



USAID
FROM THE AMERICAN PEOPLE



A CHW conducts a nutrition assessment (MUAC) at an OVC HH in Nakuru

ACTIVITY TITLE : APHIAplus ZONE 3 – RIFY VALLEY

AWARD NUMBER : 623-A-11-00007

EFFECTIVE PROJECT DATES : JANUARY 2011 – DECEMBER 2015

REPORTING QUARTER : OCTOBER TO DECEMBER 2011

DATE OF SUBMISSION : 20th February 2012

Table of Contents

LIST OF ACRONYMS	3
EXECUTIVE SUMMARY	5
1.0 INTRODUCTION	6
<i>Program Description</i>	6
2.0 PROGRAM MANAGEMENT	8
3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY	10
RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS AND INFORMATION	10
<i>RESULT 3.1: Increase availability of an integrated package of quality high-impact interventions at community and health facility level</i>	10
ART/PALLIATIVE CARE: PEDIATRIC	18
<i>RESULT 3.2: Increased demand for an integrated package of quality high impact interventions at community and facility level</i>	27
4.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY-SOCIAL DETERMINANTS OF HEALTH	29
RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS	29
4.1.1 <i>Increasing access to economic security initiatives to marginalized, poor and underserved groups</i>	29
4.1.2 <i>Improving accessibility to local markets by eligible households for revenue generation and sustainability</i>	30
4.2.1 <i>Increasing food security, improved nutrition and sustainable livelihoods amongst the target groups</i>	30
4.3.1 <i>Increasing access to education, skills, and literacy initiatives for highly marginalized children, youth and other life marginalized populations</i>	31
4.5.1 <i>Increasing access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care</i>	33
4.6.1 <i>Improving the financial, managerial, and technical capacity of indigenous organizations serving social and health needs of marginalized, poor and underserved populations</i>	35
4.6.2 <i>Building the capacity of districts and village health committees to plan and coordinate implementation of effective multi-sectoral partnerships for health</i>	36
4.6.3 <i>Increase participation of women, youth, children and MARPs groups in the design delivery and monitoring of interventions on their behalf</i>	36
4.6.4 <i>Increasing the social inclusion of, and reducing discrimination against MARPs</i>	37
ANNEX 1: QUARTERLY PERFORMANCE AND WORK PLAN STATUS MATRICES	41
ANNEX 2: IMPLEMENTING PARTNERS ORGANOGRAM	42
ANNEX 3: SUCCESS STORY	43
ANNEX 4: REPORTING RATES.....	45
ANNEX 5: TRAVEL REPORT OCT- DEC 2011	48
ANNEX 6: SUB AGREEMENT AMENDMENT SUMMARY OCT- DEC 2011.....	57
ANNEX 7: FINANCIAL REPORT OCT- DEC 2011	59

List of Acronyms

AMREF	-	African Medical and Research Foundation
ANC	-	Ante Natal Care
AOP	-	Annual Operation Plan
APHIA ^{plus}	-	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
DYO	-	District Youth Officer
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
IS	-	Institutional Strengthening
IPT	-	Isoniazid Preventive Therapy
IYCF	-	Infant & Young Child Feeding
KAIS	-	Kenya AIDS Indicators Survey
KEPH	-	Kenya Essential Package for Health
KOGS	-	Kenya Obstetrical and Gynecological 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 D	-	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
PMT	-	Project Management Team
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 APHIA *plus* 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 last quarter of 2011. Below are highlights of the achievements made.

- A total of 32,456 women, 37% of the 86,750 eligible populations, received HIV counseling and testing for prevention of mother to child transmission (PMTCT). Cumulatively 152,275 pregnant women were tested for HIV and received results in PMTCT sites by the end of year representing a 127% of the year 1 target of 120,000
- 1,049 partners of women who attended antenatal clinic were tested for HIV.
- 74.2 % of HIV-infected women received anti-retroviral prophylaxis for PMTCT in ANC.
- A total of 603 dry blood samples were sent for HIV testing at the Regional Testing Hubs, of which 10.9% tested positive for HIV.
- A total of 27,684 new family planning (FP) acceptors were served, giving a couple year of protection (CYP) to 38, 463. A total of 11,196 women made the fourth ANC visit during the quarter against 28,497 who made the first ANC visits.
- 1, 800 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 10,765 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 139,861 individuals received counseling and testing and received their results, with 4.4% testing HIV positive. This leads to a cumulative achievement of 437,476 representing a 72% of the year 1 target of 800,000
- In the TB program, 732 TB-HIV co-infected patients were provided with the Cotrimoxazole Preventive Therapy. This was above the 105% of the TB positive clients. The proportion includes revisits who received CPT.
- A total of 30,587 individuals were currently on prophylaxis and received one clinical care service.
- A total of 1,132 individuals were newly initiated into antiretroviral therapy (ART) and 21,027 were receiving ART by the end of the quarter. This is an 84.5% achievement against the Year One target for client newly initiated on ART.
- A total of 69,084 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 11 out of the 14 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 (Oct to Dec 2011) of the first year of project implementation.

2.0 Program Management

Sub-agreement amendments: A total of 24 local implementing partner sub-agreements were amended in the reporting period to increase their Life of Project to December 2012. In addition, a new sub-agreement was also developed for Evangelical Sisters of Mary to implement OVC activities in Kajiado County. The entire amendment process involved holding detailed discussions 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.

USAID Visit to Kajiado County: The USAID PMT made a support supervision visit to Kajiado County during the quarter. The visit focused on both facility-based and community based services. During the visit the team held meetings with DHMT members, health facility staff of selected health facilities, IPs, community health volunteers and project beneficiaries. The USAID team identified gaps in the project implementation process and data management at both facility and community levels and provided recommendations for improvement.

Meetings with Government Department Heads: During the quarter under review, APHIAplus staff met with various government department heads for continued engagement. This included District Development Officer and District Children Officers, Provincial Director of Education, DMOHs, Provincial Director of Medical Services, Provincial Director of Public Health and Sanitation.

Collaboration with other USG projects: During the quarter, the program development team participated in a meeting with FANIKISHA, aimed at identifying opportunities for collaboration. As a way forward it was agreed that APHIAplus COPs will each appoint a FANIKISHA liaison/focal person and help establish a SOW; and that APHIAplus COPs will appoint a joint representative to the FANIKISHA Committee of Advisors (FCA).

In addition, the Project participated in a consultative meeting with LMS aimed at discussing and identifying possible ways of collaboration. During the meeting the key issues that were discussed include: LMS assessment report of the APHIAplus project and supported health facilities, cross cutting MoH capacity gaps in the APHIAplus supported regions and areas where LMS should prioritize, possible areas of collaboration between LMS and APHIAplus, and approaches that LMS should adopt to deliver the project.

Development of the APHIAplus Year II Work plan: During the quarter under review, the Project developed the second year work plan and submitted. The work plan was developed with the participation of all technical and program staff.

Identification of Potential IPs to Implement the APHIAplus Project: A series of meetings were held with potential implementing partners in OVC, HCBC and youth interventions. The purpose of these meetings was to share project objectives and technical approaches with a view to assessing the ability of the proposed new partners to implement the project. These partners included WOFAK, TEARS group, GCN, BoH, CMF and St. Johns ambulance. After a successful pre-award assessment and based on vast years of relevant experience, WOFAK was selected to implement OVC and HCBC activities in Nakuru region. Beacon of Hope (BoH) was selected to implement out-of school youth program in the informal settlements of Ongata Rongai and Ngong, while Girl Child Network (GCN) was selected to implement an in-and out of school youth program in Kajiado Central.

Support for the World AIDS Day

Themed ‘getting to zero’, the World AIDS Day was marked in various places in Rift Valley. APHIAplus and the implementing partners supported and participated in the commemoration of the event in various districts. The support provided was in form of technical assistance in planning for the event, financial assistance to the MOPHS for the couples RRI in all the project districts, and social mobilization through APHIAplus supported media (radio stations).



Contracts and Grants Skills Building Workshop: During the reporting period, the program development team from APHIAplus Project went through a four-day training on contracts and grants (C&G) conducted by C&G staff from FHI360 Nairobi and Arlington (US) offices to enhance compliance to USAID and FHI rules and regulations. Participants were drawn from various country offices including Kenya, Tanzania, Burundi and Rwanda.

Branding of LIP Offices: Most implementing partner organizations were provided with door signs and stickers during the quarter for strategic branding of the project activities.

Establishment of New Field Office: During the quarter, a new APHIA*plus* field office was established in Nanyuki town to improve coordination of project activities within Laikipia County.

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, APHIA*plus* Nuru Ya Bonde developed a comprehensive check list with service delivery performance standards and used it to conduct facility assessments targeting 29 health facilities. The availability and functionality of the quality of care committees in these facilities were assessed 9 (31%) were found to be functional with evidence of minutes but most had added responsibilities including championing the hospital reforms agenda and utilization of the facility improvement fund (FIF). APHIA*plus* Nuru Ya Bonde jointly with the selected DHMTs and HMTs developed facility specific action plans based on findings from these targeted assessments to improve the quality of the integrated health services at the target facilities.

Jointly with the HCSM project, APHIA*plus* Nuru Ya Bonde conducted commodity management capacity needs assessments for West Pokot and Marakwet districts. Key issues identified included quantification of needs, incorrect filling of the commodity reports and timely submission of reports. Six MoH staff the two districts were identified and trained on pharmacovigilance. They developed district based action plans that will be supported by APHIA*plus* Nuru Ya Bonde in collaboration with HCSM.

As part of improving the capacity of public health facilities to provide quality services, the project in collaboration with Capacity Kenya hired and deployed thirty (30) additional health care workers to selected health facilities. The plans to strengthen the capacity of the DHMT to monitor the utilization of the HSSF funds did not take place due to the delay in formal training of project staff on the HSSF funds and the semi-autonomy conferred to the facility management committees in the design of the devolved funds.

At the district level, APHIA*plus* Nuru Ya Bonde facilitated support supervision of 120 lay counselors in ten districts. The issues discussed were the HIV re-testing guidance, counseling protocol as regards home testing, client exit interviews, couple counseling protocols, importance of effective referrals and proficiency testing and communicating with people with hearing impairment. Mentorship supervision was also carried out in Narok to one counselor supervisor to strengthen his supervisory skills to address challenges faced by lay counselors.

Additionally, the project supported and facilitated the establishment of the Naivasha district quality management team with members drawn from DHMT. It was jointly agreed that an

orientation on quality improvement models was necessary to equip the team with relevant knowledge and skills to implement QA/QI. In Narok North and South districts, follow-up visits to establish Quality management teams revealed governance gaps. Recommendations were made to change the leadership of Narok team and reconstitution of the membership for the Narok South team.

Several activities were conducted during the quarter at different levels of service delivery to ensure improved capacity of facilities to provide high quality, reliable HTC services. Four facilities (Bondeni, Langa Langa, FITC and Lanet) health centers were visited to assess their proficiency testing performance. Two of these facilities (Bondeni and Lanet health centers) that had failed proficiency testing indicated that the failure was due to a wrong testing algorithm. Targeted mentorship was provided to HCW on the right testing algorithm.

APHIAplus Nuru Ya Bonde supported a day's refresher training for eight lay counselors in Kajiado Central focusing on repeat and re-testing guidance, data entry using HTC register and counseling protocol was carried out. Observed practice sessions were conducted for 25 counselor supervisors in Nakuru, Gilgil, Kajiado Central, Narok North and South districts. Some of the gaps identified were poor timing of the tests results, non-referral of clients for other services and lack of condom demonstration. It was recommended that service providers have watches during the activity. In addition, 55 health care workers in North Rift (Keiyo South-35) and Pokot Central-20) were taken through the re-testing and repeat testing guidance during their quarterly facility in charges meetings.

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

During the quarter under review, the project jointly developed and costed work-plans with 25 DHMTs and 25 Hospital Management Teams. These work plans will form the basis of a prospective focus on quality improvement of health care services. Two new DHSFs were established and six quarterly DHSF meetings held with support from the project. The guidelines on establishment of DHSF were disseminated to the stakeholders in Keiyo South district. In addition, 14 DHMTs were supported to conduct their quarterly support supervisory visits and a total of 109 health facilities visited.

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

Health service providers were mentored and sensitized on the appropriate use of the various service delivery registers, data collection and summary tools and the use of data during on-site mentorship visits, support supervision and at feedback/review meetings at district level. Fourteen (14) districts were supported to hold data review sessions during their quarterly facility In Charges meetings. HCW in 5 districts were sensitized on the new HTC reporting tools.

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

During the quarter under review, Kajiado Central District had an outbreak of measles in Namanga and Mashuru divisions. APHIAplus Nuru Ya Bonde supported the district to conduct measles campaigns in the affected divisions where children under five years were immunized, dewormed and given vitamin A supplementation. In addition, the project supported two rounds of Polio campaign in five counties (Trans Nzoia, West Pokot, Laikipia, Nakuru and Baringo Counties). The provincial immunization coverage was reported as 107% and 97% in the first and second round second respectively.

Within the quarter, five districts including West Pokot, Narok North, Nakuru Central, Nakuru North and Gilgil held a review meeting of the Community Strategy rollout within the APHIAplus supported CUs. The meeting achieved a reviewed joint work plan that took into account the lessons learnt in the reviewed months. The PHMT review meeting also took place to look at the program performance at the provincial level.

The quarter saw the project supporting the training of 65 CHEWs in Narok County to meet the gap identified as necessary to support both the 5 Units under comprehensive support and 13 Units under minimum support. The project also supported the training of 840 CHWs in the 23 Community Units. The trainings were coordinated by the District Focal persons and delivered by the CHEWs under the supervision of the APHIAplus project officers.

The project also supported the training of 840 CHWs in the 23 Community Units. The trainings were coordinated by the District Focal persons and delivered by the CHEWs under the supervision of the APHIAplus project officers.

The project supported various DHMTs to conduct supportive supervision to 45 Community Units under minimum support plan. These visits identified gaps enumerated in the text box. To meet these gaps, the project supported several elements to varied degree. In these units, a set of tools (MoH 513&514) were supplied and the CHWs oriented on how to use them.

PHMT recommendations:

- Hold a District Focal persons review meeting to get updates and consolidate data.
- Facilitate a retooling training of earlier trained District ToTs
- Need for periodical PHMT supportive supervision to the DHMTs especially in the struggling Counties like Laikipia.
- Need for a stakeholders forum to harmonize the CHWs motivation by partners.

Issues identified during Supportive supervision of minimally supported CUs...

- Poor selection process for both CHC and CHWs.
- Inadequately trained CHCs (1 day sensitization by GAVI).
- No CHC action plan
- CHWs dropout rate averaging 40%
- No data use events – Dialogue Days, Health Action Days, Monthly meetings and Integrated Outreaches
- Low reporting rate (below 10%).
- Poor documentation
- Poor motivation of CHWs and CHCs
- Inadequate or lack of reporting tools
- No supportive supervision
- Some CHEWs not trained.

Key

challenges noted in the course of the quarter include inadequate capacity of CHWs to adequately use reporting tools

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

APHIAplus Nuru Ya Bonde jointly with the DHMT supported a one day meeting for 15 private practitioners in Kajiado North district. Key issues discussed included the role of the private sector in public private partnerships (PPP), expanding access to CD4 networks, reporting and use

of MOH data collection tools, CMEs and sensitization on the planned facility assessments for private clinics.



The project also supported the PASCO South Rift to conduct a 3-day orientation on the revised PMTCT guidelines and distributed appropriate job aids to 25 private nurse practitioners. This was aimed at aligning the private nurse practitioners to the current GOK guidelines and practices and will be a focus of supervisory visits in the coming reporting period.

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

Within the reporting period, the project put emphasis on data during key meetings and events in the various supported Community Units. These included 17 Dialogue days, 14 integrated health outreaches, 26 health action days and 20 monthly meetings. In Rongai, Koibatek and Mogotio districts the issues raised included low uptake of FP services due to poor male involvement and taboo; birth by unskilled attendants is high due to mothers preferring TBAs; increased cases of early pregnancies; reported and unreported cases of rape; mothers defaulting on immunization schedules for their children; poor wash indicators – hand washing and latrine coverage. To address these issues five outreaches were organized supported by the project. In Nyadundo and Chemasis units, a roster was developed by the CHWs on follow ups of pregnant mothers to ensure that they attend the ANC.



In the North Rift, Kimaran Unit hosted and participated in a government supported integrated outreach while in Kajiado, Eluanata Unit, hosted a joint supported integrated health outreach to address poor health indicators.

In Nakuru Central, Nakuru North and Gilgil area, the pregnancy danger signs were discussed as a way of addressing the poor ANC attendance in the region.

Success Story – A case of Nyadundo Community Unit in Mogotio District;

The unit was supported with reporting tools, to hold a dialogue day and a health action day. The unit has 45 CHWs reporting and the anchor facility supports the work of the Unit through HSSF funding. The unit has been registered with Social Services and implements table banking with up to Kshs 100,000 in the bank. The CHWs and their dependents are offered free health services at the facility. The referred cases are given priority facilitated by a CHW who is located at the facility on rotational basis through a rota developed by the CHC. The Unit has a referral file and is motivated by the priority given to the referred cases. Within the quarter 5 cases of ART and TB defaulters have been reintegrated back to care. The Unit does hold health action days on rotational basis at village level to address indicators unique to these villages. The unit has also been trained on Peer Education, Primary eye care and integrated disease surveillance.

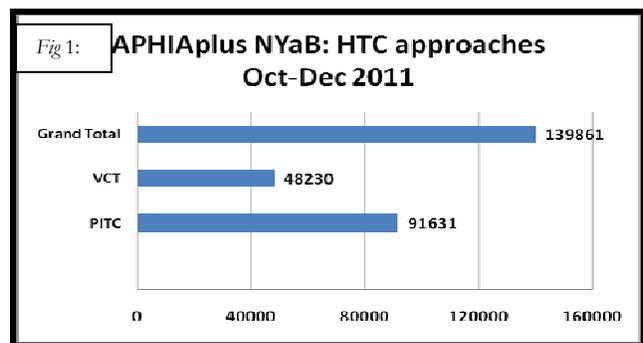
In Kiamaina Unit, women felt that once it is confirmed that the fetus is well “Amelala vizuri” then there was no need for further attendance. The community blamed long distances to Hospitals, lack of money, bad roads, and lack of birth plan as the reasons for failure to attend atleast 4 required ANC visits. The CHWs were challenged to increase sensitization of mothers regarding the ANC visits while the area councilor promised to fast track the CDF allocation for the local health facility and road improvement. In Kapkures Unit, defaulting immunization was blamed on negligence of parents, drunkard mothers and limited information on benefits of Immunization. At Karunga Unit, the facility had recorded zero skilled delivery due to mythical fear by pregnant mothers to be delivered by a young midwife at the facility. Older female CHWs took it upon themselves to intervene on this by visiting pregnant mothers to sensitize them on benefits of delivering at the facility as opposed to going to Nyandarua district, several kilometers away.

As far as integration of OVC/HCBC is concerned, all regions addressed this as a priority. In the North Rift, a harmonization plan which was developed in quarter 3 was used during the selection of CHWs to harmonize all volunteers already involved in the OVC/HCBC. This was an effort towards ensuring that OVC/HCBC issues are integrated into the Community Units. In Endebess and Coseta Units, the AAC leadership has been incorporated into the CHC to ensure that child protection issues are addressed at the unit level. In Nakuru region, the OVC/HCBC implementers were involved in the dialogue days where integration was negotiated. In Narok County, the Local Implementing Partners involved in OVC/HCBC were oriented on Community Strategy aimed at facilitating further participation in the Community Unit processes.

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

During the quarter under review facility based PITC was promoted. It was however noted that most district hospitals did not practice facility-wide PITC as HIV testing was limited to selected points in the facility resulting in an uptake among the OPD clients of less than 25%. There was erratic availability of rapid HIV test kits in Rift Valley during the period under review. The national mechanism for supply of rapid test kits usually supplies the Rift Valley as the last region thus affecting stock levels. Overall, a total of 139,861 individuals (81,192 -female) were counseled and tested for HIV and received their results through multiple HIV CT approaches supported by APHIAplus Nuru Ya Bonde.



As shown in Fig 1, 91,631 individuals (54, 368 -females) were offered HIV counseling and testing through the PITC approach. The majority, 93% (85,549) were tested in the out - patient department where 2,703 tested HIV positive. The HIV prevalence among the individuals tested for HIV using the PITC approach in the outpatient department was 3.2% compared to 6.8% for those in the in-patient department (414/6082).

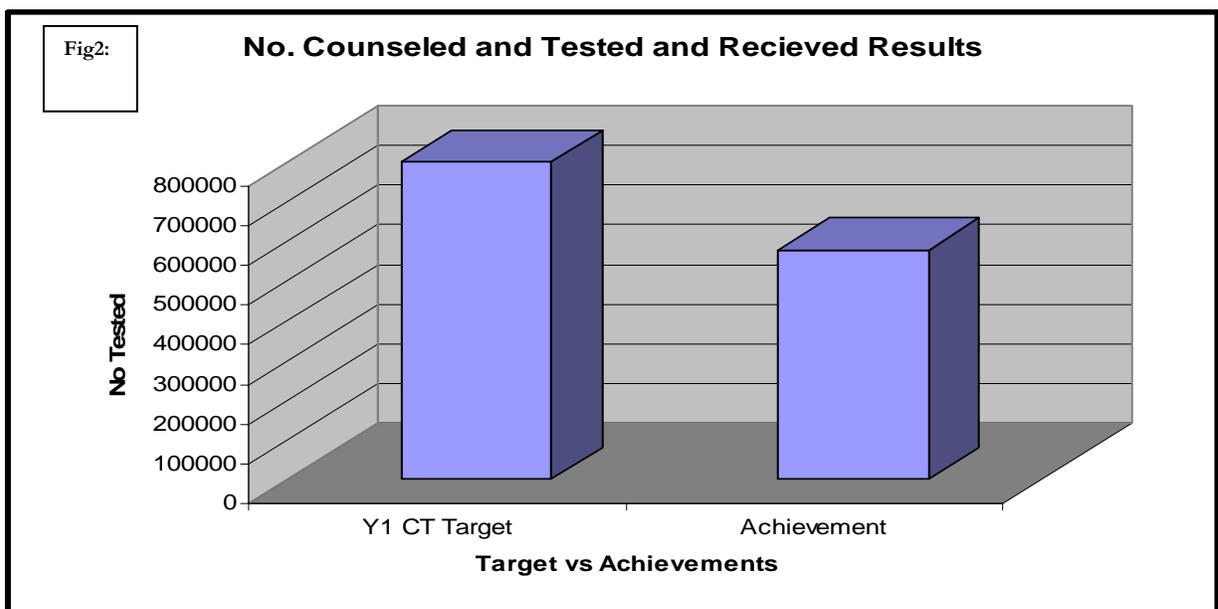
Through VCT, 48,230 individuals (25,753-females) were tested and received results. A total of 1,653 individuals (841-female) tested positive giving an HIV prevalence of 3.4%. In addition to

these individuals, 8,811 couples were reportedly tested for HIV; 184 (2%) had concordant HIV positive results and 181 (2%) were reported as having discordant results.

HIV Counseling and Testing: Community

APHIAplus Nuru Ya Bonde supported the MOH in 25 districts to conduct 100 HTC (62-mobile, 17-home based, 1 celebrity testing, 2 stand-alone VCT, 1 moonlight, and 17- integrated) outreaches during the quarter. A total of 20, 661 individuals (11,517 or 56% female) were counseled for HIV testing and 97% (20,121) accepted the test. 8,811 (44%) of these were newly tested of whom 51% were females. 53% of those who accepted the HIV test were aged 25-49yrs.. Overall, 99% (19,831) of individuals received their test results while 95% (8,370) of the newly tested received their results. A total of 216 individuals (60%-females) tested HIV positive giving an HIV prevalence of 1.1%. The HIV prevalence among the newly tested individuals was 2.4% (210/8811). 1030 individuals aged 50+ were newly tested for HIV and 12 found HIV positive giving a prevalence of 1.2%.

Among the most at risk populations, 481 (246-female 235 males) were tested for HIV during the quarter with 33 (22-F, 11-M) testing positive for HIV.



By the end of the first year a total of 577,337 individuals were counseled and tested for HIV and received their results representing a 72% of the year 1 target of 800,000 as illustrated in Fig 2 above. The medical doctors and other paramedical staff strike in the public sector in the quarter under review grossly affected services especially at the L4/5 facilities. This helps explain the low uptake of HTC services during this reporting period.

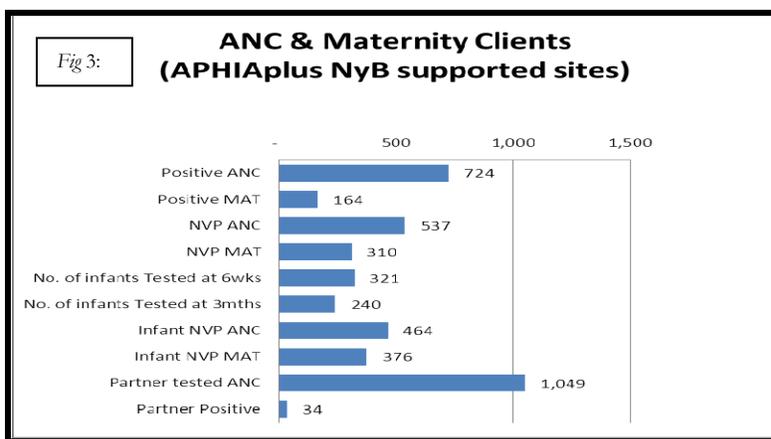
Prevention of Mother to Child Transmission (PMTCT)

APHIAplus Nuru Ya Bonde utilized the facility in-charges meetings in 4 districts in North Rift to disseminate the revised PMTCT guidelines and job aids to service providers and district Pharmacists in Marakwet East & West to distribute prophylactic ARV for use in PMTCT and

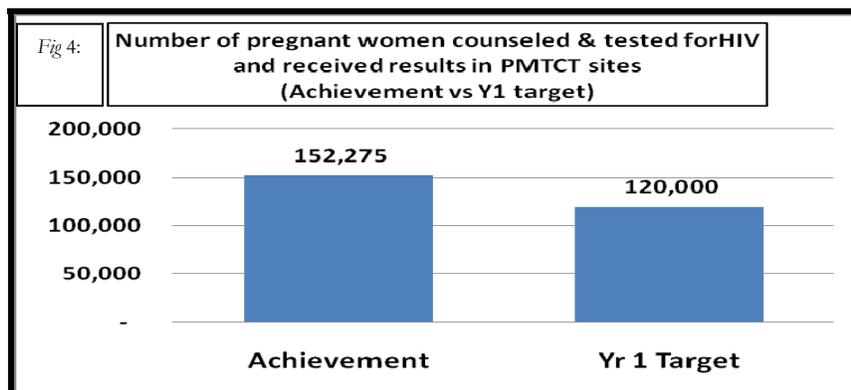
PEP drugs to 40 sites. The longitudinal ANC registers are in use in 10 pilot sites in Rift Valley and preliminary feedback from service providers indicates their appreciation in organizing pregnant women into cohorts for easy identification and follow-up.

During the reporting period the project supported a total of 643 existing PMTCT sites where a total of 28,497 1st ANC attendees were served. Of these, 28,149 pregnant women in ANC were counseled and tested for HIV and received their results with 724 testing positive for HIV. As shown in Fig 3, 537 were provided with prophylactic ARVs giving an uptake of 74.2%. Additionally, 4,307 women were tested for HIV in labor and delivery and 164 diagnosed to be HIV infected. However, 310 women were reportedly issued with prophylactic ARV drugs (uptake 189%). The infant prophylactic ARV uptake in ANC and maternity was 95%.

The erratic availability of effective ARV prophylaxis at the L2/3 PMTCT sites resulted in women being referred for issuance at the L4 facilities thus resulting in double counting. The roll out of the revised PMTCT/ANC registers and mentoring the service providers on their use and reporting using the MOH731 will reduce this documentation error.



A review of data from sites that had a higher prophylactic ARV uptake in maternity shows that the major discrepancies were from Rift Valley PGH, Naivasha DH, Nanyuki DH, Narok DH and Fatima Maternity Hospital in Kajiado. APHIAplus provided feedback to these facilities to only document in their summaries those newly diagnosed and provided with prophylactic ARV at their facility. Targeted dissemination of the new ANC/PMTCT register and summary tools to these facilities is expected to further reduce this anomaly. In addition, 1,049 partners of pregnant women were tested for HIV in the ANC out of whom 34 (3.2%) were found to be HIV positive and referred for care.



As illustrated in Fig 4 above, a total of 152,275 pregnant women were counseled and tested for HIV and received results in PMTCT sites by the end of year representing a 127% of the year 1 target of 120,000. This achievement is partly attributed to the emphasis by the MOH on the high impact interventions for maternal and neonatal health services focused on improving the indicators for MDG4 and 5.

Early Infant Diagnosis (EID)

APHIAplus Nuru Ya Bonde facilitated the transportation of 121 DBS samples from districts and facilities for EID to the PCR laboratories. So far 127 (20%) of facilities are providing EID. During this reporting period 321 and 240 infants were tested for HIV at 6 weeks and 3 months respectively according to reports from the MOH711A). A total of 603 DBS samples were received from 57 APHIAplus supported EID sites and processed at the Walter Reed PCR laboratory in Kericho. Six (6) samples (1.0%) were rejected and 65 (10.9%) reported as positive. The report from the PCR laboratory in KEMRI Nairobi with respect to samples from Kajiado and Loitokitok is not included in this narrative.

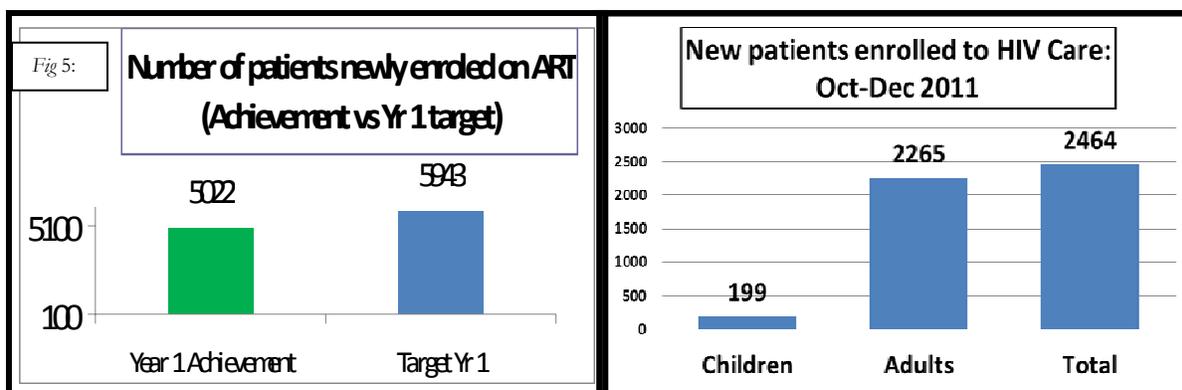
It was noted that although some facilities collected and sent DBS samples for EID samples to the PCR Laboratory in Kericho, the feedback indicated that the samples were never received and or processed.

Most health facilities collecting DBS samples for EID did not have HEI registers and cards for the appropriate documentation and longitudinal follow-up of the mother-baby pairs. A request for the supply of these tools was formally made to NASCOP and the Clinton Foundation for formal dissemination and distribution to the EID sites in the subsequent reporting period.

HIV Care and Treatment: Facility and Community

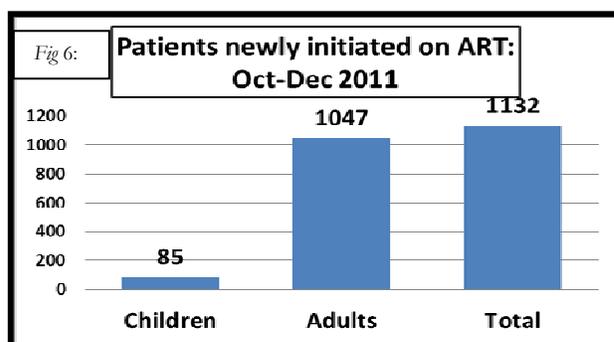
During the period under review, the project supported 118 ART sites. Efforts were made to scale up ART services during this period. Health workers in four facilities including Mitimngi HC, Kiambogo HC and Oljorai HC in Gilgil district and Torongo HC in Koibatek district were mentored to initiate ART services. They will be monitored to ensure services are provided as expected and reports are done accurately.

Figure 5 below shows that 2,464 new patients were registered for chronic HIV care at 114 care & treatment sites. 199 were children aged <14yrs while the majority (2,265) were adults. Cumulatively, 86,818 patients (8,108 children) have ever enrolled for chronic HIV care at the APHIAplus supported sites. 30, 587 (20, 865-females) and 45 (28-female) were on cotrimoxazole and fluconazole preventive therapy respectively.



ART

Quarterly clinical mentorship was conducted in seven (7) districts targeting 47 sites and 111 health care workers. The mentorship covered different aspects of HIV care & treatment. Some



of the keys issues identified and discussed during mentorship ranged from optimizing encounters for PITC, defaulter tracing, appointment scheduling, appropriate use of the new ART HMIS tools, identification and enrollment of HIV infected children into care and ART including DBS sample collection for EID.

Cumulatively 33,955 patients have ever started ART in APHIAplus supported sites.

The majority of the patients (or 63%) are female while pediatric patients account for 9.5% (3,212) of the total.

APHIAplus Nuru Ya Bonde achieved 84.5% of the year 1 target for the number of patients newly enrolled on ART as shown in Fig. 6 above.

ART/ Palliative care: Adult

1, 047 new adult patients (674-females) were started on ART during this reporting period. 37% were in WHO stage 1 and 2 while 6.8% were in WHO stage 4. The majority (56.3%) were initiated on ART with WHO stage 3. A total of 30, 587 adults were currently on prophylaxis with majority 99% (30,542) on cotrimoxazole.

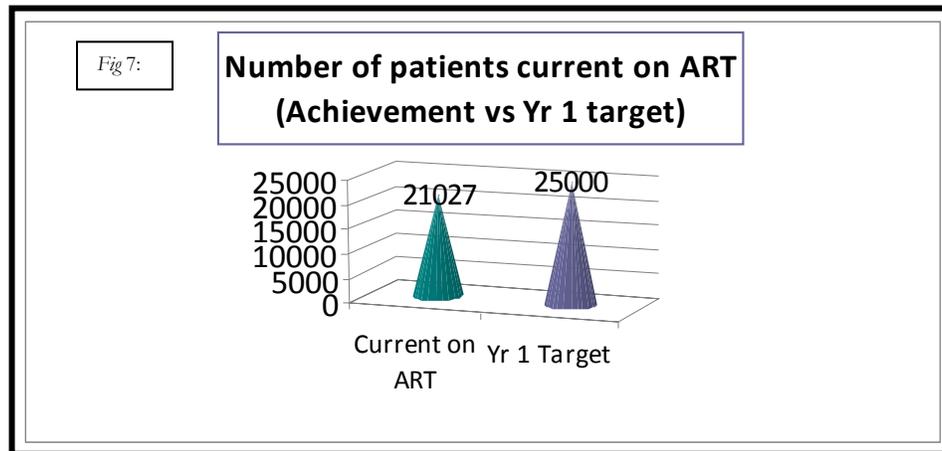
ART/Palliative Care: Pediatric

85 new pediatric patients (41-females) were started on ART during this reporting period. 39% were initiated in WHO stage 1 and 2, while 9.4% were in WHO stage 4. During the targeted clinical mentorship visits it was noted that there was very low uptake of HIV testing among the sick children less than 5 years. The mentors emphasized on were the need to increase

identification of HIV infected children and their enrolment into chronic care by the health care workers.

Current clients (Adults and Children) on ARV by end of December 2011

By the end of the year, 21,027 patients (64% Female) were currently on ART in APHIAPlus supported sites as shown in Fig 7 below. Of these, 2,026 (10%) are children aged <15 years. 124 HIV infected pregnant women are on HAART.



The achievement for the number of patients current on ART was 84.1% of the year 1 target.

Home and Community Based Care (HCBC):

During the quarter 195 new clients were recruited into HCBC program bringing the total number of active clients by the end of the quarter to 24,873 clients. The total number of referrals for various services was 5400.

Facility Based Prevention with Positives (PwP):

Health care workers at the health facilities were mentored on the documentation of partner testing, family HIV status and use of condoms into the new patient cards.

Community Based Prevention with Positives (PwP):

In the period under review the project supported the government to roll out community PWP activities. A total of 15 support groups leaders were trained on community PWP and provided with the manuals and flip charts to conduct training and orientations at the community level. The project will provide the trained groups with tools to report on community PWP at the community level and link them to the district HCBC coordinators. 15 project staff were also taken through the C-PWP training to enable them provide the necessary support to PLHIV groups. The training was conducted by the MOH C-PW TOTs at the provincial level. The project has also supported the MOH to initiate C-PwP /HCBC technical working group chaired by the provincial HCBC coordinator in South Rift. The group is expected to meet monthly to review the HCBC and community PWP activities in the region and give the necessary support to the districts.

Support groups continued to implement the PwP minimum package through support groups. 518 (198 male and 320 females) attended 15 support groups held by implementing partners in the quarter. The meetings focused on topics such as disclosure to partner, adherence, safer sex, stress management etc.

Laboratory Strengthening:

The project facilitated the transportation of CD4 samples and DBS for EID from six (6) health facilities in the North Rift region to the laboratories at the Kitale DH and AMPATH in Eldoret. The inclusion of AMPATH PCR laboratory in the region greatly eased the logistical challenges for most sites in the North Rift. 320 filter papers for EID and stabilized vacutainer tubes for CD4 were supplied to the participating health facilities. The project continued to support the transportation of EID samples from health facilities to courier points for onward transportation to either Walter Reed laboratory in Kericho or Kenya Medical Research Institute (KEMRI), Nairobi.

Findings from the facility assessment revealed that most facilities did not have the commodity reporting tools and most health care workers in the service delivery areas had not been trained on commodity management. Facilities were using stock balances and not the consumption data to order for HIV test kit supplies. APHIAplus Nuru Ya Bonde in collaboration with HCSM focused on strengthening the monthly commodity reporting by facilities through sensitization of district and facility managers on commodity management.

A situation analysis of the laboratory commodity management issues at the RVPGH revealed that although the facility generally has good inventory management practices there was a gap in the quantification of rapid HIV test kits requirement. The facility level interventions included improving facility reporting quality, timeliness and strengthening the inventory management.

A follow up with the central level was made by HCSM and APHIAplus Nuru Ya Bonde to ensure that resupply decisions are informed by facility reports to avoid future supply imbalances. In addition, a phlebotomy training for 25 health care workers drawn from facilities that use the Rift Valley PGH as a CD4 hub was held in Nakuru in order to improve the quality of CD4 samples collected and reduce the rejection rate at the PGH. Communication on the functionality of the FACS Calibur was discussed to avoid wastage and inefficiencies for the referring facility and patients.

The Rift Valley Provincial Health Commodities Security technical working group (PHCS -TWG) meeting was convened by the HCSM to help focus health facilities and stakeholders on their role in the management of health commodities in the region. The TWG, which is a mechanism to systematically integrate commodity management operations at regional level in order to increase access to health commodities, was formally launched and terms of reference ratified. It also advocates and strategizes on system strengthening initiatives to increase efficiency and effectiveness of the supply chain for increased availability, accessibility and affordability of health commodities in the province.

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

The impact of changes in the malaria policy with regard to IPT being de-emphasized in most districts of the Rift Valley was evident during this reporting period with only 2,907 and 1,990 clients receiving IPT1 and IPT2 respectively.

3.1.9 Increased availability of screening and treatment for TB

Facilities continued to implement routine TB screening in ANC with about 95% of first visits being screened; however during the facility assessments it was observed that TB job aids were

lacking. New job aids will be disseminated and distributed during the coming quarter as well as TB screening tools in the CCCs.

Under the TB program, 1,957 (890-females) new TB cases were detected during this reporting period from 305 sites. Of these 1,921 (98%) accepted the HIV test and 691 tested HIV positive (HIV prevalence 36%).

In addition the project supported a TB-HIV stakeholders meeting for Nakuru County attended by 30 organizations. The stakeholders resolved that every district within the county will conduct TB-HIV advocacy, communication and social mobilization in order to create awareness on TB-HIV issues. It was hoped that this would help monitor the trends and ensure successful implementation of HIV&AIDS and TB collaborative activities.

TB treatment defaulter tracing continued during the quarter, 40 individuals were traced by CHWs and returned to care and treatment in Naivasha, Gilgil, Nakuru Central, Kuresoi and Molo districts. Njoro and Rongai Health centres did not report any cases

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

Table 1: CYP results Oct-Dec 2011

APHIAplus Nuru Ya Bonde supported a Provincial Reproductive Health consultative forum that brought together 67 District RH coordinators to primarily discuss key issues in the implementation of the MNCH services. The roles and responsibilities of the RH coordinators at district level, reporting rates & commodity status and the restructuring of the FP commodity management were discussed.

Method	Method	CYP
Oral Contraceptives (Microgynon, Microlut)	1,481	99
Condoms (pieces/units) (Males)	8,811	73
Condoms (pieces/units) (Females)	44	0
IUDs (pieces/units) Copper-T 380-A IUD	2,454	8,589
Depo Provera Injectable (vials/doses)	63,562	15,891
Implanon (Implant)		
Jadelle (Implant)	3,415	11,953
Emergency Contraceptive Pills	41	2
Natural Family Planning (i.e. Standard Days Method)		0
Sterilization (Males and Females)	232	1,856
TOTAL		38,463

27,684 new FP acceptors were served at 787 APHIAplus supported service delivery points. 15,036 (54%) received injectable methods while 4,813 (17%) opted for LAPM including 3 clients who had a vasectomy. Table 1 above shows that the CYP for the period under review was 38,463 with LAPM contributing 22,398 (58%).

Cervical cancer screening: Twelve (12) project supported health facilities are providing cervical cancer screening in the context of integrated FP services. Out of the 895 clients screened, 40 were reported as VIA/VILI positive and eight (8) had suspicious lesions. HIV CT integration was promoted and 765 patients accepted the test and received results. Eight (8) were HIV positive. Since few cryotherapy machines exist in the region, most health facilities are facing challenges related to assuring treatment for those clients who are VIA-VILI positive. The procurement and delivery of cryotherapy machines under the Economic Stimulus Package (ESP) for each district is still awaited. Nanyuki DH, Narok DH, Loitokitok DH, Kapenguria DH and Chebiemit DH are potential referral facilities if equipped with the cryotherapy machines.

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

Results presented in Table 2 below show that a total of 28,497 1st ANC attendees were served, 11,196 clients attended the 4th ANC visit and 14,281 deliveries by skilled attendants were recorded in 787 health facilities. During the targeted facility assessment service providers were mentored on the use of the partograph to monitor pregnant women in labor using the new partograph. APHIAplus Nuru Ya Bonde photocopied and distributed soft copies of the new partograph. Findings from the assessment identified the need for updates on management of labor & AMSTL in order to improve the quality of care for women in labor.

Table 2: 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	37,330	11,727	11,969	7,346	15,798	106,841
Apr - Jun 2011	34,936	12,039	7,397	4,655	16,393	106,681
Jul - Sep 2011	34,986	12,615	4,342	3,352	16,661	109,646
Oct to Dec 2011	28,497	11,196	2,907	1,990	14,281	104,717

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

APHIAplus Nuru Ya Bonde in collaboration with the MOH and UNICEF supported the launch of the Integrated MNCH - RRI. The goal of RRI is to increase by 30% the coverage of selected high impact interventions aimed at improving maternal health and child survival. These interventions include early diagnosis of HIV exposure for infants, identification of stunting of under 5s based on height for age measurement for children, initiation of antiretroviral treatment for all HIV infected children attending MNCH clinic and the proportion of all mothers attending post natal clinic started on/are on modern contraception.

Five health facilities (Kapenguria DH, Kapsabet DH, Kapkatet DH, Emening HC and Langas dispensary) were selected to implement the 100 days RRI in Rift Valley Province. The project directly supported the provincial team to conduct an orientation of district managers and selected health facilities on the MNH RRI. The project committed to support supervision of Emening HC and Kapenguria DH and the mid-term assessment.

In addition, the project supported the MOH to conduct 31 integrated mobile outreach clinics. As illustrated in Table 3, Penta 3 was provided to 61, 904 children; 60,929 were under 1 year while 975 above 1 year. Vitamin A supplementation was given to a total of 99,202 children; 41, 075 were children aged between 6 and 12 months while 58, 127 were above 1 year.

Table 3: Quarterly Achievements MCH

Quarter	DPT 3 Under 1 Year	DPT 3 Above 1 Year	Vitamin A 6 to 12 Mths	Vitamin A Above 1 Year	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 - Sep 2011	41,370	1,478	28,306	36,850	65,156
Oct to Dec 2011	60,929	975	41,075	58,127	99,202

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:

- ≡ The focus of the quarter was in consolidating the activities in the first year while laying structures for implementation in year 2. The program worked with partners to review their

sub-agreements and develop new scopes of work while identifying new partners to engage in expanding activities in the coming year.

- ≡ The program conducted formative assessments to generate key issues to be addressed in health communication. The goal of the formative assessment was to provide evidence of and insight into the attitudes, perceptions, and factors influencing health and sexual behaviors among APHIAplus target populations, their preferred communication channels, sources of influence of the key population and their preferred behavior change interventions in order to inform targeted intervention design. The assessment results will be used to design the APHIAplus intervention for the period of August 2011 to Oct 2015.
- ≡ In keeping in line with Next Generation Indicators (NGI) the programme initiated the process of developing four curricula and activity guides for specific populations namely out of school youth, pastoralists, small scale traders and couples. These tools will replace the current curricula as informed by the formative assessment.
- ≡ The program in collaboration with the MOYAS hosted the G-PANGE Annual Talent Explosion. The program convened and gave technical assistance to the provincial task force that coordinated the event and engaged other USG funded partners towards contributing and making the event a success. Other HFG activities that the project participated in during the quarter included an assessment of K-NOTE resource centers for Pamoja Mtaani initiative and the Shuga step down trainings in Naivasha.
- ≡ The project technical officers participated in various capacity building trainings including PwP TOT training, gender mainstreaming training and NACADA organized Alcohol and Drug Abuse training.

Interventions Targeting Women and Men of Reproductive Age

Peer education session for married couples; A total of 2, 076 (948 males, 1,128 females) married couples were reached in small groups sessions conducted by trained facilitators and pastors. The sessions held in churches are tailored along the *Christian family Life education manual* and *Time to Talk training manual*. The couple sessions covered topic on Family planning and communication between partners and between parents and youth. To further enhance youth adult partnerships, three youth forums were held in Chebiemit Kenya Assemblies of God church in Marakwet, Chepareria Deliverance Church in West Pokot and St John ACK Kwanza in Kwanza district. Project staff guided discussions on topics such as reasons for maintaining virginity and abstinence by the youth, the role of parents in guiding youth to live a holy life, relationship between parents and their children, fight against Stigmatization of HIV infected and affected families and relationships.

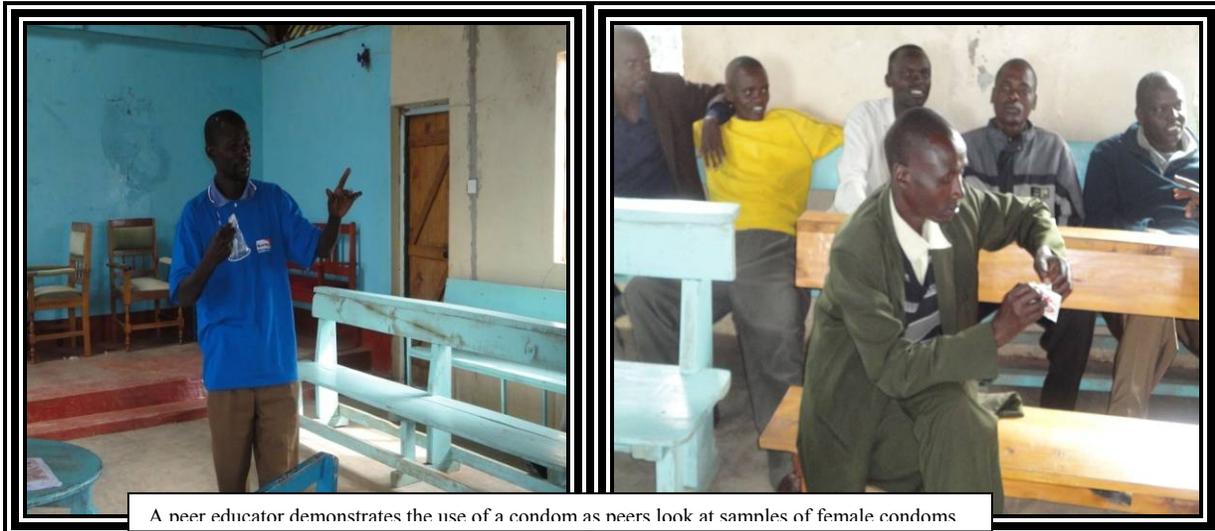
In order to promote communication between partners on issues related to SRH, couples' dialogue sessions were held this quarter reaching out to 116 matatu sector workers and their spouses. The couples' dialogue sessions focused on enhancing spousal communication and discussions on different RH services

b) Expanding High-Impact Interventions for Youth

Peer education sessions for youth in tertiary institutions: Peer education sessions targeting tertiary institution students in five campuses continued this quarter resulting in a total of 1,014

(507 males, 507 females) peers completing the eight sessions. The small group sessions with maximum of 25 were conducted within common interest social grouping in colleges such as sports, drama, music, religious fraternities and in halls of residence. The sessions focused on key messages on reduction of risk, promotion of reproductive health services, CT and skills building to enhance preventive behavior.

Peer education sessions for out of school youth in informal and low income settlements: Peer education sessions continued targeting youth in informal settlements in Naivasha, Trans Nzoia, West Pokot and Marakwet districts. 7,208 (3,655 males and 3,553 females) youth completed eight sessions from the 'Youth Activity Guide' curriculum



The peer education sessions focused on HIV prevention through ABC approach, STIs and drugs abuse. Peer educators whose peers completed the 8 sessions in the curriculum picked a new set of peers. To complement group sessions and reach more, peer educators used one-on-one sessions for individualized sessions as per request and to also engaged peers who are unable to attend group sessions in their homes.

Young People Living with HIV/AIDS: During the quarter under review, a total of 932 (504 male and 428 female) youth counseled and tested through testing drives in college, testing at youth friendly sites and WAD activities.

ICL organized a contraception awareness week in Egerton University Laikipia campus. The week-long event provided information on various FP methods and resulted in 25 females taking up a FP method while 864 condoms were distributed.

Male Circumcision: During this reporting period, the project began offering VMMC services to men both young and old in the workplaces in Naivasha where a total of 85 males were circumcised.

Expanding High-Impact Interventions for Sex Workers, their Children and Clients:

The sex worker intervention has 360 active volunteer peer educators and includes a comprehensive peer education and outreach program, HTC, STI screening, RH/FP services, psychosocial support and economic empowerment initiatives. This quarter, the intervention expanded its coverage to two more sites in Narok and Nanyuki towns leading to seven priority

implementation areas that include Nakuru municipality, Salgaa and Makutano truck stops, Gilgil, and Naivasha. An additional two drop in centers were established and equipped this quarter in Nanyuki and Naivasha to enhance service delivery to the sex workers increasing the number of drop-in centers to five.

In expanding the intervention to Nanyuki and Narok, an additional 40 (20 at each site) volunteer peer educators were trained. The training, based on the Comprehensive Peer Education Training Curriculum developed under the USAID APHIA II Rift Valley project, was meant to equip the volunteer peer educators with factual and up-to-date information on HIV, STIs, RH/FP and facilitation skills that would help them conduct peer education sessions and mobilize their peers to access services at the drop-in centers and other health facilities.

A total of 1,160 FSW accessed health education services and risk reduction counseling services from the existing four (4) drop in centers. 150 participated in the ongoing AA groups while 146 accessed HIV testing services. HTC services were affected by the withdrawal of SD Bio line kits since there was no alternative for the confirmatory test available.

Stakeholder sensitizations and condom distribution continued in all hotspots with a total of 86,000 male condoms distributed to the 114 identified condom outlets. Water-based lubricants and female condoms were also distributed.

Working in partnership with the DASCOS in Laikipia East and Narok North districts, the project supported the dissemination of the national guidelines for HIV and STI programs for sex workers to stakeholders in the two regions. This was a follow up activity to the regional dissemination conducted by NASCOP in the region in the same quarter. As a result, the two districts established community advisory committees to oversee the sex works interventions in the two districts. The community advisory committees will be supported to meet on a quarterly basis to deliberate on the progress of the sex worker interventions and update the district Health stakeholders' forum on progress.

As part of the intervention towards expanded choices beyond sex work, APHIAplus Nuru ya Bonde partnered with Equity Foundation to conduct 12 week training on financial literacy training for 38 sex workers this quarter.

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 60 peers through one-on-one sessions and group sessions. One outreach activity was conducted this quarter reaching out to 46 MSM peers with health education, risk reduction and HIV testing services.

The MSM CBO received funding from AkibaUhaki as a result of mentorship from the program in developing proposals. The funding will be utilized for organizational capacity building. The project will continue mentoring the group and support them in developing proposals for the upcoming TOWA funding.

Touts and traders: The outreach program targeting passenger transport sector workers and their partners continued this quarter with 2,368 (2,360 males: 8 females) people reached through the peer education and outreach program. The 113 active volunteer 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 2,440 clients accessed services at the static clinic while 1,252 were served at the DICs. These include 635 who accessed HIV testing 421 provided FP services, 146 screened for STIs and 470 screened for cervical cancer.

Condom distribution continued in the 30 identified condom outlets targeting matatu sector workers. This was in partnership with the public health department. A total of 12, 836 condoms were distributed this quarter.

AA support groups: Support for peers with alcohol addiction continued through the three (3) established alcoholic anonymous groups and counseling by staff at the FHOK clinic. An additional 18 clients were enrolled this quarter increasing the number of Matatu sector workers in the AA groups to 89.

Persons in confinement: Health education sessions were conducted at Kitale Annex, Kitale main and Kapenguria prisons reaching a total of 115 prisoners. The sessions were facilitated by Handcap International with the help of the prison warders trained in VCT and PLWHA acting as guest speakers.

People with Disability (PWD): Interactive peer education sessions continued among PWDS reaching 119 (58 males; 61 females) of them. The sessions covered HIV and health rights and also provided an opportunity to distribute condoms and mobilize the PWDs to participate in the WAD and UN World Disability day. During the UN World Disability day celebrated on the 3rd of December 2011 and whose theme was *'Together for a Better World for all including Persons with Disability'*, PWDs held processions through Kitale town which culminated in a celebration of artistic performances by PWD groups, IEC material distribution, speeches and recreational activities such as sports to raise awareness on PWD issues. The celebrations attended by over 360 PWDS led to the formation of a network for PWDs in Trans Nzoia district.

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:

Increasing access to comprehensive integrated package of youth friendly services

The project continued to support activities towards strengthening youth friendly service provision. As a follow up to the youth friendly centers assessment, the program worked with the Provincial Reproductive Health Coordinator to sensitize DHMTs/HMTs on youth friendly services in Narok and Laikipia districts. The sensitization aimed at conducting an analysis of the provision of YFS by focusing on strengths, opportunities and challenges in the provision of the services. The meetings also provided a forum to disseminate national *'guidelines on the provision of youth friendly services'* After the training, the DHMTS/HMTs developed work-plans and came up with a way forward on strengthening YFS in their facilities.

The APHIAplus supported youth friendly sites in the North Rift area, Chanuka Youth Centre, You and I Community Youth Centre (at Makutano- Kapenguria) and Badilika Youth Community Centre (at Moi's Bridge) continued providing services to youth. A total of 554 (328M, 226F) persons accessed HIV counseling and testing, 19 (14M, 5F) youth accessed STI education, screening and referral, 71 (5M, 66F) youth accessed FP information and referral to facilities for service uptake, four females accessed emergency contraceptives (Postinor 2), and 38 females were screened on breast cancer and trained on ongoing self- examination for breast cancer.

A total of 1,476 youth (183M, 124F) were involved in center based health education sessions against a target of 1,600 youth. Where services are not provided such as youth resource centers, youth were referred for services with 117 youth referred for a range of services including STI treatment, FP services, HTC etc.

Popular mobilization using Community Radio

Ten radio programs were aired in the course of the quarter on Radio Imani (6 programs) and Saposema radio (4 programs). The programs were facilitated by a trained radio host, youth and guests who included MOH staff and PLWHIV, The 10 interactive discussion programs focused on topics such as stigma reduction, family planning, condom education, Gender based Violence, TB prevention, HIV counseling and testing, promotion of CCC services, promotion of couple counseling and testing, and care for PLHIV. The radio program played a key role in mobilizing the youth during the two thematic events in the quarter; the WAD where the radio was used to sensitize the community on couple testing and 16 days of activism against Gender based violence where Saposema radio was used to advocate against FGM. To enhance youth participation in the program development, the producers of Radio Imani held an on-site recording of the radio program at Badilika youth center in Moi's Bridge and invited local youth to witness and participate in the recording. Recorded radio programs were shared out with the radio listening groups for use in 10 discussion sessions which reached a total of 80 youth.

Mobilization for health services uptake through community drama

The Magnet Theatre troupes in North Rift continued to work with the MOH to mobilize communities during integrated outreaches in Makutano, Moi's Bridge, Kaplamai and Endebess. The troupes participated in WAD by making thematic performances to mark the occasion in different project districts. In Chebiemit, the MT troupe supported by CCS was involved in community mobilization during a KASS FM supported outreach camp at Cheptonge. The MT troupe in Marakwet on the other hand worked closely with the Marakwet DASCO to mobilize communities for HCT RRI while in Kwanza Kitangany MT troupe mobilized 59 couples for couple testing prior to the WAD celebrations.

Linkages with national campaigns

This quarter saw the project work closely with the MOYAS and other stakeholders to organize the G-Pange Annual Talent Explosion (GATE). This is an annual festival coordinated at the national level by HFG and involving all USG funded programs working with youth whose objectives are to link talented youth to markets while passing relevant messages and mobilizing their peers for services. The festival conducted at three levels- districts, provincials and nationals involved 220 youth performers and reached 500 youth. 191 youth were provided with HCT services, 43 youth were provided by FP services (condoms-16, injectables-15, Pills-12) through partnership with PSI while 54 youth received other RH services (cervical cancer screening-24, breast cancer screening - 30) through partnership with Marie Stopes. A further 115 youth were offered financial education by officers from Post Bank who partnered with the coordinating committee to support the festival. To ensure accuracy in messaging the program organized mentorship visits to all the participating teams and this ensured that the performances were of high quality. The APHIAplus Nuru ya Bonde supported team was named the best at the national event.

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

Highlights

APHIAplus Nuru ya Bonde primary target population for addressing social determinants for health are the OVC and people living with HIV households. During the period under review, the project conducted a household vulnerability assessment exercise targeting OVC registered in the project. The purpose was to collect baseline data to inform design of interventions and verify biodata of the children registered by end of Sept 2011. The household vulnerability assessment data is currently been analyzed and the results will be reflected in the next quarter report.

In addition, this period saw the introduction of the longitudinal database designed to improve on reporting on OVC services, training of partners on the use and entry of verified OVC biodata into the system. Whereas the CHW monitored OVC and services were provided to them, the transition from the old to the new reporting system meant that priority was given to the data entry of the verified bio data first. The report on services included here are therefore from IPs narrative reports. The new system is expected to provide data on priority needs for OVC and to provide accurate results of services provided to OVC. Data for this period will be reflected in the SAPR report due in March.

So far the project has 84,489 active OVC out of the annual targeted total of 95,000 OVC. Of the active OVC, 69,084 were served during the quarter and another 15,405 OVC were monitored but received no service.

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

This quarter 3,501 HH participated in various economic activities. The activities included SILC activities, small scale IGAs through support groups and trainings conducted for skills building for economic empowerment.

SILC and other IGA Activities

During the reporting period, the project conducted a SILC training that together a total of 30 participants drawn from 14 implementing partners. The 11 days training was facilitated by staff from CRS. The participants are expected to roll out SILC interventions in their project sites; to enable the project to reach more HHs in the targeted communities; with the aim of empowering them to carry out activities that will improve their living standards.



SILC group member counting their savings during one of their weekly SILC group meetings

Currently, there are 3,013 HHs practicing SILC; with cumulative savings of Ksh.3, 489, 214. The loans borrowed from SILC have been utilized by the HHs to support a wide range of economic activities including: business development, farming and purchase of shares from Nairobi Stock exchange.

Through collaboration with Ministry of Agriculture and CDN an APHIAplus IP, 77 OVC caregivers were trained on business skills. Nine (9) other HHs from Chemi Chemi ya Neema in Subukia were trained in liquid soap making and have already picked up the trade.

Farming, Livestock and Bee keeping Activities through leveraged support

During the quarter under review, 55 HHs benefited from drip irrigation kits, training on dairy goats, and bee keeping through leveraged support from Ministry of Agriculture, Caritas Nyeri and CACC. Staff of APHIAplus and the implementing partners played a critical role in ensuring the households access the leveraged resource.

Members of Maraigushu support group have multiplied their rabbits' projects by pooling the initial capital to buy a few rabbits, then sharing them out to other members of the group as they reproduce. The initial 10 members received 3 rabbits (2 does and 1 buck) each. This is expected to benefit all the 30 members of the group before the end of the year. Another set of rabbits have been given to Twaomba Kuishi support group project, through the Agriculture Officer. It is expected that 17 HHs will also benefit from the project.

Financial Literacy and Business Training

Through collaboration between Equity Foundation and APHIAplus, 12 support groups from Gilgil and Naivasha and Nakuru (members from 365 HHs) have been trained on entrepreneurial skills and have graduated with certificates. In Ngong, 70 caregivers participated in business training that sought to develop their capacity to manage their small businesses; the training was done through leveraged resources by Beacon of Hope.

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 to 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

The project provides direct food support to the very vulnerable HH and equipsthem with skills to start their own small scale food production activities for food security. In a bid to support the extremely food insecure HHs, the project mobilized and supported distribution of food supplies to needy households. In total 9,301 HHs benefited from food distribution both from the Nakuru farm and other partners dealing with food security. Food was mainly leveraged from the Catholic Dioceses, GoK relief food and from other well-wishers such as KWS, SIRMA Parish and Olpajeta Conservancy.

Food and Nutrition Support

Partnering with USAID’s Nutrition and HIV



A CHW conducts a nutrition assessment (MUAC) at an OVC HH in Nakuru

program (NHP) the project conducted nutritional screening for 5,016 OVCs in the community and linked the malnourished OVC with facilities for nutritional support. NHP program further trained CHWs in nutrition assessment in the Northern Rift; through their efforts, screening of malnourished children was done and 38 children found to be malnourished were referred to Chepareria sub-district hospital and 15 to Sigor district hospital for further management and supply of nutritious food. 44 OVC on HIV care at Mother Francisca site in Nandi Central were provided with nutritional porridge flour. This was done during post- test clubs and in collaboration with private partners such as FSI and Kapsile

supermarket.

Nutrition information

To improve nutrition education and counselling among vulnerable HHs, the project is using various approaches.

Food Security (Production)



Support group members tend their bean crop in Njoro

Kitchen gardening is one of the approaches the Project is using to ensure suitable availability of vegetables to HHs.

During the quarter, 204 OVC HHs were supported to establish kitchen gardens and another 27 HH OVC were trained and provided with dairy goats from the Catholic Diocese dairy goat project. Lisa Institute College in North Rift offered farm inputs such as seeds and fertilizers to OVC guardians’ in Nandi Central, to initiate farming at their own individual shambas with an expected (maize and kales).

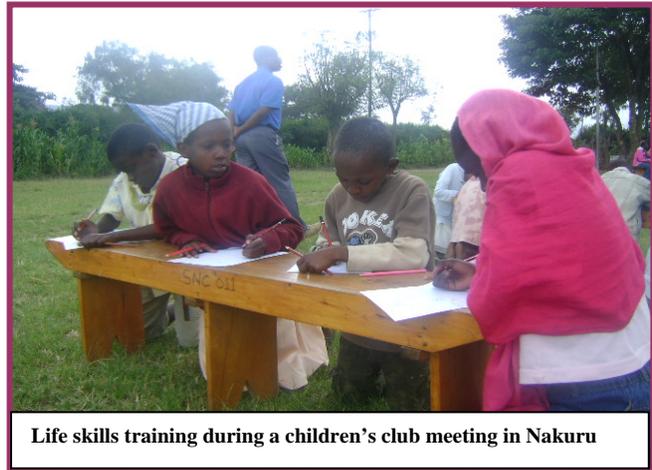
4.3.1 Increasing access to education, skills, and literacy initiatives for highly marginalized children, youth and other life marginalized populations

The project provided OVC with various services in efforts to increase their access to education; this was through payment of secondary school, provision of scholastic materials, vocational training fees and sanitary towels to girls of age to ensure they do not miss school.

However, to ensure all vulnerable children are accessing education is a task which can only be achieved by mobilizing the community and other education stakeholders to support OVC in education. Towards this end the project has been advocating for education, by engaging the community and the AACs especially in the pastoralist areas where FGM and early marriages are rampant.

In the month of November, the project staff liaised with the community representatives to identify other reasons for school non-attendance and collected data on other barriers to education. This helped the project to develop the scope of work for the year 2012 and design program interventions,

The project, supported payment of school levies and other learning materials directly or through lobbying from stakeholders, such as the churches. Through this 10 OVCs had their school levies paid by church elders. In another case, the project staff in Pokot visited head teachers of Nasokol, Ortum and Kapenguria secondary schools to request them not to send away OVC students who were not able to access school fees on time, as the project mobilizes the community to raise funds to support them.



In North Rift CHWs in Kaptagat lobbied the local leaders to pay fees for needy OVC. Eldoret East MP, Professor Kamar, presided over the fund raising event where a total of Ksh 150,000 was raised for all needy students in Chepkerio location. OVC in the project benefited with each getting Kshs.5000

In Kajiado North, two KCPE candidates who scored above 350 marks were successfully linked with the Equity Group Foundation and the Master Card Foundation for post primary education scholarship. The two children will join the 'Wings to Fly' program to benefit from school fees, pocket money, shopping, books and school uniforms for their four years of education.

Life skills training: During the period under review life skills sessions were held for children through different fora, 1,933 OVC participated in health action days during the August holidays, 231 teens from different churches in Naivasha were reached with a minimum of four life skills sessions, 64 teens were reached during the rites of passage while others were reached through Junior Farmer Fields and Life skills Schools (JFFLS). There are currently 41 JFFLS across the program focusing on both agricultural and prevention and life skills.

In the North Rift region, Handicap International supported education officers (AEO, DQASO, TAC tutor, DEO) and MOH staff from Trans-Nzoia East district to conduct support supervision to the 30 schools where life skills education supported by the project is going on. The supportive supervision visits aimed at establishing the progress made by the schools and more so by the health club patrons on life skills education sessions with students and pupils. The assessment established that health club activities were going on in some schools while in other schools transfer of teachers had hampered activities. The findings also revealed that there is no standard curriculum used in implementation of life skills in the schools. The program will in the coming quarter seek to address these gaps.

In addition, an editorial team comprising of teachers, student peer educators and technical support staff from HI collected materials to be used in developing the 2nd edition of teens talk magazine. A prototype of the magazine has since been developed and awaits production. The distribution will be done in the next quarter when schools re-open.

Street youth interventions in Naivasha

A total of 369 street youth in Naivasha were provided with health education and life skills education leading to the 208 taking up services that included HCT (143 street youth), 50 minor ailments (50 street youth). Seven (7) street youth were referred for TB (1), FP (3) and HIV treatment and care (1). 6 youth were re-united with their families while an additional 2 were linked to a rehabilitation center in Gilgil (Sanata).

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



Lillian receives a cheque for her training fees

The project continued to advocate for children's rights through the OVC program. Working with the AACs and the community leaders, APHIAplus team continued to sensitize the community on issues affecting children. During the quarter, CCS one of the APHIAplus IPs rescued Lillian, a single orphan in the program from FGM and early marriage and placed her for vocational training in Mercy Center Vocational Training in West Pokot. After sensitization by the project Lillian's uncle Mr. Lokwanyang Lomuria,

regretted wanting to marry her off and has now been encouraging her brothers and sisters to go to school.

(i) Birth Registration: The project continued to support processing of birth certificate for children without certificates in the program and to sensitize care givers and the community as a whole on the importance of birth registration. For example, in North Rift project staff visited three primary schools and discussed with teachers how they could work together to access birth certificates for the 56 OVC in their schools. The head teachers promised to work with the guardians of the OVC in their schools to ensure all necessary documents needed are provided to APHIAplus to facilitate the processing of the birth certificates. 422 OVC were supported to acquire birth certificates during the quarter.

(ii) Child Protection

Caregivers and other community members were sensitized on child rights and responsibilities by CHW during home visits, community engagement process and the Location AAC trainings. This has helped the community to get involved in issues affecting the children. For example, a group of CHWs in central Pokot have formed–Ptakous Korelach Sangat (PTAKOS) a self- help group to mobilize community to educate their children and fight against female genital mutilation. In Kwanza district, program staff and AAC members rescued two OVC and placed them temporary care in a children’s shelter at Instep foundation in Cherengany.

Philli Korobei 9 years and Esther Korodi 2 years are total orphans who were identified by the Program in Kapkoi location, Kwanza district. The two children were left under a drunkard grandmother who neglected the children. The grandmother would leave the children alone in the house for 3days in a row with nothing to eat. By the time the APHIA plus staff visited the HH, the two children were very sick and Esther could not stand on her own because she was too weak. Phillip was suffering from Malaria and he too was very sick, but was found still holding his little sister. APHIAplus staff took the two to the hospital and later, with the help of Kwanza

Also 30 AAC members from two locations in Keiyo South were trained on child protection and are now equipped with knowledge on child protection issues and are on the forefront to champion for the rights of children. Program staff continued to conduct visits in areas where abuse is rampant to sensitize the community on child rights. In Narok, the program staff visited nine (9) OVC HHs in Mulot and sensitized the OVC on how to report child rights abuse cases to their caregivers and people in authority. Two (2) OVC were supported to resume studies after dropping out of school due to truancy.

(iii) Shelter and care: During the period under review, the project supported renovation of shelter for 80 households. The renovations were done with part contributions from the community including the local churches .The program provided hardware materials mainly iron sheets, nails and timber. The project also supported OVC households with 1,901 blankets and continued to monitor to ensure that OVC have a responsible adult caregiver.

(iv) Psychosocial support: The quarter under review was critical for the OVC who were sitting for their national examinations. Program staff in various sites managed to provide motivational talks and guidance through home and school visits as well as meetings to support them prepare for the exams. For instance 20 candidates were visited in schools in Ongata Rongai while another 30 students were sensitized on life skills and HIV prevention in Isinya. In addition 42,562 OVC and PLHIV were referred for spiritual psychological and social support.

vi) Health care: Table 4 below shows the that OVC received health care services through health talks, referrals, deworming, immunization and treatment during outreaches and at health facilities.

Table 4: Quarterly Achievements MCH

Health services provided to OVC	# of OVC served
Deworming	9575
Vitamin A	6216
Health Talks	2387
Medical treatment	1536
Immunized BCG	15
Tested for HIV	4776
Linked to care	19

v) Sexual Gender Based Violence

APHIAplus Nuru Ya Bonde in partnership with PATH conducted a sensitization of 24 police officers in Kajiado North. However, most of the participants were from Nairobi and only 2 police officers were from Kajiado North due to the administrative, arrangements of the police divisions. A follow up sensitization of health care workers 13 (12F, 1M); Community leaders 31 (12M 19F) was conducted to equip them with knowledge, skills and attitudes on management of survivors of sexual violence according to the national guidelines.

In Nanyuki sensitization to 30 D/HMT, 30 (F-20, M-10) Community leaders, 30 health care workers (F26, 4-M) was conducted. The community leaders appointed a committee to sensitize members of the public on GBV/PRC on a monthly basis in collaboration with health care workers based at the facility.

During the reporting period, a total of 39 survivors were served. They were from these regions: Molo (10), Ngong (1), Kajiado (6), Narok (9) and Gilgil (12)

APHIAplus Nuru Ya Bonde also supported and facilitated a community leader's review meeting in Ngong. A total of 16 participants attended gender based violence (GBV) forum for stakeholders in Narok North district to enhance referral and networking. In addition, a community SGBV sensitization was organized to create awareness on SGBV. The project the RH coordinators to participate in community dialogues and sensitize the communities on SGBV/PRC. 150 people were reached Gilgil (70) and Kapkures (80). The ultimate objective was to enhance integration within the program areas and strengthen the community linkage with the facilities through the community units. The major issues noted were cultural practices and norms that either encourage SGBV or make the community not to report such incidences. The communities collectively agreed to give quarterly feedback on SGBV during the community dialogue days.

At the CU level, 35 CHEWs from Narok South were oriented on SGBV during the CHEWs training in Narok. During the integrated HTC activity at Eluanata CU in Kajiado seven HTC counselors and 19 Community Health Workers were given orientation on SGBV to support activities targeted towards the survivors. 16 days of gender activism whose theme was ***'from peace in the home to peace in the world'*** were observed with different activities; the project in partnership with COVAW supported a procession to create awareness in Kajiado Central. The SGBV sub-cluster in Nakuru conducted community sensitizations and the final celebrations were held at Kapkures with many stakeholders represented eight CME on SGBC/ORC were supported by the project at five health facilities and reached a total of 323 participants /health care workers.

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

The project continued to strengthen different capacities of implementing partners during the quarter. The program development team noted that most IPs had designed projects that were not responsive to the real needs of the beneficiaries in the community. To address this, the program development team conducted workshops in the respective field offices to build the capacity of IPs on community engagement strategies as a way of improving community engagement in the

design, implementation and monitoring of project activities as well as improving the quality of subsequent IP scopes of work.

In addition, the community health and program development teams continued to strengthen capacity of local implementing organizations to improve quality of HCBC/OVC programming and service delivery. During the reporting period, staff OVC and HCBC implementing partners within North Rift region were trained on OVC and HCBC programming. These trainings were facilitated by staff from the Ministries of Health; Children, Gender and Social Development.

The program also facilitated five refresher sessions with 6 partners in OVC programming based on the gaps identified during supervision visits to implementing Partners. The sessions held were based on the quality of the quarterly reports such as reports missing the numbers of OVCs served with different services and action points on the gaps identified in the RDQA conducted in May 2011. In addition, the sessions discussed the inconsistencies and wrongly filled HH vulnerability assessment tools. The sessions also emphasized the need to review the tools to ensure completeness and accuracy of the same.

During the quarter, program officers and the technical officers provided ad hoc and scheduled technical assistance visits to implementing partners which was aimed at improving quality of service delivery. Support supervision largely focused on OVC household vulnerability assessment, quality of implementation strategies and reporting. Through such visits the Health Communication Officers offered mentorship to address identified gaps. Key areas of technical assistance included reporting for the radio program, effective peer education sessions and scope of work development.. The technical officers also played a critical role in conducting pre-award assessments for potential partners in Kajiado in addition to providing technical assistance to the DHSF on BCC formation.

Several trainings were also conducted to improve the technical capacity of implementing partners. This included 10 days HCBC training in three regions, 15 partner staff members were training on community PWP of 15 partner staff by MOH staff and training of 20 implementing staff on SILC methodology.

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

Two new DHSFs were established and six quarterly DHSF meetings held with support from the project. The guidelines on establishment of DHSF were disseminated to the stakeholders in Keiyo South district.

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

To achieve meaningful involvement of PLWHIV, the youth in support groups in Nakuru Kitale and West Pokot were mobilized to participate in WAD celebrations. The youth shared experiences on living positively and were also involved in providing talks to youth in and out of schools to promote HCT, and disclosure.

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

Partner staff, Community Health workers, PLWHAs and orphans in the program participated in commemoration the World AIDS Day in the various APHIAplus supported districts. PLWHAs and OVC got a chance to put across messages on *Getting zero* on Stigma and discrimination. This was done through skits, poems and speeches.

There are currently 276 support groups in the program. The support group members meet every month to share their experiences and support each other. Support groups are also involved in various economic activities which support them to have a more meaningful life and therefore reduce stigma. The project also supports children's support groups where children are counselled and helped to cope with their situations. For example, during the quarter, through the support group two HIV positive OVC in Labuiwo academy in Nandi East who had refused to go to school due to stigma were counseled and taken back to school; and their teachers were informed of the issue so that they may provide support.

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

5.1 Community Health System

In the period under review the project supported the MOH to hold HCBC stakeholders meeting in North and South Rift. The meetings were chaired by the respective PASCOS and addressed among other issues realigning the HCBC activities with the community strategy and addressing gaps and ways to strengthen the community facility linkages. Key participants were HCBC district coordinators, DASCOS, and NGOs working in home based care. Key issues discussed and agreed during the meeting were reporting to MOH and NACC on HCBC activities, integration of C-PwP activities establishment and/or strengthening link desks, linkages and networking for care and support to clients and their families.

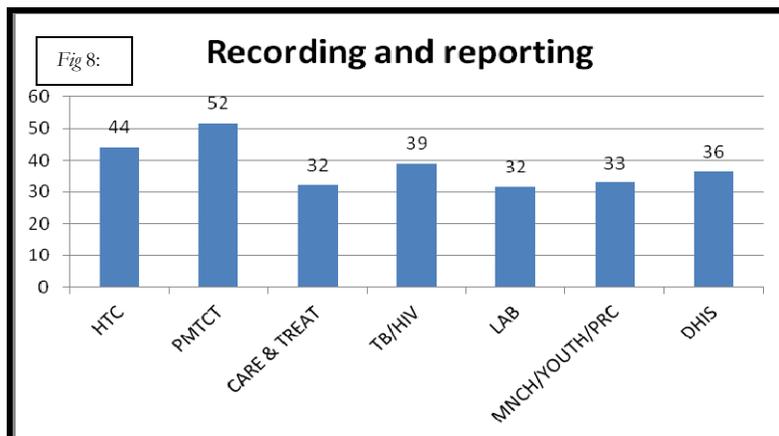
The project also supported the children's department to train Locational Area Advisory Councils in the project area. A total of 11 locational AAC trainings were conducted bring together 165 participants. The trainings were facilitated by District children officers and addressed the roles and responsibilities of AAC members especially on child protection, support to CHV implementing OVC activities and the need to monitor and ensure quality of services provided to OVC at the community level.

6.0 Monitoring and Evaluation Activities

6.1 Highlights

During the quarter, the project developed APHIAplus Nuru Ya Bonde service performance standards for the clinical care program and develop a checklist for use by both the M&E and clinical team during mentorship site visits. The checklist covered areas of the HMIS and availability of standard data collection and reporting tools. The assessment was aimed at identifying capacity gaps that will inform design of mentorship and technical assistance to

improve the capacity of facilities to provided high quality impact services. 29 facilities were assessed during the quarter. Data from the assessment in Fig 8 shows that reporting system for PMTCT achieved a higher score which illustrates that the service area satisfies more standard requirements (for reporting) than the other areas. The care & treatment and laboratory service areas scored the least. In general, achievement for DHIS standards performance was 36%. Action plans were developed and implementation will start in the coming quarter to address the capacity gaps



Following the OVC data audit conducted early in the year, the project developed and rolled out a longitudinal data base management system to all OVC implementing partners to address reporting issues that had been noted. This was done alongside verification of the OVC and HBC biodata during the Household vulnerability assessment that was done by trained research assistants. By the end of the quarter, data entry had commenced. Technical support to the partners was provided by the M&E staff and will continue in the next quarter to ensure they are capable of using the system.

6.2. Facility level activities

Orientation of MOH staff on use of revised HIV/AIDS reporting tools

During the quarter the project supported NASCOP to roll out the use of revised HIV/AIDS data collection and reporting tools to districts by supporting the orientation of health care workers. The orientations were facilitated by TOTs from the province, districts and project staff where possible. By the end of the quarter, 1354 service providers had been oriented on the various reporting tools. After this the project supported the province to distribute the available tools and mentor providers at site level. This activity will continue in the coming quarter.

District facility progress review meetings: In an effort to promote use of data for decision making, the project continued supporting districts progress review meetings during the quarter with both M&E and Technical staff participating in some of them. Fourteen districts were supported to hold such meeting in the quarter. The M&E officers used these forums to share

feedback on reporting rates, performance on selected AOP indicators using data from DHIS, data quality as well as orient health workers on revised reporting tools.

M&E Officers continued to make targeted site visits to both health facilities and DHRO to provide support in improving data collection, reporting and use. During the quarter, joint site visits were made with DHMT to sites in Laikipia and Nakuru districts where a total so 15 sites were visited. During these visits 80 health workers were oriented on use of the CCC and other reporting tools.

To improve data quality, the project continued 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 Narok North and South the established data quality teams conducted assessments for 16/20 facilities focusing on ART, TB, PMTCT and HTC. Feedback on the findings was provided to 35 health providers and 4 DHMT members during facility meetings. Follow up visits are planned to ensure that the action plans are implemented. In West and Central Pokot, the DDQA teams were formed and oriented on the process and the tool during the quarter. Tentative plans were developed and included as part of the costed district work plans.

Besides forming of these teams, the project also supported ART data reconstruction in Loitokitok DH following a site visit that indicated this need.

The project continued to provide support to the DHRIO in collection of data and use of the DHIS to ensure improved reporting rates. Reporting rates for the facilities are presented in Annex 4. In Narok South district the DHRO was supported to update and review the MOH711 and immunization reports in the DHIS for completeness and accuracy. In North Rift, the review of data from DHIS was also done by looking at data for selected indicators in the AOP.

6.3 Community level activities

In an effort to improve the quality of data from the OVC program the project reviewed the OVC data collection tools with a view of making them simple for use by low literacy CHWs at the start of the year. These were used to inform the design of a longitudinal database with consistency and data quality control checks mainly informed by past experiences. In addition the exercise to verify the bio data of OVC that is critical in determining accurate reporting was also carried out in the quarter as part of a household vulnerability assessment. The M&E team was critical in recruiting and training research assistants to carry out this exercise. Data collection is ongoing but entry for the first phase is complete. This quarter saw the roll out of the longitudinal database and orientation of implementing partner's staff to use the system for data entry.

This quarter the project supported the strengthening of CHIS by reproducing and disseminating 2000 copies of the MOH 513 and 514 reporting tools to CHEWs and CHWs during the basic trainings held. Training was held for 840 CHWs, 65 CHEWs and 28 CHCs members. Analysis of the household data is currently underway and will be used to inform planning of outreaches as well as comparing the uptake of services as facility level.

Efforts continued to institutionalize data quality assessment among community implementing partners. This quarter, 5 OVC implementing partners and one prevention IP in Nakuru conducted routine data quality assessments, generated reports and shared feedback with both peer

educators/CHWs and project managers. Partners will be supported to implement action plans that were developed to address the gaps in the coming quarter. In addition, data was analyzed and feedback provided to 4 health communications IPs in Nakuru to highlight achievements as well as gaps in data quality. Agreements were made on need to have data reviewed at all levels to minimize on the errors.

The M&E team was also involved in reviewing of SOWs of IPs during the sub agreement review process. This involved reviewing their M&E plans in view of the set objectives, setting realistic targets, identifying denominators and developing outputs. Partners will be supported to implement and monitor their plans.

Implementing partners were given an orientation to use the revised quarterly reporting template that was designed in line with USAID and project reporting requirements. Follow up visits will be made to support partners in reporting on their achievements more accurately in the coming quarter.

6.4 Challenges

The problem of inadequate NASCOP revised tools continued through this period even though health workers were trained to use them. To partly address the gaps, the project repackaged HEI registers and distribute to the 114 ART sites and plans to do the same with the ART activity sheet as discussions continue with the national level program to see how to get more tools.

The involvement of the team in the household vulnerability assessment affected some of the work plans because the supervision of IPs took up more time than had been anticipated. The transitions of from the old reporting system for the OVC implementing partners also posed challenges in timely supply of reporting forms and reporting of on services provided to the children. The project supported partners to enter data into the new system however this still affected both the reporting rates as shown in annex 4 as well as their ability to report on services provided to OVC in the quarter.

7.0 Environmental Compliance

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

8.0 Report on cross cutting issues (gender, youth, equity, whole market, innovations)

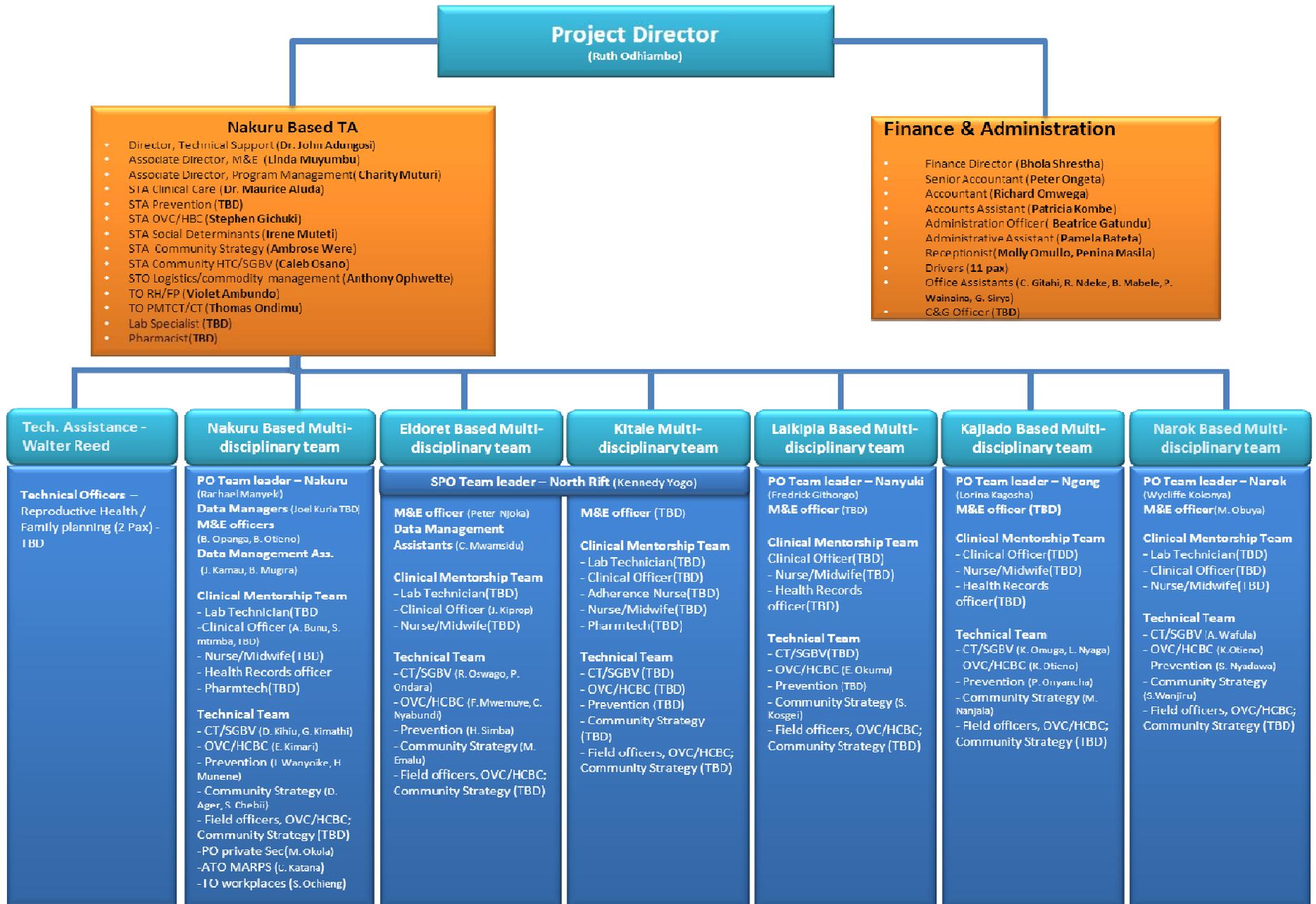
Whole market approach - The program developed a partnership between the MOYAS, Post Bank and other USG partners (PSI, HFG, KRC, and Walter Reed) to support the GATE festival. This Public Private partnership (PPP) increased the resources and expertise available for the successful hosting of the GATE resulting in increased service provision (280 youth), financial education (115 youth) , bank account opening opportunities and the linking of three youth teams (14 youth) to talent nurturing opportunities.

Gender - The program in partnership with HFG was able to train 32 individuals in gender mainstreaming. The 5 day training held in Naivasha and also included three MOYAs officers namely the Provincial Director of Youth and Development, District Youth Officer and a youth intern.

EARLY PERFORMANCE AND WORK PLAN STATUS MATRICES

Annex 2: Implementing partners organogram

APHIaplus Nyab Organogram



ANNEX 3: SUCCESS STORIES

Story 1: Better shelter and health care for HIV-positive grandmother and her large family

Martha Katilu is a HIV-positive grandmother in Loitoktok heading a household of 12, including her including two daughters who have children of their own and their younger siblings.

The eldest daughter suffers from mental illness and is also HIV-positive. In her late twenties, she has four children, the youngest one born only a few months ago. The young woman often runs away from home for days, leaving the children behind.

With the help of an APHIAplus community health worker (CHW), the grandmother was referred for support and is now on antiretroviral drugs. But it has been hard to put the eldest daughter on ARVs or get her to accept a family planning method because of her mental illness.

It is difficult caring for such a large family. The meager income the mother and second daughter earn — mostly from picking French beans on large farms or weeding for the crop — is hardly enough for food, leave alone decent shelter.

Through the CHW, APHIAplus Nuru ya Bonde assessed the family's needs. Shelter was identified as a priority. The family lived in a temporary rickety, mud-walled structure with gaping holes and a leaking roof built on land belonging to a school. Other priorities for the family were health care as well as food and educational support for the children. Over the past three months, APHIAplus social workers have convinced the community elders to allocate the family land at Mpiron village. A low-cost but decent two-room house has been constructed for the family.

According to the latest reports from the field, the mentally ill woman had run away from home, community volunteers were working with the local administration to trace and get her help.

The children have received mosquito nets and mattresses from the project. One, the grandmother's eldest son, had benefited from secondary school fees.

The family has been linked to the local Kimana health centre for health care. The run-away mother's child has been immunized and all others given dewormers.

The baby was tested and found to be HIV-negative. A second test will be done in February.

The family has been linked to a food aid program run by Concern International. They now 8 kilos of maize flour to supplement the food they buy from the income from odd jobs. *(Reported by John Barusei)*

Note: This family was visited by A USAID delegation to APHIAplus Nuru ya Bonde in the last quarter of 2011.



The family has moved into a better house. Their old dwelling was dilapidated and could not be renovated, so a new one was built using local low-cost materials.

Story 2: Helpline puts alcoholic student on path to recovery

It is early in the morning and the care and support counselor was getting ready for her class, when the phone rang.

“Hello,” said a man with a croaky voice. From his voice, the caller was obviously drunk. The counselor encouraged him to talk.

The call was from John (real name withheld), a university student who was seeking help due to alcohol addiction.

“I started taking alcohol in high school. I would sneak to have a drink or two and get back to school,” said the student.

When John joined campus, he continued drinking occasionally. “We would go out drinking with friends,” he said. “We termed our drinking as responsible drinking with no blackouts or vomiting”

But the student started drinking more frequently and started missing classes. His friend asked him to seek help but he did not want to. One night, John stumbled on the number of a help line operated by I Choose Life-Africa, an APHIAplus Nuru ya Bonde partner that runs an on-campus program that empowers students with HIV prevention and other life skills.

John decided to call for help first thing in the morning.

John shared his story with the counselor who through empathy, active listening and probing, got to know the reason for John’s excessive drinking. His mother had often vented her frustrations on him.

After a series of counseling sessions, John was able to talk to his mother about their relations and his drinking problem.

John joined an Alcoholics Anonymous (AA) group in Nakuru supported by Family Health Options, another APHIAplus partner. He continued with therapy.

ANNEX 4: REPORTING RATES

Table 1: DISTRICT REPORTING RATES OCT- DEC 2011

District	PMTCT	DTC	VCT	ART	TB	RH-FP
East Baringo	71	76	67	67	56	72
Kajiado Central	86	83	79	92	89	86
Kajiado North	86	87	92	100	89	87
Koibatek	99	97	92	100	100	100
Laikipia East	100	95	95	100	94	99
Laikipia North	100	100	100	100	100	100
Laikipia West	96	92	91	100	80	94
Loitokitok	88	90	89	92	87	90
North Baringo	96	88	100	100	100	88
Molo	96	91	88	100	100	93
Nakuru North	96	96	100	100	100	95
Nakuru central	95	83	86	100	96	87
Naivasha	95	93	93	100	87	93
Central Pokot	100	89	100	100	100	93
Keiyo South	65	74	63	100	80	72
Kwanza	93	93	100	100	100	93
Marakwet	92	85	73	100	89	93
North Pokot	90	80	71	75	86	70
Trans East	84	79	83	100	89	80
West Pokot	92	80	100	100	80	88
Narok South	100	94	97	100	92	94
Narok North	96	96	97	100	94	99
Average rates	91.6	88.2	88.9	96.6	90.4	89.4

Table 2: OVC IMPLEMENTING PARTNERS REPORTING RATES OCT- DEC 2011

Partner	District	# of Registered OVCs	Reporting Rate %
Catholic Diocese of Eldoret (CDE)	Nandi Central, Keiyo South and Marakwet	2800	71
Catholic Diocese of Kitale (CDK)	Trans Nzoia East, Kwanza, West Pokot, Central Pokot and North Pokot	3106	75
Christian Community Services (CCS) and Mary Immaculate Sisters	West Pokot, Uasin Gishu, Nandi East, Tinderet, Central Pokot and Central Pokot	6459	66
Mother Francesca Maternity Home, St Boniface Tindinyo and St. Joseph Chepterit)	Nandi	4654	74
AJAM	Kajiado	1117	0

CATHOLIC DIOCESE OF CARITAS	Laikipia	1720	83
CATHOLIC DIOCESE OF NGONG	Kajiado	3878	50
CWOCH	Kajiado	829	0
DAIGA CCC	Laikipia	1602	85
DELIVERANCE CHURCH - NGONG	Kajiado	1215	67
DOLDOL CCC	Laikipia	986	0
ILL-POLEI CCC	Laikipia	589	85
KIMANJU CARE LED COALITION	Laikipia	597	76
LIFA TOWN CCC	Laikipia	1244	80
MAAP	Kajiado	1086	47
NARETISHO CCC	Laikipia	882	0
OLPADEP	Kajiado	598	0
KNOTE	Naivasha	9215	77
CDN	Nakuru	3972	9
ST LWANGA NJORO	Njoro	312	74
KCIU	Nakuru	1000	70
	Molo	821	0
	Koibatek	643	0
	Kajiado	798	0
	Laikipia	731	0
ELBURGON DIC	Nakuru	1214	99
LANET DIC	Nakuru	1940	79
MOLO DIC	Nakuru	1365	75
REDCROSS DIC	Nakuru	1900	87
SALGAA DIC	Nakuru	1093	91
ST NICHOLAS DIC	Nakuru	1888	72
MAU NAROK DIC	Molo	1200	87
NJORO DIC	Njoro	2488	93
OLRONGAI DIC	Rongai	752	96
MAKUTANO DIC	Molo	1091	96
DELIVERANCE CHURCH	Nakuru	490	84
AIC RAVINE	Koibatek	569	0
AIC EMINING	Koibatek	540	0
RAVINE WOMEN SACCO	Koibatek	500	0
EBENEZER	Koibatek	450	53
GILGIL UNITED	Naivasha	1388	4
CDN MOGOTIO	Koibatek	800	0
KAG	Nakuru	448	90
SALVATION ARMY	Nakuru	150	95
FRIENDS CHURCH	Nakuru	252	93
NADINEF	Narok North and South	2,109	70
SEMADEP	Narok South	1,244	83
KIPOK OLPOLOS	Narok North and South	1,029	72

OPF	Narok North and South	867	78
OLSHO	Narok North and South	1,174	72
KIKUYAN	Narok North and South	1,217	79
EWANGAN EMAA	Narok North and South	637	78
ENOCOW	Narok North and South	1,300	83

Table 3: HEALTH COMMUNICATION IPs REPORTING RATES

Partner	District	# of Active Peer educators	# of Peer educator's reported				Average Reporting Rate %
			October	November	December	Av. Total	
KNOTE	Naivasha	90	87	91	90	89	99
	Naivasha	60	53	55	53	54	89
ICL	Molo	76	24	19	7	17	22
	Laikipia west	65	23	22	3	16	25
	Nakuru central	32	29	15	24	23	71
	Baringo	47	0	4	0	1	3
FAIR	Nakuru	260	240	238	250	243	93
	Molo	40	36	38	37	37	93
	Molo	40	36	38	37	37	93
	Nakuru	260	240	238	250	243	93
	Nakuru	25	20	25	20	22	87
	Molo	25	20	25	20	22	87
FHOK	Nakuru central	120	65	70	70	68	57
GOLDSTAR KENYA	Naivasha	20	20	20	20	20	100
	Gilgil	20	20	20	20	20	100
	Nakuru central	24	17	0	0	6	24
CCS	West Pokot	66	50	52	50	51	77
CCS	Kwanza	58	43	54	56	51	88
CCS	Marakwet	60	45	42	41	43	71
HI	Trans Nzoia West	18	12	10	12	11	63
HI	Kwanza	15	6	6	5	6	38
HI	Trans Nzoia East	27	25	27	20	24	89
HI	West Pokot	26	13	15	15	14	55

ANNEX 5: TRAVEL REPORT OCT- DEC 2011

Travel Date	Destination	Reason for Travel	Person
3 rd – 5 th October 2011	Nakuru	Attend year 2 work plan – All technical and Program staff meeting	Ken Yogo/ Fred. Githongo/ J. Mairura/ J. Kiprop/ C. Mwamsidu/ P. Njoka/ L. Kagosha/ P. Katsutsu/ W. Kokonya/ M. Obuya
3 rd – 7 th October 2011	Naivasha	To attend gender training	Christine Katana
5 th – 7 th October 2011	Nanyuki	Travel to Laikipia to carry out compliance review of LIFA and Caritas Nyeri	Sarah Were
4 th – 5 th October 2011	Nakuru	Pick staff from Nakuru after attending program technical staff meeting (Yr 2 Work plan meeting)	Davies Chibindo
5 th – 7 th October 2011	Nanyuki	Conduct training for Research Assistant	Fredrick Githongo, Bernard Okello
11 th – 12 th October	Nairobi/Ongata Rongai	Attend a meeting in Nairobi (Engagement with USAID/ Kenya's Institutional Strengthening Project – FANIKISHA) and travel to Ongata Rongai	Charity Muturi
11 th – 13 th October 2011	Nairobi/Nakuru	Attend a meeting in Nairobi – Engagement with USAID/Keya's Institutional Strengthening project and attend orientation on community participatory approaches meeting	Kennedy Yogo
23 rd – 28 th October 2011	Nairobi	Attend Contracts & Grants Workshop	Charity Muturi, Fredrick Githongo, Lorina Kagosha, Rachael Manyeki, Wycliffe Kokonya, Sarah Were, Kennedy Yogo
3 rd October 2011	Nakuru	Drive staff to Nakuru for various program activities and take vehicle KAY 780L to the garage for service & repairs	Nicodemus Mwangui
6 th October 2011	Narok	Participate in training of research assistants on the Household vulnerability assessment in Narok	Linda Muyumbu, Samuel Ngumah
11 th – 14 th October 2011	Pokot/T. Nzoia	Joint draft work plan and budgets discussion with HMTs and DHMTs in Pokot & T. Nzoia districts	Jay Mairura, David Lumbo
9 th – 11 th October 2011	Baringo North & E. Pokot	Joint draft work plan and budgets discussion with HMTs and DHMTs in Baringo North & East Pokot districts	John Kiprop, Tom dado
10 th – 12 th October 2011	Kajiado North	MOU work plan meeting with Ngong district hospital HMT & attend private sect or APHIAplus & MOH orientation follow-up meeting	Sarah Mutimba,
10 th – 14 th October	Kajiado, Loitokitok	MOU work plan meeting with HMTs	Violet Ambundo, Samuel Ngumah,
10 th – 11 th October	Laikipia East	MOU work plan meeting with HMTs	Thomas Ondimu, Ahmed Bunu, Simeon Koech

16 th – 19 th October 2011	Mombasa	Development of the Kenya mentor model operational guideline workshop	Thomas Ondimu
10 th – 12 th October 2011	Eldoret/W. Pokot	Drive staff (Ambrose Were & Moses Emalu) to attend a DHMT planning meeting in West Pokot	George Ndungu
11 th – 12 th October 2011	Nairobi	Meet with BOH and attend a finance meeting to discuss CRS SFR	Peter Ongeta, Josphat Buluku
10 th – 14 th October 2011	Narok, Kajiado, Marakwet & Eldoret	Drive staff Steve Gichuki – HH RAs takeoff, RAs training in various sites and attend MOH HCBC workshop	Samson Kaba
13 th – 14 th October 2011	Nanyuki	Drive staff (Eliud Okumu) to Laikipia East & North for supervision of the data collection process by the RAs	Simeon Koech
11 th – 14 th October 2011	Nandi Hills/Narok	Drive M. Kaseje/S. Ochieng to Nandi Hills for field visits to workplaces on 11 th & drive S. Ochieng, I. Muteti & J. Ndiritu to Narok on 14 th for OVC assessment exercise & MARPs meeting	Tobias Otieno
14 th – 15 th October 2011	Nairobi	Attend a finance meeting with CRS to review SFR & attend and Audit meeting with FHI360 Finance Director	Peter Ongeta
16 th – 17 th October 2011	Nakuru	Drive staff (K. Yogo & C. Nyabundi) to Naivasha to attend Yr2 work plan retreat	Tom Dado
16 th – 17 th October 2011	Nanyuki	Meeting with HMT in Doldol to finalize work plans	Ahmed Bunu
17 th – 18 th October 2011	Kabarnet	Pay participants during PMTCT HTC trainings	Patricia Kombe, Simeon Koech
25 th – 28 th October 2011	Kajiado Loitokitok	Support OVC vulnerability assessment exercise	Irene Muteti, George Ndungu
7 th Oct. 2011	Nairobi	Drive Project Director for a meeting in Nairobi	Josphat Buluku
10 th – 12 th Oct. 2011	Ngong	Participate in OVC RAs training	Bernard Otieno
13 th Oct. 2011	Nakuru	Drive staff to Nakuru for a meeting (W. Kokonya & S. Ngugi)	George Mulewa
25 th Oct. 2011	Nanyuki	Drive staff J. Ndiritu for introductory visit for the ATO and a FSW key informants meeting and Steve Gichuki for OVC assessment exercise	Samson Kaba
24 th Oct. 2011	Narok	Drive staff to Narok – J. Ndiritu to introduce the temporary ATO to Narok team and view possible sites for proposed DIC	George Ndungu
24 th Oct. 2011	Narok	Deliver training materials to Nanyuki (PMTCT/HTC M&E training)	Samuel Ngumah
25 th Oct. 2011	Nairobi	Drive staff S. Chebii to AMREF office for a Finance meeting	Simeon Koech
22 nd – 23 rd Oct. 2011	Embu	Pick DRH team and drop them in Nairobi after a workshop	Kombo Kironda
27 th – 29 th Oct. 2011	Nairobi	Attend Orientation workshop on EBAn – intervention for discordant couples (NAS COP) at Silver Springs Hotel in Nairobi	Oby Obyerodhyambo, John Ndiritu, Simon Ochieng

3 rd – 4 th November 2011	Nakuru	Attend quarterly review and team meetings	Peter Katsutsu, Wycliffe Kokonya, Maurice Obuya, Jay Mairura, John Kiprop, Kennedy Yogo, Christine Mwamsidu, Peter Njoka, Fredrick Githongo, Lorina Kagosha,
10 th – 24 th October 2011	Nanyuki	Relocation	Fredrick Githongo, Nicodemus Mwangui
26 th – 27 th October 2011	Nakuru	Participate in LDMS training for implementing partners involved in the OVC HCBC household vulnerability assessment	Peter Njoka, Tom Dado, Davies Chibindo, Maurice Obuya
13 th – 14 th October 2011	Eldoret	Drive staff (K. Yogo) to Eldoret after attending Orientation on community participatory approaches meeting in Nakuru and pick Steve Gichuki from Eldoret after assessing OVC HH research	Josphat Buluku
18 th October 2011	Nairobi	Drive Project Director to Nairobi to attend a USAID meeting with MOH	Josphat Buluku
12 th October 2011	Laikipia West	Meet with HMT to finalize work plans	Thomas Ondimu, Ahmed Bunu,
7 th October 2011	Nakuru	Service vehicle KBJ 533E	David Lumbo
10 th October 2011	W. Pokot	Drive staff for clinical mentorship	David Lumbo
18 th October 2011	Kabartonjo	Drive staff (B. Otieno) to assess on-going OVC HH assessment	Tobias Otieno
5 th October 2011	Nakuru	Attend a debrief meeting with the formative assessment data collection team	Milka Juma (Consultant)
25 th October 2011	Nanyuki	Pay participants during orientation of HSP on revised HIVAIDS tools	Patricia Kombe
27 th October 2011	Nairobi	1. Drive staff V. Ambundo to attend Diarrhea Mgt planning meeting at DFH, 2. Oby, Simon, Ndiritu to attend orientation workshop in EBAN – intervention for discordant couples	Samuel Ngumah
27 th – 28 th October 2011	Nanyuki/Nyahururu	Pay participants during orientation of HSP on revised HIVAIDS tools	Simeon Koech
27 th Oct. – 4 th Nov. 2011	Nairobi	Attend; Diarrhea Mgt planning meeting – DFH, National TOT's orientation on cervical cancer screening & treatment- DRH and didactic workshop and practicum session – DRH	Violet Ambundo
1 st – 3 rd Nov 2011	Loitokitok/ Kajiado North	Pay participants during orientation of HSP on revised HIVAIDS tools	Billy Mabele, Kombo Kironda
31 st Oct – 2 nd Nov	Eldoret	To conduct support supervision to North Rift OVC partners and Research Assistants in the OVC assessment activity	Bernard Otieno, Sadat Nyinge
1 st Nov – 16 th Nov 2011	Eldoret	Relocation	Simeon Koech
31 st Oct – 1 st Nov 2011	Kitale	To Kacheliba District Hospital to meet with DHMT and proceed to Konyao HC to asses gravity of Malaria outbreak	Kennedy Yogo, John Kiprop, Tom Dado

31 st Oct. – 4 th Nov 2011	Kajiado	Site visit for Kajiado County in preparation for USAID visit	Maurice Aluda, Ahmed Bunu, Josphat Buluku,
31 st Oct. – 4 th Nov 2011		Site visit for Loitokitok in preparation for USADI visit	Francis Waudu, Peter Katsutsu, Tobias Otieno, George Mulewa
1 st – 4 th Nov 2011	Ngong, Loitokitok	To Ngong for a discussion with Diocese of Ngong team in preparation for USAID visit and Loitokitok to conduct DQA in various sites and visit some support groups for HES activities and meet with DOC, HCBC/CCC coordinators and review vulnerability assessment forms	Irene Muteti, Stephen Gichuki, George Ndungu,
1 st – 2 nd Nov 2011	Ngong	To conduct a rapid mapping exercise for the FSW intervention, introduce the temporary ATO – MARPs to the Kajiado team and site assessment for potential drop in Centre in Ngong	John Ndiritu
2 nd November – 5 th November 2011	Narok South	Support OVC HH research activities	George Mulewa
3 rd – 4 th Nov 2011	Loitokitok	To conduct data support supervision in Loitokitok	Samson Kaba, Bernard Otieno, Bernard Mugiira
3 rd – 5 th Nov 2011	Kajiado, Loitokitok	Drive staff (Benjamin Cheboi & Benson Mbuthia) to visit respective district youth officers for Kajiado districts to discuss Y-Peer activities and any other area of collaboration and a visit to youth clinic and visit the Loitokitok youth friendly clinic to discuss youth friendly services	Samuel Ngumah
7 th – 8 th November 2011	Nakuru	To drop staff (Ken Otieno) in Ngong for a meeting and Suki to Nakuru for a Health Communication team meeting	Davies Chibindo
7 th – 11 th November 2011	Loitokitok	Conduct a joint MOH-APHIplus integrated clinical mentorship and mini-data quality for the ART sites in selected PMTCT sites	Dr. Maurice Aluda, Samson Kaba,
10 th November – 12 th November 2011	Narok South	Support OVC HH research activities	George Mulewa
7 th November 2011	Entasekera	Support OVC HH research activities	George Mulewa
3 rd November 2011	West Pokot	Provide support during OVC HH assessment	Tom Dado
14 th – 16 th Nov 2011	Narok	Carry out review of implementing partners and attend compliance team meeting	Sarah Were
8 th – 10 th Nov 2011	Nanyuki, Narok	Facilitate MARPs (SW stakeholders orientation meetings)	John Ndiritu, Sadat Nyinge
8 th – 10 th Nov 2011	Kajiado	Preparation for USAID visit	Charity Muturi, Violet Ambundo, Irene Muteti, Josphat Buluku, George Ndungu
8 th – 10 th Nov 2011	Ngong, Nanyuki	Install OVC Longitudinal system in Kajiado & Laikipia OVC partners offices	Bernard Otieno
10 th – 11 th November 2011	Nakuru	To repair vehicle KAZ 567G	Nicodemus Mwangui

10 th – 11 th Nov 2011	Nairobi	Attend APHIAplus Directors meeting with USAID and Capacity Kenya and HTC RRI preparatory report meeting	Thomas Ondimu
11 th – 13 th Nov 2011	Ngong	FSW mapping and recruitment exercise	Christine Katana
11 th – 12 th Nov 2011	Nairobi	Attend LMS/APHIAplus collaborative meeting	Kennedy Yogo
3 rd – 8 th Nov 2011	Naivasha	Provide support during OVC HH assessment in Naivasha – South Lake	Sadat Nyinge
4 th November 2011	Nairobi	Drive Project Director to Nairobi to attend a meeting with the CD	Kombo Kironda
2 nd November 2011	Narok	Drive Beatrice Gatundu to Narok for administrative support and back to Nakuru	Samuel Ngumah
13 th – 19 th November 2011	Nairobi	Attend pharmacovigilance training	John Kiprop, Ahmed Bunu
14 th – 18 th November 2011	Ngong	PMTCT mentorship	Sarah Mutimba, Kombo Kironda
21 st – 22 nd November 2011	Ngong	Carry out site review visit of Catholic Diocese of Ngong	Sarah Were
14 th – 18 th November 2011	Loitokitok & Kajiado	Accompany USAID team on field visits & attend a meeting with the USAID team	Dr. Maurice Aluda, Dr. Francis Waudu, Violet Ambundo, Linda Muyumbu, Tobias Otieno,
14 th – 18 th November 2011	Kajiado Central	Support Kajiado Central HTC outreaches	Keke Mwarabu
14 th – 18 th November 2012	Masimba, S. Hamud, Kajiado C & N, Ltk	Prepare for USAID visit & attend a meeting with USAID team	Sadat Nyinge, Stephen Gichuki, Ambrose Were, Irene Muteti
17 th – 18 th November 2011	Nairobi	To attend USAID quarterly review meeting	Oby Obyerodhyambo, Rachael Manyeki, Charity Muturi, John Ndiritu
15 th – 16 th November 2011	Kajiado	Join APHIAplus team in preparation for USAID visit	Josphat Mwale (DHMT Kajiado)
14 th November 2011	Narok	Drive Sarah Were to Narok for a meeting with partners in Narok	George Ndungu
11 th November 2011	Nairobi	Drive Martin Owaga to Nairobi for an IT staff meeting and pick Esther Kimari after attending a CRS staff meeting	Josphat Buluku
28 th – 29 th November 2011	Kajiado	To support OVC vulnerability assessment exercise	Irene Muteti,
9 th – 12 th November 2011	Naivasha	Provide support during OVC household assessment exercise in South Lake	Samuel Ngumah
7 th – 8 th November 2011	Kajiado/Nakuru	Drop Kenneth Otieno in Kajiado for partners meeting and Suki in Nakuru to attend GATE festival planning meeting	Davies Chibindo
11 th – 12 th November 2011	Kajiado Central	Provide support during HTC outreaches	Keke Mwarabu

8 th – 9 th November 2011	Loitokitok	Monitor HIV/AIDS commodities in the district facility	Anthony Ophwette
15 th – 16 th November 2011	Nakuru/Kapenguria	Drive MOH staff to Kapenguria for integrated MNCH RRI	Tom Dado
18 th – 19 th November 2011	Nakuru	Facilitated CME-KMA Nakuru chapter monthly OPD {Cardiovascular disease in HIV}	Prof. G. Yonga
11 th November – 16 th November 2011	Loitokitok	Support ART data reconstruction at Loitokitok District Hospital	Bernard Otieno
15 th – 18 th November 2011	Kajiado	Prepare for USAID visit and attend a quarterly review meeting with USAID	Ruth Odhiambo, Josphat Buluku
15 th – 16 th November 2011	Kajiado, Loitokitok	Drive Linda Mbeyu to Kajiado Central to prepare for USAID visit and pick Bernard Otieno from Loitokitok after preparation for USAID visit	Samuel Ngumah
16 th November 2011	Nanyuki	To attend meeting with DHMT Laikipia East	Anthony Ophwette, George Ndungu
17 th – 18 th November 2011	Nairobi	To attend a special presentation by the Office of Compliance & internal audit team and meet with FHOK to discuss cost share reporting	Richard Omwega
17 th – 18 th November 2011	Nakuru	Drive staff to Nakuru after various program activities in Laikipia East – Jacqueline Kamau, Eliud Okumu, Sarah Kosgei)	Nicodemus Mwangui
17 th – 18 th November 2011	Nakuru	Pick MOH staff from Kapenguria and drive them to Nakuru after conducting integrated MNCH RRI in West Pokot	Simeon Koech
16 th – 18 th November 2011	Laikipia East	Reinstall and test the LDBMs for Caritas Nyeri & LIFA	Jacqueline Kamau
17 th – 18 th November 2011	Kajiado	Drive Joel Kuria to Kajiado/Narok to install OVC LDBMs	Davies Chibindo
15 th – 18 th November 2011	Kajiado	Install OVC LDBMs	Joel Kuria
21 st November 2011	Eldoret	Attend & facilitate couple HTC RRI meeting in North Rift	Thomas Ondimu, Thomas Ondimu
21 st – 23 rd November 2011	Eldoret/Kitale	Drive Ambrose Were to accompany AMREF Kenya CD during this field visits to APHIAplus project activities in North Rift	Samuel Ngumah
21 st – 22 nd November 2011	Nanyuki	Facilitate budget Management tools training for LIPs in Laikipia	Peter Ongeta, Josphat Buluku
22 nd November 2011	Nairobi	Drive Stephen Gichuki to Nairobi for a CRS Management meeting	George Ndungu
29 th Nov – 1 st Dec 2011	Narok	To explore possible sites/activities the US Ambassador may visit during his scheduled visit to the region	Irene Muteti, Simon Ochieng, Tobias Otieno
28 th Nov – 3 rd Dec 2011	West Pokot	CHW Training with Moses Emalu	Tom Dado
27 th Nov – 2 nd Dec 2011	Nairobi	CPwP TOTs training for NE & Eastern North held at Methodist Guest House in Nairobi	Christine Katana

28 th Nov – 30 th November 2011	Nanyuki	To accompany USAID SI team to service deliver points in Laikipia	Bernard Otieno, Thomas Ondimu,
27 th – 29 th November 2011	Nakuru	Attend clinical team meeting	John Kiprop
28 th – 29 th November 2011	Nairobi	Drive Project Director to Nairobi for a meeting	Samuel Ngumah
28 th November 2011	Nairobi	Drive Duncan Ager to Nairobi to attend a meeting with AMREF CO finance support officer, follow up on activity advance, and have a meeting with IT manager AMREF	Sadat Nyinge
28 th November 2011	Nakuru/Nairobi	Drive Kenneth Otieno to Nakuru for HCBC training and proceed to Nairobi to deliver fuel cards and back to Narok	George Mulewa
29 th November 2011	Eldoret	Drive Stephen Gichuki to Eldoret en-route to W. Pokot for site visits & drop John Kiprop in Eldoret after attending clinical team meeting	Kombo Kironda
29 th November 2011	Entasekera	Drive Maurice Obuya to Entasekera for DQA	George Mulewa
16 th November 2011	Nakuru	Drive Fred Githongo to Nakuru for Office Assistants interviews (Temp)	Nicodemus Mwangui
21 st November 2011	Rumuruti Nakuru	Drive Sarah Kosgei to Ng'arua, Kinamba, Oljabet & Rumuruti for community health workers training	Nicodemus Mwangui
23 rd November 2011	Rumuruti/Nakuru	Drive Sarah Kosgei to Rumuruti, Oljabet, Nyahururu Health facilities for community health workers training and to Nakuru to drop her to Nakuru	Nicodemus Mwangui
29 th November – 2 nd December 2011	Kapenguria	Site Household visits in West Pokot	Simeon Koech, Christine Nyabundi, Stephen Gichuki
28 th November 2011	Nairobi	Participate in ROADS Snr. Data Manager's Interview	Joel Kuria
30 th November – 3 rd December 2011	Eldoret	Provide TA to OVC IPs on LDBMs	Joel Kuria
30 th November – 2 nd December 2011	Nakuru	Attend Clinical team meeting {Deliberate on technical strategies sent to USAID}	John Kiprop
30 th November 2011	Eldoret	Drive staff – Violet Ambundo, Benjamin Cheboi to Eldoret for various program activities	Sadat Nyinge
1 st December 2011	Eldoret	Drive & pick staff to & Fro North Rift for various program activities – {George Kimathi, Benson Mbuthia, Steve Gichuki, Benjamin Cheboi}	George Ndungu
4 th December – 9 th December 2011	Kericho	To train Peer Educators for Chelal Tea Factory	Simon Ochieng, Carolyne Rachier
7 th December – 9 th December 2011	Nairobi	Attend HRH conference	Jessica Musisi (MOPHS), Samson Mutwiwa (MOPHS), Thomas Ondimu

5 th December – 9 th December 11	Nakuru	Attend clinical team meeting	John Kiprop
7 th – 9 th December 2011	Narok	Provide TA to OVC IPs on OVC LDBMs	Joel Kuria
7 th – 9 th December 2011	Kapenguria	Drive MOH staff to Kapenguria District Hospital for MNH RRI baseline assessment	George Ndungu
8 th – 9 th December 2011	Nairobi	To reimburse participants (M&I and transport during the National Human Resource conference	Patricia Kombe, Samson Kaba
9 th December 2011	Nairobi	Drive Project Director to Nairobi for a meeting with the Country Director	Josphat Buluku
12 th – 16 th December 2011	Naivasha	Provide support during VMMC training & practicum at Karuturi & Oserian	Francis Njenga (Temp Driver)
12 th – 17 th December 2011	Nakuru/Laikipia	To Laikipia East & West for intensified sites assessments for selected ART sites	Ahmed Bunu, Thomas Ondimu, Bernard Otieno, Nicodemus Mwangui
13 th – 16 th December 2011	Loitokitok, Narok, Kajiado	To Loitokitok & Kajiado Counties for intensified sites assessments for selected ART sites	Dr. Maurice Aluda, Violet Ambundo, Maurice Obuya, George Mulewa
13 th – 16 th December 2011	Kajiado North, Narok	To Narok & Kajiado Counties for intensified sites assessments for selected ART sites	Sarah Mutimba, Jacqueline Kamau, Kombo Kironda
12 th – 16 th December 2011	East Pokot, Baringo	To Pokot East & Baringo Counties for intensified sites assessments for selected ART sites	Peter Njoka, John Kiprop, Tom Dado
13 th – 16 th December 2011	Kajiado	Carry out review of MAAP and re-visit of Catholic Diocese of Ngong	Sarah Were, Sadat Nyinge
13 th – 16 th December 2011	Pokot/Kwanza	Support Pokot & Kwanza districts during RRI supervision	David Lumbo
15 th December 2011	Nairobi/Machakos	Drive Stephen Chebii to Nairobi for a meeting at AMREF CO and drop David Kihui in Machakos to attend PITC & CBHTC manual dissemination workshop	Sadat Nyinge
16 th December 2011	Nairobi	To meet USAID M&E specialist to discuss strategies to improve M&E systems	Linda Muyumbu
19 th December 2011	Kacheliba	Drive John Kiprop to Kacheliba DH to attend a meeting with the MOH team	Tom Dado
19 th – 23 rd December 2011	Nanyuki	Conduct MARPs PE training	John Ndiritu
19 th – 20 th December 2011	Nairobi	Drive Project Director to Nairobi for a series of meeting & back to Nakuru	Josphat Buluku
19 th – 20 th December 2011	Nairobi	Attend a meeting with strategic partners for Yr 2 Scope of work	Ruth Odhiambo, Charity Muturi
19 th – 23 rd December 2011	Nanyuki	Drive staff to Nanyuki for various program activities <ul style="list-style-type: none"> - John Ndiritu to conduct MARPS PE Training - Eliud Okumu to participate in the DQA for LIFFA/Caritas, meet the DCO to review Liki Locational AAC training report - George Kimathi to support the DRHC – Laikipia East carry out SGBV sensitization 	Tobias Otieno

20 th – 21 st December 2011	Nakuru	Drop staff in Nakuru – Benson Mbuthia & MOH team and service vehicle KBQ 241P	George Mulewa
21 st – 22 nd December 2011	Nakuru	Attend Clinical review & planning meeting	John Kiprop
29 th – 30 th December 2011	Nairobi	Drive Bholu Shrestha to Nairobi after a Finance meeting	Davies Chibindo

ANNEX 6: SUB AGREEMENT AMENDMENT SUMMARY OCT- DEC 2011

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
1	SAG Amendment	SAPTA CENTRE	01.01.2011	31.12.2012	Mombasa	To conduct a public health evaluation on alcohol harm reduction among female sex workers in Mombasa, Kenya
2	SAG Amendment	MAAP	01.01.2011	31.12.2012	Kajiado North and Central	To provide integrated service HCBC and OVC care and support services in South Rift region
3	SAG Amendment	K-NOTE	01.01.2011	30.4.2012	Naivasha	Provide integrated and Comprehensive service delivery for OVC & PLWHA care and support and HIV&AIDS, STI, Malaria and TB Prevention among Youth Out-of-school in Naivasha District
4	SAG Amendment	KENYA COUNCIL OF IMAMS AND ULAMAS	01.01.2011	31.12.2012	Nakuru	Provide integrated and comprehensive service delivery for OVC and PLWHA support, care and treatment while addressing the social determinants of health among the Muslims in Rift Valley Province
5	SAG Amendment	I CHOOSE LIFE - AFRICA	01.01.2011	31.12.2012	Nakuru, Njoro	To implement a comprehensive HIV&AIDS, STI, FP/RH, Malaria and TB prevention program and life skills for youth in tertiary and higher learning institutions in Rift Valley
6	SAG Amendment	MOTHER FRANCESCA	01.01.2011	31.12.2012	Nandi Central	To provide integrated HIV/AIDS orphans and vulnerable children care and support services in Nandi County
7	SAG Amendment	HANDICAP INTERNATIONAL	01.01.2011	31.12.2012	Trans-Nzoia West, Kwanza and West Pokot	To implement a youth and special population prevention and service promotion project in Trans-Nzoia and West Pokot Counties.
8	SAG Amendment	FAMILY HEALTH OPTIONS KENYA	01.01.2011	31.12.2012	Nakuru	To support transport sector integrated health service delivery project in Nakuru
9	SAG Amendment	FAIR	01.01.2011	31.12.2012	Nakuru North, Nakuru central, Molo, Njoro	To implement an integrated and comprehensive OVC, HCBC and Sex Workers interventions while addressing social determinants of health in South Rift
10	SAG Amendment	ENAITOTI OLMAA NARETU COALITION FOR WOMEN	01.01.2011	31.12.2012	Narok	To provide integrated and comprehensive HCBC and OVC care and support services while addressing the social determinants of health in Narok District.
11	SAG Amendment	DELIVERANCE CHURCH NAKURU	01.01.2011	31.12.2012	Nakuru Central	To provide integrated and comprehensive HCBC and OVC care and support while addressing social determinants of health in Nakuru District
12	SAG Amendment	CATHOLIC DIOCESE OF NGONG	01.01.2011	29.2.2012	Kajiado	To provide integrated and comprehensive OVC and HCBC support and care services while addressing social determinants of health in South Rift Valley region.
13	SAG Amendment	CATHOLIC DIOCESE OF KITALE	01.01.2011	31.12.2012	Trans-Nzoia, West Pokot	To implement integrated HCBC and OVC care and support services while addressing social determinants of health in Trans-Nzoia and West Pokot Counties.
14	SAG Amendment	NAROK DISTRICT NETWORK FOR HIV/AIDS	01.01.2011	30.9.2012	Narok North and South	To implement an integrated and comprehensive OVC, HCBC and health communication interventions while addressing social determinants of health for youth in Narok North and South Districts
15	SAG Amendment	CATHOLIC DIOCESE OF ELDORET	01.01.2011	31.12.2012	Marakwet, Keiyo South, Nandi Central	To implement an integrated HCBC and OVC care and support services in Nandi and Elgeyo-Marakwet Counties.
16	SAG Amendment	CARITAS NYERI	01.01.2011	31.12.2012	Laikipia	To implement an integrated and comprehensive OVC and HCBC care and support services while addressing social determinants of health in Laikipia District.
17	SAG Amendment	CCS ELDORET	01.01.2011	31.10.2012	North Pokot, West Pokot,	To implement integrated and comprehensive HIV/AIDS Prevention and OVC care and support

					Central Pokot, Nandi East, Tinderet, Marakwet, Kwanza	services while addressing social determinants of health in North Rift region
18	SAG Amendment	CATHOLIC DIOCESE OF NAKURU	01.01.2011	31.1.2012	Nakuru Naivasha Gilgil Njoro Koibatek Mogotio	To close the sub-agreement and allow for smooth transition of project activities to a new partner.
19	SAG Amendment	LIVING IN FAITH CBO	01.01.2011	31.12.2012	Laikipia	To implement integrated and comprehensive OVC and HCBC services while addressing the social determinants of health in in Laikipia District.
20	SAG Amendment	BEACON OF HOPE	01.01.2011	31.12.2012	Kajiado	To provide integrated OVC and HCBC services while addressing social determinants of health in Kajiado
21	SAG Amendment	REACH OUT TRUST	01.01.2011	31.12.2012	Mombasa	To provide outpatient alcohol addiction treatment for female sex workers identified through drop in centers as having harmful and hazard alcohol consumption
22	SAG Amendment	INTERNATIONAL CENTER FOR REPRODUCTIVE HEALTH	01.01.2011	31.12.2012	Mombasa	To conduct a public health evaluation on reduction of alcohol consumption and reduction on incidence of STI, HIV and sexual violence as well as increased used of condoms among female sex workers who report harmful and hazardous alcohol consumption Mombasa, Kenya
22	SAG Amendment	MINISTRY OF MEDICAL SERVICES	01.01.2011	31.12.2012	Rift Valley province	To provide support to GOK facilities to deliver quality, high impact and integrated services to communities in Rift Valley province
23	SAG Amendment	MINISTRY OF PUBLIC HEALTH AND SANITATION	01.01.2011	31.05.2012	Rift Valley province	To provide support to GOK facilities to deliver quality, high impact and integrated services to communities in Rift Valley province
24	NEW SAG	EVANGELIZING SISTERS OF MARY	01.01.2012	01.01.2012	Kajiado North	To implement a comprehensive OVC and HCBC program.

ANNEX 7: FINANCIAL REPORT OCT- DEC 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-623-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 - W0566		<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)	
01/01/2011		12/31/2011		12/31/2011	
10. Transactions					Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$11,505,152.00
b. Cash Disbursements	\$11,183,856.55
c. Cash on Hand (line a minus b)	\$381,295.45

(Use lines d-o for single grant reporting)

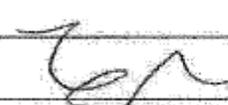
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$27,821,956.00
e. Federal share of expenditures	\$11,183,856.55
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	\$11,183,856.55
h. Unobligated balance of Federal funds (line d minus g)	\$16,437,699.45
Recipient Share:	
i. Total recipient share required	\$4,737,222.00
j. Recipient share of expenditures	\$307,276.00
k. Remaining recipient share to be provided (line i minus j)	\$4,429,947.00
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
	PROVISIONAL	29.5000%	10/01/2011	12/31/2011	984,932	294,495	294,495
					g. Totals:	294,495	294,495

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

Excess cash was returned in January.

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 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Clay Lynch, Director of Accounting	c. Telephone (Area code, number and extension)
	(919) 544-7040
	d. Email address
	clynch@fhi.org
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	01/31/2012

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 27,621,555
Future Mortgage 67,122,893

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

Financial Status for the period ending: 31 March 2012
 Date Prepared: 19th February 2012

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	MCH Non - Water			Nutrition
A. Obligated Funds to date:	2,708,681	2,115,355	2,126,088	1,006,921	847,735	2,666,012	143,093	282,880	380,996	7,929,205	1,842,571	361,077	36,947	3,849,092	840,058	377,099	107,746	27,621,555	4,737,222
B. Cumulative Expenditures (as of 12/31/2011):	1,218,021	950,433	927,432	353,287	460,771	1,263,752	63,291	134,998	209,750	3,391,445	767,719	316,736	32,410	726,502	319,877	-	47,431	11,183,856	307,275
C. Actual expenditures: 01-01-2012 through 01-31-2012	89,607	69,979	70,334	33,310	28,044	88,195	4,734	9,358	12,604	262,308	60,955	11,945	1,222	127,333	27,790	12,475	3,564	913,757	-
D. Accruals for current quarter to 31th March 2012	206,095	160,951	161,768	76,614	64,502	202,849	10,888	21,523	28,989	603,309	140,196	14,980	845	292,866	63,917	28,692	8,198	2,087,181	190,000
E. Total Accrued Expenditures (B+C+D) From inception to date: 31th March 2012	1,513,723	1,181,362	1,159,534	463,210	553,317	1,554,796	78,912	165,879	251,343	4,257,062	968,869	343,661	34,477	1,146,701	411,584	41,167	59,193	14,184,794	497,275
F. Remaining Balance (Pipeline): (A-E)	1,194,958	933,993	966,554	543,711	294,418	1,111,216	64,181	117,001	129,653	3,672,143	873,702	17,416	2,470	2,702,391	428,474	335,932	48,553	13,436,762	4,239,947
G. Estimated Expenditures for next quarter (ending 06/30/2012):	417,170	286,421	278,151	101,698	142,700	384,013	19,025	41,063	65,065	1,013,809	228,466	8,210	860	170,701	85,480	85,480	13,635	3,341,945	200,000
H. Projected Expenditure for next Quarter plus one (ending 09/30/2012):	521,463	315,063	305,967	111,868	142,700	422,414	20,928	45,169	58,559	1,115,189	251,312	8,210	946	187,771	94,028	94,028	14,998	3,710,611	250,000
I. Estimated remaining Length of Pipeline (LOP) (After the Quarter in Row H):	256,325	332,508	382,436	330,144	9,019	304,789	24,228	30,769	6,029	1,543,145	393,924	996	664	2,343,919	248,966	156,424	19,920	6,384,206	