CYP) to 36, 937. A total of 11,594 women made the fourth ANC visit during the quarter against 34,300 who made the first ANC visits.
- A total of 1,663 people living with HIV (PLHIV) were reached with a minimum of package of prevention with PLHIV (PWP) at community level.
- A total of 33,531 people were reached with individual and/or small group interventions that are evidence-based or meet minimum standards.
- 17,650 people were reached with individual and/or small group interventions that are primarily focused on abstinence and/or being faithful and are evidenced-based or meet minimum standards.
- A total of 8,725 people in most-at-risk populations (MARPs) were reached with individual and/or small group interventions that are evidenced based or meet minimum standards.
- A total of 136,957 of individuals (16% of the eligible population) received counseling and testing and received their results, with 4.4% testing HIV positive.
- In the TB program, 1,112 TB-HIV co-infected patients were provided with the Comprehensive Performance Test (CPT).
- A total of 74,601 individuals received one clinical care service.
- A total of 1,295 individuals were newly initiated into antiretroviral therapy (ART) and 20,182 were receiving ART by the end of the quarter. This is an 83% achievement against the Year One target.
- A total of 62,800 OVC were served, out of 84,489 currently registered in the program.
- A total of 57 local organizations and 22 district teams were provided with technical assistance in M&E.

The detailed results against the targets are presented in Annex 2.

1. Introduction

The APHIA*plus* Nuru ya Bonde program is a five-year (January 2011 – December 2015) cooperative agreement between Family Health International (FHI 360) and the U.S. Agency for International Development (USAID). The project partnership comprises six strategic partners. These are Family Health International (FHI 360), the National Organization of Peer Educators (NOPE), Catholic Relief Services (CRS), Liverpool VCT and Care (LVCT), African Medical Research Foundation (AMREF) and Gold Star Kenya (GS Kenya). The project works in 32 districts in 14 out of the 16 counties in Rift Valley Province.

Program Description

The goal of APHIA*plus* Nuru ya Bonde program 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 coordinating health services in region. The program builds on the lessons and successes of the USAID-funded APHIA II Program, Rift Valley, in which FHI 360 was the lead partner.

The program is guided by the following principles:

1. Assuring a country-led, country-owned, and country-managed approach.
2. Aligning Kenyan, USG and development partner strategies.
3. Investing in leadership, capacity and systems for long term sustainability.
4. Maximizing a client-centered approach through integration of services and systems.
5. Increasing the involvement of the private sector in health care delivery.
6. Ensuring strategic collaboration and coordination.
7. Managing for results with mutual accountability.

In order to address the priorities set out in the MOH Annual Operational Plan (AOP 7) priorities, the APHIA*plus* Nuru ya Bonde program focuses on four areas as follows: 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 program areas 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.

Initially working with the provincial leadership (and eventually county leadership when GOK defines the county structures), the project will focus on its interventions at the district and community levels. These interventions will be aligned with GOK priorities as defined in various documents including the Kenya Health Policy Framework II, Kenya Vision 2030, national health and AIDS strategic plans, strategic and operational plans of other line ministries and the MOH district annual operational plans (AOPs).

The APHIA*plus* Nuru ya Bonde program will work within this framework to improve delivery of the Kenya Essential Package of Health (KEPH) services in facilities and communities through better

integration and expanded coverage, stronger coordination and linkages, more emphasis on quality and proven interventions and targeted innovations to achieve improved coverage, access and social equity. The program will establish and maintain a Quality Assurance (QA/QI) system to ensure the quality of KEPH services.

The project's locus of activity is the District Health Management Teams (DHMTs), which, through the District Health Stakeholder Forums (DHSFs), are responsible for translating a whole-market approach to service delivery into reality at the district level. *APHIAplus* will work with the DHSFs to ensure coordination — both with government and non-government entities — particularly for organizations working to address social determinants of health. The program will support capacity building of the DHMTs to effectively plan, coordinate, and evaluate health services in the districts. *APHIAplus* Nuru ya Bonde will also work to enhance DHMT's capacity to link centrally to the provincial and national levels, and peripherally to facility-based service providers and Community Health Units (CHUs). *APHIAplus* Nuru ya Bonde will also support the DHMTs to improve coordination of public-private linkages and synergies, and to expand quality services into the private sector.

The *APHIAplus* Nuru ya Bonde program will strengthen the capacity of communities to play a central role in improving health. It will work with CHUs (the KEPH health system structures closest to households and individuals) responsible for promoting healthy behaviors, increasing demand for services, overseeing provision of integrated Level 1 services, and making and receiving effective referrals to and from health facilities.

The program will build the capacity of DHMTs and CHUs to roll out a better-integrated, high-impact package of KEPH services that reach high-risk, vulnerable, hard-to-reach and underserved or marginalized populations. Recognizing that for a long time HIV/AIDS services in Kenya have, for the most part, been implemented as parallel services at both the facility and the community level, *APHIAplus* Nuru ya Bonde will work with the DHMTs to ensure integration (both intra- and extra-facility) of HIV and AIDS services into primary health care services through joint planning and coordination of these services at the health facilities and communities structures and mechanisms.

At the community level, the *APHIAplus* Nuru ya Bonde program will work with the DHMTs to strengthen the capacity of Village Health Committees, Health Facility Management Committees, and Community Health Units/committees to effectively coordinate and engage the various sectors whose activities have an impact on health at that level.

Through the DHSFs, *APHIAplus* Nuru ya Bonde will ensure strong coordination of GOK programs with other USG programs (AMPATH, the Centers for Disease Control and Prevention), and the Walter Reed Program) as well as other donor-supported programs in the region to ensure delivery of services in a harmonized manner. *APHIAplus* Nuru ya Bonde will work with GOK and civil society coordination structures including the Health NGOs Network (HENNET) to create demand for health services by building on existing GOK health communication programs, in line with the national community strategy.

APHIAplus Nuru ya Bonde will work with GOK and community-based stakeholders in the Rift Valley region to implement prevention programs using a combination prevention approach to ensure knowledge and promotion of health, control of diseases and their impact, to disseminate prevention messages and education materials amongst at risk populations, and the creation of effective linkages to all community outreach programs. Increased awareness of health and diseases conditions and their

impact will stimulate demand for prevention, care and treatment programs at household, community and school and other institutions/ workplace levels and will ensure that community members initiate and undertake preventive measures.

In addition, through the DHSFs, APHIAplus Nuru ya Bonde will establish linkages with partners in the district addressing social determinants of health and work with these entities to provide target populations with tools to increase savings, improve livelihoods and incomes, and reduce food insecurity; help children and youth stay in school and develop life skills; reduce illness caused by unsafe water and lack of sanitation; protect OVC and other vulnerable populations; address gender concerns and combat SGBV and further expand social mobilization for health.

The activities under APHIAplus Nuru ya Bonde contribute to the overall objective of the MOH outlined in the KEPH strategy: To reduce inequalities in health care services and reverse the downward trend in health-related indicators. The program also contributes to intermediate results of the USAID/Kenya five-year implementation frameworks for the health sector (2010-2015).

This quarterly report focuses on achievements made during the second quarter of (April to June) of year one.

2. Program Management

Transitional meetings with APHIA II Rift Valley OVC implementing partners: In order to consolidate and better deliver the OVC program, community-based organizations (CBOs) implementing the OVC program were aligned to work under the support of one anchor organization that had a formal agreement with the APHIA II project and which had received considerable support for capacity and institutional development.

To ensure smooth transition and operations, meetings were held between the CBOs and other anchor organizations to discuss how best to provide services to OVC. Each CBO appointed a contact person to improve collaboration with the anchor organization. This collaboration has seen number of OVCs registered in the program receive services as stipulated in the PEPFAR guidelines without interruption.

Rotary International HIV Testing and Counseling week: The APHIAplus Nuru ya Bonde project in collaboration with Rotary International conducted HIV testing and counselling (HTC) outreach events in four districts — Nakuru Central, Naivasha, Molo and Narok. HIV testing was done in all four districts, while clinical services were provided during a family health action day at Naivasha on 30th April 2011.

Rotarians were given orientation to HTC before the events. Naivasha district and Karuturi hospitals provided the medical personnel for the activities.



Pic1: Dr. Nicholas Muraguri, Head NASCOP receives views from an OVC during the family health action day in Naivasha

Services provided to the communities included the following:

- HIV testing and counselling
- Growth monitoring
- Vitamin A supplementation
- Deworming
- ANC services
- Family planning services
- Child welfare clinic (Immunization)
- Blood sugar screening
- Blood pressure screening
- Treatment for minor ailments for both adults and children
- Bed nets for pregnant women and women with children under one year
- Supply of sanitary towels to girls.

Sub-agreement Amendments: Sub-agreements with Twenty (20) local implementing partners were amended to align the scopes of work with the strategic direction of *APHIAplus* Nuru ya Bonde and extend their performance period to December 2011. The amendment process included discussions between the partners and *APHIAplus* program development, finance and technical teams. This was critical to ensure consensus on the scopes of work, project objectives and budgets. Meetings were held with staff of the organizations to interpret the scopes of work.

District Health Stakeholders Forum (DHSFs): *APHIAplus* provided financial and technical support to five districts to hold stakeholder meetings. The project supported the District Medical Officers of Health (DMOHs) to disseminate DHSF guidelines to stakeholders to ensure that the purpose and objective of the forum was understood. *APHIAplus* representatives were elected to the DHSF steering committees in some districts where elections were conducted as stipulated in the guidelines.

The Naivasha/Gilgil forum noted a glaring capacity gap in cervical cancer screening within facilities in the region. It was agreed that the DMOH collaborates with *APHIAplus* and Marie Stopes to support service provider mentorship and on-job-training (OJT) in visual inspection.

Meetings with GOK departmental heads: *APHIAplus* staff met with various departmental heads including the District Children Officers, District Agricultural Officers, National AIDS Control Council (NACC) field Officers and District Youth Officers to introduce *APHIAplus* OVC partners and establish working relationships.

A key recommendation of the meeting was for locational area advisory committees (AACs) to help safeguard the interests of OVC in need of care and protection in their areas.

Collaboration meetings between *APHIAplus* and Hope World Wide Kenya: To curb duplication of efforts by USG-funded partners, an agreement was reached between *APHIAplus* and Hope World Wide Kenya (HWWK) on MARPs interventions in Nakuru Municipality and Salgaa areas. Under CDC-funding, HWWK had trained a total of 170 peer educators (115 sex workers and 25 truck park attendants) at the two sites. However, given that *APHIAplus* had a larger presence in both areas, it was agreed that *APHIAplus* continues with the HWWK MARPs interventions at these sites. HWWK will continue implementing other projects in the region that are not funded by other USG partners. A similar agreement was reached on operations in Kajiado District.

National Level Technical Meetings: APHIAplus staff attended various technical meetings convened by GOK or USAID. The meeting included those on PMTCT, OVC QI and EMR. Staff also attended an OVC technical meeting with Kate Vorley and a CHIS stakeholder meeting.

OGAC OVC Audit: The Regional Office of Global AIDS Coordinator (OGAC) audited the APHIA II Rift Valley OVC activities. The audit team visited four selected OVC sites and interacted with the implementing partners. CHWs and households indicated as having been served by the project. The audit focused on data reported between Oct 2009 and Sep 2010.

Calendar events: APHIAplus Nuru ya Bonde supported and participated in the following events during the quarter under review: The World AIDS Orphans Day on May 7, Day of African Child on June 16 and World Malaria Day.

In addition, the Project supported the Narok Teachers Training College Community Health week by providing technical assistance and supporting moonlight VCT at the campus. The project also supported supervision and outreaches during the Malezi Bora week in Narok North and South districts.



Pic2: The Rift Valley Provincial Children's Officer, Mr Yusuf addresses participants at the World AIDS Orphans Day commemoration

3. Contribution to Health Service Delivery

RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION

RESULT 3.1: Increase availability of an integrated package of quality high-impact interventions at community and health facility level

3.1.1 Improved capacity of public sector facilities to provide reliable and consistent high quality package of high impact interventions at community, dispensary, health centre, and district health levels (levels 1-4)

During the quarter, the project received draft guidelines on Quality of Care teams from the Ministry of Medical Services. The project will collaborate with the Ministry in the formation of these teams, initially at level 4 facilities. A technical officer from the Health Commodities and Services Management (HCSM) project joined the APHIAplus Nuru ya Bonde team and will help in linking facilities to national level laboratory support.

3.1.2 Increased capacity of district health management teams to plan and manage service delivery

Twelve DHMTs were supported to conduct their quarterly facilitative supervision in 84 health facilities. Level 2 and 3 facilities had received nurses courtesy of a government initiative which employed 20 nurses in each constituency. Most of these new nurses needed both formal training and sensitization, especially in HIV service delivery. The facilities were well stocked with essential

medicines and supplies, although a few items were out of stock such as implants, ferrous sulfate/folic and AL.

3.1.3 Strengthening capacity to record, report and use data for decision making

The project supported 25 facility in-charges meetings to provide feedback and review the quarterly progress reports in line with AOP 6 performance targets. The meetings were also used to sensitize the health care providers on their facility reporting rates as well as changes in data collection and reporting tools. The meetings reviewed trends in specific program areas such as immunization, malaria, PMTCT, RH and FP. In private sector facilities, on-site mentorship was intensified to support health service providers to correctly use standard data collection and reporting tools. Details of achievement are presented in section 6.0 on Monitoring and Evaluation.

3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology

Twelve DHMTs were supported to carry out facilitative supervision to level 2 and 3 facilities this quarter as part of strengthening their capacity. In the next quarter, the project plans to facilitate DHMTs to assign a community health unit (CHU) focal person to the supervision team to ensure community needs are addressed.

3.1.5 Improved capacity of the private sector to provide a package of high quality, high impact interventions

APHIAplus Nuru Ya Bonde held orientation meetings with key DHMTs members in Nakuru Central, Nakuru North, Njoro, Nanyuki and Kericho districts to engage them in supporting the private sector activities within the project. A technical committee has been established to work with private sector health service providers. The committee includes representatives from the office of the Nakuru Central District Medical Officer of Health, Kenya Medical Association (KMA), Kenya Obstetrical and Gynaecological Society (KOGS), and the Private Nurses Practitioners Association (PNPA).

A rapid assessment of 32 private sector health facilities in the Nakuru, Kericho and Nanyuki counties was done. The assessment, which focused on the integrated health service provision and associated capacity gaps, was conducted jointly with selected members of the respective DHMTs and KMA.

Among other key findings, the report found that private sector services providers appreciated the value of integrating services. Gaps identified included shortage of nursing staff, poor infection prevention practices, irregular supplies of FP and HIV commodities and lack of revised MOH policies and guidelines. To address some of the gaps continuing medical education (CMEs) sessions on infection control have been planned for the next quarter.

Three CMEs events were supported in Nakuru and Kericho counties. The CME covered the following topics: *Resistance, Assessing drug adherence and strategies for compliance* and *Effective Patient monitoring in Resource Limited Settings*.

One technical committee meeting was held during this reporting period.

APHIAplus Nuru ya Bonde staff participated in a TB Care I meeting to strengthen collaboration and coordination of TB partnership activities in the pilot sub-region of Nakuru County and selected private facilities.

3.1.6 Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications

The project supported a Provincial Health Management Team (PHMT) meeting to discuss implementation of the Community Strategy. The purpose of the meeting, hosted by the Provincial Community Strategy Focal Person, was to introduce APHIAplus to the PHMT, and orient team members on the APHIAplus Community Strategy approach. During the meeting, participants discussed experiences, opportunities, gaps and challenges in rolling out the Community Strategy in the region. Recommendations were made in how APHIAplus could help to ensure high quality and sustainable CHUs.

The meeting came up with an action plan to effectively engage with the districts. The plan outlines processes, staff to be involved and priority areas to support in establishing and strengthening CHUs.

The provincial meeting was followed by one bringing together selected DHMTs from 12 districts. This meeting was attended by selected DHMT members including DMOH, District Community Strategy Focal Persons, District Public Health Nurses and District Health Records and Information Officers from 16 districts where APHIAplus seeks to revive 28 CHUs that were formed under APHIA II. The meeting developed a joint action plan to facilitate the implementation of an 10-step process to revive an initial eight CHUs.

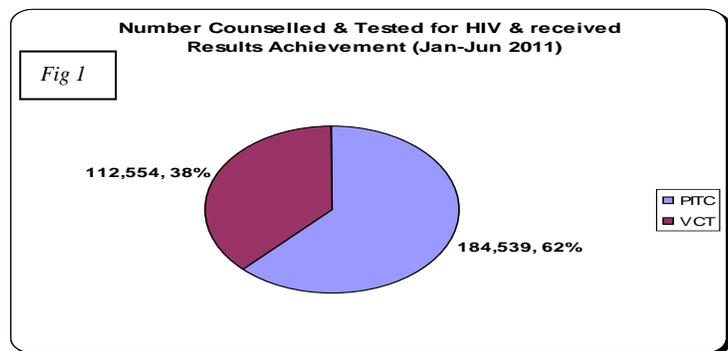
A meeting of Community Health Workers (CHEWS) from the selected districts and APHIAplus held in the quarter developed a detailed and costed work plan.

3.1.7 Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g. rural facilities, TB clinics)

HIV Counseling and Testing: Facility

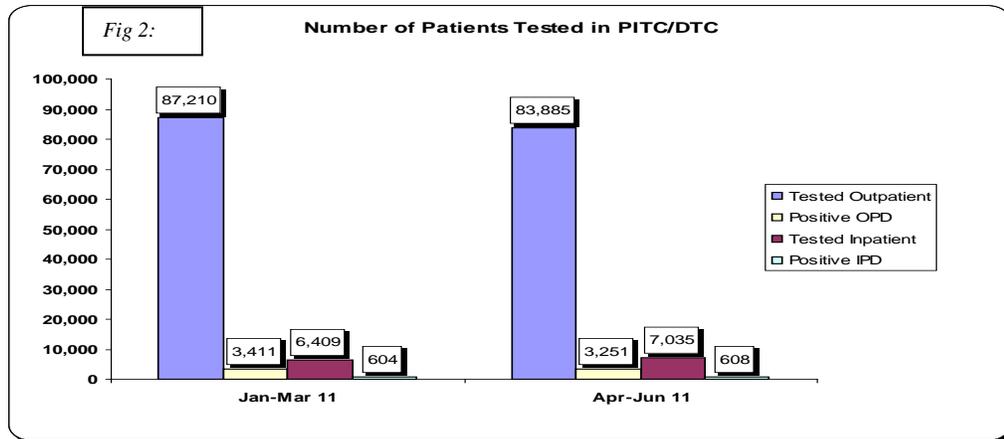
A total of 136,957 individuals were counseled and tested for HIV and received their results. They were reached through integrated mobile counseling and testing (CT) outreaches, provider-initiated counseling and testing (PITC) in 512 APHIAplus-supported facilities and 237 integrated VCT sites.

Of 90,920 individuals offered HIV counseling and testing using the PITC approach (shown in Fig.2), 83, 885 (92%) were reached in the out-patient department, which received 796,648 first-time patients. This means 10% of out-patients were tested. A total of 3, 251 patients were HIV-positive, a prevalence rate of 3.9%, compared to 8.6% for those in the in-patient department (608/7035).

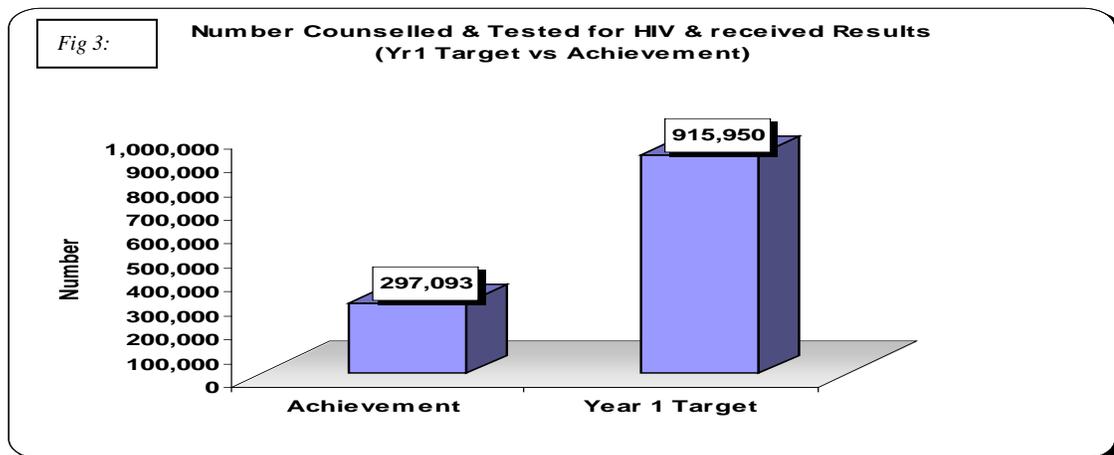


The lower HIV rate in PITC is consistent with a study by Stephania M. Top in Zambia (31/3/2011) which found that “the rate of case finding in -positive individuals was consistently higher among VCT clients than PITC clients, suggesting that VCT continued to be used by people who know or suspected that they had HIV infection”.

In some high-volume facilities such as Nakuru Provincial General Hospital, Langa Langa and Narok district hospitals, many of the HIV-positive clients were found to be repeat testers. Reasons given for repeat testing included enrollment into care (NPGH) or confirmation of HIV status after miracle prayers (PGH, Langa Langa, Narok). This repeat testing resulted in a higher-than-normal number of clients testing HIV-positive in VCT centres as well as loss to follow up, described below.



On the other hand, 46,037 individuals were tested for HIV using the VCT approach. A majority (49% or 22,350 clients) were female. A total of 2,299 people (1,428 female) tested HIV positive, giving an overall prevalence of 5%. The HIV prevalence was highest among women above 25 years (9.3%).



The total achievement as of end of June 2011 is approximately 32% of the Year 1 target of 16% of the 1.9 million people eligible for HIV CT in Rift Valley Zone 3.

HIV Counseling and Testing: Community

Health Communication interventions targeting different populations, including MARPs, aimed at promoting knowledge of status through HIV counseling and testing. The efforts tied in with the HIV-Free Generation's G-Jue campaigns that have been mobilizing youth aged 15-24 for HIV testing since the beginning of 2011. Counselors attached to the PGH comprehensive care centre (CCC) supported HIV testing in Nakuru. Their involvement ensured that 44 youth who tested HIV-positive in this quarter were promptly linked to the hospital for enrollment into care and treatment.

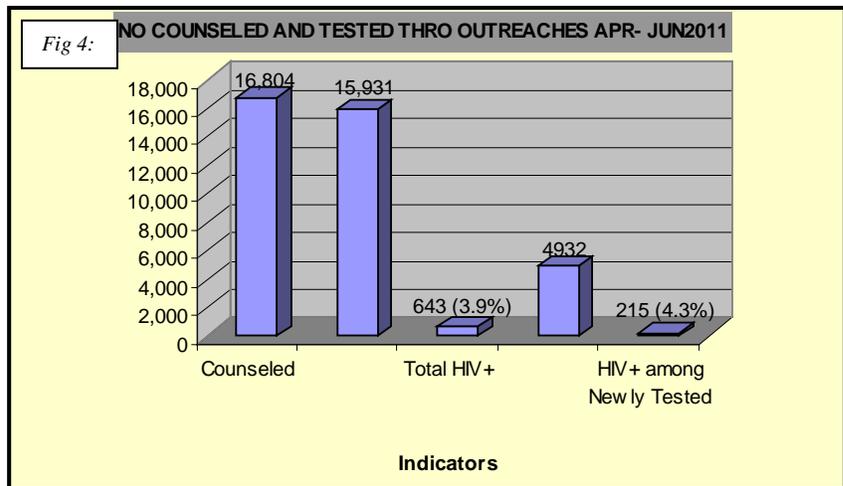
During the period under review, APHIAplus Nuru ya Bonde supported the MOH in 45 mobile VCT and outreaches, HTC at two workplaces (Kenya Bureau of Standards, Nakuru and Van Den Berg flower farms in Naivasha).

In addition, DHMTs were supported to sensitize 85 service providers on the new HTC reporting tools in Narok North and South district hospitals (54) and Molo district hospital (31).

Local implementing partners including ENAITOTI, K-NOTE, FAIR, and FHOK were supported to conduct HIV counseling and testing during health action days in Nakuru and Narok counties.

To improve reporting, revised HTC guidelines and protocols, policy for HIV testing in Kenya and New HTC registers and summary were disseminated. A total of 86 service providers were mentored on the revised New HTC tools and guidelines.

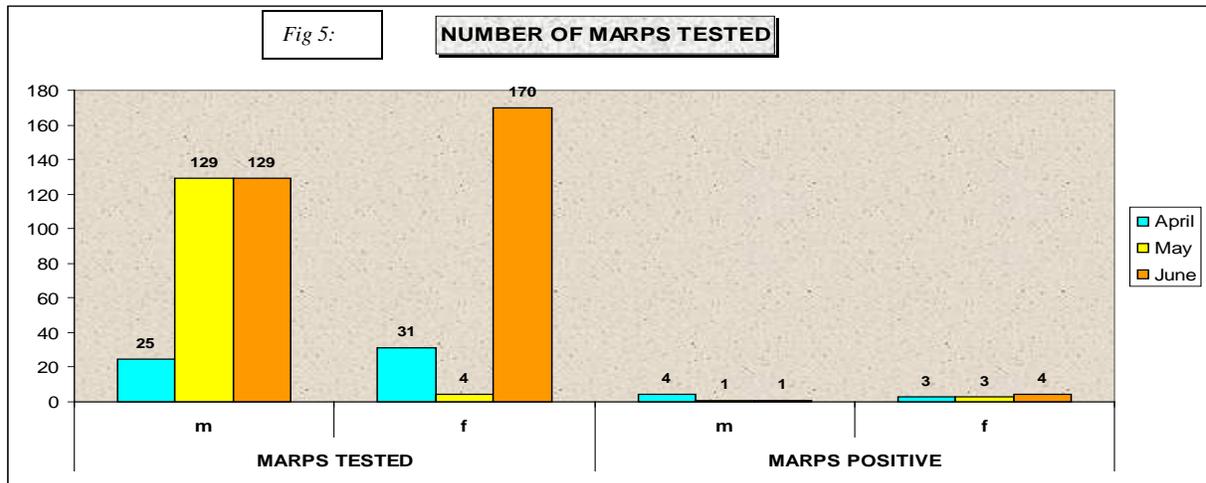
Through the CT outreaches above, 15, 931 (8,117 male; 7,814 female) were tested for HIV and received their results. Of these, 634 (3.9%) tested HIV-positive. Out of 4,932 who were tested for the first time, 215 (4.3%) were HIV-positive (4.3%). Among all those who tested positive during outreaches, 375 were referred for care and treatment while 259 are being followed up through phone calls and by community health workers.



A total of 157 couples were counseled and tested for HIV. Four were discordant couples.

MARPs Counseled and Tested for HIV

The project provided technical assistance and financial support to partners to provide 10 moonlight HTC services, mainly targeting sex workers and their clients (6 in Nakuru and Laikipia counties and 4 in Narok). A total of 489 (284 male, 205 female) individuals were counseled and tested for HIV. Of these, 16 tested HIV positive and were referred for care and treatment.

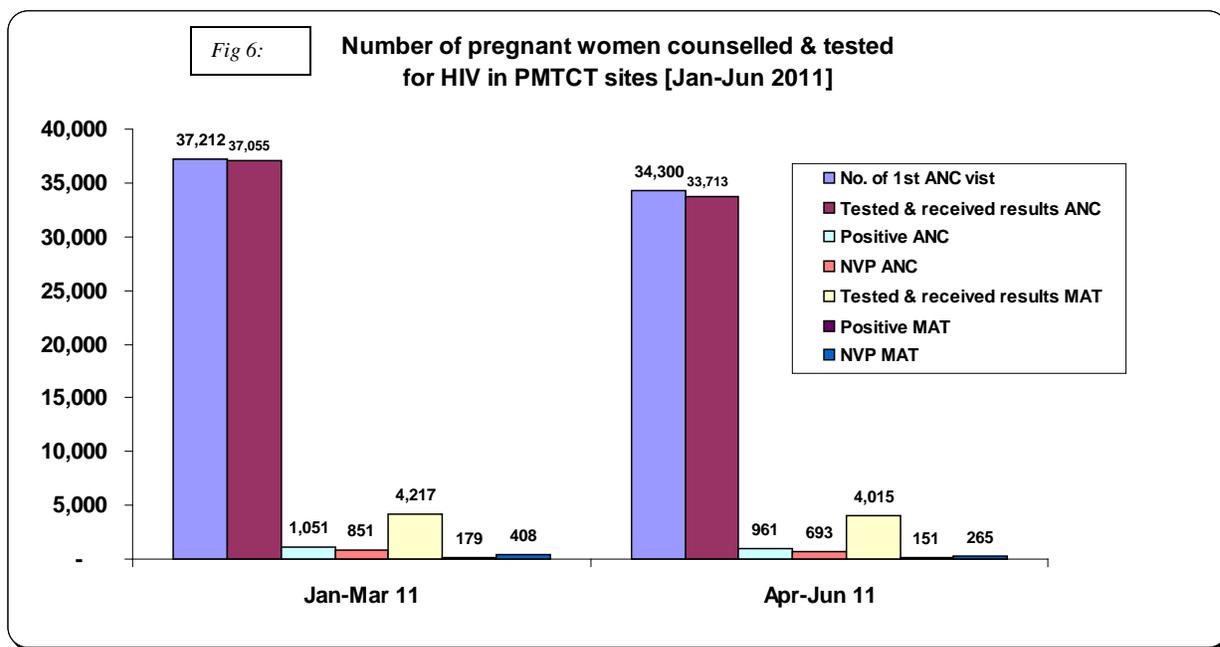


Prevention of mother transmission (PMTCT)

Through 642 PMTCT sites, 34,300 individuals attending ANC for the first time were served. A total of 33,713 pregnant women in ANC were counseled and tested for HIV, with 961 testing HIV positive (Figure 6). Of those who tested positive, 693 (72.1%) were provided with prophylactic ARVs.

Additionally, 4,015 women were tested for HIV in labor and delivery and 151 found to be HIV infected. However, 265 women were reportedly issued with prophylactic ARV drugs. A review of data from selected sites that had a higher ARV uptake in maternity showed that many of the mothers who received prophylactic ARVs had been tested elsewhere, as indicated in the mother-child booklet. APHIAplus has advised these facilities to record in their summaries only newly-diagnosed cases that they provide with prophylactic ARV. Dissemination of the new PMTCT tools is expected to further reduce this anomaly.

A total of 904 partners of pregnant women visiting ANC were tested for HIV. Of these, 56 (6.2%) were found to be HIV positive and referred for care.



Early Infant Diagnosis (EID)

During the quarter under review, 15 facilities were supported to initiate EID for exposed infants. A total of 229 infants were tested for HIV at 6 weeks and 217 at three months in 105 facilities, according to data from the integrated reporting form (MOH711A). An estimated 600 DBS samples were collected from HIV-exposed infants quarterly. This is based on assumptions that half of the HIV-infected women will make postnatal visits and that health facilities have 20% efficiency in identifying and collecting DBS samples.

Six hundred (600) filter papers were distributed to the districts. The project also supported collection and transportation of samples to laboratories along with specimen for CD4 analysis. APHIAplus encouraged individual health facilities to send their DBS samples to collection points designated by the contracted courier (G4S) instead of batching samples at district level which had been identified as a bottleneck.

Mentorship for EID and DBS collection was intensified in 45 facilities in various districts. Lack of confidence among health service providers in collecting blood samples from HIV-exposed infants is being addressed through targeted on-the-job training for the providers. During facility in-charges meetings and integrated mentorship visits, APHIAplus sensitized service providers in MCH clinics to identify HIV-exposed infants by establishing the HIV status of the mothers.

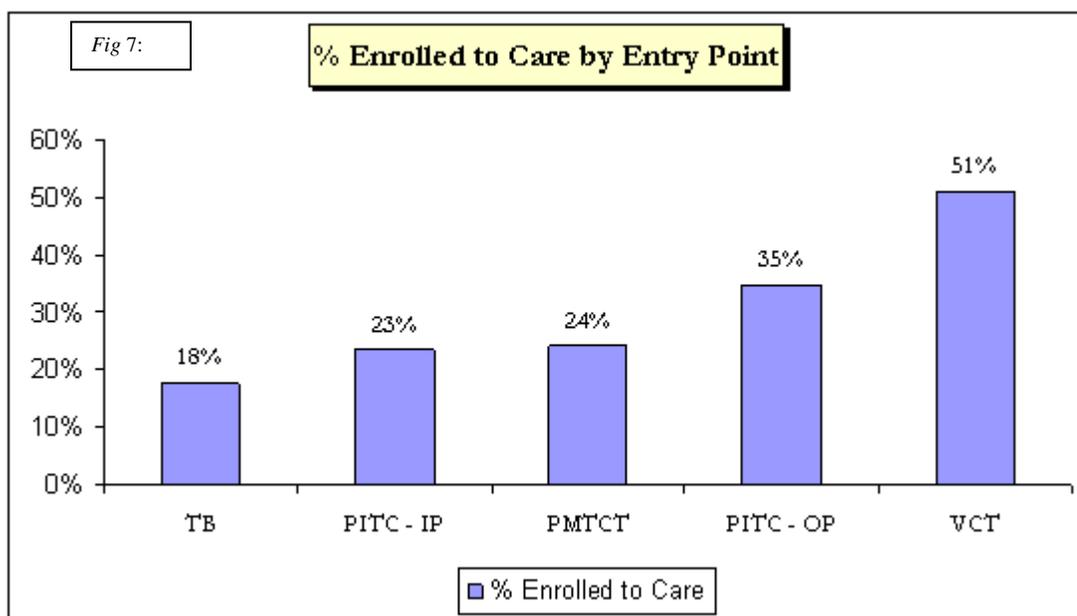
Discussions are ongoing for EID testing to be done at the AMPATH laboratories in Eldoret. Although testing is expected to start in August 2011, the laboratory has yet to be included in the G4S courier network for sample transportation and commodity resupply or in the information hub at NASCOP.

HIV Care and Treatment: Facility and Community

HIV Care: Eleven (11) district teams were supported to conduct integrated clinical mentorship in 45 ART sites in the region, including five new sites started in the quarter under review.

A total of 2,880 patients (1,918 females) were enrolled into HIV care, increasing to 74,601 the number of patients who have ever been enrolled for HIV care at 114 APHIAplus-supported health facilities. Of those on care, 10% (242) were children aged below 14 years while the majority were adults, with females making up 66% (49, 121).

Out of the 8,154 persons who tested HIV-positive in all testing points, 2,880 were enrolled for care and treatment, representing a transition rate of 35% in the graph below.



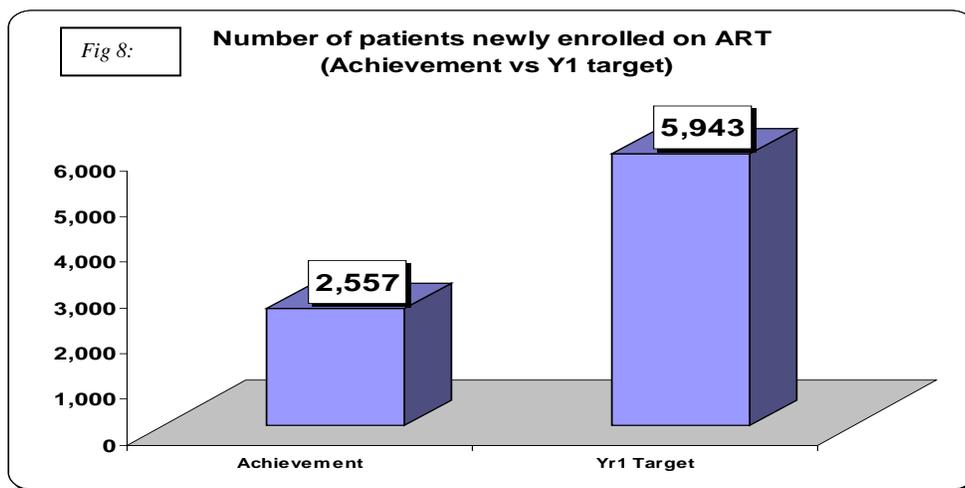
The low transition rate could be attributed to various factors, including the following:

1. Large numbers of repeat testers who knew or suspected their status. This is evident in at the Provincial General Hospital in Nakuru where all patients referred to the CCC are referred to VCT centre for retesting to confirm their HIV status, in Langa Langa Health Centre where a large number of persons prayed for by a well known preacher came to confirm the alleged “miracle cure” in April, and in Narok, where many people who had gone for herbal treatment in Tanzania came to confirm their status.
2. Loss to follow up in outreach HTC due to distance from facilities or different working hours of different facilities.
3. Poor documentation of data in PMTCT and TB sites for input into the ART summary.

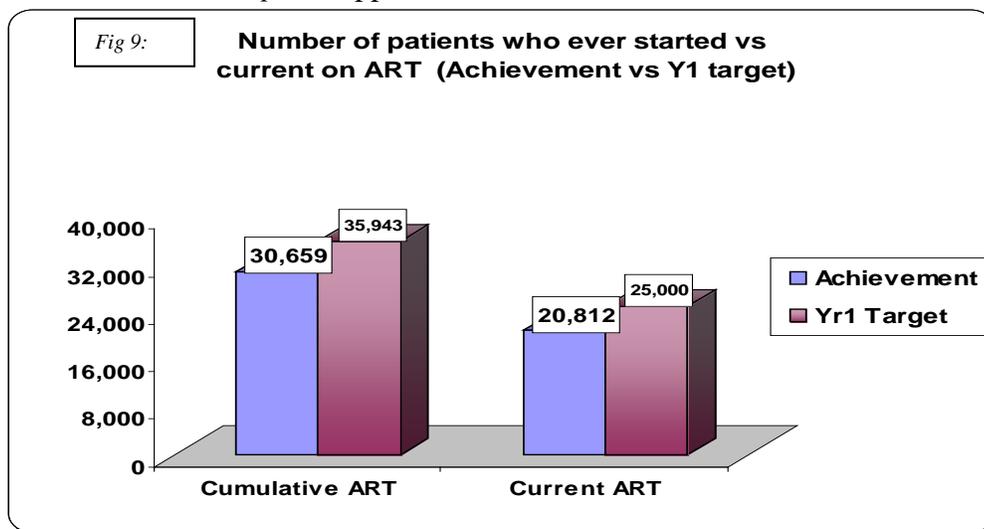
To enhance the linkage to HIV care after CT, clients are given information on availability of services and referrals recorded and followed up. PLHIV and CHWs have been involved in referrals and defaulter tracing as HIV testing moves away from client anonymity.

HIV Treatment: During the reporting period, 1,295 patients (847 female) with advanced HIV infection were initiated on ART. This includes 94 pregnant women on HAART. A majority (1,060)

were in WHO stages 2 and 3, indicating a gradual shift from relying on clinical staging to initiate treatment.

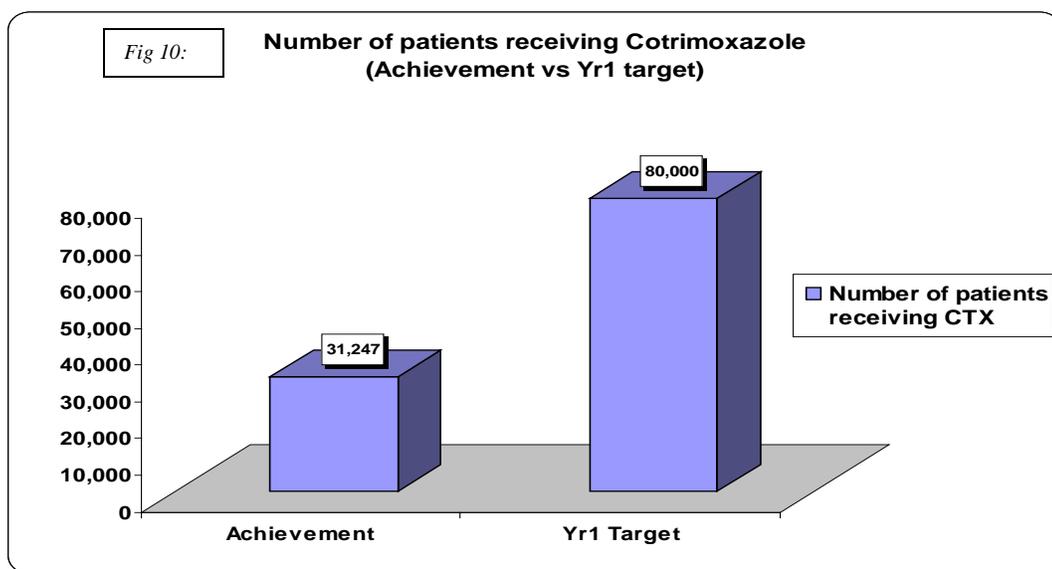


Cumulatively, 30,659 patients (63% female) with advanced HIV have ever been started on ART. Children under 14 years made up 9.4% of the figure. A total of 20,812 patients were on ART by the end of June 2011 in the APHIAplus-supported ART sites. Children accounted for 9.2% of the figure.



To reduce the gap between the cumulative number of patients started on ART and those currently on ART, the project has tried to link facilities to the Community Strategy by involving CHWs to trace patients who consistently fail to honor their appointments. In addition, the project will support orientation of service providers to conduct and report on cohort analysis with the new HIV/AIDS tools. These measures will help to establish the actual extent of loss to follow up and inform strategies to for different contexts.

A total of 31, 217 patients are currently on cotrimoxazole and 30 on fluconazole preventive therapy. The improved supplies of OI drugs (especially CTX) and the sensitization of service providers on prevention with positives has directly contributed to this achievement.



Home and Community Based Care (HCBC): A total of 412 clients were enrolled for home- an community- based care, bringing the cumulative number registered to 33, 547. Of these, 23,550 are currently in the program. In the quarter, 12,568 clients were referred for various services in the community and facility. A total of 2,107 were referred for CT, 2,794 for RH/FP, 1,586 for ANC, 3935 to CCC, 494 for legal support and 1,652 for various other services.

Monthly reporting meetings were held as planned. CHWs in areas with community health units took part in dialogue and learning sessions at the facility level. The sessions included program updates, feedback on performance and areas of improvement and orientation on the use of reporting tools.

Twenty OVC guardians and parents in Lanet were trained on making smokeless stoves that are environmentally friendly and very economical on charcoal by FAIR. (See report and photo in success stories section).

In the period under review, all the technical officers and one representative from each ministry attended two provincial home- and community-based care (HCBC) stakeholders meeting in Nakuru. Key issues discussed included distribution of the basic care packages, collaboration, linkages and challenges such as in coordination and reporting of HCBC activities.

In North Rift, the APHIAplus team held a one-day meeting to discuss aligning HCBC activities with the community strategy. It was agreed that it is important to harmonize activities of CHWs to the community strategy to avoid destroying existing structures the community level.

Facility-based prevention with positives (PwP): Staff from the clinical service delivery team participated in a National prevention with positives trainers of trainers (TOT) workshop held in Mombasa. They are expected to strengthen PwP activities in facilities that are supported by the project. Improved reporting using new generation HIV indicators will also allow for proper documentation of these activities.

Laboratory Strengthening: APHIAplus Nuru ya Bonde included selected private providers in laboratory networks for both CD4 and early infant diagnosis. Some private sector laboratories are already providing services. For instance, HIV care and treatment service providers in private

facilities access laboratory services for CD4 and viral load processing from AMEC laboratory (in Nakuru) at subsidized cost of KSh 500/- and 4, 000/-, respectively. Providers in these facilities have also benefited from targeted OJT to improve their performance.

The participating facilities have also been supplied with filter papers for EID and are being supported to order stabilized tubes for CD4 collection. They are also supported to transport samples to courier collection points and CD4 testing centres.

In the reporting period, the Provincial General Hospital, Nakuru, experienced a shortage of CD4 reagents for the FACS Caliber machine, which is the main equipment for CD4 samples tests for the region. The shortage affected the flow of the CD4 blood samples and their collection from the facilities, especially in the South Rift. The Supply Chain Management (SCM) was contacted to resolve the problem. No clear explanation was given for the erratic supply of the laboratory commodities.

Nanyuki District Hospital is installing a FACS Count machine to serve the larger Laikipia region.

The project supported the movement of EID samples from facilities to courier points for onward transportation to either Walter Reed laboratory in Kericho or Kenya Medical Research Institute (KEMRI), Nairobi.

The imminent launch of an EID Hub at NASCOP will enable the program to closely monitor the tests and their results.

APHIAplus focused on strengthening the monthly commodity reporting by facilities through direct on-site supervision to alleviate the supply imbalance.

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The supply of test kits from SCM is a challenge. Facilities do not receive the quantities they request and this has disrupted services in some areas. The current system of issuing three months' stock can work best if facilities are issued with the right quantities.

3.1.8 Increased availability of malaria prevention and treatment services (IPT, ITNs, ACTs and RDTs)

APHIAplus Nuru ya Bonde continued to promote the use of long-lasting insecticide-treated nets by pregnant women, children under five years and PLHIV. Facilities were sensitized on reporting stock levels of ACTs to ensure reliable supplies.

3.1.9 Increased availability of screening and treatment for TB

Project staff participated in a TB-HIV collaborative meeting jointly organized by the PASCO and PTLC for DTLCs and DASCOS to discuss ways to reduce the burden of TB among PLHIV.

During meetings for facility in-charges, DTLCs sensitized participants on TB-HIV integration, with a special focus on the HIV clinics. Documentation of TB screening in pregnant women attending ANC was done during these meeting and facilitative supervision.

During the quarter, 2,241 new TB cases were detected, 95% (2,117) of which were tested for HIV.

Of those tested 714 (33%) were HIV positive. A total of 839 co-infected patients were provided with CPT.

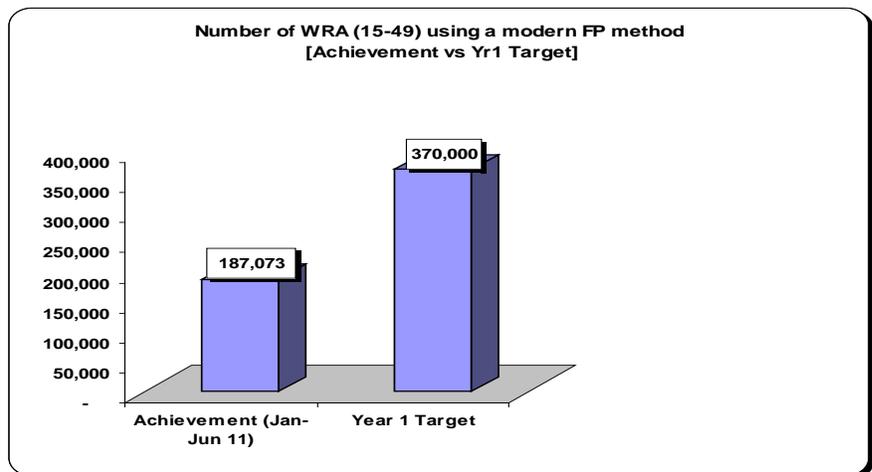
The use of different versions of the MOH 711A summary tool greatly affects the analysis of data with respect to the TB-HIV figures from the health facilities. The rollout of the revised MOH711A will streamline reporting of the TB-HIV indicators.

3.1.10. Increased availability of family planning services in public, private sector facilities and communities

APHIAplus Nuru ya Bonde was represented in a reproductive health policy and guidelines dissemination meeting that brought together GOK officers from the South Rift. The meeting provided an opportunity to identify opportunities for scaling up services.

Project staff also met with the Private Nurses Practitioners Association Rift Valley Chapter to present APHIAplus and discuss opportunities for collaboration.

A total of 92, 587 family planning acceptors (28,079 new, 64,508 revisits) were served at 725 APHIAplus-supported SDPs. Of the new acceptors, 14,270 (51%) chose injectable contraceptives while 3,964 (13%) opted for long-acting and permanent methods (LAPM). The CYP for the reporting period was 36,937, with LAPM accounting for 57% of the total. Seven percent (7%) of the total FP acceptors in the region were contributed by APHIAplus-supported private health facilities, which reported 2,014 new FP acceptors and 4,867 revisits. Women of child-bearing age (15-49) using a modern a contraceptive method by the end June 2011 was 187,073, against the year 1 target of 370,000. There are an estimated 1,778,000 women of reproductive age in APHIAplus zone 3, meaning 12% were reached with FP services.



It is important to note the supply of male condoms improved significantly during this reporting period. However, the supply of injectable contraceptives and implants did not meet the overwhelming demand.

Using VIA/VILLI techniques, 465 women of reproductive age were screened for cervical cancer at nine level 4 and 5 health facilities during this reporting period. Twenty-one (21) were positive for VIA/VILLI, None was referred for colposcopy.

Of 247 women tested for HIV, 29 were HIV-positive.

Community outreach targeting matatu crew, their partners and sex workers provided opportunities for FP counseling and provision of services as well as referrals for clinic based methods and STI management. Sixty-two (62) matatu crew received STI treatment; 129 FP services; 8 were started on TB treatment and 3 initiated into ART through drop-in centres established by the project.

Interventions targeting young people through Youth-Friendly Clinics promoted appropriate FP services for sexually active youth as well as for PLHIV

Commodity insecurity was a major concern is likely to slow achievement in delivery of reproductive health and family planning services.

3.1.11 Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities

During the reporting period, APHIAplus Nuru ya Bonde provided support to 25 districts to conduct facilitative supervision during the Malezi Bora week campaign. A total of 34,300 first-visit ANC clients were served compared to 37,212 in the previous quarter. A total of 11,594 pregnant women completed 4 ANC visits, 7,197 received the 1st dose of IPT occasioned by the de-emphasis of routine IPT administration in the Rift Valley. The total number of projected pregnancies in Rift valley Zone 3 is 347,000.

A total of 15,859 deliveries by skilled attendants were reported by 725 APHIAplus-supported health facilities.

3.1.12 Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness

The project supported high-impact interventions targeting maternal and neonatal health through the Malezi Bora campaigns at district level. Pentavalent 3 was provided to 35,335 children, 34,408 under 1 year and 927 below five years. A total of 100,037 children received Vitamin A, 31,267 of them aged between 6 and 12 years. This improved Vitamin A coverage was due to enhanced health communication messages during the Malezi Bora campaign. The population of children aged under one year in APHIAplus zone 3 is approximately 222,000 and while those under one year are estimated at 968,000.

3.1.13 Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns and children

APHIAplus technical officers and representatives of implementing partners concentrated on establishing systems to deliver the high-impact interventions targeting specific key populations. This process was informed by the need to conform to the national prevention guidelines and standards and the new PEPFAR guidelines.

During the period under review, a dip-stick assessment was conducted among the 11 self-funding workplace programs to support their transition to the expanded mandate of APHIAplus, to conform to national guidelines, assess the relevance of interventions, develop remedial strategies and, where appropriate, develop workplace health and safety policies. Meetings were held with APHIA II HCM to strategize how to adapt and use the SIRI communications materials for community engagement.

In the period under review, the program continued with targeted interventions reaching women and men in long-term relationships as well as male clients of sex workers and PLHIV. Messages promoting facility-based clinical care of expectant women were incorporated into regular sessions involving peers and also through the purveyors of general health messages.

Male involvement is encouraged in couple education and counseling sessions using the empowerment model to boost inter-spousal communication and collective decision making on reproductive health. This is guided by the discussions on the socio-cultural biases that discourage male participation in discussions around sexuality, contraception choices, seeking medical attention for expectant women and couple testing.

The sessions continue to focus on the importance of couples knowing their status, intimate partner disclosure and joint access to clinical care. The outcomes of these sessions are referrals for couple testing, FP counseling and uptake of services as well as STI treatment. In the period under review the program facilitated referrals among sex workers, matatu crew and their partners and couples reached through their spiritual leaders.

Improving high-impact interventions for youth and couples

During the period under review, the program worked with four Local Implementing Partners in West Pokot, Trans Nzoia West and East, Kwanza, Marakwet, Nakuru and Naivasha with a youth populations approximately 312,425. A total of 569 (295M and 274 F) youth were mobilized by partners for HTC services in Kitale and Naivasha while 313 (171M and 142 F) accessed RH/FP services in three youth centers of Kitale.

Peer education sessions targeting Youth: Peer education sessions on prevention were conducted among youth between the ages of 15-24. During the period under review, 20,725 out-of-school youth were reached, including 10,645 males and 10,080 females, by 256 peer educators. This number includes those reached through one-on-one and group sessions. A total of 12,950 youth were reached through small group session, an average of 51 peers per peer educator. This suggests peers have incremental membership in sessions or host more than one peer group.

A further 882 (451M, 431F) youth in tertiary learning institutions out of a target of 19,000 were reached by 190 peer educators. During the quarter under review, most of the targeted learning institutions were on vacation. There is a plan is to reach the whole student population during the next academic calendar through intense behavior change communication (BCC) groups. Youth in need of counseling will benefit from structures put in place over the years in collaboration with health and guidance and counseling units at the five universities and colleges targeted.

By the end of the quarter, 52, 574 (including 1,100 are youth in school) were reached against an annual target of 60,000.

To improve data collection, Technical Officers mentored peer educators on use of the peer educators' registers and P1 forms.

Training of Peer educators: A total of 155 students (79 F; 76 M) from the five target institutions of higher learning were trained, against a target of 200 expected to reach the student population of 5,000. The target for training was not met because some institutions were on recess.

A two-day workshop was held for 446 (269M, 177F) and 112 (68M) youth and adult peer educators, respectively, using the *Youth Peer Educator's Activity Guide* and the *Time to Talk-*

Christian Family Life Education curriculum. The objective of the training was to enhance their knowledge and skills to deliver quality peer-led sessions to out-of-school youth and couples in the churches.

Peer educators were also given orientation on APHIAplus technical approaches, Next Generation Indicators (NGI) and data reporting tools. During the orientation, the technical team assisted peer educators to undertake peer profiling and define the specific risk behaviors they were addressing. The peer educators prioritized 12 sessions to engage peers in line with the identified risky behaviors.

Mobilization using community radio: Through one of the implementing partners, the project has been using community radio to increase the reach of health messages and complement peer-led sessions in western Kenya. A three-day workshop on youth and radio communication was conducted with technical support from APHIAplus. Eighteen (18) participants, including peer educators, radio presenters and MOH staff, were involved in the sessions. Topics covered included content selection, packaging radio messages, developing program promotion materials, interviewing skills, listener feedback analysis and basic listener surveys. At the end of the training, 18 listening groups, each with 15 members, were formed.

Twelve (12) radio programs were recorded and aired during the period under review. The radio listening groups tuned in and discussed the programs. A *Facebook* page was set up to allow youth to post comments on topics discussed in the radio program.

Peer education session for couples: During quarter, 3,839 couples were reached in small groups sessions conducted by their peers. This represents 43% of the annual target (8,800 couples). Selected topics from the *Time to talk-Christian Family Life Education* curriculum were used in facilitating the sessions. Sessions were conducted with couples within church congregational groupings such as mothers union, KAMA (Kenya Anglican Men Association) Walezi WA Ndoa (PAC), mothers union (ACK), Wake wa Kristo (AIC) organized groups such as women groups (e.g. Kitangany group in Kwanza, Kamook Silk group in Nerkwwo and Lay readers group in Chebiemit).

Male Circumcision: During the quarter, recruitment of two teams of voluntary medical male circumcision (VMMC) providers for PGH Nakuru and Naivasha District Hospital started. VMMC is will start once the teams are in place.

Expanding high-impact interventions for sex workers, their children and clients: The sex worker population in the area currently covered by the program is yet to be scientifically determined but estimates put the number at 2,000. APHIAplus interventions are modeled to deliver a comprehensive package of services incorporating strategic behavior change communication, promotion of health care services that meet the HIV and sexual and reproductive health (SRH) needs of sex workers, their children and clients while responding to the underlying social factors that increase vulnerability to HIV, STIs and other health conditions.

A rapid hotspot mapping of additional sites in the greater Nakuru area, namely Gilgil and Naivasha, was conducted. The objective of the exercise was to identify sex work hotspots, categories of sex workers and existing services as well as community resources that can contribute towards the sex workers intervention. The mapping preceded recruitment of additional peer educators.

Forty (40) female sex workers were recruited based on criteria developed in accordance with the Standards for Peer Education and Outreach Programs for Sex Workers. The number of peer educators will be reviewed after formal size estimation of FSWs to ensure a ratio of peer educators

to peers that allows for comprehensive coverage of all hotspots. The new peer educators will be trained in the next quarter.

Four drop-in centers hosted 657 FSW and 766 clients. In partnership with the link facilities in each of the priority areas, 141 FSW and 129 clients received CT services, while 152 were referred to the link facilities for different services, including FP, cervical cancer screening, and TB and HIV treatment.

Peer group sessions were conducted in the four sites, reaching 1,775 female sex workers. A total of 14,620 male condoms were distributed through the 51 condom outlets.

Support to sex workers with alcohol addiction continued through the four community-based Alcoholics Anonymous (AA) groups. Sixty-seven (67) participants actively participated in the weekly group therapy sessions held at the drop-in centers. Group members have acknowledged the benefits of the group. One member reported:

“Three times I tried to poison my children and myself because of alcohol and HIV and my life had become unmanageable. Thanks to the AA program, I no longer drink and there is now love in the house with my children, we are happy and we are close with each other,”

Expanding high-impact interventions for other high-risk and hard-to reach populations, including pastoralists, migrant workers and truckers

Men who have sex with Men: Following the mobilization activities in the last quarter, 22 MSM were recruited to be trained as peer educators to reach out to existing social networks in Nakuru district which have an estimated 250 members. Subsequently, orientation sessions were conducted to introduce newly-recruited MSM peer educators to the APHIAplus project, clarify their roles and responsibilities and discuss the proposed intervention.

Touts and traders: The passenger transport workers intervention, reaching 5,135 males and 1,225 females out of the approximately 10,000-strong matatu work force in Nakuru. These individuals were reached through small group sessions and one-on-one sessions at the drop-in centers. A total of 900 clients drawn from the passenger transport sector and their spouses were provided HIV testing through the centers and outreaches at bus stops. Sixty-two received STI treatment, 129 FP services while eight were started on TB treatment and three put on ART.

The matatu crew with alcohol addiction continued to participate in the weekly group therapy sessions through eight established community-based AA groups in the drop-in centers while those living with HIV participated in prevention with positives activities conducted by support groups.

Fifteen bicycles donated by the International Parenthood Federation were distributed to the drop-in centers for use by the peer educators.

Persons in confinement: Health education sessions were conducted for inmates in Kapenguria and Kitale prisons, reaching 1,407 men and 74 women. Topics covered included TB prevention, treatment and management, sexually transmitted diseases, rape and defilement, and HIV management. Kapenguria prison requested the project to support voluntary medical male circumcision and VCT for inmates.

People with Disability (PWD): During the quarter under review, PWD trained as peer educators continued with weekly peer education sessions using the activity guides. Six sessions were conducted, reaching 775 males and 573 females out of an annual target of 1,624. The weekly

sessions covered topics ranging from stigma reduction and HIV counseling and testing to signs and symptoms of STIs and the importance of prompt treatment of STIs.

Street populations: During the period under review, one of the project partners, K-NOTE, reached out to street youth and families with HIV prevention messages. A total of 121 street youth (100 male: 21 female) were reached with health messages addressing risk reduction by advocating partner reduction and anal sex avoidance, STI management, non-treatment of STIs and counseling and testing. Twenty male street youth were counseled and tested for HIV during the Day of the African Child celebrations.

Community-based PwP activities: Table 1 below shows that 12 support groups of youth living with HIV were formed across the program areas in the quarter under review with a total of 126 members (5%), against an annual target of 2,340. This target will need to be reviewed to be better informed by the estimated number of youth PLWH. I Choose Life Africa (ICL), a local implementing partner, assisted two other support groups of youth who hold meetings at the Provincial Hospital, Nakuru (PGH) and the Catholic Diocese of Nakuru (CDC). The groups are undergoing sessions tailored along the PwP minimum standards such as ART adherence, safer sex, and nutrition in addition to providing psychosocial support to each other.

During the period under review, three support groups established from post-test clubs formed at youth-friendly centers were linked to comprehensive care centers in their respective regions for sustainability. Two other implementing partners, namely FAIR and CCS reached 1,537 PLHIV with PWP activated, bringing the total reached to 1,663.

Location of Support Group	# of groups	Members
Kapenguria District Hospital	8	62
Kitale District hospital		
Moi's Bridge Dispensary		
Egerton University Nakuru town campus	2 groups	64
Egerton University main campus	1 group	
Kabarak University	1 group	

RESULT 3.2: Increased demand for an integrated package of quality high impact interventions at community and facility level

3.2.1 Reduced social, economic, and geographic barriers to accessing and utilizing services:

During the period under review, social mobilization events were held to increase demand for health services. This included drugs and substance abuse awareness week. ICL peer educators educated communities on the dangers of drug abuse, focusing on alcohol and tobacco. The week-long campaign culminated in an open-air gathering where messages were disseminated. A total of 650 students attended



Pic 3: Peer Education session in remote West Pokot

the week-long activity. In the course of the interactions, the ICL helpline was publicised, resulting in 505 phone communications. Twenty-three (23) clients were counselled and referred for STI diagnosis and treatment via the helpline.

Three resource centers were established in Naivasha, Gilgil and Maai Mahiu that reach out to youth aged 9 - 24 years. Within the centers the young people are able to access various services including reading materials, peer education and counseling. The centres are also used as venues for group meetings, literacy classes and community theatre rehearsals. During the quarter, 1,402 youth (961M, 441F) were reached in the three centers. Forty-four young people (30M, 14F) were referred for various health services and 14,903 male condoms distributed.

Activities planned for next Quarter

- Training of 40 sex worker peer educators in Naivasha and Gilgil.
- Training of 22 MSM peer educators,
- HIV testing and RH service delivery outreaches to MARPs hotspots.
- Continued support to community based Alcoholics Anonymous groups.
- Peer education and outreach to all MARP groups.

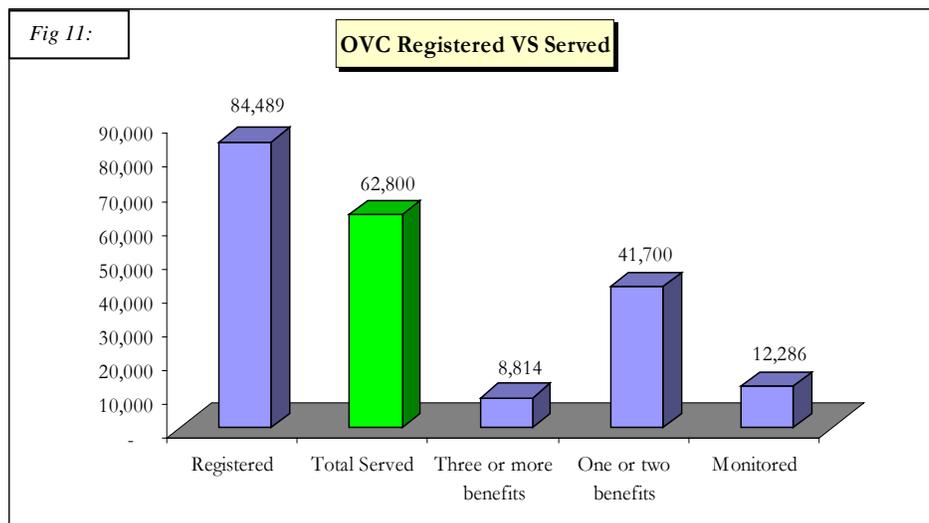
3.2.2 Increased capacity of districts to develop, implement and monitor customized communications strategy

This is a function of the BCC committees. Plans are underway to use the District Stakeholder Forums to develop strategies to operationalize the BCC committees.

4. Addressing Social Determinants of Health

RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS

APHIAplus Nuru ya Bonde interventions to address social determinants of health primarily target OVC and people living with HIV and their spouses. The project has 84,489 active OVCs out of an annual target of 120,000. The transition of OVC from USAID Track 1.0 partner is ongoing and is expected to be completed in the coming quarter. Out of the current active 84,489 OVCs, 62,800 were served during the quarter — 8,814 received three or more services and 41,700 one or two services. Another 12,286 OVC were monitored but received no service.



4.1.1 Increasing access to economic security initiatives to marginalized, poor and underserved groups

Activities started under APHIA II project targeting the home- and community-based care clients and OVC households were expanded, with a bigger number of clients participating in economic empowerment activities. A total of 154 groups with about 3,080 members which started as Savings and Internal Lending Communities (SILC) have expanded their economic activities from savings and credit to include a various enterprises ranging from small-scale farming to fishing, poultry, rabbit and beekeeping.

SILC groups have played a key role in increasing access to economic security initiatives. The groups reported accumulated savings of Ksh 3, 403, 268 with about Ksh 4,214,069 in loans circulating among the members. The loans have assisted the group members to initiate or support ongoing businesses. Seven groups with members from 286 households of PLHIV and OVC caregivers are also involved in enterprises that make soap, jam and beadwork for sale. One group in Nakuru is spinning wool and making good profit (See success story in appendix). Two groups at St. Nicholas drop-in centre in Nakuru were linked to K-Rep and SMEP micro-finance institutions for business loans. Red Cross drop-in center members were trained by Ministry of Agriculture in food preservation.

Members of households have also been given new skills in various areas by the project or through linkages to various partners in the community identified by project staff. A total of 482 individuals were trained and equipped with various skills. Thirty-three SILC group members were trained in economic strengthening activities in Narok in collaboration with the Ministry of Agriculture, World Vision and Voluntary Service Overseas (VSO) in Narok. Another 105 members were trained on beekeeping and 33 in value addition for honey in Nakuru North. A total of 174 members were trained on kitchen gardening. Thirty members were trained on livestock rearing and given dairy goats, cattle, ploughs and beehives by the Ministry of Livestock and Development in Nakuru North.



Pic 4: St Joseph support group Nakuru, during the bead work training.

In addition, 23 members of St. Joseph support group in Nakuru underwent a month's training on making beadwork for sale. In collaboration with Paradigm Organisation, the project trained 63 clients from Lanet drop-in center in Nakuru on use of energy-saving *jikos* (stoves). The group is now being supplied with the *jikos* by the organization at Ksh.1, 865 and selling each at Ksh. 2,500. The group has already sold over 100 *jikos*.



Pic 5: Members of Lanet DIC during training on energy-saving stoves

In Njoro, the project collaborated with the Ministry of Agriculture to train groups on kitchen gardening and fish farming. Through Njoro stakeholders meeting, the group was linked to Desert Oasis Response Empowerment Program (DOREP), which trained them on poultry. They were then given small loans to poultry projects. Compassion International trained the support group members in mushroom farming and Equity Bank on business skills.

4.1.2 Improving accessibility to local markets by eligible households for revenue generation and sustainability

The project is in the process of engaging an implementing partner to link households producing products to markets. However, one group in Njoro consisting of ten people involved in wool making has been assisted to market their product.

4.2.1 Increasing food security, improved nutrition and sustainable livelihoods amongst the target groups

In the food security and nutrition intervention, 8,247 HCBC clients and 7,749 OVC clients received food and nutrition education. The project continued supporting activities such as Junior Farmer Field (JFF) schools based program in 27 schools. This program continues to build the capacity of pupils on agriculture while at the same time ensuring OVC in the school get food from the school demonstration farms.

The farm in Nakuru supplied 3,747 kilos of vegetables, 98 trays of eggs and 664 packets of dried vegetables to vulnerable households within project districts. A total of 456 farmers earlier trained in growing drought-resistant crops in Njoro, Gilgil and Kapkures continued to grow crops such as cassava, pumpkins and sweet potatoes. Some of these farmers are doing very well (*see picture*).



Pic 6: Member of Ushindi support group in Njoro in her casava farm

OVC received education on nutritious foods and food through linkages and referrals to other organizations. A total of 256 OVC from Nandi received food stuff donated by Mother Francisca Health Care Centre, a local partner, and a businessman from Kapsabet town (Baba Hardware).

In Marakwet, 492 OVC received food donated by the provincial administration, while in Narok North five support groups received cowpeas, sorghum and green gram seeds for planting from the Ministry of Agriculture. In Marakwet and Aror, farmers were trained on establishing kitchen gardens, farrow irrigation and dairy goat keeping through collaboration with JICA. In Nakuru, FHI 360 partnered with FAIR, a local implementing partner, to provide food supplements to malnourished children through the NHP Program. So far, 1, 000 children have been screened and 639 linked to the NHP program.

4.3.1 Increasing access to education, life skills, and literacy initiatives for highly marginalized children, youth and other marginalized populations

The project supported OVC access education and remain in school through provision of various services as shown in the table. In addition, implementing partners, through site supervisors and community health workers, monitored OVC and addressed other issues such lack of food, truancy, parental sickness which keep children out of school.

In Health Communication interventions targeting life skills for teens, two editions of *Teens Talk* magazine were

Support	# served
Vocational training	158
Secondary school fees	1,235
Scholastic materials	359
Sanitary pads	775
Life skills	200

produced and 10,000 copies (5, 000 primary, 5, 000 secondary). The magazine seeks to equip young people with life skills that help them overcome the challenges of adolescence. It also provides a forum for youth in schools to air their views and create dialogue with adults, including teachers and parents. To complement life skills education in the schools, the project distributed 10,000 copies of the *Sara Comic* through District Education Officers the Education Day.

In Naivasha, K-NOTE has continued to conduct interventions with street youth aged between 9 and 17 years. In addition to HIV prevention, volunteers at the resource center have introduced literacy classes for the boys. As a result, seven boys who have shown great interest to join school full-time have been linked to Naivasha Children’s Shelter for support. K-NOTE is also working with the Gender Desk and Child Protection Unit to help two children who want to go home to trace and rejoin their families.



To improve on hygiene, K-NOTE provided bathroom facilities where street youth who attend the sessions at the resource center shower and receive clean clothes donated by well-wishers and peer educators. The shower facility enables the street youth mingle and interact freely with the other youth in the resource center and this boosts their confidence.

4.1 Enhancing access to improved water supply and sanitation

During the quarter, 1,031 OVC households reported that they treated water using water guard. Four households were helped to construct pit latrines with support from MAAP, an agency working in the area. In Kajiado North, 120 members of households were trained to protect water springs and dams at Oloyiangalani and Edonyosidai. This was done in collaboration between MAAP and Concern Universal. In Kapkures, Nakuru, two households received water tanks after being linked to Jesus is Lord Ministries.

Most WASH activities focused on education — on water treatment and boiling, digging and use of pit latrines and hand washing. In Njoro and some parts of the North Rift, clients received a basic care package which includes a water jerrican and WaterGuard. These clients were trained on water treatment and importance of treating water for drinking with the support of MOH.

4.5.1 Increasing access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care

APHIAplus conducted an assessment of 21 district hospitals to map services to address sexual gender-based violence (SGBV). The assessment also indicated that health care workers were not trained on post-rape care (PRC) as per revised national guidelines. Other gaps include lack of medico-legal linkages for SGBV survivors, PRC forms, registers and trauma counselors’ forms and an effective referral system.



To address the training needs identified, the project

supported on continuous medical education on clinical management of survivors of sexual violence. The main objective was to equip service providers with knowledge, skills and attitudes to effectively and sensitively respond to the needs of the survivors of sexual violence. Medical education was provided to 359 health care workers in facilities as follows: Ngong 21, Kajiado 28, Loitoktok 27, Narok North 61 and Ololulunga 18, Molo 49, Gilgil 74, Bahati district hospital 30, Eldama Ravine 51).

The APHIA*plus* team also sensitized County Council of Olkejuado councilors on SGBV and HTC at the workplace and supported district reproductive health coordinators to carry out continuous medical educations in some facilities. IEC materials on SGBV and PRC were distributed in Gilgil District, the Kenya Bureau of Standards regional office and flower farms.

Other activities carried out during the quarter were community sensitization through public barazas to create awareness on care and support to OVC. Program staff and CHWs worked with trained paralegals to address child abuse and link affected OVC to the Children's Department. In Narok North, two OVC were rescued from early marriage and one from abuse. Two community meetings were held to advocate against FGM and early marriage in Narok.

During the quarter, the program processed 105 birth certificates for OVC. The project worked with Children's Department and Area Advisory Committees in reporting and rescuing OVC from abuse. In total, 913 cases of minor abuse were handled by counseling guardians and with the help of chiefs and AACs.

4.6.1 Improving the financial, managerial, and technical capacity of indigenous organizations serving social and health needs of marginalized, poor and underserved populations

Finance and sub-agreement management orientation: All new local implementing partners were trained on finance and administration of sub-agreements. The training was conducted by FHI 360 Finance, Contracts and Grants and program development staff. The topics covered were interpretation of the sub agreement document details, compliance, budgeting process and budget categories (estimated and obligated), proper documentation and records, proper authorization, financial reporting, program reporting and cost-sharing. Sixteen partners participated in the training.

Meetings with Local Implementing Partners: Twelve technical meetings were held between APHIA*plus* team and partners to improve the project delivery by reviewing tools, training materials and technical guidelines. In addition, the Program Development and Technical Officers held report review meetings with the implementing partners. The staff provided technical assistance to enable partners competently write quarterly reports. In addition, Program Development staff also re-oriented partners on how to write monthly reports using the provided report template.

4.6.2 Building the capacity of districts and village health committees to plan and coordinate implementation of effective multi-sectoral partnerships for health

District Stakeholder Forum meetings were held in several APHIA*plus*-supported districts. APHIA*plus* provided financial and technical support during five of these meetings—in Naivasha/Gilgil, Nakuru Central, Koibatek/Mogotio, Narok South and Kajiado North districts.

During the meetings DHSF guidelines were disseminated to DHMTs and the importance of regular meetings underscored. Stakeholders were given the opportunity to present their achievements and the key activities they are undertaking. The forums also identified gaps both DHSF management as per the national guidelines and in health facilities.

In North Rift, it was noted that activities are not implemented according to national guidelines. To resolve this anomaly, APHIAplus North Rift plans a meeting with all the DHMTs in the North Rift region to disseminate the DHSF guidelines.

In North Rift, the Marakwet District Children’s Officer convened a meeting of all the stakeholders in Marakwet district working with children. APHIAplus staff in North Rift gave an overview of APHIAplus Nuru ya Bonde project and shared the activity progress report. Some of the key issues highlighted included the need to make Marakwet East Area Advisory Council functional. The DCO appealed to stakeholders to help reactivate the AAC including by supporting it to make home visits. APHIAplus will support the Children’s Department to deliver services to OVC.

In Narok region, issues on OVC were discussed and plan made to improve services. In order to enhance coordination for OVC/HCBC activities, a joint district stakeholders’ forum was organized and a consultative meeting held with the District Children’s Officer. Following the discussions, an OVC QI team was formed and is now monitoring service delivery.

4.6.3 Increase participation of women, youth, children and MARPs groups in the design delivery and monitoring of interventions on their behalf

The sex work program is a good example of how women in most-at-risk populations (MARPS) are increasingly involved in the design delivery and monitoring interventions. The program supports young women to participate in activities aimed at protecting them from infections and rehabilitating them from sex work. Although APHIAplus supports the program by providing space and technical assistance, most activities are planned and carried out by beneficiaries.



Pic 9: Sex workers during a support group meeting

During the quarter under review, the sex workers decided to form self-help groups registered with Social Services. They divided themselves according to locations and formed a merry-go-round for saving and credit to the members. With loans from the groups, some of the women have started small businesses.

The sex workers hold regular group sessions at their convenience and prioritize topics they want to tackle during these meetings. Sex workers addicted with a drinking problem are linked to AA clubs within their drop-in centers, which they run with minimal facilitation from program staff.

4.6.4 Increasing the social inclusion of, and reducing discrimination against MARPs

There are 287 active support groups of PLHIV in the project. These support groups provide an opportunity to share experiences, give psychosocial support to each other and help address stigma. Through the HCBC program, 10,005 clients received psychosocial support. This included providing adherence and nutrition counseling and counseling on positive living. Support is provided during home visits and support group meetings.

A total of 50,798 clients and their family members were reached with prevention and ant-stigma messages.

During the quarter under review, 84,489 OVC received various forms of psycho social support from community health volunteers.

In addition, the project supported health action/family days. During the events, staff and volunteers reached OVC and their families with age-specific messages to address various needs and stigma. A total of 3,275 OVC participated in children's clubs and support groups. In these forums, children engage in educational games with children counselors. Those with psychological or emotional needs are identified for further counseling at the event and in follow-up visits to households.

5. Contribution to health Systems Strengthening (Result Area 1 & 2)

5.1 Community Health System

Systems strengthening: The project continued strengthening linkages with the Children's Department. The implementing partners and the project staff paid courtesy calls on the District Children Officers in 12 districts. The aim of the visits was to introduce the new teams at implementing partners to the officers, discuss a working relationship and present APHIAplus project strategies. The meetings also discussed how the IPs will be sharing reports with the DCO and the DCO's role in support supervision.

The APHIAplus teams and the implementing partners participated in various Area Advisory Committee meetings, where they introduced the OVC project. The government's cash transfer program was also discussed and possible linkages for further support explored.

University Research Co. (URC) in collaboration with USAID and the Ministry of Gender Children and Social Development organized a five-day workshop in Nakuru on QA /QI. The purpose of this workshop was to ensure that APHIAplus and implementing partner staff understand QI and mainstream it in their activities. At least two staff from each implementing partner and all OVC Technical Officers attended the workshop.



Pic 10: Narok North DCO, Mr. Julius Ngoko (standing) facilitates a session during sensitization meeting for the QI team.

Partners developed an action plan requiring partners to form quality improvement teams, select a pilot site for QI and conduct a baseline CSI for 100 OVC in the site, incorporate QI and then conduct an end-line CSI after six months. The process was to ensure that the partners understand the effect of QI in improving OVC services.

6. Monitoring and Evaluation Activities

6.1 Highlights

During the reporting period, the M&E staff were involved in several trainings and meetings to improve their knowledge and skills in providing technical assistance to both the MOH and implementing partners through TOT training on the National Curriculum on M&E for HIV, DHIS, Outcome M&E using LQAS and a CHIS stakeholders meeting.

In order to improve ART data quality and use of data for patient management at facility level, the project rolled out an electronic medical records (EMR) system at Nakuru Provincial General Hospital. The facility was provided with computers and necessary infrastructure for the system. Twenty-five staff were trained to use the system.

The USAID Regional Inspector General's Office in Pretoria, South Africa, conducted a program audit of USAID/Kenya's support to orphans and vulnerable children (OVC). A team of two auditors visited the project office and four sites of partners supporting OVC. The audit involved interviews with project and staff of implementing partners, review of databases to verify reported data against actual and household visits as well as interviews with OVC and guardians.

A key recommendation from the audit was the need for the project to develop a longitudinal data management system to monitor children accurately and improve on reporting on children served. A consultant has since been hired and the development of this system is underway.

6.2. Facility level activities

District facility progress review meetings: The project supported progress review meetings in 25 districts during the quarter. These meetings are aimed at providing districts with opportunities to review their performance against AOP, discuss challenges, review data and data quality and share technical updates.

M&E Officers in respective districts attended meetings in eight districts (four each in North Rift and South Rift) and provided feedback on data quality, gave updates on ART indicator definitions and completion of MOH 711A, and, in some cases, MOH105. A total of 360 health care workers, including members of DHMT, attended these meetings. Action plans were developed to address the gaps identified.

Supportive Supervision and Mentorship of service providers in recording and reporting of data: Supportive supervision is one strategy employed to improve the DHRIO, service providers (SP) and CHW performance in recording, reporting, data quality and use. During the quarter, the M&E team was involved in several supportive supervision visits to DHROs and facilities to provide support to address different gaps.

A total of 42 facilities were visited during the quarter where several activities were undertaken, including ART data reconstruction in two sites and mentorship of service providers on recording of

data in PMTCT, PITC, ART and FP tools. The visits covered both public and private sector facilities. A total of 55 service providers were mentored during these visits. Action plans were developed to address identified gaps and their implementation will be followed up over the next quarter.

On the other hand, six DHROs (Koibatek, Narok North and South, Rongai, Molo and Nakuru North) were visited and service providers supported to improve their skills in data management, including tracking of reports using an electronic tracker and reviewing of reports for quality.

Data collection: Various tools were distributed to DHRO to ensure that activities are recorded and reported. These tools included MOH 257, 258 and ART registers.

The project continued to collect reports on facility health activities through the DHROs. The reports were reviewed, reporting rates tracked and feedback shared with the DHRO on facilities that had not reported or those that needed follow up due to data quality issues. The district reporting rates per intervention area are presented in *VI Annex*. A few districts, such as Baringo North and Baringo East, had rates below 80% during the quarter. The low rates were due to among other reasons, closure of facilities and difficulty in transmission of reports from hard to reach facilities to the district level.

6.3 Community level activities

1. Health Communication

Several activities were carried out to improve the capacity of partners implementing Health Communication interventions to record, report and use data. Two program coordinators (K-NOTE and FAIR) were mentored on quality reporting and the use of prevention data management system. In addition, one M&E assistant from FAIR was mentored on data management procedures, use of data quality tools, reporting formats and use of data for decision making. A total of six implementing partner staff in Narok district were mentored on data management procedures and documentation. Standard project tools were also distributed to ensure activities were reported timely.

2. Community Health

Data quality assessments: During the quarter, a routine data quality and program audit was conducted for 12 implementing partners (Nakuru, Catholic Diocese of Ngong, Caritas and LIFA) to assess quality of data for FY 2010 and whether the program met technical requirements. Action plans were developed for each IP to address the gaps identified. Monitoring of the implementation of these action plans is ongoing. In North Rift, monitoring indicated that the action plans were fully implemented.

The OVC database was introduced to LIFA, one of the IPs where three officers were trained data entry, cleaning and manipulation using the system. Eleven staff of implementing partners in Narok and North Rift were given orientation on the RDQA process to enhance their skills in planning and conducting the same.

Support supervision to implementing partners: Three partners — Catholic Diocese of Ngong, Caritas and LIFA — were supported in data management processes, including cleaning, merging and conducting simple analysis. In districts in the greater Nakuru, three M&E Assistants and Program Coordinators were mentored on developing data flow charts, back-up procedures, tracking reporting rates, performing data quality checks in the system and documentation of referrals. Data clerks were also trained on the job to perform data quality checks in the OVC system.

To improve documentation of best practices and success stories, guidelines were disseminated to two (NADINEF, ECONOW) implementing partners in Narok districts. One partner was mentored to develop and document data management procedures while another was mentored to prepare M&E plans.

6.4 Challenges

Uncoordinated distribution of some revised HIV/AIDS tools without dissemination posed a challenge because the health care workers had not been trained to record and report using the tools. Furthermore, some of the data collected could not be aggregated into the current MOH summary tool. USAID M&E staff were informed about this and requested to intervene at national level.

7. Environmental Compliance

In the past quarter, the APHIA*plus* team started liaising with various government departments to select baseline information that will facilitate proper environmental reporting in the following quarter.

ANNEX 1: REPORT ON CROSS CUTTING ISSUES (GENDER, YOUTH, EQUITY, WHOLE MARKET, INNOVATIONS)**Demonstrating Whole Market Approach**

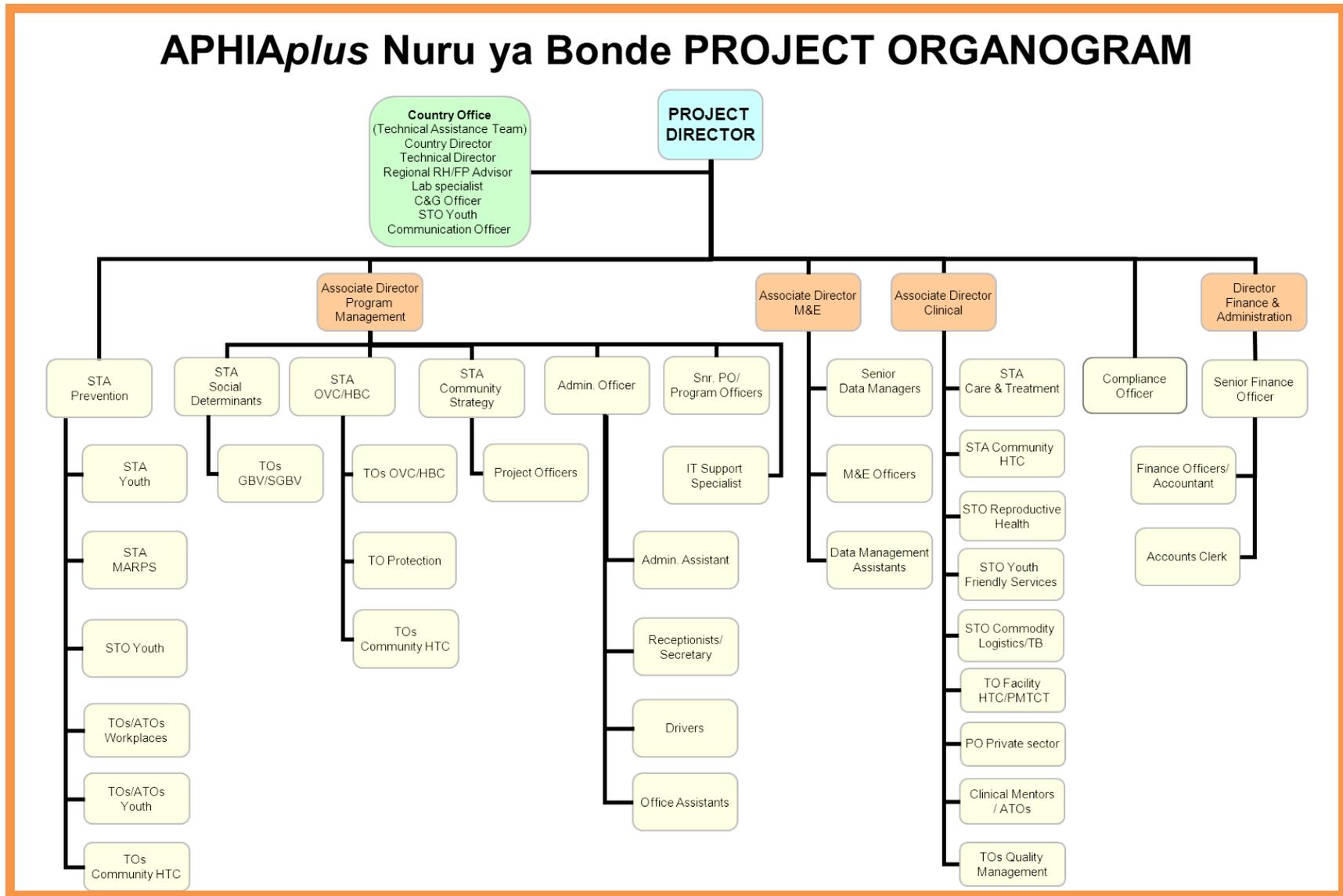
One of the implementing partners, K-NOTE partnered with HIV-Free Generation to mobilize youth and conduct small group discussions using the movie *Shuga* during a two-day regional sports festival, Sakata Ball Championships sponsored by communication service provider Safaricom in Naivasha. A total of 300 youth were counseled and tested for HIV during the event.

In addition, APHIAplus continued to collaborate and work with private and public sector stakeholders and to leverage resources for support to vulnerable households. This was largely achieved through participation in various stakeholders meetings. Information shared during the forums has helped the project to link the vulnerable households supported by project to other organizations in the community for more support.

The project also continues to provide technical support and to local groups and monitor the activities. Below are examples of groups that benefitted from better linkages with the public and private sector:

- Maraba support group in Tinderet received funding from Walter Reed, Kericho. The group's 52 members are engaged in poultry farming.
- Tingoswa support group in West Pokot accessed funding from World Vision to undertake tailoring projects and small-scale farming. They also received funding from the Constituency AIDS Control Committee (CACC) to mobilize people for HIV counseling and testing and to advocate for positive living. FAO has also supported the group to establish demonstration plots for small-scale farming and advocate for behavior change. The group members receive services at the Chepareria comprehensive care center (CCC).
- Kipsebwo support group in Nandi East district received a grant of Ksh.350, 000 from CACC for home and community based care and HIV prevention.
- Two support groups involved in Savings Internal lending Communities (SILC) initiative were trained by Equity bank on financial management. Several members have since taken loans from the Bank to invest in small business.
- Ludima support group harvested fish during the quarter and received fish meal from the Ministry of Agriculture. They have accessed funding from APHIAplus Strategic Partner AMREF to buy tents and chairs that they hire out for events to generate income. Most of them are members of Nandi Hills District Hospital CCC.
- In Nakuru North, households were linked to Kenya Seed Company for farm inputs such as maize seed and fertilizer.
- In Lanet, Nakuru, 63 members linked to Paradigm Organization were trained to make and sell energy saving jikos (stoves).

ANNEX 2: IMPLEMENTING PARTNERS ORGANOGRAM



ANNEX 3: SUCCESS STORIES

1. Anne's Story

Ann-(*not her true*) name-is 33 years old. She is deaf. For some time, she had been on medication but she did not know what the medicine was meant for. She has limited education as there are no many schools that cater for such people as Ann in the Trans Nzoia region.

With the poverty and deep socio-culture stigma associated with disabilities, Ann could not be regarded favorably for education. Now, as a grown woman who could not be able to read and with hearing impairment, she couldn't understand the treatment she has been put on despite being pushed by her elder brother to take them.

Ann was also a victim of abuse from men, who found her an easy target as she was seen as less empowered and un-exposed to support systems and information. Many of the men took advantage of her situation and as a result, she contracted HIV. She got pregnant and miscarried twice.

One day, Ann visited Chanuka Youth Centre after she learned that the centre helped young people, including those with disabilities. She wanted to know her status and why she was being given the medicines and for what treatment. This is what she shared with the Trained Sign Language Interpreter, who also is the Voluntary Counseling and Testing counselor at the centre.

The counselor explained to Ann about HIV and the need to continue taking the medicine. A repeat HIV test confirmed she was infected. Her visit to Chanuka Youth Center also enabled her to get psychological support, which enabled her to accept her condition and status.

Ann now knows that she was not the only one in such a situation, as she was also booked for the ongoing counseling sessions at the center. This was found to be important as it is during this time that she needed a shoulder to lean on even as her third pregnancy had also ended in a miscarriage.

Currently, Ann is living positively with HIV, taking good care of herself and getting treatment for opportunistic infections.

During the quarter under review, people with disabilities were trained as peer educators continued with weekly peer education sessions using the activity guides. Six sessions were conducted, reaching 775 males and 573 females out of an annual target of 1,624. The weekly sessions covered topics ranging from stigma reduction and HIV counseling and testing to signs and symptoms of STIs and the importance of prompt treatment of STIs.

2. Community Health Workers Empowered By Energy-Saving Jikos Business:

A key objective of the USAID-funded APHIA*plus* Nuru ya Bonde program is to work with local partners to improve livelihoods for individuals and communities. By empowering families economically, the program ensures they are able to cater for the needs of orphans and vulnerable children using local resources.

Family Aids Initiative Response (FAIR), a partner in the APHIA*plus* program, the implementers of the APHIA*plus* program, constantly seek for opportunities to empower their clients with a source of sustainable income.

This was demonstrated clearly when Lanet drop-in centre social worker Joseph Mumo linked up the volunteer community health workers with an opportunity for business skills training by Envirofit, an organization that makes energy saving jikos.

Envirofit trained the community health workers on how to be successful entrepreneurs. They were equipped with skills on how to manage their own business ventures such as that of selling the energy-saving jikos. The CHWs were excited about the idea since the concept behind the jikos was innovative and could sell well.

A number of sessions took place between the community health workers and the Envirofit team to ensure they had a good grasp of how the jikos worked. The organizations and group members worked out how to start and run the business.

The group would buy a jiko at Ksh.1, 865 and resell at Ksh.2, 500. Some the income generated would be ploughed back into the business and a part would be used for household needs, improving the economic status of the community health workers, their families and the children under their care.

First, each was given a jiko to use at home. Then Envirofit provided the consignment of jikos for sale on credit. The partnership has since blossomed into a thriving venture.

Other than the obvious economic benefits, the project has brought a sense of togetherness among the CHWs as they now have a common goal that unites them. They come together often and share experiences as well as set targets for themselves. This keeps them motivated and focused on making maximum sales.

Volunteers no longer drop out of the program. Instead they now look forward to meetings to discuss about the jikos business and how they can use the business opportunity to empower themselves economically.

“The business skills I have acquired help me budget properly. I can accurately calculate the net income from the gross profit,” said Esther, a community health worker. “I can now see myself being financially independent and able to afford to pay medical bills for my children as well as provide for other basic needs.”

3. Spinning dreams: path to economic strengthening:

Mercy Akinyi is a widow aged 40 who lives in Njoro area. She has seven children between the ages of 29 and 15. She also has two grandchildren aged 10 and 7, respectively.

Bringing up her large family after the loss of her husband, who was the sole breadwinner, has been an enormous task. Many are the times she wanted to give up on life but decided to trudge on for the sake of her children.

A friend told her about a support group for guardians and parents of the children in the project supported by the Family Aids Initiative Response (FAIR), an APHIA*plus* implementing partner in Nakuru and Njoro districts. She contacted the FAIR and has since joined Huruma support group.

Mercy and other members of the group and their children receive various forms of support, including psychosocial support as well as information on reproductive health, HIV and AIDS transmission and prevention and life skills.

The group also recognized that many of them were poor and agreed to find ways to improve their economic standing.

With the guidance of APHIAplus social worker Ann Tumom, the group held several sessions to discuss ideas of empowering themselves economically. The sessions motivated them to think of self-employment as a feasible means of generating income.

Mercy proposed that they start spinning wool and selling to knitting companies. She told the group that she once worked for one of the companies and had the skills and a spinning machine to start them off. Furthermore, wool was readily available.

The group bought the idea. APHIAplus has provided them with space at the Njoro drop-in center, where Mercy taught the other women how to spin wool and helped to find a market. Now the support group has a full-fledged business venture.

They buy raw wool at Ksh. 100 a kilo and sell the thread they spin at Ksh.420 per a kilo, mainly to knitting factories in Njoro town.

The business is growing steadily. Having seen the benefits, the group is planning to train members of other groups in the trade so that they too can earn income from spinning wool.

“By participating in the support group, I have really progressed economically,” says group member Sophia Auma, also a widow and mother of four. “I can now cater for the needs of my family and even plan for the future.”

The income the group receives has improved the lives of members and their children. They are hopeful that they will be able to pay school fees for their children and cater for their other needs.

Mercy’s 10 year old grandson has already learned the intricate art of spinning wool and, when not in school, loves working with her at the drop-in center.

The group plans include buying more spinning machines, recruit more members and buy land to put up a building to house the business.

Captions:

1. Mercy presents ready wool to social worker Ann Tumom who assists them in marketing.
2. Mercy’s 10 year old grandson busy at work at the Red Cross DIC



4. Religious leaders network to promote health

Religion plays an important role in African society. It is a common bond that binds people from diverse background.

Many people turn to churches, mosques and other places of worship for advise, for consolation in times of need and safety in time of danger.

APHIAplus Nuru ya Bonde recognizes the important caregiving role of religion and works with faith-based organizations — Christian and Muslim in HIV prevention, care and treatment programs.

In Nandi East District of North Rift region, APHIAplus is collaborating with an inter-denominational group of religious leaders to spread messages on HIV prevention and care for orphans and vulnerable children (OVC).

The Nandi Hills Pastor's Fellowship was formed in 2007 and registered with the Ministry of Gender, Sport and Culture. The objective of the group include promoting spiritual growth, educating communities about HIV and AIDS, fighting drug and substance abuse, and supporting the disadvantaged, including orphans.

“We first started by going round different churches in the district preaching peace to reconcile communities after the 2007/8 post-election violence,” says Simon Ngetich, secretary of the group, which has preachers from 14 denominations.

“We then started holding monthly rallies to collect donations for needy families,” he says.

The group started reaching out to families affected by HIV and discovered that there was a large number of orphans who needed support.

“We realized that local contributions could help these families and started encouraging worshippers to give a ‘love offering’ to help the children,” says group member Pastor Simeon Kamande.

Since 2009, the group has received support from Christian Community Services (CCS), a development arm of the Anglican Church that is a partner in APHIAplus. CCS has supported the group by providing funds for some of its activities and its training members to strengthen HIV Prevention and improve support to orphans and vulnerable children.

The training made a big difference, according to group vice-secretary Benjamin Birech. “It made us realize that donations are not enough. We expanded our pastoral program and included more home visits to provide psychosocial support [to people living with HIV and their families].”

Besides training, APHIAplus gives groups such as the pastor's network ongoing technical advice and funds for some activities. The project also links them to support organizations in the community and to health facilities.

Pastors continue to collect donations to support families affected by HIV. They also seek support from government and other institutions in the community. For instance, the group lobbies the Constituency Development Fund and bursary kitty to assist children from deserving families.

The group is also helping in the fight against malaria. The disease is prevalent in the Nandi highlands, a lush, green area know for its tea plantation. In 2010, the pastors bought and distributed 240 mosquito nets with Sh48,000 they raised.

ANNEX 4: REPORTING RATES

DISTRICT REPORTING RATES APR-JUN 2011

	District	PMTCT	DTC	VCT	ART	TB	RH-FP
1	Molo	88	87	83	78	75	86
2	Nakuru North	90	80	82	100	91	81
3	Nakuru central	87	85	79	100	92	78
4	Naivasha	88	90	90	100	100	86
5	East Pokot	62%	63%	0	33%	44%	41%
6	Kajiado Central	81%	81%	92%	100%	94%	84%
7	Kajiado North	90%	90%	88%	89%	93%	87%
8	Koibatek	98%	100%	100%	100%	100%	97%
9	Laikipia East	92%	92%	83%	87%	94%	94%
10	Laikipia North	100%	100%	83%	100%	100%	100%
11	Laikipia West	87%	85%	95%	100%	100%	89%
12	Loitokitok	94%	93%	88%	96%	100%	91%
13	North Baringo	77%	77%	89%	100%	100%	80%
14	Central Pokot	92%	92%	73%	100%	100%	89%
15	Keiyo South	80%	74%	79%	89%	93%	80%
16	Kwanza	91%	88%	80%	83%	75%	90%
17	Marakwet	78%	80%	73%	87%	78%	92%
18	North Pokot	90%	87%	86%	92%	90%	77%
19	Trans East	93%	98%	89%	100%	91%	90%
20	West Pokot	83%	68%	100%	100%	80%	86%
21	Narok South	97	95	91	100	94	89
22	Narok North	100	90	93	100	95	99

HEALTH COMMUNICATION IPs REPORTING RATES

Partner	District	# of Active Peer educators	# of Peer educators reported			Average Reporting rate
			April	May	June	
CCS	West Pokot	66	54	51	41	74%
CCS	Kwanza	58	51	57	48	90%
CCS	Marakwet	60	38	39	46	68%
HI	Trans Nzoia West	18	14	16	17	87%
HI	Kwanza	15	6	3	2	24%
HI	Trans Nzoia east	27	15	15	23	65%
HI	West Pokot	26	19	19	24	79%
FAIR	Nakuru-CSW	230	230	78	230	78
	Molo-CSW	33	33	28	24	86
	Nakuru_Trackers	230	230	78	230	78

	Molo-Trackers	33	33	28	24	86
	Nakuru-PWP	19	19	18	16	93
	Molo-PWP	19	19	18	16	93
KNOTE	Naivasha- Youth in informal	90	72	80	80	86
	Naivasha-Youth in church	60	50	50	51	84
FHOK	Nakuru	120	64	85	71	61
ICL	Nakuru	152	2	2	71	16

HCBC PARTNERS REPORTING RATES APR-JUN 2011

Partner	District	Reporting
Catholic Diocese of Ngong	Kajiado	66%
Catholic Diocese of Ngong	Loitokitok	80%
Catholic Diocese of Ngong	Narok North	44%
Catholic Diocese of Ngong	Narok South	82%
Caritas Nyeri	Laikipia	94%
Catholic Diocese of Eldoret	Central Pokot	79%
	Kwanza	86%
	Trans Nzoia East	90%
	West Pokot	80%
	Keiyo South	92%
	Nandi North	97%
	Marakwet	92%
Catholic Diocese of Nakuru	Nakuru central	96%
	Naivasha	87%
	Nakuru North	100%
	Koibatek	92%
	Baringo	88%

ANNEX 5: TRAVEL REPORT APR - JUNE

Travel Date	Destination	Reason for Travel	Person
10 th – 14 th April 2011	Nairobi	Travel to Nairobi to attend Award Management Contracts and Cooperative Agreements training	Richard Omwega
3 rd – 7 th April 2011	Nakuru	Attend development of Program implementation framework workshop	Kennedy Yogo/ Fredrick Githongo / John Kiprop / Jay Mairura/ Peter Njoka /
3 rd – 7 th April 2011	Nakuru	Attend development of Program implementation framework workshop	Wycliffe Kokonya/ Peter Katsutsu / Maurice Obuya / Davies Chibindo
30 th – 31 st March 2011	Eldoret	To reactivate the router and configure the additional computers in Eldoret Office	Peter Kimani/ Samuel Ngumah
3 rd – 4 th April 2011	Kajiado	Provide support during Kajiado Central district facility meeting	Celestine Ogolla / Simeon Koech
5 th – 6 th April 2011	Loitoktok	Provide support during loitoktok district facility meeting	Rhoda Ndeke/ George Ndungu
3 rd – 3 rd April 2011	Nairobi	Pick staff from Nairobi – Nakuru (transferred from Mombasa – Nakuru)	Samson Kaba/ George Ndungu
4 th – 8 th April 2011	Nairobi	Attend the SBC Shang Ring Workshop	Lorina K. Kagosha / Josphat Buluku
11 th – 13 th April 2011	Kajiado	Meetings with two AVSI OVC partners to transition their programs into APHIA Plus	Lorina K. Kagosha
6 th – 8 th April 2011	Kapenguria/ Sigor/ Kaibichbich	To participate in food distribution at Kapenguria, Sigor and Kaibichbich with MOH staff	Tom Dado
4 th – 8 th April 2011	Nairobi	To participate in the shangring workshop	John Ndiritu/ S. Ochieng/ Oby Obyerodhyambo
11 th – 13 th April 2011	Kajiado	Drive staff(L. Kagosha) to Kajiado for various program activities	Samuel Ngumah
7 th – 7 th April 2011	Naivasha/ Nairobi	Drive staff(Ian Wanyoike) to Naivasha for a meeting and drive Sylvester Kobare at CRS Kenya office for a staff meeting	Samuel Ngumah
13 th – 14 th April 2011	Nanyuki	Attend Laikipia East Facility meeting	Thomas Ondimu/ Sadat Nyinge
8 th – 11 th April 2011	Nairobi	Pick staff from Nairobi after attending SBC Shangring Workshop	Josphat Buluku
7 th – 7 th April 2011	Narok	Drive staff to Narok after attending Development of the Project Implementation framework workshop in Nakuru	Simeon Koech

10 th – 17 th March 2011	Nairobi	Drive staff (R. Odhiambo / I. Muteti) to Nairobi for a meeting	Samuel Ngumah
17 th - 17 th March 2011	Magadi	Drive staff (S. Ochieng) to Magadi for workplace meetings	Samuel Ngumah
31 st March – 1 st April 2011	Nairobi	Pick staff (D. Mwakangalu) from Nairobi after transition and handover meetings in Kilifi and Mariakani	Tobias Otieno
18 th – 18 th March 2011	Nairobi	Pick staff (D. Ager) after attending AMREF staff meeting	Samson Kaba
23 rd – 24 th March 2011	Nairobi	Drive staff (LVCT and AMREF) to Nairobi for various program meetings	Samson Kaba
18 th – 19 th April 2011	Naivasha	Attend Reproductive Health Documents Disseminations for South Rift	Violet Ambundo
12 th -14 th April 2011	Barpello	To conduct an initial meeting with Incarnate Word Sisters (a proposed new IP) in Barpello over the OVC activities previously supported by AVSI	Kennedy Yogo/ Nicodemus Mwangui /Peter Njoka
13 th – 14 th April 2011	Baringo	Attend Baringo North and East Pokot facility meeting	John Kiprop
13 th – 14 th April 2011	Kapenguria/ Chepareria	To participate in AMPATH APHIA Plus food distribution at Kapenguria and Chepareria	David Lumbo
12 th – 12 th April 2011	Nairobi	Drive staff(D. Ager) to Nairobi enroute to Mombasa for AMREF annual program review meeting	Simeon Koech
13 th – 13 th April 2011	Nairobi	Drive staff (A. Ophwette) to Nairobi for meeting	Simeon Koech
16 th – 16 th April 2011	Nairobi	Pick staff from Nairobi after attending AMREF annual program review meeting	Simeon Koech
13 th – 13 th April 2011	Kabarnet	Drive staff (B. Otieno) to Baringo to participate in Pokot East and Baringo North Facility meeting	Josphat Buluku
13 th – 14 th April 2011	West Pokot	Clinical mentorship Kapenguria Chepareria Hospitals, support food distribution with the district nutritionists	Jay Mairura
13 th – 15 th April 2011	Nairobi	Drive Dr. Kimotho and Nyikuri to JKIA en-route to Mombasa for KPA conference and provide support in Kajiado during introductory and planning meetings for SGBV activities	Samson Kaba
13 th – 15 th April 2011	Kabarnet	To attend Baringo North and Baringo East facility meetings	Bernard Otieno
11 th – 16 th April 2011	Naivasha/ Narok	Provide support during PHMT support supervision in the South Rift	Kombo Kironda

12 th – 12 th April 2011	Baringo	Drive staff (Charles Njue) to Kipsaraman and Marigat to familiarize with the activities being carried out by the implementing partners. Offer technical assistance where necessary and explore possibilities of scaling up existing interventions and opportunities for new livelihood interventions	George Ndungu
21 st – 21 st March 2011	Nairobi	Pick staff (S. Gichuki) from Nairobi after attending a staff meeting at CRS county office	George Ndungu
22 nd – 22 nd March 2011	Nairobi	Drive staff (I. Muteti and B. Otieno) to Nairobi to participate in APHIA Plus OVC QI planning meeting	George Ndungu
28 th – 28 th March 2011	Nairobi	Pick staff (J. Kuria) from Nairobi after installation of EMR in Coast GSN sites	George Ndungu
18 th – 21 st April 2011	Nairobi	Participate in Comprehensive Prevention training at Maasai Lodge	Oby Obyerodhyambo
19 th – 20 th April 2011	Kitale	Attend facility in charges meeting for Pokot west district in Kitale on 19 th April 2011 and meet with DHMT Transzoia East to brief them of APHIA Plus package of support on 20 th April 2011	Jay Mairura
19 th – 21 st April 2011	Kacheliba/ Konyao/ Amakua/ Alale	To participate in AMpath Aphia Plus food distribution at Kacheliba, Konya and Amakuria/ Alale	Nicodemus Mwangui
27 th – 29 th April 2011	Kapenguria/ Kainuk	To participate in Ampath APHIA Plus food distribution at Kapenguria and Kainuk	Tom Dado
18 th – 21 st April 2011	Nairobi/ Kajiado/ Loitokitok	18 th – drive staff (S. Ochieng) to Nairobi to participate in Comprehensive Prevention workshop and 19 th – 21 st – drive staff (LVCT) to Kajiado and Loitokitok to do mapping to assess the SGBV/ PRC service provision at the facility level	Tobias Otieno
18 th – 22 nd April 2011	Molo/ North Rift	Provide support during PHMT support Supervision in Molo and North Rift	Kombo Kironda
21 st April – 4 th May 2011	Nakuru	Relocation – New hire	Dr. Francis Waudo
19 th – 20 th April 2011	Kitale	Attend facility in charges meeting for Pokot West District In Kitale on 19 th April 2011 and meet with DM+HMT Trans Nzoia East to brief the of APHIA Plus Package of support on 20 th April 2011	Peter Njoka
19 th – 21 st April 2011	Kericho	Participate in planning meetings, district mobilization and commemoration of World Malaria day	Dr. Nancy Etyang/ Johana Miligo/ Isaac Rutto/ Chris Lengusuranga/ Musa Koeh/
20 th April – 3 rd May 2011	Nakuru	Relocation – New hire	Charity Muturi

26 th – 29 th April 2011	Laikipia	Drive staff (Charles Njue) to Laikipia Central/ North and East to familiarize with the livelihood activities being carried out by the implementing partners, offer technical assistance where necessary and explore possibilities of scaling up existing intervention and opportunities for new livelihood interventions	Samuel Ngumah
26 th – 30 th April 2011	Naivasha/ Nakuru/ Laikipia	Drive staff (Duncan Ager) to Naivasha, Narok South and North, Kajiado, Laikipia East and West for familiarization visits to existing CHU	Simeon Koech
18 th – 18 th April 2011	Nairobi	To participate in interview for Senior Data Manager for the Project	Linda Muyumbu
27 th – 27 th April 2011	Nairobi	Drive staff(R. Odhiambo/ Oby) to Nairobi for a series of meetings and back to Nakuru	Josphat Buluku
26 th – 27 th April 2011	Gilgil/ Laikipia	Drive staff (G. Kimathi) to Gilgil/ Nanyuki for mapping of PRC activities	George Ndungu
22 nd – 26 th April 2011	Narok	Provide support during mapping of SGBV activities in Narok	Tobias Otieno
26 th – 26 th April 2011	Kitale	Drive staff (Lilian Gitau and Peter Onyancha) to Kitale and Kapenguria to provide support to HI carry out PE orientation	Tobias Otieno
27 th – 29 th April 2011	Transzoia/ Endeless	Provide support during mapping of PRC activities	Nicodemus Mwangui
27 th – 30 th April 2011	Laikipia	Provide support during mapping of PRC activities in Laikipia District	George Ndungu
27 th – 27 th April 2011	Kericho	Drive staff(S. Ochieng/ J. Ndiritu) to Kericho for workplace transition meeting	Samson Kaba
3 rd – 7 th May 2011	Nakuru/ Loitokitok/ Kajiado	Drive staff(Charles Njue) to Narok, Kajiado and Loitokitok to familiarize with the livelihood activities being carried out by the implementing partners, offer technical assistance were necessary and explore possibilities of scaling up existing interventions and opportunities for new livelihood interventions	Josphat Buluku
2 nd – 2 nd May 2011	Nakuru	Pick staff (G. Kimathi) from Nakuru to Eldoret to carry out PRC mapping activities	Tom Dado
3 rd – 5 th May 2011	Keiyo/ Pokot East	Drive staff (LVCT) to Keiyo and Pokot East districts to carry out PRC mapping activities	Tom Dado
4 th – 5 th May 2011	Baringo	Attend district facility meetings for POKOT East and Baringo North	John Kiprof
29 th – 30 th April 2011	Nakuru	Drive staff to Nakuru (P. Onyancha) after supporting HI carry out PE orientation in Transzoia and West Pokot	Nicodemus Mwangui
2 nd – 3 rd May 2011	Nanyuki	Drive staff (B. Otieno) to Nanyuki to conduct interviews for data clerk in LIFA	Samson Kaba

2 nd – 6 th May 2011	Kajiado/ Narok/ Loitoktok	Provide support during orientation for AD - Clinical services in Kajiado, Narok and Laikipia Districts	Sadat Nyinge
2 nd – 6 th May 2011	Kajiado/ Narok/ Laikipia	Travel to Kajiado, Narok and Laikipia district to carry out orientation for AD – clinical services	Dr. Japheth Kituu
8 th – 11 th May 2011	North Rift	Travel to North Rift to carry out orientation for AD- Clinical Services in Keiyo South, Marakwet, West Pokot and Transzoia	Dr. Japheth Kituu
2 nd – 6 th May 2011	Kajiado/ Narok/ Lotoktok	Travel to Kajiado/ Narok/ Laikipia district for orientation	Dr. Francis Waudu
8 th – 11 th May 2011	North Rift	Travel to North Rift for orientation in Keiyo South, Marakwet, West Pokot and Transzoia	Dr. Francis Waudu
29 th – 29 th April 2011	Nakuru	Travel to Nakuru to carry out vehicle service for KAZ 992G	Tom Dado
8 th – 12 th May 2011	Nairobi	Travel to Nairobi to Attend leadership training	Sarah Were
2 nd – 4 th May 2011	Kajiado/ Narok	Orientation for AD- Clinical Services	Violet Ambundo
4 th – 6 th May 2011	Nanyuki	Orientation for AD- Clinical Services	Thomas Ondimu
3 rd -3 rd May 2011	Nairobi	Drive staff(J. Kuria) to Nairobi to attend EMR task force meeting at NASCOP	Samuel Ngumah
2 nd – 3 rd May 2011	Nanyuki	To attend interviews for data clerk in LIFA	Bernard Otieno
4 th – 6 th May 2011	Kabarnet	To attend Baringo North and Baringo East district Meetings	Bernard Otieno
9 th – 13 th May 2011	Kajiado	To orientate MAAP and CDN – Ngong staff	Bernard Otieno
16 th – 19 th May 2011	Nanyuki	To orientate LIFA and CDN Caritas staff on OVC tools, system and conduct DQA	Benard Otieno
3 rd – 3 rd May 2011	Nairobi	Travel to Nairobi for an EMR TWG meeting	Joel Kuria
3 rd – 4 th May 2011	Kajiado	CDN Ngong field visits; meeting with Children’s Department; and Kajiado North facilities meeting	Lorina Kagosha
6 th – 6 th May 2011	Kajiado	Kajiado North Facilities Meeting	Lorina Kagosha
4 th – 4 th May 2011	Kabarnet / Eldoret	Drive staff to Kabarnet(B. Otieno) to attend Pokot East and Baringo North facility meetings and proceed to Eldoret to pick staff(K. Yogo & F. Githongo) to travel to Nakuru to attend program development meeting	Simeon Koech

4 th – 6 th May 2011	Nakuru	Travel to Nakuru to attend program development meeting	Kennedy Yogo/ Fredrick Githongo/ Wycliffe Kokonya
4 th – 6 th May 2011	Nakuru/ Nairobi	4 th – Drive staff(W. Kokonya) to Nakuru for Program Development meeting and on 5 th May 2011 to drive staff(V. Ambundo/ MOH Staff) to Nairobi to attend ASRH Thematic Conference	Keke Mwarabu
10 th – 13 th May 2011	Pokot	To provide support during food distribution in Pokot (Alale SDH, Konyao HC, Chepareria HC and Kacheliba HC)	Tom Dado
9 th – 13 th May 2011	Kitale	9 th – Attend Facility in charges meeting for Pokot central, 10 th - Carry-out mentorship & supervision for Endebess DH and have a planning meeting with the DASC0 on strengthening services in the districts	Jay Mairura
9 th – 13 th May 2011	Ngong	Drive staff to Ngong (Charles Njue) to familiarize with the livelihood activities being carried out by the implementing partners, offer technical assistance and explore possibilities of scaling up existing interventions and opportunities for new livelihood interventions	Tobias Otieno
8 th – 11 th May 2011	North Rift	Provide support during orientation of AD – Clinical Services in the North Rift	Sadat Nyinge
7 th – 8 th May 2011	Kisumu/ Kenya	Travel to Kisumu for concept testing with focus groups on Shang Ring SBC	Oby Obyerodhyambo
7 th – 14 th May 2011	Mombasa	Travel to Mombasa to attend PwP training	John Kiprop/ Ahmed Bunu
8 th – 8 th April 2011	Nairobi	To attend meeting with PHSC Chair, Manager of FHI Office of International Research Ethics and Members of FHI board of directors	Linda Muyumbu
9 th – 11 th May 2011	Kajiado/ Loitoktok	9 th – To attend Kajiado Central Facility meeting 10 th / 11 th – Tp attend Loitoktok District Facility Meeting	Violet Ambundo
5 th – 6 th May 2011	Ngong	Participation in Kajiado North District facility Meeting	Peter Katsutsu/ Davies Chibindo
5 th – 6 th May 2011	Nairobi	Drive Project Director to Nairobi for a meeting	Samuel Ngumah
7 th – 12 th May 2011	Nairobi	7 th – drive staff (J. Kiprop & A. Bunu) to JKIA enroute to Mombasa to attend PwP training	Josphat Buluku
12 th – 13 th May 2011	Kajiado	Meet with DC Rongai team leader to plan for the continuation of support of OVC under the church; MAAP monitoring meeting. CD Ngong monitoring meeting, DQAs in MAAP and CD Ngong, Field visits in MAAP sites	Lorina Kagosha

8 th – 14 th May 2011	Nairobi/ Kajiado / Loitoktok	8 th – Drive UNICEF consultant (S. Mbugua) to Nairobi to attend a consultative meeting in Nairobi. 9 th - 13 th – Drive staff (LVCT) to Kajiado North and Central, Loitoktok for meetings with DCs, OCPDs, DEOs and district. Gender Officers. 14 th May – pick staff (A. Bunu & J. Kiprop) from Nairobi after attending PwP training in Mombasa	Samuel Ngumah
14 th – 15 th May 2011	Kisumu	Travel to Kisumu for concept testing with focus groups on Shang SBC	Oby Obyerodhyambo
10 th – 13 th May 2011	Ngong/ Nakuru	10 th – Drive staff (K. Otieno) to Ngong to carry out OVC DQA, 11 th – Nakuru for vehicle inspection, 12 th – Ngong with Lorina for OVC DQA	Davies Chibindo
19 th – 21 st April 2011	Eldoret	Drive staff (B. Gatundu/ S. Were) to Eldoret for orientation	Samuel Ngumah
16 th – 21 st May 2011	Laikipia West (Nyahururu)	DHMT support supervision for Nyahururu District	Thomas Ondimu/ Sadat Nyinge
12 th – 12 th May 2011	Nairobi	Drive staff (John Ndiritu) to Nairobi for a meeting with Director GS Kenya	Simeon Koech
2 nd – 6 th May 2011	South / North Rift	Support supervision for Malezi Bora	Dr. Ejersa Waqo/ Priscillah Ngetich/Silas Tupeine/ Dr. Nancy Etyang/ Kevin (Driver)
17 th – 19 th May 2011	Laikipia	Drive staff(B. Otieno/ E. Kimari) to Nanyuki for orientation of new staff on reporting tools, systems and reporting requirements and conduct DQA in Caritas at LIFA and Caritas CBOs	Samson Kaba
16 th – 16 th May 2011	Nairobi	Drive Kate Brickson from Nairobi to Nakuru	Josphat Buluku
17 th – 17 th May 2011	Nairobi	Drive staff to Nairobi (A. Ophwette and M. Okola) to Nairobi to attend a TB care meeting	George Ndungu
17 th – 17 th May 2011	Nairobi	Attend a TB care meeting	Anthony Ophwette
19 th – 20 th May 2011	Nanyuki	Site visit to LIFA CBO review financial documents for reported months and to support LIFA to prepare monthly sub- recipient reports	Sarah Were
17 th – 17 th May 2011	Kapsabet	Drive staff (S. Were) to Kapsabet for Financial Review Mother Francisca	Samuel Ngumah
19 th – 20 th May 2011	Nanyuki	Drive staff (S. Were) to Nanyuki – site visits and financial review for LIFA CBO	Samuel Ngumah
17 th – 17 th May 2011	Nairobi	Attend TB Care Meeting	Maureen Okola
9 th – 9 th May 2011	Nakuru	Drive staff to Nakuru for a meeting in preparation for OVC Audit and book vehicle KAT 906E for inspection	Davies Chibindo

16 th – 16 th May 2011	Nakuru / Kitale	Nakuru to replace tyres for KAZ 992G and Drive staff (Peter Onyancha) to Kitale to provide TA to HI on radio programming	Tom Dado
18 th May - 1 st June 2011	Nakuru	Relocation – New Hire	Peter Ongeta
17 th – 18 th May 2011	Nairobi	17 th – drive staff to Nairobi(S. Ochieng and D. Mwakangalu) to participate in the NACC conference and Lydia Odongo and 18 th – pick J. Ekeya from Nairobi to Nakuru to assist Maureen Okola in assessment she will be conducting with the MOH team	Tobias Otieno
22 nd – 27 th May 2011	Nairobi	To attend a workshop on Outcome Monitoring and Evaluation using Lot Quality Assurance Sampling	Dr. Ian Njeru
18 th – 19 th May 2011	Nakuru	Attend Clinical team meeting in Nakuru	Peter Katsutsu
18 th – 19 th May 2011	Nakuru	Drive staff (P. Katsutsu) to Nakuru to attend Clinical team meeting and service vehicle KAS 793G	Keke Mwarabu
14 th – 14 th April 2011	Kajiado	Drive staff to Kajiado/ Kitengela to visit the suggested GSN sites (K. Kituu)	George Ndungu
17 th – 17 th April 2011	Nairobi	Pick Dr. N. Wenyaa and Kimotho from Nairobi enroute from Mombasa after attending a KPA annual conference	George Ndungu
11 th – 12 th May 2011	Nakuru/ Eldoret	Nakuru to pick vehicle KBJ 533E and drive staff (R. Omwega) to Eldoret for financial review of CDK and CDE	David Lumbo
4 th – 5 th May 2011	Baringo	Drive staff (J. Kiprop) to Baringo for district facility meetings for Baringo North and Pokot East	Nicodemus Mwangui
7 th – 7 th April 2011	Kajiado	Enroute to Nakuru after supporting Loitoktok facility meeting (Ext. TS No: 299)	Rhoda Ndeke
3 rd – 3 rd May 2011	Nakuru	Drive vehicle KAZ 985G to Nakuru for service	George Mulewa
22 nd – 27 th May 2011	Nairobi	To attend a workshop on Out Come Monitoring and Evaluation using Lot Quality Assurance Sampling (LQAs)	Linda Muyumbu
19 th – 19 th May 2011	Nairobi	To participate in the interview panel for Director of Research for FHI Kenya in Nairobi	Linda Muyumbu
18 th – 19 th May 2011	Nakuru	Attend clinical team meeting	Jay Mairura/John Kiprop
23 rd – 23 rd March 2011	Nairobi	Drive staff (Oby) to Nairobi for interviews and back	Simeon Koech
19 th – 20 th May 2011	Nairobi	Attend staff retreat planning meeting	Wycliffe Kokonya/Davies Chibindo

6 th – 6 th May 2011	Nakuru	Drive staff to Nakuru after PRC mapping in North Rift	Tom Dado
9 th – 9 th May 2011	Nakuru	Drive staff to Nakuru to attend a meeting in preparation for OVC audit	Tom Dado
22 nd – 27 th May 2011	Nairobi	Travel to Nairobi to attend a workshop on outcome monitoring and evaluation using Lot Quality Assurance Sampling (LQAS)	Maurice Obuya
26 th – 27 th May 2011	Kajiado	MAAP and CD of Ngong for sub-agreement and Beacon of Hope Sub-agreement interpretation meeting	Hellen Nyongesa/ Lorina Kagosha
20 th – 20 th May 2011	Kajiado	Attend the Kajiado North District Health Stakeholders Forum	Lorina Kagosha
20 th – 20 th May 2011	Kajiado North	Drive staff to Kajiado North to attend district stakeholders forum	Tobias Otieno
20 th – 20 th May 2011	Nairobi	Drive Project Director and Kate Brickson to Nairobi for a meeting and back to Nakuru	Josphat Buluku
24 th – 26 th May 2011	Kajiado	Drive staff (AMREF team- D. Ager, A. Were, S. Ngugi and Mildred Nanjala) to Kajiado for a familiarization/orientation visit to CHU in Kajiado North and central that were initiated	Kombo Kironda
22 nd - 28 th May 2011	Nanyuki	Provide support during DHMT support supervision in Laikipia East	George Ndungu/Thomas Ondimu
23 rd – 26 th May 2011	North Rift	Travel to North rift for orientation:- 23 rd –Marakwet/Keiyo 24 th –Kacheliba/Kapenguria 25 th –Kwanza	Dr. Francis W. Siganga
23 rd – 27 th May 2011	Kitale	DHMT support supervision Transzoia East from 23 rd to 27 th May 2011	Jay Mairura/ Tom Dado
23 rd – 26 th May 2011	North Rift	Travel to North rift for orientation:- 23rd –Marakwet/Keiyo 24th –Kacheliba/Kapenguria 25th –Kwanza	John Kiprof/ Tobias Otieno
31 st May 2011	Eldoret	Travel to Eldoret on 31 st May to participate in a IA SAG Amendment meeting	Charity Muturi
24 th – 25 th May 2011	Eldoret/ Kitale	Drive NOPE staff(Ian Wanyoike,Benson and Benjamin) for orientation 24 th – Eldoret – meeting with K. yoogo and F. Githongo in the morning and CCS in the afternoon 25 th – meeting with HI and travel back to Nakuru	Samson Kaba
25 th – 28 th May 2011	Nairobi	Travel to Nairobi to discuss strategic partner budgets	Ruth Odhiambo

24 th -27 th Ma y 2011	Pokot Central/ West	To participate in AMPATH APHIA Plus food distribution at Pokot West and Central	Nicodemus Mwangui
23 rd – 26 th May 2011	Nairobi	Drive staff Project Director to Nairobi to discuss strategic partner budgets	Josphat Buluku
25 th – 26 th May 2011	Loitoktok	Travel Loitoktok to join a team from USAID that is following up TB services in Loitoktok hospital	Violet Ambundo/ Dr. Maurice Aluda
19 th – 20 th May 2011	Nanyuki	To hold discussions on Sub- Agreement amendment with LIFA AND CARITAS	Hellen Nyongesa
26 th – 27 th May 2011	Kajiado	To attend Sub- Agreement meeting at MAAP ans CD Ngong on 26 th May 2011 and on 27 th May 2011 participate in the Sub- Agreement interpretation meeting for Beacon of Hope	Richard Omwega
26 th – 26 th May 2011	Nairobi	Draft EMR Review Guidelines and tools	Dr. Francis Waudo
26 th – 27 th May 2011	Kajiado	Drive staff (L. Kagosha, R. Odhiambo, H. Nyongesa) to Kajiado to attend sub-agreement meeting at MAAP and CD Ngong and participate in sub-agreement interpretation meeting for Beacon of HOPE	Samuel Ngumah
30 th – 31 st May 2011	Nairobi	Travel to Nairobi to attend meetings with APHIA Plus strategic Partners	Ruth Odhiambo
1 st – 15 th June 2011	Nairobi	Transfer to new station	Peter Kimani
7 th – 10 th June 2011	Kitengela	To facilitate the development of workplace policy for Kajiado County Council	Simon Ochieng
31 st – 31 st May 2011	Eldoret	Drive staff (C. Muturi) to Eldoret to attend Sub- Agreement meeting for North Rift	Tobias Otieno
2 nd – 2 nd June 2011	Baringo	Drive staff (B. Otieno) to Baringo to attend East Pokot in charges facility meeting	Tobias Otieno
2 nd – 2 nd June 2011	Nairobi	Drive staff (C. Osano) to Nairobi to attend a staff meeting at LVCT HQ	Samuel Ngumah
6 th – 8 th June 2011	Nakuru	To Nakuru to attend the Health Communication Team Meeting	Ken Yogo/ F. Githongo/ Nicodemus Mwangui
27 th – 28 th May 2011	Nairobi	Attend Kenya Steering committee of partnership for a HIV Free Generation	Oby Obyerodhyambo
13 th – 13 th April 2011	Narok	To drive Mr. Katsutsu to Kajiado for a meeting and distribution of scales	Keke Mwarabu
5 th – 5 th May 2011	Baringo	Drive staff (Ager) to attend Baringo North Facility Meeting	Tobias Otieno
19 th – 19 th April 2011	Nairobi	Drive staff (Wycliffe Kokonya) to Nairobi for a meeting	Keke Mwarabu

31 st – 31 st May 2011	Nanyuki	To drive staff (H. Nyongesa) to Nanyuki for a planning meeting with Nanyuki District Children's Officer	Samuel Ngumah
6 th – 8 th June 2011	Nakuru	To Nakuru to attend the Helath Communication Clinical team meeting	Wycliffe Kokonya/ G. Mulewa
7 th – 8 th June 2011	Loitoktok	To attend Loitoktok facility Meeting	Violet Ambundo/Samuel Ngumah
8 th – 11 th June 2011	Nakuru	To attend to PMTCT Master TOTs training at Milele Resort	John Kiprof
8 th – 9 th June 2011	Nairobi	To attend the quarterly Progress Review Meeting with USAID Project Management Team	Linda Muyumbu/Charity Muturi/
10 th June 2011	Kajiado	Conduct the BOH Technical and Sub- Agreement Review Meeting	Lorina Kagosha
8 th – 9 th June 2011	Nairobi	To Nairobi to attend Quarterly Progress Review Meeting with USAID Project Management Team	Dr. Francis Waudo
12 th – 18 th June 2011	Pokot East	DHMT Support Supervision	David Lumbo
13 th – 18 th June 2011	Pokot East	To Pokot East for facility support supervision fo Pokot East	John Kiprof
8 th – 9 th June 2011	Nairobi	Travel to Nairobi to attend and participate in the USAID Quarterly Review Meeting	Oby Obyerodhymbo/ I. Muteti
9 th – 10 th June 2011	Nanyuki	To drive staff (T. Ondimu) to attend the Laikipia North Facility Meeting	Kombo Kironda
8 th – 9 th June 2011	Nairobi	To travel to Nairobi to attend and participate in the USAID Quarterly Review Meeting	Dr. M. Aluuda/Ruth Odhiambo
8 th – 9 th June 2011	Nakuru	To Nakuru to attend the Health Communication Team Meeting (Ext Ta No: 470)	Ken Yogo/ F. Githongo/w. Kokonya/ G. Mulewa
9 th – 10 th June 2011	Nanyuki	To Nanyuki to attend Laikipia North Facility Meeting	Ahmed Bunu
8 th – 9 th June 2011	Nakuru	To drop John Kiprof and pick other staff from Nakuru	Tom Dado
8 th – 9 th June 2011	Nairobi	To drive staff (R. Odhiambo/ Dr. M. Aluda/ Charity M.) to Nairobi for quarterly meeting	Josphat Buluku
14 th – 16 th June 2011	Kitale	To attend Trans nzoia districts Stakeholders and Pokot North District Facility Meeting	Jay Mairura
12 th – 14 th June 2011	Nakuru	Clinical team Meeting	John Kiprof
12 th – 15 th June 2011	Nakuru	Clinical Team Meeting	P. Katsutsu
20 th -24 th June 2011	Kitale	Facilitates five day DHMT support supervision for Pokot North District	Jay Mairura

12 th – 17 th June 2011	Nakuru	To Nakuru to attend both Clinical meeting and Community health meeting	W. Kokonya
12 th – 14 th June 2011	Nakuru	Clinical Team Meeting	Jay Mairura
12 th = 13 th June 2011	Nakuru	To drop staff (W. Kokonya/ P. Katsutsu) to Nakuru to attend both the clinical meeting and community health meeting	Keke Mwarabu
12 th – 17 th June 2011	Nakuru	To Nakuru to attend both clinical meeting and community health meeting	Ken Yogo/ F. Githongo/ T. Dado
13 th – 14 th June 2011	Laikipia	To drive staff (B. Gatundu/ S. Were) to Laikipia to source for office space	Tobias Otieno
13 th – 14 th June 2011	Laikipia	To Laikipia to source for Office space	B. Gatundu/ Sara Were
14 th – 17 th June 2011	Kajiado/ Kitengela	To facilitate the development of workplace policy for Kajiado County Council	Simon Ochieng
10 th June 2011	Kajiado	To drive staff (L. Kagohsa) to conduct the BOH Technical and Sub- Agreement review meeting	Samuel Ngumah
8 th June 2011	Narok	To drive staff (P. Kimani) to update computers	Tobias Otieno
14 th June 2011	Kajiado- Kitengela	To drop staff (S. Ochieng) to Kitengela for Kajido to facilitate the development of workplace policy for Kajiado County Council	Josphat Buluku
15 th – 17 th June 2011	Nakuru	Travel to Nakuru to attend M&E meting	Maurice Obuya
15 th June 2011	Nairobi	Drive Project Director to Nairobi to attend a series of meetings	Samuel Ngumah
11 th April 2011	Kitale	To drop staff (I. Kinyanjui) in Kitale for a meeting at Handicap International Offices	Tobias Otieno
12 th April 2011	Nairobi	To drop staff(Dr. Mwakangalu) for a meeting at the Office	Tobias Otieno
13 th April 2011	Nairobi	To drop (Sarah Were) to Narok for sourcing for office space	Tobias Otieno
14 th April 2011	Nairobi	To pick staff (R. Odhiambo) in Nairobi	Tobias Otieno
15 th – 16 th June 2011	Eldoret/ Narok	To drive staff (I. Wanyoike/ Benson Mbuthai)conduct staff appraisal and have a planning meeting with the youth Technical staff in Eldoret and also to drive staff(I. Wanyoike/ Benson Mbuthia) to conduct staff appraisal and have a planning meeting with the youth Technical staff in Narok	Samson Kaba
15 th – 16 th June 2011	Kajiado	Attend facility in charge meeting for Kajiado central district	Peter Katsutsu

15 th – 16 th June 2011	Kajiado	Support Kajiado Central Facility meeting	Keke Mwarabu
16 th – 17 th June 2011	Nakuru	Attend a monitoring and Evaluation team meeting in Nakuru on the 16 th and 17 th June 2011	Peter Njoka/C. Mwamsidu
16 th June 2011	Nairobi	Drive staff to Nairobi to attend a series of meetings T. Ondimu to attend HIV testing QA meeting and A. Ophwette to attend TB meeting	Josphat Buluku
17 th June 2011	Kajiado(Kitengela)	Pick staff(S. Ochieng) after facilitating policy development for the Kajiado County Council	Simeon Koech
20 th – 24 th June 2011	Pokot North	DHMT Support Supervision	Nicodemus Mwangui
26 th June - 1 st July 2011	Nakuru	Attend District Health Information System Trainings (DHIS)	Maurice Obuya
22 nd – 23 rd July 2011	Kajiado	Drive staff to Kajiado to attend District Stakeholders Forum for Kajiado Central	Josphat Buluku
21 st – 23 rd July 2011	Laikipia	Drive staff to Laikipia to carry out Rapid Assessment for GSN private facilities	George Ndungu/ M/ Okola
20 th May 2011	Kitale/ Nakuru	To drive (P. Onyancha) from Kitale to Nakuru after providing TA to HI on radio programming	Tom Dado
22 nd – 24 th June 2011	Narok	To travel to Narok to meet with Narok team, discuss operations and PD work in Narok and have familiarization visits to the implementing partners	Charity Muturi
6 th June 2011	Nakuru	To Nakuru for vehicle Service – KAZ 992G	Tom Dado
3 rd – 4 th May 2011	Nairobi	To Nairobi to attend NASCOP EMR update meeting	Joel Kuria
21 st – 23 rd July 2011	Laikipia	Carry out rapid assessment for GSN private facilities	Violet Ambundo
28 th June – 1 st July 2011	Ngong	Provide support during setting up of Ngong office	Celestine Ogolla/ Samson Kaba
28 th – 29 th June 2011	Kericho	Attend CME and assessment of GSN facilities	Maureen Okola
27 th – 28 th June 2011	Nairobi	Drive staff to Nairobi to attend a meeting with Kate – USAID	Josphat Buluku/ Charity Muturi/ Irene Muteti/R. Odhiambo
28 th – 29 th June 2011	Kericho	Drive staff (M. Okola) to Kericho for CME and assessment of GSN facilities	Tobias Otieno
27 th – 28 th June 2011	Eldoret	To attend North Rift Regional TB/HIV sensitization meeting	Dr. Francis Waudo
30 th June 2011	Kajiado	Relocation to Ngong office; Kajiado County	Lorina K. Kagosha
29 th – 30 th June 2011	Thika	To attend dissemination of accreditation tool for HTC training institution meeting	Thomas Ondimu/ Samuel Ngumah

28 th – 29 th June 2011	Narok	Participate in interviews for NADINEF Accountant	Peter Ongeta
28 th – 28 th June 2011	Nakuru/ Narok	Service vehicle KAZ and drive staff (P. Ongeta) to Narok to participate in interviews for NADINEF Accountant	George Mulewa
13 th June 2011	Koibatek	Provide support during Koibatek DHMT support supervision (Tignomi, Arama, Torongo)	George Ndungu
25 th – 26 th May 2011	Narok South	Dire staff (P, Katsutsu) to Entasekera for clinical mentorship and also to Naroosura health centre for clinical mentorship	Davies Chibindo
24 th May 2011	Narok South	Drive staff (P, Katsutsu) to Sekenani for clinical mentorship	Keke Mwarabu
27 th – 29 th June 2011	Nakkruru	Drive staff (M. Emalu) to Nakuru to attend PMT meeting and drive Dr. Waudo to Eldoret to attend North Rift TB/HIV meeting and Drive Dr. Waaudo to Nakuru after attending TB HIV Meeting and Drive Ian Wanyoike to Kitale to attend a technical planning meeting with HI	David Lumbo
29 th – 30 th June 2011	Nairobi	Drive staff to and from Nairobi during a meeting with Kate- USAID	Josphat Buluku
31 st May 2011	Nairobi	Drive staff *(Oby) to Nairobi to attend USAID meeting on review of HCM activities and pick project Director after attending a series of meetings in Nairobi	George Ndungu
7 th June 2011	Nanyuki	Drive staff (B. Okello) to Nanyuki to attend on OVC meeting with LIFA	George Ndungu
30 th June – 1 st July 2011	Ngong	Drive staff (L. Kagosha) to Ngong on relocation to new work station	Simeon Koech

ANNEX 6: SUB AGREEMENT AMENDMENT SUMMARY- APR-JUN 2011

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
	SAG Amendment	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)
	SAG Amendment	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)
	SAG Amendment	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)
	SAG Amendment	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)
	SAG Amendment	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
	SAG Amendment	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
	SAG Amendment	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
	SAG Amendment	MOTHER FRANCESCA	01.01.2011	30.09.2011	Nandi	Provide integrated HIV/AIDS Orphans and Vulnerable Children Care and Support services in Nandi County
	SAG Amendment	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.
	SAG Amendment	FAMILY HEALTH OPTIONS KENYA	01.01.2011	30.09.2011	Nakuru	Support transport Sector Integrated Health Service Delivery Project in Nakuru
	SAG Amendment	FAIR	01.01.2011	30.09.2011	Nakuru North, Nakuru central,	Implement an integrated and comprehensive service delivery program for OVC, Sex workers and their clients through support, care and treatment while addressing the

					Molo, Njoro	social determinants of health in South Rift
SAG Amendment	ENAITOTI OLMAA NARETU COALITION FOR WOMEN	01.01.2011	30.09.2011		Narok	Provide integrated and comprehensive services for OVC care and support while addressing the social determinants of health in Narok District
SAG Amendment	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
SAG Amendment	CATHOLIC DIOCESE OF NGONG	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)
SAG Amendment	CATHOLIC DIOCESE OF KITALE	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.
SAG Amendment	NAROK DISTRICT NETWORK FOR HIV/AIDS	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
SAG Amendment	CATHOLIC DIOCESE OF ELDORET	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.
SAG Amendment	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.
SAG Amendment	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
SAG Amendment	CATHOLIC DIOCESE OF NAKURU	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)

ANNEX 7: FINANCIAL REPORT FOR APR-JUN 2011 QUARTER