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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
UNCRC	-	United Nations Charter Rights Child
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 11 out of the 14 counties in Rift Valley Province.

The project is currently in the first year of implementation. This report covers achievements in the third quarter of 2011. Below are highlights of the achievements made.

- A total of 39,221 women, 44% of the 86,750 eligible populations, received HIV counseling and testing for prevention of mother to child transmission (PMTCT) and received their results in 642 APHIAplus supported sites.
- 868 partners of women who attended antenatal clinic were tested for HIV.
- 84.1% of HIV-infected women received anti-retroviral prophylaxis for PMTCT in ANC.
- A total of 996 dry blood samples were tested for HIV at the Regional Testing Center, of which 61 tested positive for HIV.
- A total of 90,157 new and re-visit family planning (FP) acceptors were served, raising the couple year of protection (CYP) to 38, 195. A total of 12,615 women made the fourth ANC visit during the quarter against 34,986 who made the first ANC visits.
- 4, 874 targeted populations were reached with individual and/or small group level interventions that are primarily focused on abstinence and/or being faithful and are based on evidence and/or meet minimum standards.
- A total of 12,878 most-at-risk populations (MARPs) were reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards
- A total of 141,071 of individuals received counseling and testing and received their results, with 4.4% testing HIV positive. This leads to a cumulative achievement of 437,476
- In the TB program, 1,001 TB-HIV co-infected patients were provided with the Cotrimoxazole Preventive Therapy. This was above the 104% of the TB positive clients. The proportion includes revisits who received CPT.
- A total of 34,046 individuals were currently on prophylaxis and received one clinical care service.
- A total of 1,237 individuals were newly initiated into antiretroviral therapy (ART) and 24,779 were receiving ART by the end of the quarter. This is a 99% achievement against the Year One target.
- A total of 79,496 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 the Quarterly Performance Matrix in Annex 1 and reasons for reported achievements have been provided

1.0 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 (July to September) of the first year of project implementation.

2.0 Program Management

Sub-agreement Amendments: A total of 19 local implementing partner sub-agreements were amended in the reporting period. 2011. The amendment process involved holding detailed discussion between the local implementing partners and APHIAplus program development, finance and technical teams. This process was critical to ensure that consensus was reached in relation to the scope of work, project objectives and budget.

Budget Management Skills Building Workshop: The finance and program development teams continued to build capacity of local implementing organizations to improve quality of program implementation and service delivery. During the reporting period, the focus was on building skills of project managers and finance officers from all the APHIAplus supported/funded organizations on budget management and cost share reporting. They were trained on a budget management tool that would easily help them track all project expenses as they are incurred and aid accurate financial reporting. The tool will enable partners to post monthly expenses per budget line item. This will help to clearly show the budget balance per each budget line item making budget amendment faster and easing up the process of cost re-alignment where necessary. Cost share reporting was also discussed in this forum where partners were taken through various provisions of cost share as well as cost principles.

District Health Stakeholders Forum (DHSFs): During the reporting period, DHSFs were held in eight districts (Naivasha/Gilgil, Nakuru Central, Kuresoi, West Pokot, North Pokot, Central Pokot, Loitokitok, and Kajiado North districts). APHIAplus provided financial and technical support to the districts. Three districts DSHF were initiated during this quarter, (West Pokot, North Pokot and Central Pokot); the project shared DHSF guidelines with the respective DHMTs and underscored the importance of such forums. In addition, the DMOHs of the three districts

disseminated the guidelines to stakeholders to ensure that the purpose and objective of the forum was understood. During the Naivasha/Gilgil, Nakuru Central and Kuresoi DHSFs, the project staff shared the need for establishment of district BCC committees. The three districts resolved to form district BCC committees as a sub-committee of the DHSF. The district BCC committee will address behavior change within target populations in order to reverse poor district health indicators and trends.

UNCRC Reporting: During the reporting period, the project supported the Provincial Children’s Office to convene the South Rift children’s forum to develop UNCRC report stating the province’s progress in ensuring that all children access their rights as per the article 44 of the UNCRC. The Rift Valley province through the Provincial Children’s office is mandated to develop and submit UNCRC reports to the national office for consolidation and submission. While country reports 1 & 2 had been developed and submitted in previous years, reports 3-5 had delayed due to lack of funds. The APHIAplus project supported forum enabled the development of a combined report (i.e. report 3 – 5). The forum brought together 40 children drawn from various parts of South Rift and five adult patrons. The Kenya Alliance for Advancement of Children’s Rights (KAACR) participated in the reporting forum as well.

APHIAplus Collaboration with NHP (FHI 360): The project continued to foster collaboration with the USAID’s Nutrition Health Program implemented by FHI360 in Rift Valley province. With the intervention moving to community focus, community volunteer trainings commenced within the quarter with participants being drawn from APHIAplus project areas. In total 238 CHWs were trained on assessment of malnutrition in children and adults through taking measurements of the mid upper arm circumference (MUAC). Those falling under the threshold would be referred to the NHP program at health facilities for further intervention and registration in the food by prescription programs. The assessments will be conducted within APHIAplus supported OVC households.



Picture 1: Community volunteers MUAC training practical session

Skills Building Workshop for partner implementing OVC Activities: The community health and program development teams continued to strengthen capacity of local implementing organizations to improve quality of OVC program implementation and service delivery. During the reporting period, staffs from the local partner organisation implementing APHIAplus OVC activities within Laikipia, Kajiado, Narok, Baringo, and Nakuru Counties were trained on OVC programming with special focus on PEPFAR OVC programming, APHIAplus OVC strategy, as well as environmental mitigation and monitoring.

Nakuru ASK Show: As one of the health sector organizations in Rift Valley province and under the coordination of NACC, APHIAplus Nuru Ya Bonde with the support from MOPHS conducted counseling and testing during the Nakuru ASK show which was held from 6th – 10th



Picture 2: APHIAplus Nuru Ya Bonde stand at the Nakuru ASK Show

APHIAplus Exchange Visit to AMPATH Model CHU in Chepterit, Nandi Central District:

During the quarter, APHIAplus Program Development and Community Strategy teams conducted a study tour to a model community health unit (CHU) in Chepterit, Nandi Central district supported by AMPATH to learn best. Key learning points for APHIAplus during this visit were: the CHWs were recruited through a competitive process that involved advertisement and interviews hence qualified people were recruited; 10 CHWs were recruited who are covering a population of 8,835 people clustered into 1835 households (HH); the CHWs get monthly stipend of ksh 4000 and airtime worth ksh 300 per month hence high retention of all the 10 trained CHWs; AMPATH in consultation with the district has developed a household first encounter tool that has somewhat replaced MoH 513 & 514 and captures all the level 1 indicators including indicators that AMPATH is interested in.

Collaborative Discussion between APHIAplus and AMPATH: During the quarter, APHIAplus held a meeting with AMPATH to discuss modalities of streamlining the implementation of OVC activities in Chepterit location of Nandi Central district to avoid duplication of services by the two projects. The meeting agreed to the following:-

- APHIAplus would hand over OVC in Kosirai location which is Nandi North District to AMPATH, while AMPATH would handover OVC activities in Chepterit location which is Nandi Central District to APHIAplus.
- AMPATH would explore possibilities of continuing with the community strategy activities in Chepterit location, while APHIAplus supports OVC activities in the same location.
- AMPATH was to initiate discussions with a CBO in Mosoriot called Lymyo Support Group to see the possibility of supporting them to continue service the OVC. The CBO was receiving USAID track 1 funds through AVSI to serve the OVC. However, this funding ended in March 2011.

Collaborative Meeting with Mercy Corps: APHIAplus team visited Mercy Corps – one of the international NGOs working within the North Rift region during the quarter, to establish the programs that the organization is currently implementing which include:

- Local Empowerment Program (LEP) which is funded by USAID and focused on peace building activities with local youths; Yes Youth Can project which is also a USAID funded project focusing on youth with key activities on formation of governance structures (village bungenes);
- Western Union which targets to support the youths to acquire financial literacy and Youth Innovate for Change project has a focus on providing youths with money to start IGAs

3.0 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 initiated the development of joint work plans directly with all level 4 facilities and with DHMTs on behalf of the level 3 and 2 totaling 642 PMTCT facilities. For the level 4 facilities the project agreed to support the set up quality of care teams based on the hospital reform guidelines and also implementation of the minimum package of care for ART and PMTCT. In collaboration with the Technical officer from HCSM project, ten facilities were identified for setting up and strengthening of Medicines and Therapeutic Committees (MTC). In collaboration with MSH/HCSM, APHIAplus conducted a fact finding mission at PGH Nakuru laboratory to establish causes of frequent shortages of rapid HIV test kits and CD4 reagents and the key findings were that there was good inventory management, record keeping practices and that the facility compiles and submits reports regularly. However, there were gaps in quantifying of needs and old reporting tools were being used leading to incorrect reporting e.g. quantities issued reported instead of quantity consumed. A more in-depth review of laboratory commodity management practices within the hospital to identify the root causes of recurrent shortages of test kits in the hospital is also proposed for the next quarter.

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

Nineteen (19) DHMTs were supported to conduct their quarterly facilitative supervision to a total of 209 health facilities of the 350 targeted. Gaps in the facilitative supervision skills of the DHMTs were noted as was the bulkiness of the current tool. The project plans to conduct an orientation of the DHMTs on facilitative supervision skills to address the gap.

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

Seventeen facility in-charges meetings were supported to provide feedback and review the quarterly progress reports in line with the AOP7 performance targets. The forums were also used to provide feedback the health care providers on their facility reporting rates and updates on changes in data collection and reporting tools. The meetings reviewed trends in specific program areas such as immunization, malaria, PMTCT, RH and FP among others. Feedback from the supervisory visits by the DHMTs was also given to the private sector facilities; onsite mentorship

was intensified to support health service providers to correctly use standard data collection and reporting tools.

In efforts to strengthen recording and reporting at level 1, the project produced and bound 1400 copies of A4 size adaptation of CBHIS Tools MoH 513 and MoH 514 that are currently being piloted in the ongoing Community Health Volunteers/Workers trainings within the program area. These tools are also being distributed to the Community Units under minimum support plan to bridge the gap identified.

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

Within the quarter, the project continued to strengthen 28 Community Health Units using the 10 steps strategy in steps in Community Strategy rollout. This process had begun in the earlier quarter at the district level; Meetings with MoPHS took place to agree on the plans and budgets. During this quarter, 11 divisional health stakeholders' forums were held. The 28 divisions held 42 LAMs which led to the formation of 20 CHCs with overall membership of 325 leaders out of which 125 were females. The CHCs were then trained by the DHMT Community Strategy ToTs using the draft curriculum as part of the wider pilot for the National CHC Curriculum, Guide and Participants Handbook. The trained CHCs have since selected and/or reorganized Community Health Workers in Nakuru and Koibatek regions. In this region, a total of 267 CHWs have so far been trained using the current CHW Training Curriculum delivered by the trained CHEWs. This training has been followed by the household baseline data collection using CBHIS tool MoH 513. In the remaining regions, the selection and training has been scheduled for the next quarter.

The project had planned to target 72 existing Community Units for minimal support to enable them sustain reporting and service delivery. In this quarter, the project held consultative meetings with the District Focal Persons for Community Strategy and the DMOH to discuss the current status of the community units within the district. In the discussion, it was noted that many Community Units have been formed with missing processes key to their sustainability. The meetings identified the 72 Community Units to be fast tracked through minimum support package including CBHIS component, support to holding key events (Health Action Days/Dialogue Days/Monthly meetings/CHC Quarterly meetings and Referral functions) and training on Technical Modules. The units were selected and distributed i.e. Nakuru region 28, Narok 15, Laikipia none, Kajiado 12 and North Rift 17. Meaningful engagement as far as minimum support plan has been planned for the next quarter. Discussions are underway regarding agreement between APHIAplus and DHMT on activity calendar regarding this minimum support.

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

In this quarter, a site assessment for two private clinics in Molo & Njoro districts was finalized. 15 GSN sites were supported to access subsidized drugs through PEPFAR pharmacy in Nairobi and Five private facilities and one laboratory were supplied with HIV test kits. Data reconstruction for test kit consumption for the GSN sites was done and test kits ordering from supply chain done with the help of the HCSM Technical Officer.

A meeting with Kajiado North DHMT to engage on how to support the private sector in the region was held. Monthly CME'S were carried out on various topics including HPV treatment in HIV; switching to 2nd line resistance and prevention of pediatric HIV. Private providers were also assisted to monitor patients in care and treatment through the AMEC lab. Below is a table of the services in this quarter.

Table 1: Lab services provided in the quarter

	July	August	September	Totals
CD4	32	37	28	97
VIRAL LOADS	7	7	6	20
DNA PCR	0	0	0	0

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

To achieve this outcome, the project facilitated the Community Health Volunteers to carry out baseline data collection in Nakuru and Koibatek where CHV training was taking place. These reports have prompted issues for CHV monthly meetings and Dialogue Days in the subsequent quarter. Review meetings were also held with three DHMTs of Narok North, Kajiado Central and West Pokot to discuss the rollout of the CHU with an aim of analyzing the gaps and agreeing on way forward as the engagement continues especially regarding the referral systems.

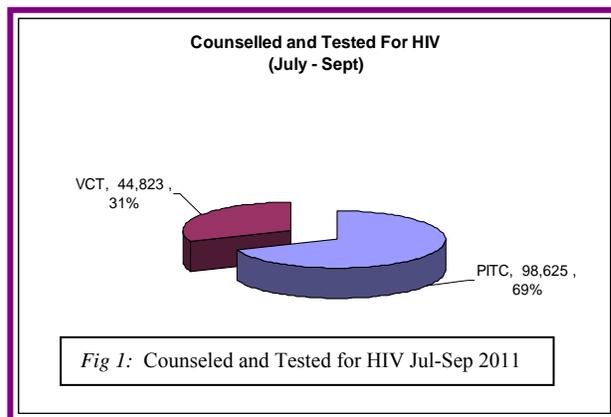
The process to aligning the existing OVC and HCBC community volunteers to the Community Strategy continued during the quarter where the project developed a guideline piloted in the North Rift region. It was noted that most DHMT are not well equipped to provide leadership and support to the CHU, to address this gap, project has scheduled meetings with the respective teams to come up with strategies to address them.

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

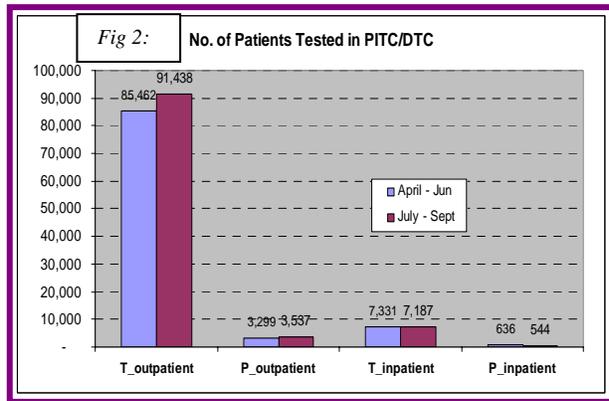
This quarter a total of 141,071 individuals were counseled and tested for HIV and received their results Majority 69% individuals were tested through PITC as shown in *Fig 1*.

Through PITC, 98,625 individuals were counseled and tested for HIV. As illustrated in *Fig 2* the majority 93% (91, 438) were tested in the out-patient department where 7,187 tested HIV positive. The HIV positive rate among individuals tested in outpatient department was 3.9% and 7.6% for in-patient department. Of those who tested positive at the in-patient, 29% were reported as having initiated care at the CCC while 37 of those tested among outpatients were enrolled into care.



42, 446 individuals were counseled and tested using the VCT approach. More than half 52.2% (22,163) were females. More females 63.5% (1,347) than males tested HIV positive giving an overall prevalence of 5.0%. The HIV prevalence was highest among women aged ≥ 25 years at 8.1%.

Couple Testing: During the quarter a total of 2,377 couples were tested for HIV through VCT sites. 120 had discordant results while 76 had concordant results.

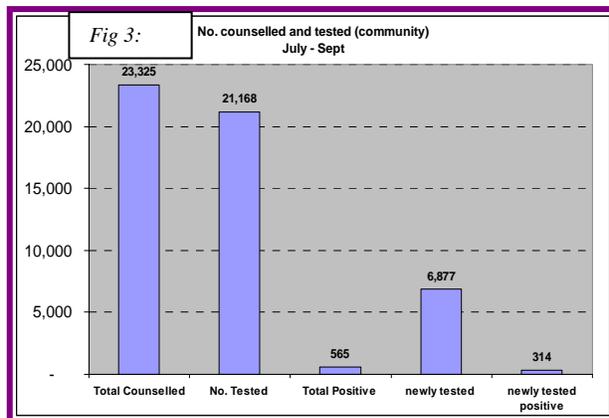


The cumulative number of individuals tested for HIV by end of September 2011 is 437,476 which is ~55% of the annual target. The target for Rift Valley zone 3 for HIV CT is 800,000.

HIV Counseling and Testing: Community

The project supported the MoH to conduct 91 outreaches this quarter compared to 45 during the last quarter. These outreaches covered Naivasha, Gilgil, Nakuru Central, Nakuru North, Molo, Kajiado, Narok, Rongai, Laikipia, Njoro and North Rift regions. More outreaches (58) were conducted in August due to the increased support provided to the HBC/OVC local implementing partners

The Fig.3 below shows that a total of 23,325 individuals were counseled during community outreaches HTC. Of these 21, 168 were tested (including new and re-testers) and received their results. Some 2,155 individuals received information and counseling but declined to be tested. Out of those tested, 565 clients tested HIV positive. The HIV positivity rate was higher 4.56% among the newly tested compared to 1.75% among the re-testers. These clients were referred to the nearest health facility for treatment and care. In Narok, 58 clients who tested positive were followed up and 47 of them were found to have enrolled in care in various facilities representing 81% linkage for this particular case.



More males 3,750 (54%) than females 3,127 were new testers a trend recorded in the past quarter. Among the different age groups, those aged 25-49 had more new testers (2,539) followed by youth aged 15-24 (2,478). The number of couples tested through community outreaches were 238 and 7 were discordant results, they were referred for treatment and care.

HIV testing among MARPS: There were 2,440 MARPS counseled and tested during the quarter with majority 42% being females aged 25-49 years. Majority of the MARPS were female sex workers. The HIV positive rate among this group was 1.5%. The 37 positive clients were referred for treatment and care.

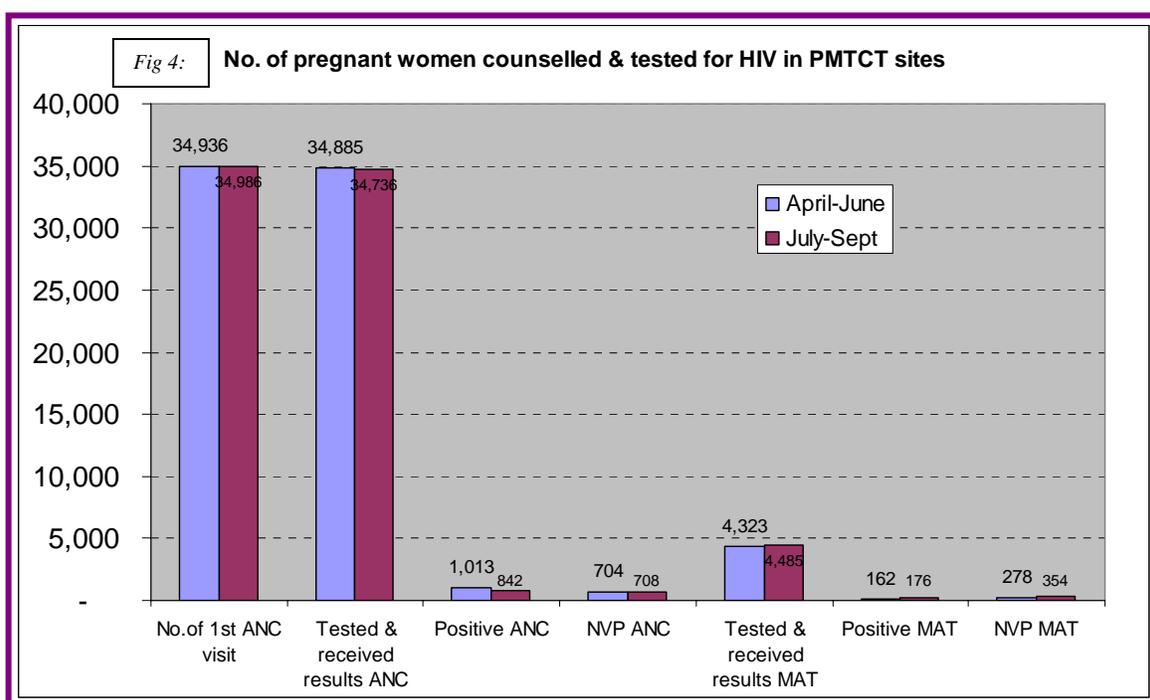
Other activities in community HTC

APHIAplus Nuru Ya Bonde supported dissemination of HTC guidelines and protocols to HTC counselors in 30 facilities in the region. In addition, counselor’s sensitization was held for 108 HTC service providers. The sensitization included policy for HIV in Kenya and policy documents; new HIV interventions; four result areas on KNASP III; new HTC register and summary tools; HTC protocol; TB screening and CAGE tool for alcohol; HTC guidelines; MARPS and their vulnerability; SGBV key messages; child counseling and community entry.

Nakuru Central DHMT was supported to conduct integrated cervical cancer screening and HTC in Nakuru Provincial Hospital where 60 clients were screened for cancer. Narok North DHMT was supported to conduct HTC in Kenya seed Company and flower farms in Kitengela. Technical assistance was also provided to eight moon light HTC services targeting MARPs in Nakuru, Laikipia, Narok and West Pokot Counties.

Prevention of Mother to Child Transmission (PMTCT)

This quarter 34,986 1st ANC attendees were served at 642 APHIAplus supported PMTCT sites. As illustrated in *Fig 4* below 34,736 pregnant women in ANC were counseled and tested for HIV



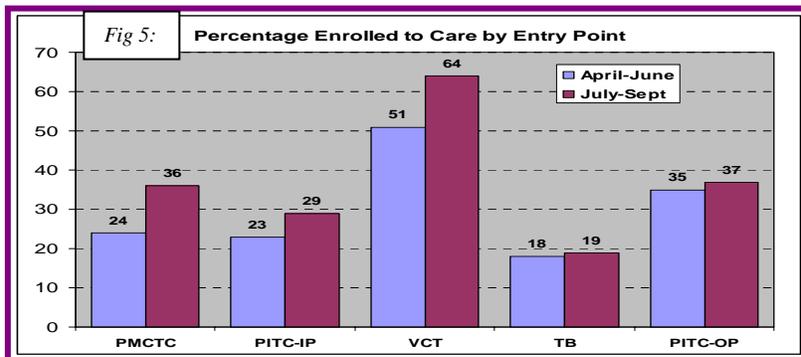
and received their results and 842 identified as HIV infected, 708 were provided with prophylactic ARVs giving an uptake of 84.1%. In maternity, 4,485 women were tested for HIV and 176 diagnosed to be HIV infected. Through ANC clinics, 868 partners were tested for HIV, 49 identified as HIV infected and referred for care.

Early Infant Diagnosis (EID)

During this reporting period the project continued to provide support for collection and transportation of samples for EID to the Regional Testing Centers. In total, 996 DBS were sent to the regional testing centers, out of which 61 tested positive for HIV. A total of 120 DNA-PCR registers were distributed to all the districts. In total, 105 facilities reported on EID results through MOH 711A.

HIV Care and Treatment: Facility and Community

During the reporting period, 3,437 patients (2,370 female) were newly enrolled into HIV care. 235 of these were children aged <14yrs. As illustrated in *Fig 5*, there has been some marked improvement in enrollment into care by all entry point this quarter compared to the last quarter. The highest improvement was reported in VCT and PMTCT and PITC in-patient.



This period 1,237 patients (775 female) with advanced HIV infection were newly initiated on ART. This includes 172 pregnant women on HAART. *Fig 6* below shows that majority (490) were in WHO stage 1 and 2 further indicating a continuing shift from relying on clinical staging to initiate treatment.

A total 24, 779 individuals were currently on ART by the end of September 2011 with children accounting for 9.7% of all patients.

By the end of the quarter, 78,122 patients (51,550 or 66% female) had ever been enrolled for HIV care at 114 APHIAplus supported health facilities. 7,623 were children aged below 14 years while the majority was adults.

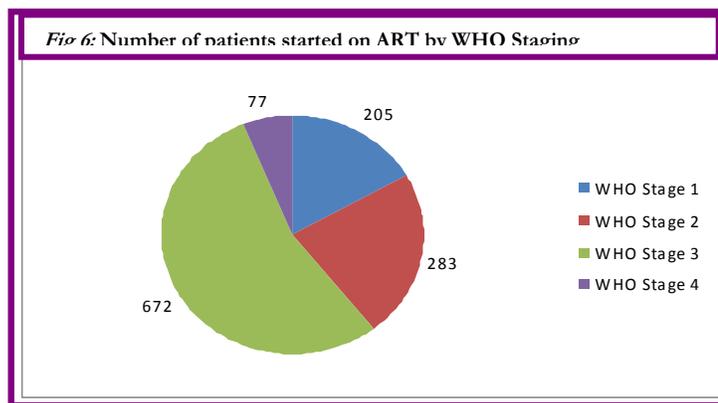
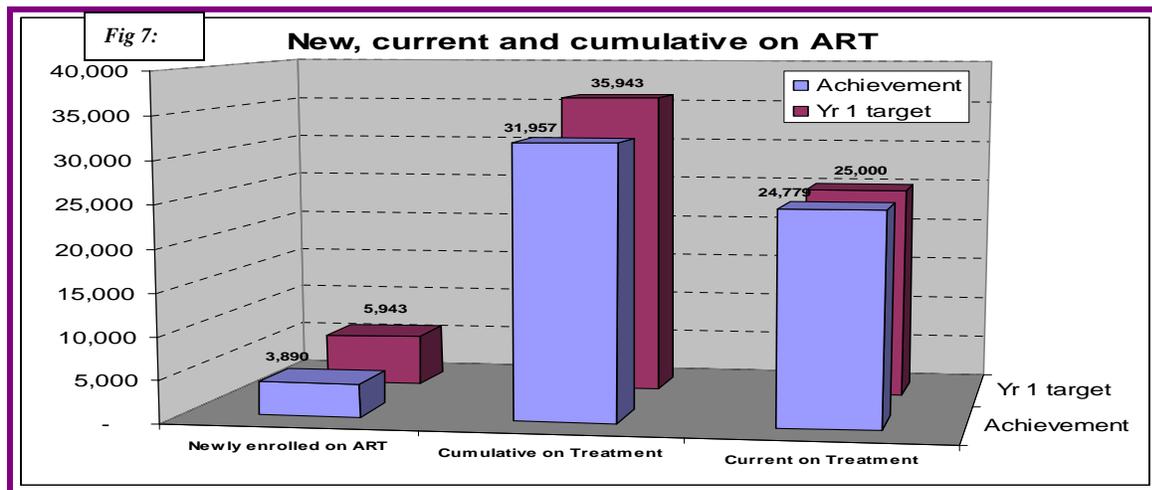


Figure 7 below shows the achievements against the annual targets for the treatment program. Overall the program has achieved 95.5% against the annual target for newly enrolled on ART and 99% achievement against the annual target for current on ART.



Home and Community Based Care (HCBC):

During the quarter 65 new clients were recruited into HCBC program bringing the total number of clients ever registered to 32,188. The number of active clients by the end of the quarter was 23,521 clients. The total number of referrals for various services was 8,954. Of this total 2,699 for RH/FP, 1,365 for PMTC, and 669 were referrals for legal support and 1,861 for various other services.

Facility Based Prevention with Positives (PwP):

Under the PWP intervention, 33,978 and 68 patients are currently on Cotrimoxazole preventive therapy (CPT) and fluconazole therapy respectively. The improved supplies of OI drugs (especially CTX) and the sensitization of service providers on PWP has directly contributed to this achievement.

Community Based Prevention with Positives (PwP):

Technical officers and partner staff participated in a one-day community PwP stakeholders meeting supported by NASCOP in Nakuru. In addition, three APHIAplus staff participated in a one-week CPwP training of trainers organized by NASCOP in Nakuru. The project will in next quarter train selected support group leaders and partners' staff on community PWP through the Ministry of Health.

The project also supported the Ministry of Health to hold a one day HCBC stakeholders meeting that brought together partners staff, DASCOS and HCBC coordinators from South Rift to discuss and review HCBC/CPWP. The meeting highlighted challenges in scaling up of HCBC/PwP interventions and how to harmonize the HCBC/PwP with the Community Strategy'

Laboratory Strengthening:

APHIAplus continued to support the districts in their effort to improve the laboratory networking within the region. Laboratory network for CD4 and DBS within the district is supported through G4S and human courier to the central level collection points for either onward transportation to the regional testing site or to the main laboratories. This activity plays a key role in the

improvement of care and treatment for HIV/AIDS through the baseline evaluation of all newly diagnosed HIV+ persons including pregnant mothers and also to confirm the infection status of HIV exposed infants. An effort is being made to ensure that all the sites offering PMTCT are supported to offer EID.

For CD4 a total 771 blood samples were collected from the facilities that were supported in North Rift. During the same reporting period 19 out of 22 districts were connected to the network in that region. In South Rift Nakuru PGH laboratory reported 3,756 CD4 samples done in this quarter from 35 facilities compared to 3,274 in the last quarter.

In the next quarter CD4 and DBS sample collection will be strengthened through OJT on sample collection, G4S and courier transportation monitoring, timely reporting and comprehensive feedbacks and proper quantification and storage.

3.1.9 Increased availability of screening and treatment for TB

During the reporting period 2,768 new TB cases were detected and all of them accepted the HIV test. 990 tested HIV positive and 1050 co-infected patients including revisit TB clients were provided with CPT

In this reporting quarter APHIA*Plus* supported the PTLC to roll out the 5Is initiative in the region to the DASCOS and DTLCs drawn from South Rift districts. Also discussed were TB/HIV collaborative activities, KNASP and DLTD targets and the participants were taken through Rifabutin based TB therapy in adult PLHIV on Lopinavir/ritovir based ART.

In this meeting it was reported that Kenya is a high TB burden country with an average of 7% annual increase over the past 10 years. The data collection tools for adult and Children were disseminated for roll out in the region.

Nakuru County TB/HIV collaborative activities were initiated in June 2011 after the consultative meeting held with the PTLC, provincial and APHIA*Plus*. The County is being used as a pilot for TB IC activities in the community that is geared towards improving the poor performance and reduces the high burden of TB. The funding from TB CARE project will cater for the pilot project in Nakuru County and the outcome will be used to scale up the activities in the region. So far, the County and TB/HIV collaborative committees have been formed and District TB/HIV sensitization meetings held.

A total of 18 CHU were identified after which a TB IC.TOT was conducted for 22 CHEWs from Nakuru County plus four participants from Coast province. A total of 180 CHWs were then trained on TB infection control from 9 districts (20 CHWs per district from 2 CHUs in each district). Currently post training on defaulter tracing for TB/HIV cases is ongoing the project is in the process of identifying TB/HIV ambassadors or champions to provide psychosocial support and adherence counseling at the household level. TB/HIV collaborative committees have also been formed at CHU levels.

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

The project continued to support the MOH to implement of RH/FP services in 680 sites. A total of 36,588 new FP clients and 68,822 revisits were served during the quarter. The number of clients who received BTL were 344 and 3 vasectomies. The total CYP for the quarter was 38,195, a slight increase from 36,937 in the last quarter.

Method	Clients	CYP
Oral Contraceptives (Microgynon, Microlut)	1,742	116
Condoms (pieces/units) (Males)	13,825	115
Condoms (pieces/units) (Females)	37	0
IUDs (pieces/units) Copper-T 380-A IUD	2,374	8,309
Depo Provera Injectable (vials/doses)	62,740	15,685
Implanon Implant	-	-
Jadelle Implant	3,197	11,190
Emergency Contraceptive Pills	76	4
Natural Family Planning (i.e. Standard Days Method)	0	0
TOTAL CYP		38,195

Table 2: CYP by contraceptive method

Service integration

Cervical cancer screening: APHIAplus collaborated with the Provincial General Hospital- Nakuru management to support an open day for cervical cancer screening and other integrated RH/FP services where 60 clients were reached with integrated RH/FP services. Clients from CBOs dealing with MARPs within Nakuru town (e.g. FAIR) got an opportunity to have breast examinations and cervical cancer screening.

Pic 3: HCW conducting health education session as clients wait for cervical cancer screening in PGH Nakuru



Table 3 below shows data for clients reached and various services offered:

Table 3: Service Integration Statistics Jul-Sep

Services and Results	Total
# screened VIA/VILLI	494
# VIA/VILLI Positive	32
# Tested for HIV	405
# HIV positive	34

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

The number of deliveries conducted by skilled birth attendants during the quarter was 16,661 while mother who attended first ANC visit were 34, 986. Detailed results are presented in Table 4 below:

Table 4: Achievements under FANC/MIP

Quarter	# attended 1st visit	# attended 4th visit	1st IPT	2nd IPT	# of deliveries by skilled attendant	RH Total No. of Clients
Jan -Mar 2011	37,212	11,720	11,914	7,314	15,767	106,673
Apr -Jun 2011	34,300	11,594	7,197	4,528	15,859	104,235
Jul-Sep 2011	34,986	12,615	4,342	3,352	16,661	109,646

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

Following a measles outbreak in Loitokitok in early July 2011, the programme supported five day measles and vitamin A mop up campaign in the district where 65% children under five years were immunized.

Table 5: Immunization campaign results in Loitokitok District

Division	9-59 Months	Previously Immunized	Zero Dose	Total Immunized	Measles Doses Used + Discarded	Balance In Doses (Un Opened Vials)	Vaccine Wastage Rate%	Coverage
ROMBO	5410	4098	157	4255	4420	820	3.7	78.7
CENTRAL	5368	897	124	1021	1060	620	3.8	19
KIMANA	2956	2519	281	2800	2860	270	2.1	94.7
IMBIRIKANI	2190	2320	29	2349	2520	160	6.8	107.3
TOTALS	15,924	9834	591	10,425	10,860	1,870	3.7	65.5

During this exercise the MOH provided human resource, vehicles, vaccines and supplies while APHIAplus provided fuel, vehicles and allowances for service providers. The exercise took place from 12th to 16th Sept 2011 and the divisions covered were Kimana, Rombo, Central and Imbirikani. Central division performed poorly and there is need for the DHMT to continue supporting accelerated immunizations in facilities in the division.

Table 6: Quarterly Achievements MCH

Quarter	DPT 3 Under 1Yr	DPT 3 Above 1 Yr	Vitamin A 6 to 12 Mths	Vitamin A Above 1 Yr	Vitamin A
Jan -Mar 2011	36,605	967	23,426	25,289	48,715
Apr -Jun 2011	34,408	927	31,267	68,770	100,037
Jul - Sept 2011	41,370	1,478	28,306	36,850	65,156

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

Quarterly Highlights

- A qualitative formative assessment conducted focusing on key target populations as well as service providers in selected districts. Data currently being analyzed and will provide strategic insights into improving the design of interventions.
- Preparatory formative assessments and agreement development processes carried out in various work places to provide framework for reaching out to workers and their dependents.

Popular Mobilization using community radio: Local community radio continued to be used for mobilization for services in the quarter. Broad messages aimed at social/ structural determinants of health affecting the youth including matatu sector operators, boda boda operators, truck drivers and people living with HIV were aired on radio Imani and Saposema. A total of 15 sessions were conducted during the quarter. During the radio talk shows, the listeners were engaged in interactive discussions on attitudes and behaviors that put them at risk of contracting TB, Malaria, HIV & AIDS/STIs, unwanted pregnancies among other health issues. Youth, peer educators, religious leaders and the general public participated through calling and short messages service. Resource persons were drawn from peer educators, Ministry of Public Health and Sanitation, religious leaders, Christian Community Services staff, HI staff (HIV and GBV projects). The program supported MOH in the ongoing national Polio eradication campaign by creating awareness as well as malaria treatment education. With the support of APHIAplus technical team, discussion listening groups (DLGs) were established to deepen the discussions on health behavior and service availability. So far a total of 4 DLGs have been formed by peer educators each having listened to and discussed four topics. The membership varies from 6 to 18, per a group with a total of 45 members (26 males and 19 females). A total of 15 sessions were conducted during the quarter.

Community Social mobilization for health services: several social mobilization events were held to mobilize communities for health services. This included a program implemented jointly with MOMS in Naivasha to conduct mobile health outreaches. The Magnet Theatre (MT) troupe conducted the mobilization while the MOH staff provided the services.

In Marakwet, Kwanza and West Pokot districts, MT troupes mobilized and sensitized communities and relayed messages on TB prevention, HIV & STI prevention and RH/FP to seek and utilize RH/FP, counseling and testing services. 569 male and 711 females were reached with health messages. 34 outreaches were organized by the chiefs and church leaders and peer educators.



Pic 4: MT troupe in Marakwet

Mobilization for HTC and treatment continued in the quarter targeting all key populations with messages emphasizing a) benefits of knowledge of HIV status and early uptake of treatment and care if one is HIV positive b) benefits of partner disclosure especially where one partner is tested alone c) benefits of prompt treatment for STIs d)

advantages of dual protection by using condoms correctly and consistently and e) building confidence in health delivery systems. As a result of targeted messaging at workplaces reported 758 (394 females) reached with health promotion messages.

Testing among youth 15-24 in this quarter attained 7,428 males and 9,252 females. Of these 1,323 male and 1,155 females were tested in community setting. The percentage of those testing HIV positive among this age cohort is 1.8% males and 3.4% females. The HIV incidence among females 15-24 is twice that of males posing a challenge in health communication considering that interventions still reach more males (6,025) than females (4,565) in this age bracket. Among populations 25-49 years 12,855 male and 12,911 were tested with HIV positive status being 5% (635) among males and 8% (1,033) among females. Of these 1,477 male and 1,062 females were tested in community setting. An intriguing phenomenon is the number of re-testers; age 15-24 - 2,272 males and 3,172 females, between ages 25-49 - 3,700 males and 3,736 while among those 50+ 233 males and 235 females re-tested. It is unclear what drives the re-testing however it could be confirmatory testing after the initial HIV positive diagnosis or could be that those re-testing are continuing to engage in high risk behavior after testing and keep testing to know their status. In whichever case health messages will be crafted to confront this issue from the coming quarter.

Health promotion activities will be enhanced by the initiation of behavior Change Communication Committees as part of the District Health Stakeholders Forums. The DHSF will also be able to involve CHUs where they are already functional to support their health promotion efforts and increase stakeholder participation in driving health demand and quality provision issues.

a) Interventions targeting women and men of reproductive age

Peer education sessions for young married couples. During the period under review 3839 (1231M, 2608F) married adults were reached in small groups sessions conducted by their peers. Select topics from *Time to Talk Christian Family Life Education* curriculum were discussed. The sessions dwelt on inter-partner communication and inter-gradational communication to create enabling environments for reducing risk especially empowering adults to offer guidance to youth. The sessions have resulted in self-reported cases of improved communication between young couples and between parents and their teenage children.

b) Expanding high-impact interventions for youth

Peer education sessions: Peer education sessions on prevention were conducted through group sessions with youth aged 15-24. **6,614** (3,502 males and 3,112 females) youth deemed to be at high risk as a result of their behavior were reached with OP messages this quarter. An additional **6,390** youth reached through FBO partners were reached with messages promoting AB. The sessions targeting female youth focused on specific messages aimed at reducing risk, increasing service uptake and increasing self-efficacy and skills in preventive behavior. A further **1,019 (495 male and 524 female)** youth in tertiary institutions were reached by 86 PEs bringing number of youth reached with comprehensive prevention messages to **14,023**.

Provision of RH/FP counseling and HTC services: During the period under review, the programme worked with ministries of health and four Local Implementing Partners (LIPs) to enhance uptake of youth friendly interventions at health facilities and communities within their catchment populations. The current sites providing YFS in a clinic model include PGH Nakuru,

Loitokitok, Gilgil, Narok, Naivasha, Chanuka VCT, Makutano, Moi's Bridge and Nanyuki offering various integrated services with HCT being the most offered service.

Supported GOK facilities were able to reach the youth with various services that included HCT, STI screening and treatment, FP, ANC and PNC services, life skills and career guidance among others. Family planning services were offered to a total of 5,114 clients including 2,127 new clients with FP and 2,987 revisits. Of the youth who visited the centers **260** males and **10** female accessed condoms while 8 female accessed emergency contraceptives. Details of youth reached with FP services are provided in Table 6 below.

Table 6: Services offered during reporting period in Youth friendly GOK supported clinics

Quarter	Youth reached		Contraceptives dispensed				
	New	Revisits	Oral pills	Depo	Condoms		Implants
					Male	Female	
Jan –Mar 2011	1,526	1,976	57	343	681	11	
Apr-Jun 2011	2892	2403	83	305	2176	104	1
Jul - Sep 2011	2127	2987	122	598	3280	120	–

HIV Counseling and Testing services were also offered at the three youth centers reaching **332** males and **245** females. STI services were offered based on need; **17** males and **9** females were counseled on STIs while **5** males were counseled on drug and substance abuse.

During the Quarter, 421 out of the expected 1250 youth visited resource centers in Naivasha Town, Mai Mahiu and Gilgil.

Young People Living with HIV/AIDS: During the period under review, therapy sessions for young people living with HIV were held at the three youth centers in Kitale and Trans Nzoia with support of the Ministry of Health staff. In total, 35 YPLWHIV (8 male and 27 female) attended. The sessions focused on positive living. Among the challenges participants expressed were: the side effects of ARVs, fear of not getting employment and inconsistent use of condoms. For sustainability and consistency of services, these sessions have been integrated into CCC services at the respective sites thereby creating a seamless link between community and facility PwP.

During the quarter, six Ambassadors Of Hope (AOH) who have disclosed their HIV status and are willing to share the hope story to other YPLHIV as well as youth in general were identified. The AOH have been receiving capacity building sessions that have seen them facilitate support group meetings providing the minimum package for PwP. With this increase in knowledge as well as willingness to share their experience with other young people, AOH have been offered various opportunities for giving talks as guests in outreach activities organized by peer educators. Support group members engage in other services offered at the youth friendly centers. To assist in the sessions, the facilitators have made use of a Manual obtained from International Planned Parenthood Federation which is being piloted for use in conducting the group therapy sessions. It has 7 topics to be covered in 7 sessions before the youth graduate.

In the subsequent quarter, four of the six AOC will be involved in an outreach organized by Love and Hope – an organization that offers counseling services to PLHIV as well as cancer survivors. One of the AOCs, a student at the Egerton Nakuru Town Campus, had an opportunity to represent young people living with HIV in Kenya in a YPLHIV leadership conference that took

place in the Netherlands. Such events help to reduce self-stigma as well as encourage other YPLWHIV to come to terms with their status and adopt positive living.

Male Circumcision: During this quarter the project recruited the VMMC teams to be based at Nakuru PGH and Naivasha DH. The procedure rooms for renovations were also identified; renovations will start the next quarter.

Expanding high-impact interventions for sex workers, their children and clients:

The quarter under review continued to focus on ensuring conformity to National guidelines for HIV/STI interventions targeting sex workers that call for provision of comprehensive package of services as stipulated by NASCOP. Tools to support individual enrollment, risk assessment and risk reduction counseling were developed and piloted in the drop-in centers. An additional two drop-in centers were identified and are being equipped to provide services to approximately 3,000 sex workers in Naivasha and 2,500 in Nanyuki bringing the total number of operational DICs to six. In the next quarter the interventions will be scaled up to cover Nanyuki and Narok with an estimated sex worker population of 3,700 after preparatory activities are finalized.

Peer education and outreach programs continued with the 390 active peer educators holding sessions and reaching out to a total of 1,098 FSW this quarter as compared to 1,775 FSW while the DIC played host last season to 657 FSW and 766 clients of SW in the last quarter and 760 sex workers this quarter.

A total of 760 FSW accessed services from the existing four (4) drop in centers. This included 147 tested and counseled for HIV in addition to the 141 tested in the last quarter. 200 sex workers were issued with Tunza Vouchers to access FP services from their preferred Tunza provider courtesy of PSI's Tunza Program. By the end of the reporting period 92 of these had received services and redeemed their vouchers. This is part of an initiative to improve the uptake of FP services among sex workers. Last quarter 152 were linked to health facilities for services including FP services and cervical cancer screening. After sensitization on need for cervical screening an additional 33 FSW were screened during a screening session jointly organized by APHIAPlus and the Nakuru PGH. During outreach to hotspots, an additional 298 people including sex workers and their clients were provided HIV testing and counseling services. During the quarter under review, the program supported distribution of 150,000 condoms through DICs and FSW. Support to sex workers with alcohol addiction continued this quarter with 12 new members joining the 67 from last quarter bringing the total number of active members to 79. As self-confidence grows, the sex workers enrolling as AA members increase. Psychosocial support to FSW living with HIV also continued with 94 FSW participating in 5 support group meetings organized by FSW.

Sixty eight (68) children of sex workers participated in life skills education sessions this quarter. Their parents also participated in education sessions on how to communicate with children based on the *Family Life Education: Teaching Adults to Communicate with Youth from A Christian Perspective curriculum*.

In an attempt to increase social protection services among sex workers, the project partnered with NHIF to educate sex workers on the need for health insurance. The education sessions held at the Salgaa drop in center resulted in 20 FSW who participated registering with the fund. The same service will be extended to other sites in the coming quarters.

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: Peer education and outreach among MSM in Nakuru continued this quarter. The project is currently partnering with one MSM CBO and one informal grouping of MSM. The 24 trained peer educators reached out to 286 MSM/MSW through one-on-one sessions and group sessions. This quarter activities focused on reaching out to the MSM/MSW in order to earn their trust and motivate them to seek service. Provision of services such as HIV counseling and services, STI screening were conducted through one drop-in center in Nakuru town. However, the turnout has been low and the project is investing more in building the trust in the services.

The MSM CBO was supported to develop a proposal to AMFAR. The proposal focuses on promotion of HIV prevention practices among the Lesbian Gay Bisexual, Transgender and Intersexual (LGBTI) persons in Nakuru County.

Touts and traders: The health outreach program targeting public transport sector workers and their partners continued this quarter with 2,454 males reached through the peer education and outreach program. The trained peer educators, in addition to conducting group and one-on-one sessions, mobilized their peers and partners to access service in the five (5) established drop-in centers. As a result 1168 males and 752 females accessed HIV testing and other SRH services. These included 401 counseled and tested for HIV, 206 provided FP services, 120 screened for STIs and 18 screened for TB.

In order to promote communication between partners on issues related to SRH, a couples' forum was held this quarter bringing together 101 matatu sector workers and their spouses. The couple's dialogue forum focused on the benefits of male involvement in FP and MCH issues.

Support for peers with alcohol addiction continued through the three (3) established alcoholic anonymous groups and counseling by staff at the FHOK clinic. A total of 71 people are currently enrolled in the AA groups.

Economic empowerment activities focusing on financial literacy and skills building for workers in the passenger transport sector continued with 101 people participating in the business club activities organized at the DIC. Other activities included introduction to the NHIF and computer literacy classes provided in partnership with Digital opportunity trust, a Canadian NGO. Currently, fifty six (56) people drawn from the matatu sector are participating in the computer literacy and business skills classes.

PLWHIV: In West Pokot where stigma is still very high a 2nd recreational event for PLHIV was held. The planning of the event was a collaborative effort between the program implementers and the District AIDS and STIs Coordinator (DASCO) and a PLWHIV support group representatives. The activity focused on creating awareness on stigma reduction on HIV and TB among other project thematic areas. The theme was “*Pamoja Tuangamize Unyanyapaa dhidi ya wanoishi na HIV/AIDS, TB, Malaria, STIs, and Family Planning.*” (*Together let us fight stigma associated to people living with HIV&AIDS, TB, Malaria, STI and people on family planning use*). The event started with a procession through Makutano Town to St. Mary's Catholic Church grounds. The Catholic Priest provided spiritual support encouraging participants/congregants to be a source of hope and care to people living with HIV in the community. Among activities held to mark the day included: a talk by MoH staff covering

various topics as outlined in the PwP guidelines such as alcohol abuse, antiretroviral therapy, and advantages of partner testing, personal hygiene, and prevention among discordant couples. The messages were conveyed through facilitation, discussion and traditional dance by support group members. In total, we had 123 (103 F and 20 M) people living with HIV and their families attended. Six YPLHIV participated in public speaking.

Persons in confinement: Awareness sessions were conducted at Kitale and Kapenguria Prisons on risk reduction for HIV & AIDS, STI, TB and Malaria. Persons openly living with HIV attended the sessions as guest speakers to sensitize inmates and by so doing reduce stigma. TB prevention sessions were also conducted. Two prison warders trained as peer educators at Kitale GK prison remained focal persons in organizing and coordinating the health education sessions with the inmates. Plans are underway to provide VMMC outreach to the prison to cater for the 16 inmates who had requested for circumcision. **199** inmates were reached with messages in conformity with the NGI though a total of 1,135 (911 male and 224 female) out of 2,180 (Kitale-1800 Kapenguria-380) inmates were reached with general health information that will be useful to them upon release.

People with Disability (PWD): Sign language competent peer educators trained to reach their peers who are hearing impaired. These sessions were geared towards increasing the level of knowledge on HIV and RH among PWDs and consequently resulting into positive health seeking behaviors. Peer educators used the standardized peer educators' activity guide. 15 members of Disabled Organization of Trans Nzoia (DIGROT) and who are also trained as peer educators participated in sitting volleyball competitions in Nairobi. Such activity is a real morale booster. A total of **120** PWDs joined peer group sessions this quarter.

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:

Efforts were made to reduce social barriers to accessing and utilizing health services during the quarter. Youth groups in West Pokot where insecurity is a major concern leading to poor access to health services have been producing songs that advocate for peace between Pokot and Turkana. The group holds public meetings using the songs. As part of raising community awareness to reduce vulnerability of the girl-child, CHW groups such as Ptakous Korelach Sangat (PTAKOS) a self-help group mobilized the community to educate their children and fight against female genital mutilation in Weiwei location.

Economic strengthening activities as off-shoots of health mobilization groups have been seen in Chebiemit empowerment youth, Leltega, in Marakwet, Daima in West Pokot and Kitangany in Kwanza that were formed for the purpose of providing health messages are now keeping poultry, tree planting, engaging in horticulture as income generating activities.

4.0 Contribution to Health Service Delivery-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 primary target population for addressing social determinants for health to improve their wellbeing in the households is the OVC and people living with HIV.

The Project has 84,489 active OVCs out of an annual target 90,000. Out of these a total of 79,496 OVC were visited and monitored during the quarter out of whom 73,766 received services, 62% (45,935) received three or more services while 38% received one or two services. Seven percent (5,730) of the OVC were only monitored.



Pic 5: Participants during the provincial HCBC/CPwP meeting

HIV testing for OVC

In the quarter under review 3,396 OVC were counseled and tested for HIV, four children tested HIV positive and were linked to health facilities for care. The testing was done during the health action days and in the health facilities through referrals.

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

Several economic security activities took place during the quarter, the activities were centered on, SILC, agricultural activities, and small skill business training to enable households to undertake economic activities.

SILC Activities: The project continues to support SILC groups' activities as one of the strategies to ensure vulnerable groups save and borrow money from the groups to improve their livelihoods and also boost their capacity to engage in economic activities. In the quarter under review 15 new SILC groups were formed by the SILC agents. The project staff also met with the SILC agents to discuss and, address challenges and share achievements. Currently there are 206 support groups participating in SILC activities representing approximately 3,009 households. The groups have a cumulative savings Kshs of 3,798,395.

The households have utilized the loans borrowed from SILC groups in a wide range of activities including; meeting basic needs of the OVC such as buying food, clothing, and shelter. Some of the beneficiaries of the credit facility also injected their loans in business activities e.g. selling groceries, vegetables and second hand clothing.

Linking to other partners for economic opportunities: The project had a series of meetings with the Equity Foundation to discuss the possibilities of linking support groups to the Financial Literacy Program. This has led to a partnership where Equity Foundation is training PLHIV and youth groups in Nakuru and Naivasha starting next quarter.

In partnership with Beacon of Hope (BoH) in Ongata Rongai, 25 caregivers participated in an entrepreneurship development seminar where they were taught business planning, record keeping, savings, and loans default management and group dynamics. Out of the 25 caregivers, seven applied for and received business development from BOH's other leveraged resources.

Capacity building in economic strengthening

During the quarter 77 OVC caregivers were trained on business skills and some were trained on bee keeping and noodles production.

Support group IGAs: Support groups in the project are engaged in various livelihoods and household economic strengthening activities. Most of the group's activities are centered on agriculture and livestock keeping including rabbit, dairy goats, poultry and bee keeping. A number of support groups are also engaged in kitchen garden farming to produce food for household and for sale when there is a surplus. Other activities include soap and jam making and wool spinning.



Pic 6: A project beneficiary from Gilgil training a visiting group from Machakos on rabbit keeping

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

Food security and nutrition is a critical component in HIV/AIDs and OVC programming, it is recognized the infected and affected families need food for improved health and survival. During the quarter, 27,851 OVCs, received food and nutrition support. The food and nutrition support was achieved through leveraged food donations, food supplied directly by the high yield farm and through the established kitchen gardening at the household level. CHWs continued with the provision of nutrition education and counseling at the household level.

Direct Food support: During the quarter, the program harvested 9,452 kgs of vegetable from the Nakuru high yield farm. 1,095 OVC from 450 vulnerable HH benefitted from supply of green vegetables. 3, 000 packets of dried vegetables were distributed to households in Laikipia and Mau Narok.

Through leveraged by the project and the implementing partners, the following food resources were availed to the OVC and HCBC households.

In Kapsabet 266 HIV positive OVC were supported through Mother Francisca Mission and Kapsile Supermarket, with nutritional porridge flour and food throughout the quarter; 15 caregivers from Imani support group in Gilgil received food donation of seven bags of beans from CACC office and distributed it to their members; Catholic Diocese of Nakuru donated various food items to support PLHIV, OVCs and their families reaching 138 households. The

food included 37 bales of unimix, 15 bags of maize, 5 bags of beans 50 bales of maize flour, 26 cartons of cooking oil and 6 bales of salt; Through partnership with USAID's funded NHP project, 238 CHW were trained on nutrition assessment to identify malnourished children. 4,011 OVC were assessed for malnutrition and 1104 OVC received food and nutritional support; In the Northern Rift, support groups of OVC guardians were linked to FAO: Koitumut 30 members, Kaikai 16 members and Kosulol 25 are doing poultry keeping and kitchen gardening

Food production: During the quarter the project continued to train households on establishment of kitchen gardens. 58 caregiver households were trained on kitchen gardens, with 279 of them establishing kitchen gardens.

1,462 households visited by CHWs during the quarter had established kitchen gardens.

A total of 56 households got training on agricultural skills through the Catholic Diocese of Nakuru Agriculture Officer. The training covered: value addition, bee farming and kitchen gardening. After the training, three support groups two in Koibatek and one in Naivasha benefitted from noodle making machines and bee farming equipment leveraged from Catholic Diocese of Nakuru.



Pic 7: Members of Imani new Step group in Gilgil admiring Butter nut crop in a kitchen garden.

On food diversification, the program through leveraged resources from BoH, supported 36 caregivers to participate in a field visit to the Agricultural Training Centre in Ngong'. The visit enhanced their understanding of IGAs and agribusiness development.

The program managed to link three PLHIV support groups with the MOA in Narok South and Kajiado North for sensitization on available opportunities like the Piga Njaa Marufuku Kenya.

In addition the project continued to strengthen the capacity of caregiver groups in fish farming, rabbit keeping and business management. Overall, 45 meetings were held with caregivers who engage in business.

Two groups of OVC guardians in Kaikai (16 caregivers) and Yualateke (70 caregivers) in west Pokot are going on with training on modern farming technologies organized by Integrated Rural Development Program (IRDP).

Junior Farmer Field Life skills School Programme (JFFLS): The project has established 37 JFFLS programs. JFFLS focus on food production in school which ensures children participating have sufficient food to eat and can also transfer the skills home to their care givers. Apart from transferring agricultural skills the JFFLS also teach life skills to club members. In North Rift, where 2 new JFFLS were formed, 21 Pupils at Yuya Primary in Trans Nzoia East, and 48 in Tomena Primary of West Pokot joined the JFFLS for agriculture and life skills learning. In Yuya Primary, the children have carried the practice to their house holds while back in school they have cultivated maize, *kunde* and carrots with each child taking care of his/her small portion allocated.

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

During the quarter under review, a total of 22,547 OVC provided with educational support during the quarter. The program has also held discussions with school administration about the OVCs in their schools. This has allowed the OVC to be given special considerations by allowing caregivers time to clear fees balances thereby retaining the OVC in schools.

The program is partnering with other education stakeholders through the MOE and the Children Department to support OVC with school support. The AACs were involved in determining the support provided to the post primary students in terms of school fees through identification and vetting of those to receive support.

Life skills training: Life skills were provided through the JFFLS in schools and also during health action days. In Naivasha, K-NOTE has continued to conduct interventions with street youth aged between 9 and 17 years. In addition to addressing risk in relation to HIV, volunteers at the resource center have introduced literacy classes for the boys. During the period under review, In addition to life skills, 933 OVC participated in health action days during the August holidays. Life skills were offered in small sessions in Naivasha and Gilgil region.

Pic 8: Pupils of Tomena primary school during the initiation of JFFLS in their school



During the period under review, APHIAPlus through the Handicap International (HI), one of APHIAPlus implementing partner engaged in the following activities to roll out the school life skills program in Trans Nzoia District.

a) Headmaster's orientation meeting held: A participatory planning meeting chaired by the Trans Nzoia East DEO was held. 31 school heads (principals and head teachers, 3 DQASOS, zonal education officers) and 41 club patrons attended the orientation meeting which aimed to sensitize them on APHIAPlus and promote ownership, leadership and management of the proposed in school program in life skills education.

b) Termly peer club patrons meeting: The area education officers together with the health education officer from the MoPHS and HI staff held a meeting to plan on support supervision visits to the 30 targeted schools. It was agreed that the activity should be mainstreamed in the regular MoE monitoring visits to schools. A checklist to be used along with MoE standard monitoring tools was also developed. An action plan was drawn to guide the visits with the DQASOs taking the lead for the period of October to November 2011.

c) Production of two editions of teen talk magazines: 10,000 copies of the 1st edition of teens talk magazine was delivered to the head teachers for circulation among the pupils/students through the District Education Offices. 134 articles from 7 primary schools and 133 articles from 6 secondary schools have been collected for production of the 2nd edition. An editorial committee consisting of 2 teachers 3 peer educators, 2 HI staff and 1 health officer reviewed the articles for the production process. The Teens Talk Magazine is supposed to complement the life skill

program and also offer opportunity for young people to air their views regarding different issues affecting their life

4.4.1 Enhancing access to improved water supply and sanitation

In North Rift, A total of 840 households were reached with hygiene, water and sanitation messages by CHWs in Kwanza, T/East and Pokot districts

314 clients were provided with Basic Care Package, this was through linkages with the MOH who are distributing the kits to needy clients at the CCC, the package contains items such as water guard and water Jerrycans to ensure access to safe and clean drinking water among PLHIV and their households.



Pic 8: Beneficiaries of Basic care package kits in Sultan Hamud

In Narok, Mulot area HCBC households were provided with water filters through collaboration with Tenwek Hospital after they were linked to clients support groups by APHIAplus.

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

In order to fully integrate gender into project activities; three senior staff participated in the African Region Gender integration workshop organized by FHI360 in Nairobi. Program while implementing partner staff participated in one week training on Gender mainstreaming held in Naivasha. The trained staff will champion gender integration across the entire program.

Birth registration: During the quarter, 1,860 OVC were supported to acquire their birth certificates. To increase the number of children with birth registration certificates, the program enhanced the involvement of MOE through the primary school head teachers to facilitate the application process. In regions such as Kajiado North district the program is linking the head teachers to help the caregivers in filling the forms and providing necessary documentation that would otherwise take longer if done directly by the program.

Protection against child abuse: The program continued to provide OVC with child protection services to ensure that their rights are protected and that they are free from abuse and exploitation. This was done through referral and linkages for legal

Child protection story

A child was rescued from child labour and taken back to school in Sajiloni Sub-Location Kajiado Central district. The young girl had sat for her KCPE examinations in 2010 but did not manage to join secondary school due to lack of school fees. The eldest in a family of 4 total orphans and bearing the responsibility of a guardian for her siblings, the young girl was forced to seek casual jobs in order to get money and food. The area CHW informed the program and local administration. When the program intervened and talked with the girl, she indicated that she wanted to go back to school. She has since been supported to resume studies from class seven. The local community was very supportive and made contributions in terms of school uniforms and food for their subsistence

services, counseling of minor cases of abuse at household level and working closely with the community structures to solve cases of abuse in the project areas.

The paralegals continued to be of great support in ensuring and advocating for child protection against abuse and provision of justice for abused children.

This quarter APHIA*Plus* protection staff was co-opted as a member of the Children Department's children protection team which meets every quarter. In collaboration with the Children's department, the program supported the formation of child protection teams in Kajiado North district.

Psychosocial support is a very important integral service provided to OVC since most of them are usually disturbed by family problems, ailing parents or loss of parents. During the quarter OVC in the program were provided with PSS in an effort to ensure their emotional and psychological well-being 70,943 OVC received PSS during home visits and through children clubs. The OVC were reached with spiritual, emotional, family, and bereavement counselling.

Sexual Gender Based Violence: During the quarter the program supported DHMT/HMT to carry out several activities. They included the sensitization on SGBV/PRC to the health care providers, community leaders, DHMT/HMT, police and IPs. The project provided TA to MOH at the district level to establish/strengthen Post Rape Care services. 126 health providers were sensitized during the quarter are now providing PRC services as emergency cases; and 162 community leaders sensitized in five districts have formed committees and are sensitizing the community. Continuous mentorship and CME sessions for health care providers are ongoing, and so far 301 health providers in Molo, Gilgil and Kajiado North have participated. The CME on SGBV and PRC are aimed at improving referrals of cases to health facilities and reporting of the same by SGBV survivors.

DHMT/HMTs were supported with GBV/PRC tools (PRC forms, PRC registers, and SV guidelines) in Molo, Kajiado Gilgil and Narok. These facilities are using the tools to document their services to survivors of SGBV. For better linkages and strengthened referrals the program held a two day sensitization for police officers, in South Rift. A total number of 24 police officers were reached in Molo, Gilgil, Kajiado and Narok.

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

During the period under review, several technical meetings were held between APHIA*Plus* team and all implementing partners. The meetings were aimed at improving the project delivery by reviewing tools, training materials and technical guidance. Visits to implementing partners were also used as opportunities to mentor partner project staff on project implementation.

The finance and program development teams continued to build IPs capacity in efficient financial management for quality program implementation. During the reporting quarter IPs project managers and finance officers were trained on a tool that would ensure that all project expenses are captured as they occurred. The tool enables partners to post monthly expenses per budget line item and all expenses are accumulated for the project period. This helps to clearly show the budget balance per each budget line item making budget amendment faster and easing up the process of cost re-alignment where necessary.

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

The program supported mobilization of the church and Community groups in North Rift. Various community meeting forums were conducted and this targeted Parish Aids Committees, schools, provincial administration through the chief's *barazas*, diocesan and Ministry of Health/Public Health facility committees and the project supported groups.

The mobilization sought to i) increase HIV/AIDS awareness among community members and educate them on available health care services, ii) involve community members participate in care and support of people living with HIV/AIDS and OVCs, iii) collect activity progress reports from the parish aids committees iv) conduct waste management and environmental sanitation activity in Central Pokot District and v) introduction of life and agriculture skills among in-school youth in Yuya and Tomena Primary schools.



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

To enhance youth engagement and participation, APHIAPlus supported the commemoration of the International Youth Day on 12th August in Nakuru. The event was held in collaboration with Provincial Director of Youth Affairs and local partners. APHIAPlus provided logistical, as well as technical support in planning, mobilization and documentation of the events of the day. The event was attended by 500 individuals (450 Youth and 50 adults). During the event youth focused messages relevant to raising youth awareness about existing health services as well as low risk behavior were presented.

During the quarter HFG and APHIAPlus constituted the Youth Advisory Committee (YAC) that will enhance meaningful youth participation in programming. Both programs have engaged local partners in planning for upcoming events including Gender training, national youth road-show for service uptake and assessment for G-Base.

In Ongata Rongai, 31 OVC living with HIV participated in therapy sessions facilitated by BoH during which they shared their experiences and got peer support. In addition, 159 children (82M, 77F) participated in Holiday Bible Club activities facilitated by BoH in Ongata Rongai. This is a spiritual learning forum where children get spiritual nourishment from experienced teachers. The theme for the function was derived from Psalms 139:13-14.

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

The program continues to focus on the MARPs, PLHIVs and other disadvantaged groups to ensure they are not excluded from health services that improve their health and well-being.

During the quarter a total of 760 FSW accessed services from the existing four (4) drop in centers. 200 were issued with *Tunza* Vouchers to access FP services from their preferred *Tunza* provider courtesy of PSI's *Tunza* Program. An additional 33 FSW were screened for cervical cancer during a cervical cancer screening jointly organized by the *APHIAPlus* and the Nakuru PGH. During outreach to hotspots, an additional 298 people including sex workers and their clients were provided HIV testing and counseling.



Pic 10: CHWs and Community members sensitize against stigma during a Family health day in North Rift.

Working with the IPs, the program mobilized and linked 78 HIV positive community volunteers to NHIF scheme

The program continues to work with support group to provide PSS, and reduce stigma among the HIV positive clients. During the quarter 30,043 PSS contacts were made with HCBC clients, to help the PLHIVs cope with stress, this is provided in form of family counselling, bereavement counselling and spiritual counselling support.

Two support groups of about 48 memberships from Torongo in Koibatek and Marigat in Baringo, benefitted from one day training on psychosocial care by the MOH personnel. They are groups that are experiencing stigma related problems.

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

5.1 Community Health System

The project continued strengthening linkages with the children's department and the Ministry of Health. In collaboration with the Children's department, the program facilitated joint OVC stakeholders' forum that combined Narok North and Narok South districts in Narok town. The meeting discussed issues affecting implementers of OVC programs in the county and brought together all key GoK line ministries. Among the key issues discussed during the meeting include; facilitating birth registration for orphans, the effect of retrogressive cultural practices on OVC, coordination and harmonization of OVC programs within same jurisdiction. It also provided new opportunities for networking among stakeholders and strengthening partnerships with GoK in addressing issues affecting OVC in Narok County. The meetings were also critical in discussing on how the IPs will be sharing reports with the DCO and engagement of the DCO in support supervision.

Pic 11: DCO Kajiado facilitating an OVC partners staff workshop



The project conducted an OVC quality improvement pilot project in Kabazi location in Nakuru North District that targeted 100 households. The exercise was an eye opener on various issues that affect the OVC. The pilot indicated that the main priority areas that need require essential actions are health and psychosocial care.

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The project continued to participate in various AAC meetings where the APHIA^{plus} teams and LIPS were able to share what the APHIA^{plus} OVC project is all about and progress reports. In collaboration with the Children's department, the program supported the formation of child protection teams in Kajiado North district. An AAC has also been established in Ongata Rongai division which will henceforth oversee all OVC activities in the area. A further two Location Area Advisory Council were supported in Tindinyo and Chepterit in Nandi Central. These meetings have ensured the participation and support of the AAC members specifically the chiefs and assistant chiefs, for instance their participation during the benefits distribution days where they educated the community on several issues revolving around child wellbeing.

A site assessment was conducted in collaboration with the Ministry of Public health and sanitation and medical services for eight youth friendly sites in the quarter. These were: 5 level 4 facilities The assessment focused on YFS and revealed gaps in the human capacity development,

management support, organized and coordinated youth involvement and participation in service provision and exposed a wanting infrastructure meant to provide service delivery. In the succeeding period APHIA*Plus* will work with the relevant state organs to i) strengthening the capacity of the MOH to respond to youth health needs and ii) build the reporting capacity on youth health issues. YFS national guidelines were rolled out to three youth services LIPS supported by APHIA *plus* and M& E tool to be used in the capture of data in 3 clinics that had not been using the tool

In addition to the above efforts, APHIA*Plus* engaged Ministry of Youth Affairs through the Provincial Director of Youth Development to enhance coordination and strengthening structures for service to youth in the province. APHIA*Plus* supported two regional (North and South Rift) quarterly meetings of all District Youth Affairs (DYOs) in the province. This forum allowed for foregrounding multi-sectoral issues relating to enhancing service provision to youth with specific reference to strengthening youth participation and to address deliverables under health thematic areas of the MOYAS strategic plan. The forum also offered an opportunity to explore partnerships that could lead to capacity building and strategizing to mitigate socio-economic factors predisposing youth to high risk behavior. The program is currently drafting a framework of collaboration with the MOYAS.

6.0 Monitoring and Evaluation Activities

6.1 Highlights

The planning process to design a baseline/formative assessment of the health system functions that the project aims to strengthen, and to pilot test FHI's health system rapid diagnostic tool (RDT) took place during the quarter. Through a series of meetings and workshops with APHIAPlus staff and provincial officials from the Kenyan ministries of health, the following were achieved: 1) agreed on the purpose of the assessment, 2) clarified APHIAPlus' HSS objectives, 3) defined health system performance assessment questions, and 4) developed health system performance metrics. At the end of the quarter several performance metrics for the assessment were developed, gained support from key stakeholders (GOK and USAID), and learned many lessons to strengthen FHI's RDT tool. The performance metrics will be completed and data gathering begun planned for the next quarter.

All four M&E Officers were trained as Trainers of Trainers on the revised HIV/AIDS data collection and reporting tools in a 5 day training organized by NASCOP. With this skills and knowledge these staff is expected to support the orientation of staff at district level and mentorship beyond the orientation.

The Associate Director M&E participated in a 5 day training on LQAS outcome evaluation methodology that involved a field trip to Kaptembwa one of the project sites that has a CHU. The plan is to use the methodology to establish some baselines indicators for selected indicators.

The project was represented in meeting to review AOP6 districts performance organized by ADAM and USG partner in North Rift that brought together all health stakeholders. The meeting noted the following gaps from the presentations made: problems in target setting; most districts below targets set for the AOP6; lack of indicator understanding among DHMT, community activity indicators missing in the presentations, lack of data use among DHMT. Recommendations were agreed upon to address these issues including follow up quarterly review meetings supported by ADAMS.

6.2. Facility level activities

District facility progress review meetings: The project continued supporting progress review meetings in 25 districts during the quarter with both M&E and Technical staff participating in some of them. These meetings are designed to provide districts in charges with opportunities to review their performance against AOP; discuss challenges, review data and data quality and share technical updates. To improve DHMT skills in planning, a formal structure and guide for the meetings was developed to support Narok County. Support supervision, mentorship and RDQA schedules were agreed upon and clearly defined. During the progress review meeting it was noted that target setting is a challenge for most districts. The project plans to coordinate with the DHMTs to develop standard templates for sharing data from DHIS during these meetings as well as work with them to review the process of setting targets.

Site visits were conducted to both health facilities and DHRO to provide support in improving data collection, reporting and use. A total of 12 DHRO (Koibatek, Baringo East, Kajiado North, Kajiado Central) were visited during the quarter. Support was provided in updating the DHIS, cleaning of data and report generation and presentation of the same. Several challenges were

noted during this visits including backlog in data entry, incomplete data, errors in eligible population data and use of untrained staff in updating the system. The project plans to work with the DHRO to develop a checklist to assess use of the system to inform designing of an on-job-training for staff during the next quarter.

Facilities were visited during supervisory visits with DHMT in several districts for routine site visits. A total of 18 service providers were mentored on filling of PMTCT and ART data collection and reporting tools and data review. One of the sites visits involving the M&E Officer in Keiyo South included an assessment of two facilities to determine their readiness to initiate ART services including readiness to report on the services.

To improve data quality, the project aims to support formation of teams at district level to carry out routine data quality assessments. During the quarter efforts were made in several districts toward this end. In Central Pokot, a meeting was held with the DHMT to discuss the formation of QA/QI teams. The meeting agreed to constitute an integrated team to address all quality issues including data quality. Members were proposed and they will be oriented on the RDQA process and tools in the next quarter. In Narok districts, data quality and field investigation of teams were constituted. A total of 31 D/HMT members were oriented on the PRDQA guidelines, process and tools. The team conducted the RDQA in 16 health facilities focusing on ART, TB, PMTCT and HTC, corrective measures were agreed upon with 30 health facility staff and data revised in 5 MOH711A reports. In West Pokot, the DHMT agreed to expand the mandate of HTC QA/QI teams to include DQA. Data reviews were also conducted during sites visits, feedback was provided to both facilities staff and DHRO.

6.3 Community level activities

This quarter the project supported the training of 56 CHW on the CBHIS in four CHU. The training used trainer's manual for CHC in Kenya and focused on basic data collection, utilization and M&E in North Rift while in Nakuru the training focused on completion of data collection tools, indicator definitions and data elements in the household register. In Nakuru the household data collection is complete and awaiting data entry.

Efforts were made to institutionalize data quality assessment among community implementing partners. In North Rift, a two day orientation on RDQA and documentation was conducted for 24 staff including field coordinators, M&E Officers and data clerks. Additionally, 30 OVC partners' staff was oriented on DQA process in Kajiado and Laikipia East. Finally, in Nakuru staff from KNOTE, ICL, FHOK and FAIR were oriented on the RDQA process and tools. Each partner is expected to implement a RDQA quarterly and share reports with the project. So far two implementing partners in Narok have not only been oriented but also conducted a DQA.

OVC implementing partner received support geared towards improving quality of data and reporting rates. A total of 44 staff from IPs all project sites were given an update on the OVC reporting system, monthly and quarterly reporting formats. A further 30 staff including coordinators, field officers of Kajiado North and Laikipia East were oriented on the new narrative reporting format. In Narok, two implementing partners were supported to institute monthly tracking system to monitor reporting rates. Site visits to implementing partners continued during the quarter to provide feedback on reporting rates and issues discuss how to address them such as low literacy levels among CHW. 18 staff were mentored on data management processes during these visits.

6.4 Challenges

The number of revised HIV/AIDS tools allocated to the province were not adequate for the number of facilities. The distribution of what was received was also not systematic posing a problem in terms of determining what the gaps and needs are. The project is working with the PASCO to establish what was received, distributed and what is missing in order to support distribution of the remaining tools and provide feedback on the short fall with the national level project.

7.0 Environmental Compliance

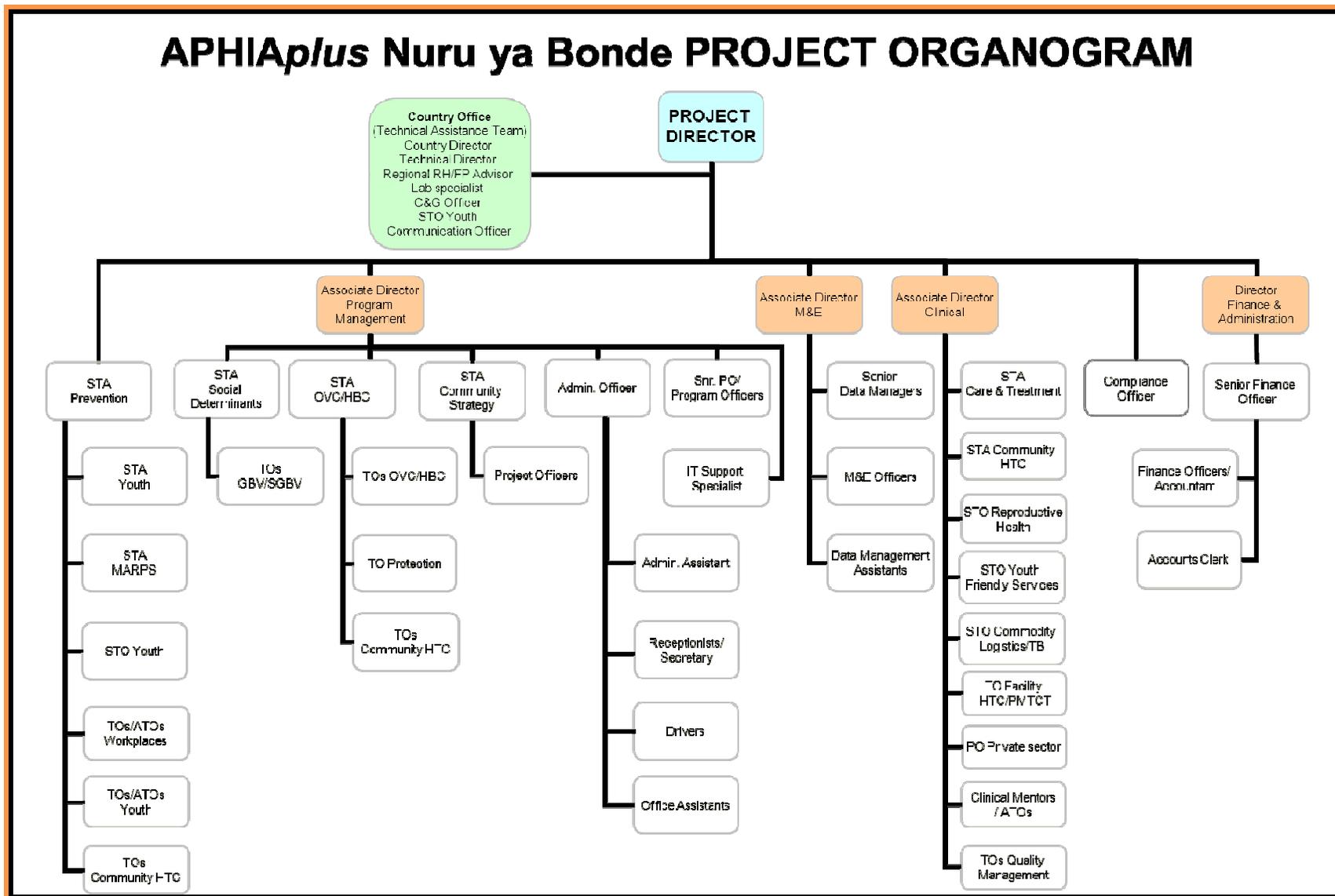
The project continued to monitor environmental compliance as part of routine activities within clinical and community programs.

ANNEX 1: QUARTERLY PERFORMANCE AND WORK PLAN STATUS MATRICES



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QUARTERLY REPORT QUARTERLY REPORT QUARTERLY REPORT

ANNEX 2: IMPLEMENTING PARTNERS ORGANOGRAM



ANNEX 3: SUCCESS STORY

Improving food security for vulnerable families

Atieno, a 34-year-old single mother, lives with eight children - aged between five and 16 years - in a one-room council house in Nakuru, Kenya.

Three of the children are her own. She took on the five others orphaned when her sister and sister-in-law died of AIDS three years ago.

At first Atieno could not afford to feed the children. The money she earned from casual jobs was not enough for food or other basic needs.

But now she can afford to care for the children after getting help from APHIAplus Nuru ya Bonde, a USAID-funded program led by FHI360 that supports families affected by HIV.

Atieno has started a profitable business selling fresh vegetables she buys at a discount from a demonstration farm run by the project to improve nutrition for vulnerable families.

“The business has really helped,” says Atieno. “I buy vegetables from the farm and sell for a profit. I use the money I get to buy flour, cooking oil and sugar,” says Atieno. “I have many customers some of who come to my doorstep to look for vegetables.”

Atieno makes a profit of Sh1, 000 (about US\$10) a week, almost twice the minimum wage, set by law for unskilled farm workers.

“Selling vegetables from home is also good because I don’t get tired like in jobs of collecting garbage or washing clothes for other people. I’m at home and can also do other chores,” says Atieno.

Like Atieno, some clients join the program because their children are orphaned as a result of HIV. Others are people living with HIV and are enrolled in the home- and community-based care program.

Besides vegetables, registered families can buy eggs and fruits. Those who are too ill to work are given free rations until they are strong enough to work and earn a little money to buy the food.

Families are trained to farm their own food at home, mainly kales and highly nutritious traditional green leafy vegetables such as amaranth, black



Leah Atieno



Workers harvest kales on the farm.

nightshade and spider flower as well as fruits.

The farm was started in 2006 by FHI-360 as part of a family-centered project to help people affected by HIV. It is situated on a former rehabilitated dumpsite once used by the Rift Valley provincial general hospital. The project has since supported to install an incinerator.

“Our focus is on commercial production so that we can get enough produce for clients,” says farm manager Anthony Wekesa. “Every year, the farm produces about 60 tons of fruits and vegetables and 5,000 eggs.”

The hospital gets a daily supply of about 100 kilos of fruit and vegetables for in-patients.

A simple drying unit on the farm is used to preserve vegetables for free distribution to families of registered OVC and HCBC clients in dry areas that are not suitable for farming. Every year, 12,000 packets of dried vegetables are produced, enough for almost 50,000 meals.

“Some of our clients have started their farms and we have visited a few to give further advice,” says Anthony.

The success of the farm has inspired other partners in the project to copy its approach.

In Njoro, some 25 kms from Nakuru Town, community health volunteers, caregivers and clients in the APHIA^{plus} home-based care program have teamed up to start a mini-demonstration small farm at a drop-in Centre that serves 700 clients registered in the project.

About 200 of the clients attached to the Centre have been trained on vegetable growing and 150 of them have their own gardens at home. Every year, about a dozen others with no land for farming are allocated plots at the drop-in Centre to learn as they grow their own crops.



Captions: From top left, the drying house used in vegetable preservation; a worker inside the drying house; checking section of the 5,000-metre long drip irrigation piping system; a shed/banda used for meetings; and a worker prunes a guava tree in the orchard, which also has oranges and avocado.

ANNEX 4: REPORTING RATES

Table 1: DISTRICT REPORTING RATES JUL - SEP 2011

District	PMTCT	DTC	VCT	ART	TB	RH-FP
East Baringo	67	64	67	67	78	88
Kajiado Central	95	95	100	100	100	85
Kajiado North	83	80	90	100	93	80
Koibatek	97	96	100	100	100	95
Laikipia East	92	95	90	100	100	93
Laikipia North	100	100	100	100	100	100
Laikipia West	93	96	95	100	97	90
Loitokitok	100	100	100	100	100	86
North Baringo	94	83	100	100	100	80
Molo	95	90	100	100	100	94
Nakuru North	90	86	91	100	100	81
Nakuru central	90	85	86	100	100	87
Naivasha	93	95	95	100	100	88
Central Pokot	98	94	93	100	100	98
Keiyo South	78	75	83	100	100	83
Kwanza	98	100	48	100	100	100
Marakwet	74	81	73	100	78	91
North Pokot	87	77	86	100	90	83
Trans East	89	95	78	100	79	83
West Pokot	95	78	100	100	73	91
Narok South	93	92	82	100	85	93
Narok North	94	93	90	100	92	94
Average rates	90.7	88.6	88.5	98.5	93.9	89.2

Table 2: OVC IMPLEMENTING PARTNERS REPORTING RATES JUL - SEP 2011

Partner	District	# of Registered OVCs	Reporting Rate
Catholic Diocese of Eldoret (CDE)	Nandi Central, Keiyo South and Marakwet	2800	73%
Catholic Diocese of Kitale (CDK)	Trans Nzoia East, Kwanza, West Pokot, Central Pokot and North Pokot	3106	76%
Christian Community Services (CCS) and Mary Immaculate Sisters	West Pokot, Uasin Gishu, Nandi East, Tinderet, Central Pokot and Central Pokot	6459	77%
Mother Francesca Maternity Home St Boniface Tindinyo and St. Joseph	Nandi	4654	76%

Chepterit)			
KNOTE	Naivasha	9215	53%
CDN	Nakuru	3972	45 %
ST LWANGA NJORO	Njoro	312	60%
KCIU	Nakuru	1000	92%
	Molo	821	95%
	Koibatek	643	95%
	Kajiado	798	94%
	Laikipia	731	92%
ELBURGON DIC	Nakuru	1214	98%
LANET DIC	Nakuru	1940	65%
MOLO DIC	Nakuru	1365	73%
REDCROSS DIC	Nakuru	1900	74%
SALGAA DIC	Nakuru	1093	91%
ST NICHOLAS DIC	Nakuru	1888	72%
MAU NAROK DIC	Molo	1200	80%
NJORO DIC	Njoro	2488	69%
OLRONGAI DIC	Rongai	649	85%
MAKUTANO DIC	Molo	1091	85%
Deliverance church	Nakuru	490	87%
AIC RAVINE	Koibatek	569	45%
AIC EMINING	Koibatek	540	65%
RAVINE WOMEN SACCO	Koibatek	500	63%
EBENEZER	Koibatek	450	39 %
GILGIL UNITED	Naivasha	1388	51%
CDN MOGOTIO	Koibatek	800	53%
KAG	Nakuru	448	95%
SALVATION ARMY	Nakuru	143	99%
FRIENDS CHURCH	Nakuru	252	86%
NADINEF	Narok North and South	2,109	75%
SEMADEP	Narok South	1,244	88%
Kipok Olpolos	Narok South	1,029	79%
OPF	Narok North	857	92%
OLSHO	Narok North and South	1,174	62%
Kikuyan	Narok North	1,217	78%
EWANGAN EMAA	Narok South	637	74%
ENOCOW	Narok North and South	1,300	85%
AJAM	Kajiado	1117	60%
CATHOLIC DIOCESE OF CARITAS	Laikipia	1720	88%
CATHOLIC DIOCESE OF NGONG	Kajiado	3878	57%
CWOCH	Kajiado	829	87%
DAIGA CCC	Laikipia	1602	87%
DELIVERANCE CHURCH - NGONG	Kajiado	1215	63%
DOLDOL CCC	Laikipia	986	68%
ILL-POLEI CCC	Laikipia	589	71%
KIMANJU CARE LED COALITION	Laikipia	597	74%

LIFA TOWN CCC	Laikipia	1244	85%
MAAP	Kajiado	1086	68%
NARETISHO CCC	Laikipia	882	75%
OLPADEP	Kajiado	598	75%

Table 3: HEALTH COMMUNICATION IPs REPORTING RATES

Partner	District	# of Active Peer educators	# of Peer educators reported				Average Reporting Rate
			July	August	September	Av. Total	
CCS	West Pokot	66	38	39	49	126	64%
CCS	Kwanza	58	50	53	55	158	91%
CCS	Marakwet	60	45	38	34	117	65%
HI	Trans Nzoia West	18	14	16	14	44	81%
HI	Kwanza	15	7	8	5	20	44 %
HI	Trans Nzoia east	27	27	24	21	72	89%
HI	West Pokot	26	21	18	15	54	86%
FAIR	Nakuru	CSW	260	240	240	240	92%
	Molo	CSW	40	36	36	36	90%
	Molo	Trackers	40	36	36	36	90%
	Nakuru	PWP	25	19	20	20	79%
	Molo	PWP	25	19	20	20	79%
KNOTE	Naivasha	Youth in informal settlement	90	78	84	88	93%
	Naivasha	Youth in church	60	52	54	52	88%
FHOK	Nakuru central	Matatu crew	120	80	70	70	61%
ICL	Molo	Youth in school	76	0	0	11	5%
	Laikipia west	Youth in school	65	0	1	21	11%
	Nakuru central	Youth in school	24	56	15	0	99%
	Baringo	Youth in school	47	21	0	0	15%

ANNEX 5: TRAVEL REPORT JULY - SEPTEMBER

Travel Date	Destination	Reason for Travel	Person
4th – 7th July 2011	Kajiado	To train Beacon of Hope staff on OVC tools, attend monitoring meeting in MAAP and to provide technical assistance to MAAP data clerk, collect facility reports from Kajiado Central and Kajiado North District	Bernard Otieno/ Simeon Koech
6th – 7th July 2011	Nairobi	Travel to Nairobi to attend Partner Meeting for Nutrition at USAID	Irene Muteti/ Dr. F. Waudo
5th – 6th July 2011	Nairobi	Travel to Nairobi to attend meeting with John Bratt and Rick Homan (Orientation of HQ staff on project collect and format APHIA Plus documents)	Peter Ongeta
7th – 8th July 2011	Pokot East	Integrated Outreach	Tom Dado
6th – 8th July 2011	Nanyuki	Drive staff (George Kimathi) to Nanyuki for a stakeholders meeting –\CME at Nanyuki District Hospital	Sadat Nyinge
6th – 7th July 2011	Nairobi	Attend PMTCT USG Implementing partners consultative meeting	Joel Kuria/ Dr. F. Waudo
6th – 7th July 2011	Nairobi	Drive staff to Nairobi to attend PMTCT USG Implementing partners’ consultative meeting (Dr. F. Waudo and J. Kuria) and pick staff (I. Muteti and Dr. M. Aluda) after attending partners meeting for nutrition)	Samuel Ngumah
6th – 7th July 2011	Narok	Drive staff (R. Manyeki) to Narok to work on Narok LIPS sub agreement amendments	Josphat Buluku/ R. Manyeki
5th – 6th July 2011	Kitale	Attend facility in charges meeting Pokot West on 5th July 2011 and DHMT Pokot County meeting on the 6th July 2011	Jay Mairura
10th – 15th July 2011	Nakuru	Travel to Nakuru to attend District Health Information System training (DHIS) at Milele Resort	Maurice Obuya
11th – 25th July 2011	Ngong	Relocation to new work station	Keke Mwarabu
12th – 13th July 2011	Nanyuki	Attend Laikipia East and Central facility meeting	Thomas Ondimu/ Kombo Kironda
11th July 2011	Nairobi	Drive staff (Dr. F. Waudo) to Nairobi to attend EMR taskforce meeting at NASCOP	George Ndungu
10th July 2011	Nakuru	Drive staff (M. Obuya) to Nakuru for DHIS Training	Keke Mwarabu
12th – 14th July 2011	Eldoret	To attend USAID Technical Meeting on quality Improvement and service standards for HIV/AIDS and attend FHI Kenya scientific and Technical Committee meeting	Dr. F. Waudo/ Dr. M. Aluda/ Ruth Odhiambo
12th – 13th July 2011	Nairobi/ Ngong	Attend a meeting with NOPE to review the budget and staff LOE required from Nairobi/ Set up petty cash for Ngong field offices	Peter Ongeta
8th July 2011	Ngong	Drive staff (B. Gatundu) to Ngong to offer admin support to Ngong Office	Samuel Ngumah
5th July 2011	Nairobi	Drive staff (J. Ndiritu) to Gilgil to facilitate FSW PE training and proceed to Nairobi to pick staff (C. Muturi and J. Kuria) after attending a meeting with R. Homan and J. Bratt	Josphat Buluku

18th – 19th July 2011	Laikipia	Drive staff to Laikipia (R. Manyeki and R. Omwega) to conduct interviews for Project Accountant at LIFA and address some project issues at CARITAS	George Ndungu
13th July 2011	Eldoret	Drive staff to Eldoret to attend USAID Technical meeting on Quality Improvement and service standards for HIV/AIDS	Josphat Buluku
13th – 14th July 2011	Kericho/ Eldoret	Drive staff(S. Ochieng) to meet with Regional Managers for KTDA and proceed to Eldoret for a meeting with Regional Managers in Nandi to plan for roll-out of APHIAplus workplace activities	Simeon Koech
18th – 22nd July 2011	Laikipia	Travel to Laikipia to conduct interviews for project accountant at LIFA and address some project issues at CARITAS	Richard Omwega
20th – 22nd July 2011	Pokot East	Drive staff (P. Ongeta and Kennedy Yogo) to Pokot East for Pre-Award Assessment for Incarnate Word Sisters	Nicodemus Mwangui/ Kennedy Yogo/Rachel Manyeki
17th – 23rd July 2011	Machakos	Travel to Machakos to attend NASCIOP M&E workshop to finalize HIV M&E guidelines, SOPs and standards	Bernard Mugiira`/ Samuel Ngumah
17th – 20th July 2011	Nairobi	To attend Joint PMTCT and Paediatric HIV Implementers Meeting	Dr. F. Waudo
15th July 2011	Nairobi	Drive staff (S. Gichuki) to attend TWG meeting (Ambrose Were) to attend Community Strategy Stakeholders meeting in Nairobi and Pick Project Director after attending a series of meetings in Nairobi	Josphat Buluku
19th – 20th July 2011	Nairobi	Travel to Nairobi to attend a meeting on strengthening community based child protection mechanisms	Irene Muteti
19th – 20th July 2011	Nairobi	Drive staff(I. Muteti) to Nairobi to attend a meeting on strengthening community Based Child Protection mechanisms and pick Dr. Waudo after attending joint PMTCT and Peadiatric HIV Implementers meeting	
21st – 22nd July 2011	South West Pokot	Drive staff (M. Emalu) to Nacheyet CU- Souk division – West Pokot district for leadership awareness meeting	Tom Dado
1st July 2011	Kocholwa	To Kocholwa – Keiyo Valley to provide support during DHMT support supervision	David Lumbo
4th July 2011	Chepkorio	Support DHMT Supervision	David Lumbo
12th July 2011	Narok	Drive staff (Humphrey) to Narok to review peer Educator’s applications and shortlist YPEs interviewees for Y- Peer	Simeon Koech
18th – 19th July 2011	Laikipia	Drive staff to Laikipia (R. Manyeki and R. Omwega) to conduct interviews for Project Accountant at LIFA and address some project issues at CARITAS	George Ndungu
19 th July 2011	Nairobi	Drive staff (V. Ambundo) to Nairobi to attend MNH USAID meeting	Simeon Koech
21 st July 2011	Naivasha/Narok	Drive staff (Christine Katana) to Naivasha to participate in FSW PE training and proceed to Narok to drop staff (H. Munene, I. Wanyoike) to conduct Y-PEER County FPs Interviews	Simeon Koech

21 st July 2011	Nairobi/ Ngong	Drive staff(A. Ophwette) to Nairobi to attend Pharma Stakeholder Workshop and proceed to Ngong with Bernard Otieno – Offer M&E support	George Ndungu
26 th July 2011	Rumuruti	Drive staff (Sarah Kosgei) to Rumuruti for a meeting with the Laikipia West and Nyahururu DHMT in Nyahururu and visit Ndindika, Ngarua, Oljabet and Rumuruti community units to have a brief with the CHEWs in preparation for the leaders awareness meetings (LAM) to be held in August 2011	Simeon Koech
27 th – 29 th July 2011	Nanyuki	Drive staff (Sarah Kosgei) to Meet DHMT then visit Kalalu and sweet waters health facilities to have a brief with the CHEWs in preparation for LAM to be held in the 1 st Week of August. Harmonize work plans with the focal and CHEWs	Simeon Koech
26 th – 29 th July 2011	Nairobi	Travel to Nairobi to attend OVC Quality Improvement National Learning Session	Irene Muteti
24 th – 27 th July 2011	Nairobi	To meet David Wendt to plan for Health System Baseline Assessments and attend a PEPFAR Implementing Partners Meeting on M&E of facility based, OVC and Health System Strengthening	Linda Muyumbu
19 th – 19 th July 2011	Nairobi	Attend EMR meeting at FHI Nairobi Office	Joel Kuria
25 th – 25 th July 2011	Nairobi	Travel to Nairobi to attend a Technical Working Group meeting for HTC at NASCOP	Thomas Ondimu/ Samuel Ngumah
24 th – 24 th July 2011	Eldoret	To drive (George Obanyi) to Eldoret for field documentation with North Rift Partners	Kombo Kironda
24 th – 29 th July 2011	Nakuru	To Nakuru for TOT training on new HIV tools and indicators at Milele Resort	Peter Katsutsu
24 th – 25 th July 2011	Nakuru	To drive (Peter Katsutsu) to Nakuru for TOT training on new HIV tools and indicators at Milele Resort	Davies Chibindo
25 th July 2011	Eldoret	Drive staff (A. Were and team) to Eldoret for an exchange visit with AMPATH	Josphat Buluku
26 th – 27 th July 2011	Nairobi	Travel to Nairobi to attend a strategic partners meeting and to review budgets with the CD and the finance team	Ruth Odhiambo/ George Ndungu/ Rachael Manyeki
27 th – 30 th July 2011	East Pokot	Mobile Integrated Outreach	Nicodemus Mwangui
26 th – 29 th July 2011	Nairobi	Travel to Nairobi to attend OVC Quality Improvement National Learning Session	Jacqueline Kamau
25 th – 26 th July 2011	Nakuru	Drive staff to Nakuru after an exchange visit with AMPATH (A. Were/ S. Chebii/ S. Kosgei)	Nicodemus Mwangui
1 st – 4 th August 2011	Nakuru	Travel to Nakuru to attend quarterly progress review meeting / workplan dissemination meeting and program development team meeting	Kennedy Yogo/ M. Obuya/ L. Kagosha/W. Kokonya
26 th – 27 th July 2011	Nakuru	Drive staff (A. Wafula) to Nakuru to attend HTC, SGBV and QM program review meeting	Davies Chibindo
27 th July 2011	O. Rongai/ Narok	26 th – have a meeting with Beacon of Hope to discuss SFR issues – Ongata Rongai and 27 th – 28 th – Orientation of the new NADINEF accountant on reporting requirements and report cost share reporting with Narok IPs	Peter Ongeta/ Samson Kaba
1 st – 3 rd Aug. 2011	Nakuru	Attend Quarterly progress review meeting/ workplan dissemination meeting in Nakuru	Christine Mwamsidu/ J. Mairura/ John Kiprof/ / Keke Mwarabu

31 st – 5 th August 2011	Nakuru	Participate in a 5 day training for new ART tools in Nakuru	John Kiprop
1 st – 2 nd August 2011	Pokot West-Souk	Static outreach – Souk	David Lumbo
31 st July – 6 th Aug. 2011	Nakuru	Attend M&E TOT training in Nakuru	Peter Njoka
31 st July - 4 th August 2011	Mombasa	Attend training workshop for the adaptation and roll- out of two selected EBIs with proven efficacy – RESPECT and SAFE in the CITY	John Ndiritu
31 st July – 6 th August 2011	Nairobi	Attend Geographic Information Analysis	Joel Kuria
31 st July – 5 th August 2011	Nairobi	To attend workshop on Advanced Research Methods Course on GIS	Benard Otieno
7 th – 13 th August 2011	Mombasa	Attend a National HIV Curriculum writers retreat	Thomas Ondimu
15 th July 2011	Nakuru	Take KAZ 985G to Nakuru for Service, repair and came with Susan, Ken and Obuya with KAL 969V	George Mulewa
1 st – 3 rd August 2011	Nakuru	To Attend all program/ technical staff meeting and clinical Meeting	Peter Katsutsu/ Fredrick Githongo
3 rd – 4 th August 2011	Nairobi	To attend an USAID- APHIA plus quarterly meeting with the Director, Ministry of Public Health and sanitation	Ruth Odhiambo
3 rd – 5 th August 2011	Nairobi	Attend Orientation to Tools and Methodology for Electronic Medical Records Systems Review	Dr. Maurice Aluda
7 th – 10 th August 2011	Laikipia East	Provide support during DHMT support supervision for Laikipia	Sadat Nyinge
4 th – 5 th August 2011	Eldoret	Drive staff to Eldoret after joint program/ technical staff and team meetings and pick staff (NOPE team) from Eldoret after North Rift Y- Peer Orientation	Samuel Ngumah
4 th – 5 th August 2011	Ngong/ Nairobi	Drive staff to Ngong (L. Kagosha) after attending joint technical and program staff meeting and Community health team meeting and pick Dr. Maurice Aluda and attending EMR tools and methodology review meeting	George Ndungu
4 th – 5 th August 2011	Kajiado – Central	Drive staff to Kajiado Central District: 4 th Plan OVC/HTC outreach and meet with district community strategy focal persons on 4 th – provide support during home testing and counseling in Kajiado Central	Keke Mwarabu
4 th – 5 th August 2011	Pokot	Support integrated outreach in Nasolot- pokot Central district	Tom dado
9 th – 10 th August 2011	Nanyuki	Orientation for LIFA accountant	Richard Omwega
8 th – 9 th August 2011	Nairobi	To Nairobi to attend the meeting to discuss the pay package to Research Assistants, Casuals and Office Assistant	Charity Muturi
14 th – 16 th August 2011	Nairobi	Participate in the recruitment of ROADS M&E Snr Data Manager	Joel Kuria
9 th – 10 th August 2011	Pokot West/ Central	Carry out outreaches at West Pokot Armaket, Central Pokot – Sigor/ortum	Nicodemus Mwangui
15 th – 19 th August 2011	Kitale	With DHMT conduct a 5 days support supervision activities for Central Pokot district	Jay Mairura/ Tom Dado
14 th – 19 th August 2011	Baringo North	drive staff (J. Kiprop) for support supervision – Baringo North	Nicodemus Mwangui/ John Kiprop
9 th – 10 th August 2011	Laikipia	Orientation of LIFA Accountant	Richard Omwega/ S. Ngumah

14 th August 2011	Nairobi	To drop staff (Joel Kuria) in Nairobi to participate in the recruitment of ROAD M&E Data manager	Simeon Koech
8 th August 2011	Nairobi/ Kajiado	To drop staffs (Dr. Waudu/ Dr. Aluda) to Nairobi then proceed with staff (V. Magero) to Ngong Hospital , Kajiado DH and Kitengela	Samuel Ngumah
13 th – 14 th August 2011	Nakuru	Nakuru enroute to Eldoret after staff retreat in “Taita	Ken Yogo/ Christine Mwamsidu/ Peter Njoka/ Tom Dado/ Nicodemus Mwangui/ Fenny Mwamuye/ David Lumbo/ Christine Nyabundi/ Rebecca Oswago/ Hesbon Oswago/ Hesbon Shimba/ Peter Ondara/ Moses Emalu
14 th – 17 th August 2011	Nairobi	Conduct system assessment (Kijabe, Kikuyu, Naivasha DH and Nakuru PGH)	Dr. Maurice Aluda
15 th – 19 th August 2011	Laikipia West	Drive staff (sarah Kosgei) to Laikipia West for community Health committees trainings in of Rumuruti, Ngarua, Oljabet and Dindika	George Ndungu
16 th – 18 th August 2011	East Pokot	Drive staff (K. Yogo and S. Gichuki) to East Pokot Barpello to develop the scope of work for Incarnate Word Sisters – a new partner in the APHIA plus project	Jophat Buluku
15 th – 18 th August 2011	Kajiado Central	Drive staff to Kajiado Central (Ken Omugah) on 15 th A meeting with DASCO and HTC counselors in Kajiado Central for quality assurance of the HTC service, on 6 th August 2011 – OVC HTC in Sultan Hamud, as well as ferrying MOH counselors from Kajiado Central to and from the venue, on 17 th Aug. – OVC HTC in Kajiado Central and 18 th Aug. – OVC HTC in Kitengela	Keke Mwarabu
15 th – 19 th August 2011	Kajiado North	Drive staff (Kenneth Otieno) to Kajiado North and provide support supervision to project staff on OVC care and support in Olchoro Onyori and Isinya, on 17 th to mentor MAAP project staff on post primary scholarship and OVC materials distribution on 18 th August 2011 meeting with Evangelizing Sisters pf Mary to start project design process and on 19 th meeting with OVC and caregivers under ESM to identify their needs and engage them in discussing solutions	Davies Chibindo
17 th – 19 th August 2011	Narok/ Nanyuki	Drive staff to Narok/ Laikipia (B. Mbutia/ C. Cheboi) to conduct gaps assessment for youth friendly services with a view of drawing up a TA implementation plan through collaboration with the respective HMTs and DHMTs	Tobias Otieno/ Beatrice Gatundu
16 th – 19 th August 2011	Nakuru	Carry out formative assessment for key population	Milka Juma
24 th – 25 th August 2011	Nanyuki	Purpose – carry out a financial and compliance review for CARITAS	Sarah Were
24 th – 25 th August 2011	Nanyuki	Purpose is to introduce Eliud as the new OVC/HCBC technical monitor and review LIFA SAG	Racheal Manyeki/ Samson Kaba
24 th -2th August 2011	Nanyuki	Meeting with DASCO, DMOHm, SW rep. in preparation to starting the SW program	John Ndiritu

18 th – 19 th August 2011	Ngong	Conduct Pre- Award assessment for Evangelising Sisters of Mary	Peter Ongeta
18 th August 2011	Nairobi/ Ngong	Drive staff to Nairobi and Ngong for various program activities (Dr. Waudo – Nariobi, Duncan Ager and Stephen Chebii – Nariobi, Peter Ongeta Ndong	Samson Kaba
21 st – 24 th August 2011	Nanyuki	Drive staff to Laikipia East to carry out various program activities 1) Sarh Kosgei to Kalalu and Sweet waters for CHC trainings and Bernard Otieno – Support M&E issues during DHMT supervision	Kombo Kironda
19 th August 2011	Eldoret	Drive staff (Benson Mbuthia) to Eldoret for a meeting with HFG and North Rift team	Samuel Ngumah
21 st – 24 th August 2011	Nanyuki	To conduct support supervision with DHMT Laikipia Central facilities	Bernard Otieno
22 nd – 26 th August 2011	Nakuru	Conduct formative assessment	Milka Juma
19 th – 20 th August 2011	Kapenguria	Moonlight VCT with Rebecca Oswago	David Lumbo
22 nd – 26 th August 2011	Kajiado Central	To support Mildred Nanjala during CHC trainings in Bissil, Eldamat, Maili 9 and Sajiloni in Kajiado central District	Keke Mwarabu
22 nd – 23 rd August 2011	Nairobi	Pick staff amd MOH staff from Nairobi to Nakuru to attend TB care training (Fatuma Ali and MOH team)	George Ndungu
24 th – 25 th August 2011	Nairobi	Conduct interviews for Senior Lab Technologist	Dr. Maurice Aluda
19 th July 2011	Oloposmoru	Driving KAL 969V while supporting MOH staffs with transport to Olopolos for an outreach	George Mulewa
21 st July 2011	Ngong	Drive Ken Otieno to Ngong to attend a meeting	George Mulewa
22 nd July 2011	Nakuru	To drop KAL 969V to Nakuru and pick staff (Suki Nyadawa) with KAZ 985G after youth interviews	George Mulewa
28 th July 2011	Oloposmoru	Drive MOH staff to Oloposmoru for HCT outreach	George Mulewa
23 rd – 24 th Aug 2011	Nakuru	Service KAY 780L and drive LVCT facilitator to Eldoret (Lap person to Eldoret for Opt PT demonstration to health workers in West Pokot)	Nicodemus Mwangui
25 th – 26 th Aug 2011	Kitale	Participate in CHU training for Kwanza district (facilitate on CBHIS)	Christine Mwamsidu, Peter Njoka
1 st – 2 nd Sept 2011	Kapsabet	Carry out Compliance Review for Mother Fransica Mission Maternity Hospital	Sarah Were
21 st Aug – 29 th Aug 2011	Nakuru	Travel to Nakuru to develop longitudinal database for OVC	Samuel Njirani (Consultant)
26 th August 2011	Nanyuki	Pick staff (S. Were) from Nanyuki to Nakuru after financial and compliance review for Caritas	Samuel Ngumah
26 th August 2011	Nairobi	Drive staff (Fatuma Ali & MOH team) to JKIA after attending TB care training in Nakuru	George Ndungu
29 th – 30 th Aug 2011	Loitokitok	Attend DSHF	Dr. Francis Waudo, Samuel Ngumah

29 th – 30 th Aug 2011	Loitokitok	Introductory meeting to Loitokitok DHMT, attend the formation of the HTC quality management team, plan for ASKenya health week, participate in Loitokitok DHSF meeting- introduce the project to stakeholders, identify opportunities and contacts for strategic collaboration/linkages	Lorina Kagosha
8 th August 2011	West Pokot	Drive staff to West Pokot for HTC activities	David Lumbo
4 th August 2011	Baringo	Drive staff to Baringo for facility in charges meeting	David Lumbo
31 st August 2011	Nairobi	Drive staff (Tom Ondimu) to JKIA enroute to Mombasa to attend a NASCOP workshop, B Otieno to Nairobi to attend a training at the UoN	Samson Kaba
25 th July 2011	Nakuru	Service vehicle KAZ 922G	Tom Dado
3 rd August 2011	Nanyuki/Ngong	Drive B. Gatundu to Nanyuki & Ngong for Administrative issues	Simeon Koech
29 th Aug – 2 nd Sept 2011	Kajiado Central	Support Mildred Nanjala in Community Strategy Health Committee trainings	Keke Mwarabu
29 th August 2011	Nairobi	Drive Anthony Ophwette to attend TB care meeting	Josphat Buluku
11 th – 15 th Sept 2011	Nairobi	Attend FHI360 Africa Regional Gender Integration Workshop	Simon Ochieng, Irene Muteti
30 th August 2011	Nandi Hills	Driver staff – Simon Ochieng – for a workplace meeting	George Ndungu
1 st – 2 nd Sept. 2011	Kapsabet/Eld	Drive staff Sara Were to Kapsabet to carry out compliance review for Mother Francisca Mission Maternity Hospital Program	Sadat Nyinge
5 th – 9 th Sept. 2011	Kajiado	Carry out compliance review of MAAP and Catholic Diocese of Ngong	Sarah Were
22 nd – 26 th August 2011	Narok South	Drive Susan Ngugi & MOH staff to Ololunga to conduct HTC trainings & support HTC activities around Mara	George Mulewa
16 th August 2011	Narok South	Drive Susan Ngugi & MOH staff to Olonkurto to attend health community meeting	George Mulewa
8 th August 2011	Nakuru	Drive staff to Nakuru to attend HTC meeting	George Mulewa
19 th August 2011	Ngong	Drive Beatrice Gatundu to visit the office after it was broken in by robbers	George Mulewa
29 th August 2011	Nakuru	Drive staff to attend formative assessment training, service vehicle KAZ 985G	George Mulewa
31 st Aug – 1 st Sept 2011	Nairobi	Attend a meeting with Kate – USAID	Ruth Odhiambo
17 th – 18 th August 2011	Nairobi	Attend a meeting with FHI Country Director	Ruth Odhiambo
4 th – 7 th September 2011	Baringo	To conduct support supervision to DHRIO and to support DHRIOs on the use of District Health Information systems in Baringo E & North	Bernard Otieno, Samson Kaba
29 th Aug – 2 nd Sept 2011	Nakuru	Facilitate formative assessment training and attend formative assessment pre-test	Milka Juma (Consultant)
7 th – 8 th Sept. 2011	Marakwet East	DHMT support supervision	John Kiprop, Tom Dado
11 th – 16 th Sept 2011	Nairobi	Attend FHI360 Africa Regional Workshop on Gender Integration and attend a meeting at USAID	Ruth Odhiambo

5 th – 6 th Sept 2011	Nakuru	Attend Clinical team meeting	John Kiprop, Jay Mairura, Peter Katsutsu, Peter Njoka, Nicodemus Mwangui,
11 th – 16 th Sept 2011	Nairobi	Participate in a Strategic Information global technical & Scientific leadership workshop	Christine Mwamsidu, Peter Njoka, Linda Muyumbu, Joel Kuria
8 th – 9 th Sept 2011	Nakuru	Attend OVC assessment meeting	Kennedy Yogo, Fredrick Githongo, Wycliffe Kokonya, Maurice Obuya, Davies Chibindo, Lorina Kagosha, Keke Mwarabu, Peter Njoka, Christine Mwamsidu, Nicodemus Mwangui
11 th – 13 th Sept. 2011	Narok	To start the scope of work development process for NADINEF youth intervention activities	Kennedy Yogo
29 th Aug – 2 nd Sept. 2011	Marakwet	Provide support during MOH support supervision and mentorship in health facilities	Nicodemus Mwangui
27 th Jun – 1 st July 2011	Keiyo South	Participate in DHMT support supervision	John Kiprop
16 th September 2011	Nairobi	Attend launch of QA tools and stakeholders HTC forum	Thomas Ondimu
24 th August 2011	Timboroa	Drive staff (S. Chebii) to participate in health stakeholder's forum	Samuel Ngumah
2 nd September 2011	Nairobi	Pick Project Director from Nairobi after attending a meeting with Kate (USAID)	Josphat Buluku
7 th September 2011	Kajiado	Drive staff (S. Ochieng) to Kajiado for a workplace meeting	Josphat Buluku
15 th September 2011	Nairobi	Pick staff (I. Muteti, S. Ochieng) after attending National MARPs TWG meeting	Josphat Buluku
12 th – 15 th Sept. 2011	Nanyuki	To do a rapid site assessment and follow-up action at Nanyuki DH	George Ndungu, Ahmed Bunu, T. Ondimu
12 th September 2011	Ngong	Private sector support and linkage to MOH (reporting, EID and CD4 lab networking for facilities in Ngong and Kitengela areas) & support DHMT and health facilities in implementation of work plans	Samuel Ngumah, Samuel Mutimba, Violet Ambundo
11 th – 17 th Sept 2011	Pokot East	DHMT support supervision	Nicodemus Mwangui,
24 th – 25 th Aug 2011	Ngong	Drive staff o MPIDO, BOH to conduct assessment in an aim of developing scope of work for youth prevention in Kajiado (B. Mbutia, L. Kagosha, P. Onyancha)	Simeon Koech
10 th September 2011	Nakuru/Narok	Drop Ambrose Were in Nakuru after providing support to community unit trainings in Narok, Drop Kennedy Yogo in Narok to participate in scope of work development process for NADINEF youth intervention activities	George Mulewa
12 th September 2011	Narok	Drop Steve Gichuki in Narok for orientation workshop for OVC programming for LIPs in Narok, pick Kennedy Yogo from Narok after participating in scope of work development process for NADINEF youth intervention activities	Josphat Buluku

13 th September 2011	Nanyuki	Drive staff (E. Okumu) to mobilize facilitators for orientation for partner staff on OVC programming guidelines, meet the DCO and plan the training of the locational AACs & participate in the distribution of OVC benefits' by LIFA CBO	Simeon Koech
14 th – 15 th September 2011	Eldoret	Attend North rift data review meeting	Bernard Otieno
18 th – 24 th September 2011	Nanyuki	OVC partners orientation training	Fredrick Githongo
15 th – 16 th September 2011	Nairobi	PSI dissemination meeting	Oby Obyerodhyambo
13 th – 16 th September 2011	West Pokot	Support formative assessment exercise	Tom Dado
16 th September 2011	Nairobi	Participate in MARPs TWG meeting	John Ndirritu
18 th – 21 st September 2011	Eldoret	Orientation workshop on budget management and cost share for the North Rift LIPs, do field visits to CDE, CCS & Mother Francisca	Peter Ongeta, Simeon Koech
18 th – 19 th September 2011	Laikipia	Drive staff (F. Githongo, F. Mwamuye & E. Okumu) to participate in OVC partners orientation training	David Lumbo
19 th – 23 rd Sept. 2011	Kajiado	Disseminate and discuss reviewed work plan with DHMT & HMT, Integrate mentorship in selected level 3 ART, PMTCT sites, discuss lab networking for EID and CD4 shipment, appreciated implementation of MNH services at the district hospitals & level 3 facilities	Violet Ambundo, Dr. Maurice Aluda, Tobias Otieno
21 st – 23 rd September 2011	Eldoret/Kital e	Drive staff to Kitale/Eldoret for youth intervention activities (B. Mbuthia, I. Wanyoike, H. Munene, P. Onyancha, J. karongo & H. Simba)	Kombo Kironda
19 th – 20 th September 2011	Nairobi	Attend USAID quarterly review meeting	Dr. Francis Waudo, Charity Muturi, Linda Muyumbu, Oby, Samuel Ngumah, Ruth Odhiambo
19 th – 23 rd September 2011	Kitale	Drive staff (M. Emalu) for CHW training in Kimaran & Endebes	Tom Dado
4 th August 2011	Nakuru	Attend M&E meting	Maurice Obuya
21 st – 23 rd September 2011	Ngong	Attend APHIAplus finance meeting on budget management & cost Share	Richard Omwega
21 st – 23 rd September 2011	Nairobi	Attend PEPFAR partners pre SAPR meeting	Linda Muyumbu
13 th – 16 th September 2011	Narok South	Support MOH staff/Maurice Obuya in carrying out DQA activities	George Mulewa
8 th September 2011	Naroosura	Drive staff (A. Wafula & MOH staff) for HTC activities	George Mulewa
26 th – 27 th September 2011	Ngong	Integrate mentorship in selected level 3 HC, discuss lab networking for EID and CD4 shipment, appreciate implementation of MNH services at the district hospitals level 3 facilities	Violet Ambundo, Dr. Maurice Aluda, Samuel Ngumah
26 th – 28 th September 2011	Kajiado Central	Drive staff (B. Otieno) to conduct support supervision to DHRIOs on data meeting & use of DHIS and collect missing data	Simeon Koech/Bernard Otieno
22 nd – 23 rd September 2011	Laikipia	Attend OVC partners orientation workshop	Bernard Otieno
26 th – 27 th September 2011	Eldoret	Carry out compliance review for Catholic Diocese of Eldoret	Sarah Were

27 th – 29 th September 2011	Nakuru	Attend DFH/MCHIP meeting	John Kiprop, Jay Mairura, Peter Katsutsu
26 th – 28 th September 2011	Narok	Attend orientation training on budget management and cost share	Peter Ongeta
27 th – 29 th September 2011	Nakuru	Attend meeting to finalize the community health support supervision checklist & meeting with the clinical team to finalize the MoH joint workplans and MOU & proceed for FHI retreat	Kennedy Yogo
26 th – 28 th September 2011	Nairobi	Drive project Director for a meeting in Nairobi	Josphat Buluku
27 th – 29 th September 2011	Nakuru/ Nanyuki	To conduct the RA interviews for OVC assessment in Nanyuki and proceed to FHI staff retreat	Fredrick Githongo
22 nd September 2011	Sigor	Drive staff M&E/Clinical to attend a meeting with Central Pokot DHMT team to discuss about the formation of QA/QI	Nicodemus Mwangui
28 th Sept. 2011 & 1 st Oct 2011	Nakuru	Enroute to Naivasha for staff retreat & back to Eldoret	Christine Mwamsidu, Grace Sirya, Tom Dado, Nicodemus Mwangui, Peter Njoka
26 th – 29 th September 2011	Kajiado	Support CS activities in Kajiado Central (Mildred Nanjala)	Keke Mwarabu

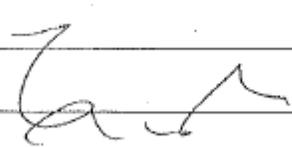
ANNEX 6: SUB AGREEMENT AMENDMENT SUMMARY- JUL-SEP 2011

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
12	SAG Amendment	CATHOLIC DIOCESE OF NGONG	01.01.2011	31.12.2011	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)
13	SAG Amendment	CATHOLIC DIOCESE OF KITALE	01.01.2011	31.12.2011	Transnzoia, west Pokot Mombasa	Implement an integrated Home and Community – Based Care and Support Project in Trans-Nzoia and West Pokot Counties
14	SAG Amendment	NAROK DISTRICT NETWORK FOR HIV/AIDS	01.01.2011	31.12.2011	Narok north and south	among female sex workers in Mombasa, Kenya
2	SAG Amendment	NAROK DISTRICT NETWORK FOR HIV/AIDS	01.01.2011	31.12.2011	Narok north and south	Implement an integrated and comprehensive service delivery program for OVC support while addressing the social determinants of health in Narok Children Care and Support in South Rift Valley Region (Kajiado, Loitokitok)
15	SAG Amendment	CATHOLIC DIOCESE OF ELDORET	01.01.2011	31.12.2011	Marakwet, Naivasha, Keiyo south, Nandi central	Provide integrated and comprehensive service delivery for OVC care and support in Nandi and Elgeyo support and- HIV/AIDS, STI, Malaria and TB Prevention among Youth Out-of-school in Naivasha District
16	SAG Amendment	CARITAS NYERI	01.01.2011	31.12.2011	Laikipia	Implement an integrated and comprehensive service delivery program
4	SAG Amendment	KENYA COUNCIL OF IMAMS AND TEAMS	01.01.2011	31.12.2011	Nakuru	Provide integrated and comprehensive service delivery for OVC support, care and treatment while addressing the social determinants of health in Laikipia District
17	SAG Amendment	CATHOLIC DIOCESE OF ELDORET	01.01.2011	31.12.2011	Pokots, Nandi East, Tinderet	social determinants of health among the Muslim in Rift Valley Province
5	SAG Amendment	I CHOOSE LIFE - AFRICA	01.01.2011	31.12.2011	Nakuru, Njoro Marakwet, Kwanza	Implement a comprehensive HIV/AIDS, STI, TB, Malaria and Reproductive Health and Life Skills for youth in Tertiary and Higher Learning Institutions in Rift Valley
18	SAG Amendment	CATHOLIC DIOCESE OF MOMBASA	01.01.2011	31.12.2011	Nakuru Naivasha	Implement an integrated and comprehensive service delivery program
6	SAG Amendment	MOTHER FRANCESCA	01.01.2011	31.12.2011	Nandi Njoro Koibatek	Provide integrated HIV/AIDS Orphans and Vulnerable Children Care and treatment while addressing the social determinants of health in Rift Valley
7	SAG Amendment	HANDICAP INTERNATIONAL	01.01.2011	31.12.2011	Transnzoia, west pokot	Implement a Youth and Special Population Prevention and Sexier/Promotion Program in Trans-Nzoia and West Pokot Counties
19	SAG Amendment	LIVING IN FAMILY	01.01.2011	31.12.2011	Laikipia	Implement an integrated and comprehensive service delivery program
8	SAG Amendment	FAMILY CBO HEALTH OPTIONS KENYA	01.01.2011	31.12.2011	Nakuru	Support transport sector integrated Health Service Delivery and OVC support while addressing the social determinants of health in Laikipia District
9	SAG Amendment	FAIR	01.01.2011	31.12.2011	Nakuru North, Nakuru central, Molo, Njoro	Implement an integrated and comprehensive service delivery program for OVC, Sex workers and their clients through support, care and treatment while addressing the social determinants of health in South Rift
10	SAG Amendment	ENAITOTI OLMAA NARETU COALITION FOR WOMEN	01.01.2011	31.12.2011	Narok	Provide integrated and comprehensive services for OVC care and support while addressing the social determinants of health in Narok District
11	SAG Amendment	DELIVERANCE CHURCH NAKURU	01.01.2011	31.12.2011	Nakuru Central	Provide integrated and comprehensive services for OVC support, care and treatment while addressing the social determinants of health in Nakuru District

ANNEX 7: FINANCIAL REPORT JUL-SEP 2011

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page	of		
Agency For International Development		AID-823-A-11-00007		1	1		
3. Recipient Organization (Name and complete address including Zip code)							
Family Health International P.O. Box 13950 Research Triangle Park, NC 27709							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
067180786	23-7413005	KENYA APHIAPLUS RIFT VALLEY - W0569		<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual ... <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash x Accrual		
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)			
01/01/2011		12/31/2015		09/30/2011			
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					\$8,264,000.00		
b. Cash Disbursements					\$8,851,854.74		
c. Cash on Hand (line a minus b)					(\$587,854.74)		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$11,021,556.00		
e. Federal share of expenditures					\$8,851,854.74		
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)					\$8,851,854.74		
h. Unobligated balance of Federal funds (line d minus g)					\$2,789,900.26		
Recipient Share:							
i. Total recipient share required					\$4,737,222.00		
j. Recipient share of expenditures					\$128,077.00		
k. Remaining recipient share to be provided (line i minus j)					\$4,609,145.00		
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Final	30.1700%	07/01/2011	09/30/2011	1,142,088	344,588	344,588
g. Totals:					1,142,088	344,588	344,588
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
G&A adjusted at year end (9/30) from provisional to actual.							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official				c. Telephone (Area code, number and extension)			
Clay Lynch, Director of Accounting				(919) 544-7043			
b. Signature of Authorized Certifying Official				d. Email address			
				cllynch@fhi.org			
				e. Date Report Submitted (Month, Day, Year)			
				11/11/2011			
14. Agency use only:							

Standard Form 425
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Name of Partner: Family Health International
Name of Project: APHIAplus Health Service Delivery Projects: Rift Valley Province-Zone #3
Agreement Number: AID-623-A-11-00007

Total Estimated Cost: 94,744,448
Obligated Funds 11,621,555
Future Mortgage 83,122,893

Project Start Date: 01/01/2011
Project End Date: 31/12/2015

Financial Status for the period ending: 30 September 2011
Date Prepared: 14th November 2011

USAID Kenya Mission Office of Health and Population
Financial Information: Accrual Estimates
Analyzed by Agreement Officer Technical
Representative or Activity Manager:
Name:
Signature:
Date:

	Funding Source																TOTAL	Cost Share
	MTCT	HVAB	HVOP	CIRC	HBSC	HTXS	PDCS	PDTX	HVTB	HKID	HVCT	HVSI	OHSS	POP	MCH	Nutrition		
A. Obligated Funds to date:	1,288,410	1,005,225	976,202	356,921	500,819	1,347,733	66,771	144,114	228,353	3,558,068	801,824	361,077	36,947	599,092	300,000	50,000	#####	4,737,222
B. Cumulative Expenditures (as of 06/30/2011):	633,120	493,964	479,702	175,390	246,101	662,271	32,811	70,817	112,212	1,748,421	394,013	177,432	18,156	294,392	147,419	24,570	5,710,788	85,434
C. Actual expenditures: 07-01-2011 through 08-31-2011	213,903	166,888	162,070	59,256	83,146	223,752	11,085	23,926	37,911	590,713	133,119	59,946	6,134	99,462	49,806	8,301	1,929,420	-
D. Accruals for current quarter to 30th September 2011	134,306	104,786	101,761	37,206	52,206	140,489	6,960	15,023	23,804	370,898	83,583	37,639	3,851	62,450	31,272	5,212	1,211,446	42,643
E. Total Accrued Expenditures (B+C+D) From inception to date: 30th September 2011	981,328	765,638	743,532	271,852	381,453	1,026,512	50,857	109,766	173,927	2,710,032	610,716	275,017	28,141	456,303	228,497	38,083	8,851,655	128,077
F. Remaining Balance (Pipeline): (A-E)	307,082	239,587	232,670	85,069	119,366	321,221	15,914	34,348	54,426	848,036	191,108	86,060	8,806	142,789	71,503	11,917	2,769,902	4,609,145
G. Estimated Expenditures for next quarter (ending 12/31/2011):	305,899	238,664	231,774	84,742	118,906	319,984	15,853	34,216	54,216	844,770	190,372	85,728	8,772	142,239	71,227	11,361	2,758,724	100,000
H. Projected Expenditure for next Quarter plus one (ending 03/31/2012):	333,736	260,383	252,865	92,453	129,727	349,102	17,296	37,330	59,150	921,644	207,696	93,530	9,570	155,182	77,709	12,395	3,009,768	150,000
I. Estimated remaining Length of Pipeline (LOP) (After the Quarter in Row H):	(332,553)	(259,460)	(251,969)	(92,125)	(129,267)	(347,865)	(17,234)	(37,197)	(58,941)	(918,378)	(206,960)	(93,198)	(9,536)	(154,633)	(77,433)	(11,839)	(2,998,590)	

Family Health International
Kenya Country Office APHIAplus - Rift Valley Province
Expenditures covered for the period January 2011 to September 30, 2011

S. NO	FCO	IMPLEMENTING PARTNER	START DATE	END DATE	OBLIGATION	CUMULATIVE EXP June 11	EXPENDITURE July - September 11	CUMULATIVE EXPENDITURE Sept 11	EXPEND %
		Sub agreements:							
1	616020	Management				-	-	-	
2	616070	AMREF	1-Jan-11	30-Sep-15	633,341	322,191	121,525	443,715	70%
2	616071	CATHOLIC RELIEF SERVICES	1-Jan-11	30-Sep-15	429,332	-	249,385	249,385	58%
3	616072	GSK	1-Jan-11	30-Sep-11	583,786	332,879	238,256	571,135	98%
4	616073	LIVERPOOL VCT	1-Jan-11	30-Sep-15	447,942	92,411	209,958	302,368	68%
5	616074	NATIONAL ORGANIZATION FOR PEER EDUCATORS	1-Jan-11	30-Sep-15	373,778	256,105	91,588	347,693	93%
6	616075	REACH OUT TRUST	1-Jan-11	31-Dec-11	26,335	10,459	4,863	15,322	58%
7	616076	SAPTA CENTRE	1-Jan-11	30-Dec-11	749,695	14,680	2,188	16,867	2%
8	616077	INTERNATIONAL CENTER FOR REPRODUCTIVE HEALTH	1-Jan-11	30-Dec-11	340,912	140,773	134,427	275,200	81%
9	616078	MINISTRY OF PUBLIC HEALTH AND SANITATION	1-Jan-11	30-Sep-11	382,981	194,638	38,378	233,015	61%
10	616080	MAAP	1-Jan-11	31-Dec-11	150,362	67,090	52,832	119,922	80%
11	616081	LIFA CBO	1-Jan-11	31-Dec-11	63,952	20,378	14,273	34,651	54%
12	616082	K-NOTE	1-Jan-11	31-Dec-11	256,870	124,325	99,151	223,476	87%
13	616083	KENYA COUNCIL OF IMAMS AND ULAMAS	1-Jan-11	31-Dec-11	133,237	60,100	36,568	96,668	73%
14	616084	I CHOOSE LIFE - AFRICA	1-Jan-11	31-Dec-11	112,449	44,081	31,912	75,993	68%
15	616085	MOTHER FRANCESCA	1-Jan-11	31-Dec-11	89,876	39,568	23,725	63,294	70%
16	616086	HANDICAP INTERNATIONAL	1-Jan-11	31-Dec-11	112,716	42,663	30,062	72,725	65%
17	616087	FAMILY HEALTH OPTIONS KENYA	1-Jan-11	31-Dec-11	80,554	35,716	28,064	63,780	79%
18	616088	FAIR	1-Jan-11	31-Dec-11	436,741	179,458	175,356	354,814	81%
19	616089	ENAITOTI OLMAA NARETU COALITION FOR WOMEN	1-Jan-11	31-Dec-11	91,967	44,907	12,837	57,744	63%
20	616090	DELIVERANCE CHURCH NAKURU	1-Jan-11	31-Dec-11	65,772	26,849	11,842	38,692	59%
21	616091	CATHOLIC DIOCESE OF NGONG	1-Jan-11	31-Dec-11	207,436	85,976	41,762	127,738	62%
22	616092	CATHOLIC DIOCESE OF KITALE	1-Jan-11	31-Dec-11	73,735	34,326	13,739	48,066	65%
23	616093	NAROK DISTRICT NETWORK FOR HIV/AIDS	1-Jan-11	31-Dec-11	193,814	77,669	62,945	140,613	73%
24	616094	CATHOLIC DIOCESE OF ELDORET	1-Jan-11	31-Dec-11	94,004	68,761	9,520	78,281	83%
25	616095	CARITAS NYERI	1-Jan-11	31-Dec-11	165,632	83,666	47,490	131,156	79%
26	616096	CCS ELDORET	1-Jan-11	31-Dec-11	210,755	44,167	60,068	104,235	49%
27	616097	MOMS: Health Delivery Project RV	1-Jan-11	30-Sep-11	131,426	94,653	13,379	108,032	82%
28	616098	CATHOLIC DIOCESE OF NAKURU	1-Jan-11	31-Dec-11	186,348	79,440	18,533	97,973	53%
29	616099	Beacon of Hope	1-Jan-11	30-Sep-11	79,463	24,927	41,207	66,134	83%
		Total Subagreements			6,905,211	2,642,853	1,915,832	4,558,685	66%

FAMILY HEALTH INTERNATIONAL

Summary of Cost Share

Program Title: AID-623-A-11-00007-00 (APHIAplus - Rift Valley Province)

For the period through September 30, 2011

<u>BUDGET LINE ITEM</u>	Total cost share Requirement <u>1/1/11 - 12/31/15</u>	Total cost share contribution <u>1/1/11 - 12/31/15</u>
I. SALARIES	-	5,535
II. FRINGE BENEFITS	-	1,130
III. CONSULTANCY	-	-
IV. TRAVEL	-	-
V. OFFICE EXPENSES	-	-
VI. PROCUREMENT/EQUIPMENT	-	-
VII. CONTRACTUAL	-	83,507
VIII. OTHER DIRECT COSTS	-	37,905
IX. INDIRECT COSTS	-	-
TOTAL	2,788,752	128,077