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Mentorship session on ART HMIS, Upper Solai Health Centre



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Table of Contents

LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	7
1.0 INTRODUCTION	8
<i>Program Description</i>	8
2.0 PROGRAM MANAGEMENT	10
3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY	13
RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS, AND INFORMATION	13
<i>RESULT 3.1: Increase Availability of an Integrated Package of Quality High-Impact Interventions at Community and Health Facility Level</i>	13
3.1.1 <i>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)</i>	13
3.1.2 <i>Increased capacity of district health management teams to plan and manage service delivery</i>	13
3.1.3 <i>Strengthening capacity to record, report and use data for decision making</i>	13
3.1.4 <i>Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology</i>	14
3.1.5 <i>Improved capacity of the private sector to provide a package of high quality, high impact interventions</i>	14
3.1.6 <i>Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications</i>	15
3.1.7 <i>Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g. rural facilities, TB clinics)</i>	16
3.1.8 <i>Increased availability of screening and treatment for TB</i>	22
3.1.9 <i>Increased availability of family planning services in public, private sector facilities and communities</i>	22
3.1.10 <i>Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities</i>	22
3.1.11 <i>Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness</i>	23
3.1.12 <i>Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns, and children</i>	23
<i>RESULT 3.2: Increased Demand for an Integrated Package of Quality High Impact Interventions at Community and Health Facility Level</i>	28
3.2.1 <i>Reduced social, economic, and geographic barriers to accessing and utilizing services</i>	28
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>	30

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>	31
4.3.1	<i>Increasing access to education, skills, and literacy initiatives for highly marginalized children, youth and other life marginalized populations</i>	33
4.4.1	<i>Enhancing access to improved water supply and sanitation</i>	34
4.5.1	<i>Increasing access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care</i>	34
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>	36
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>	38
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>	38
	<i>Other activities</i>	38
5.0	CONTRIBUTION TO HEALTH SYSTEMS STRENGTHENING (RESULT AREA 1 & 2)	39
6.0	MONITORING AND EVALUATION ACTIVITIES	39
6.1	<i>Capacity Building of project M&E Officers on key interventions and reporting requirements</i>	39
6.2	<i>Capacity Building of MoH/NACC/IP systems, structures and personnel on data collection and reporting</i>	39
6.3	<i>Strengthening the demand for data and information use by project staff and health care workers</i>	41
6.4	<i>Challenges</i>	42
7.0	ENVIRONMENTAL COMPLIANCE	42
8.0	REPORT ON CROSS CUTTING ISSUES (GENDER, YOUTH, EQUITY, WHOLE MARKET, INNOVATIONS)	42
	ANNEX 1: QUARTERLY PERFORMANCE AND WORK PLAN STATUS MATRICES	43
	ANNEX 2: SUCCESS STORY	44
	ANNEX 3: ACTION PLAN FOR STRENGTHENING COMMUNITY UNITS	45
	ANNEX 4: REPORTING RATES	47
	ANNEX 5: IMPLEMENTING PARTNER ORGANOGRAM	48
	ANNEX 6: TRAVEL REPORT JAN- MAR 2012	49
	ANNEX 7: SUB AGREEMENT AMENDMENT SUMMARY JAN TO MAR 2012	62
	ANNEX 8: FINANCIAL REPORT JAN TO MAR 2012	63

List of Acronyms

AMREF	-	African Medical and Research Foundation
ANC	-	Ante Natal Care
AOP	-	Annual Operation Plan
APHIA <i>plus</i>	-	AIDS Population & Health Integrated Assistance Project People Centered, Local leadership, Universal access, Sustainability
ART	-	Anti Retroviral Therapy
BCC	-	Behavior 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
MOGCSD	-	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 second year of implementation. This report covers achievements in the first quarter of 2012. Below are highlights of the achievements made.

- A total of 35,047 women received HIV counseling and testing for prevention of mother to child transmission (PMTCT) by the end of quarter representing a 29% of the year 2 target of 120,000
- 944 partners of women who attended antenatal clinic were tested for HIV.
- 67 % of HIV-infected women received anti-retroviral prophylaxis for PMTCT in ANC.
- A total of 217 dry blood samples were sent for HIV testing at the Regional Testing Hubs from 81 facilities
- A total of 29,574 new family planning (FP) acceptors were served, giving a couple year of protection (CYP) to 40,740. A total of 10,412 women made the fourth ANC visit during the quarter against 32,854 who made the first ANC visits.
- 2,856 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 that meet minimum standards.
- A total of 494 most-at-risk populations (MARPs) were reached with individual and/or small group level interventions that are based on evidence that meet minimum standards
- A total of 91,666 individuals received counseling and testing and received their results, with 3.8% testing HIV positive. This represents 15% of the year 2 target of 600,000
- In the TB program, 648 TB-HIV co-infected patients were provided with the Cotrimoxazole Preventive Therapy. This was below the 758 of the total TB positive clients.
- A total of 28,466 individuals were currently on prophylaxis and received one clinical care service.
- A total of 976 individuals were newly initiated into antiretroviral therapy (ART) and 20,750 were receiving ART by the end of the quarter. This is a 16% achievement against the Year One target for client newly initiated on ART.
- A total of 67,272 OVC were served, out of 74,975 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 APHIAplus 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 APHIAplus 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 year 1 of program implementation 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 APHIAplus 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 links 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 its interventions at the district and community levels. These interventions are 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 APHIAplus Nuru ya Bonde program works 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 works 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 ensures 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 works 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 works 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 which stimulates demand for prevention, care and treatment programs at household, community and school and other institutions/ workplace levels and ensure that community members initiate and undertake preventive measures.

In addition, through the DHSFs, APHIAplus Nuru ya Bonde has been establishing 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 first quarter of (Jan to Mar 2012) of the second year of project implementation.

2.0 Program Management

Program Development/ Sub-agreements: Two new sub-agreements were developed and executed during the quarter for new IPs within Nakuru County namely Women Fighting against AIDS in Kenya (WOFAK) and Self Help Africa (SHA). WOFAK will implement OVC and HCBC activities in Nakuru region while SHA will implement interventions to address social determinants of health to improve vulnerable household food security and livelihood initiatives including increasing access to markets. In addition, the project also initiated the process of developing a new cluster model sub-agreement with AJAM, CIWOCH, Deliverance Church of Ngong and OLPADEP, with AJAM as the anchor/lead partner in this arrangement to provide integrated OVC/HCBC services.

During the reporting period, several meetings were held with all the current implementing partner organizations to interpret the 2012 sub-agreements. The objective of sub-agreement interpretation is to ensure a common understanding of project deliverables between the implementing partner organizations and FHI 360. The meetings followed a stepwise discussion of the 2012 scope of work for these partners focusing on project objectives, strategies, activities, targets, budgets, and reporting.

During the quarter, one implementing partner officially exited from the project. Catholic Diocese of Nakuru (CDN) officially ended its partnership with APHIAplus project on January 31, 2012. Due procedures were followed and proper handing-over processes accomplished to ensure that the beneficiaries continued to receive services unabated.

Development of Memorandum of Understanding: During the quarter, memorandums of understanding (MOUs) were drawn with three GoK line ministries and one GoK department namely the Ministries of Public Health and Sanitation (MoPHS), Medical Services (MoMS), Education (MoE) and department of children services (MOGCSD). The MOUs clearly stipulate the roles of each party.

Strategic Management Committee Meeting: During the quarter, a strategic management committee meeting was held. This is a quarterly meeting for directors from the project strategic partners namely: FHI360, AMREF, Gold Star Kenya, LVCT and NOPE. The meeting discussed project performance and areas of improvement as identified by USAID mission visits to the project.

Dissemination of Year II Work plan and Development of Regional Work plans: The Program Management convened an all project staff meeting during the quarter to disseminate the year II project work plan that was approved by USAID as well as review project performance in the first year of implementation (2011). In order for the APHIAplus project to respond to regional specific needs, the regional teams developed regional work plans to ensure region specific programing, whilst putting a lot of emphasis on service integration at household level, setting targets and mechanisms for reporting social determinants of health (SDH) as well as ensuring that clinical service technical areas are conscious of community programs in order to ensure sustainability.

Meetings with District GoK Leadership: During the quarter under review, APHIAplus staff continued to strengthening its collaboration with GoK district leadership. In Laikipia County, the project held meetings with all the DHMTs in the County including DCOs and DDOs to formally introduce the APHIAplus project objectives and activities to the departmental heads, identify areas of collaboration, and inform them about on-going and planned APHIAplus project activities in the County. In North Rift region, a meeting was held with the DHMT of West Pokot County to inform them of the progress made between APHIAplus and AMPATH regarding the food situation in West Pokot County for ART clients. Food insecurity had a rampant effect on HIV+ client retention into care and treatment, especially since the termination of food provision to West Pokot County by AMPATH in June 2011. The meeting agreed that APHIAplus and

AMPATH would enter into a formal agreement through a memorandum of understanding (MoU) in order for AMPATH to re-start food distribution in West Pokot County.

The APHIA*plus* team also held meetings with the DHMTs from Marakwet and Trans-Nzoia East districts to discuss ways and means of supporting the districts to strengthen community strategy whilst highlighting the APHIA*plus* support towards the same. In Kajiado County, meetings were held with the Loitokitok District Commissioner, District Children's Officer and Registrar of Births and Deaths, and Education Officers and the DHMTs from Kajiado North and Loitokitok districts.

Staffing: During the quarter, more staff were deployed to the regional field offices to boost staff base and improve quality of program implementation. The cadres of staff deployed include operations/administration, technical and M&E. Of great significance was the team of multi-disciplinary mentorship staff who were hired, albeit on temporary basis to rejuvenate the delivery of clinical services.

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)

APHIAplus Nuru ya Bonde supported mentorship activities by hiring 12 additional clinical mentors. They were deployed to the various counties as follows: 2 to North Rift, 2 to Nakuru, 3 Laikipia, 1 to Narok, and 4 to Kajiado. Before embarking on mentorship, both the mentors and clinical teams received a 3 day orientation to clinical mentorship and the new HIV standard data recording and reporting tools (ART/PMTCT/HTC). Jointly with the HCSM project, APHIAplus Nuru Ya Bonde conducted ADT training for selected level 4 facilities. Additionally, the project has worked closely with Capacity Kenya to hire and deploy staff on a rolling basis as need arises. Other related activities included: facilitating 25 health facility meeting in 11 counties; and 1 cervical cancer outreach at Gilgil, Kiptangwany dispensary. During this event, health workers screened 37 clients for cervical cancer and provided messages on its prevention.

In this quarter, APHIAplus continued to support VMMC initiatives. Unfortunately, these were largely unsuccessful owing to several constraints. In Nakuru, ongoing renovation at the OPD minor theatres brought the activity to a halt. In Naivasha, incomplete surgical packs and an absence of essential pharmaceutical products, outside the project's procurement mandate, compromised service delivery. Despite this, Naivasha recorded 32 circumcisions.

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

In the January – March 2012 quarter, APHIAplus Nuru ya Bonde mentored 21 HMT and DHMT members on development of QIPs from the joint work plan. Medical superintendents were mentored on how to develop facility action plans to address gaps in service delivery. DHSF committees were constituted in the following districts: Pokot Central, Trans-Nzoia East, and Njoro.

With the project's support to 19 DHMT members, supervision was conducted in 204 health facilities, 79 outreaches were organized, and 6 CMEs to health care providers in Laikipia were offered. APHIAplus Nuru Ya Bonde also supported distribution of the new MOH supervisory book. Additionally, the project supported Keiyo South DHMT to conduct ART site assessment and data verification in 5 sites.

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

In the January – March 2012 quarter, the project jointly with County DHRIOs, facilitated refresher orientation on revised ART, PMTCT, and HTC integrated tools to 587 service

providers. The main target group was service providers in the CCC/PMTCT. During these orientations and follow-up site visits, standardized tools were distributed. For all ART sites in the both the North and South Rifts, APHIAplus supported data transition through on-site mentorship. In a bid to promote data use, the project facilitated data review sessions during facility in charges meetings in 25 districts. Two DHMTs were oriented on the national DQA strategy. PMTCT recording was strengthened through distribution of HEI registers and cards to 125 health facilities. Health care providers were assisted to reconstruct data from the old HEI registers and black books to the new standard MOH tools.

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

During the January – March 2012 quarter, APHIAplus Nuru ya Bonde facilitated several trainings to bolster the workforce capacity at level one. Key trainings included: a TOT training on community strategy to 40 DHMT members; and training on action plan development to 174 CHEWs (North Rift, Laikipia, Kajiado, and Nakuru), 12 CHCs, and 602 CHWs.

APHIAplus also supported the PHMT to hold a District Community Strategy focal persons meeting from 42 districts in the Province. The meeting observed that most units were not functional. The district focal persons on community strategy committed to ensure that the units initiated in their districts are provided with the necessary support to become functional and provide the necessary services to the communities. APHIAplus Nuru ya Bonde together with the DFPCS and the province will provide mentorship and support supervision to the CHEWs to ensure that they have the skills to support the CUs to become functional.

During the quarter there was a measles outbreak in Narok County and Kwanza District. The project supported an immunization mop up campaign in the affected divisions. A total of 3,126 children were reached with measles immunization and Vitamin A supplementation. The project continues to support integrated outreach services in the districts to reach the hard to reach communities with KEPI and other integrated services. To this end, the project supported 44 outreaches.

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

In the January – March 2012 quarter, APHIAplus Nuru ya Bonde, through its affiliate, GSN, reported 205 active clients on ART and a cumulative of 357. These were from 36 GSN supported sites in Nakuru. Additionally, GSN was involved in 4 key outlined below:

i. Technical Committee Meeting

GSN supported 1 technical committee/review meeting that constituted of 8 members from KMA Nakuru chapter, MOH and APHIAplus. The committee members represented various technical skills. These included pediatrics, internal medicine, pharmacy, and obstetrics/ gynecology. Both MOH and APHIAplus teams were represented.

This committee was designed to respond to technical issues arising from implementation among the private providers in the private sector. The committee deliberated over lessons learnt over the previous year. Key issues covered included: the necessity of documentation by all providers,

ART, PMTCT, and CT mentorship, and service integration. Sites were re-classified to facilitate both targeted and focused supervision.

ii. Continuous Professional Development

During the January – March 2012 quarter, GSN facilitated the completion of PNPA Infection control and waste management lecture and practicum series. Best practices will be maintained through a continuous onsite monitoring of the 31 providers reached. Also, the project held 1 CPD to 44 network doctors that addressed ART Resistance in Pediatric care. During this session, revised ART guidelines were disseminated.

iii. Laboratory Networking

GSN continued to support its membership to access quality laboratory testing and sample analysis through quality assured and accredited laboratories. Currently 3 referral laboratories are supporting track 1 clients for CD4, Viral load and resistance testing. These laboratories include AMEC, Aga Khan University Hospital and lancet through Evans sunrise hospital. Other referral labs include WRP in Kericho for DBS.

In Naivasha, the 3 flower farms with functional comprehensive care programs have reported declining ART patient retention rates. This has been attributed to 2 factors: the Kshs 100 charge at Naivasha District Hospital for CD4 testing, and a nearby program at Kijabe that provides free CD4 test services. Providers in Kajiado North referred their samples to Ngong district hospital although majority preferred to use the KEMRI and Nyumbani labs in Nairobi for reliable and timely results as reported.

iv. Commodities

22 GSN sites were facilitated to access subsidized ARVs through the PEPFAR pharmacy in Nairobi while 5 sites were linked to Philips Pharmaceutical for ARVs at access prices including 2 others linked to Pharm Access. To scale up the program, 5 providers have since been reactivated into the ART program. These are Dr. Kennedy Gogo, Dr. Samson Obure, Dr. Gachunga Paul, Dr. Vinayak Bhatt and Meridian Medical Centre.

In a bid to scale up HTC services, GSN assisted sites in forecasting, providing Unigold test kits for 25 sites, and Determine test kit for another 44 sites. The network will link with the HTC program within APHIAplus in the coming quarter to conduct proficiency testing in 10 private sites.

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

Out of the 112 CUs supported by APHIAplus Nuru ya Bonde, only 4 CUs were fully functional while 45 were semi-functional. A detailed action plan was developed to ensure that all CUs become functional by December 2012. The targets are to have 47 CUs by June, 96 by September, and 114 by December 2012. CHWs collected household data and submitted their reports to CHEWs in 67 CUs. 46 dialogue days and 40 health action days were held. During these action days, emphasis was placed on water, sanitation, and hygiene. Anchor facilities were financed to conduct targeted outreaches to CUs, where immunization, ANC services, FP/RH, and

growth monitoring of children services were provided. Within schools, the project reached 3609 students. CHWs demonstrated installation and use of leaky tins in 32 primary schools. Other information shared included: the use of sanitary towels and their disposal, awareness of drug and substance abuse, and prevention of teenage pregnancies.

The project conducted home-based HIV testing in 1 CU - Bondeni. The number of people in this CU, who knew their HIV status, grew by 20% to 65%. Those who tested positive were referred to the facilities and enrolled into care.

In this quarter, several challenges were encountered. Key was the high attrition rate of CHWs who suffered from a low morale.

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)

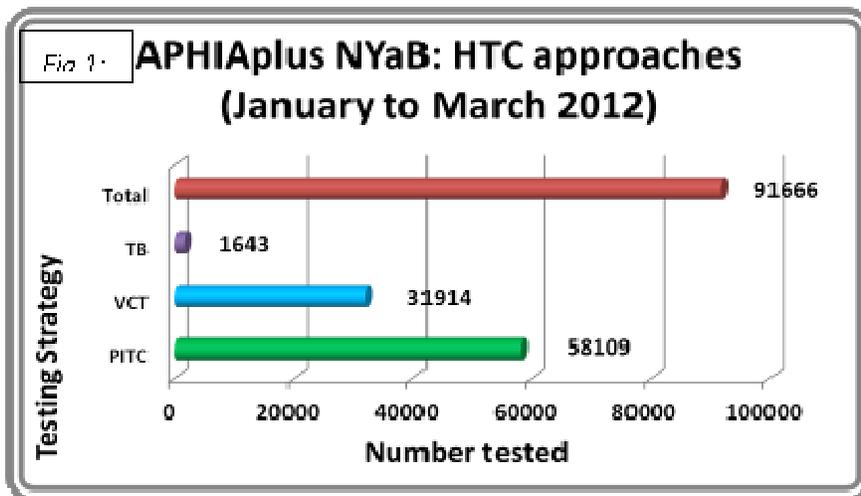
3.1.7.1 HIV Counseling and Testing:

i. Facility

As part of integrated package, APHIAplus Nuru ya Bonde promotes provider initiated testing and counseling for HIV up to level two facilities in the province. These services are provided in 703 sites which already exceeds APHIAplus target of 642 sites.

The project conducted facility assessments towards the end of the quarter ending December 2011. Key findings included: (a) in high volume facilities access to HTC was limited to laboratory and VCT; (b) uptake of PITC was low; and (c) deviation from testing algorithm was common. This informed the mentorship teams to address these issues in the respective facilities. The mentorship process started during this quarter and is ongoing. A few facilities such as Naivasha and Gilgil have made good progress with facility-wide access of HTC by providing testing at more entry points like the OPD, and special clinics. However, the steadiness of this gain has been hampered by frequent stock outs of Rapid Test Kits. The project intervened by distributing test kits to 6 facilities within the S. Rift and to the N. Rift office. Also, the project conducted mentorship on correct filling of HTC registers, and indicator reporting in selected facilities in 6 counties.

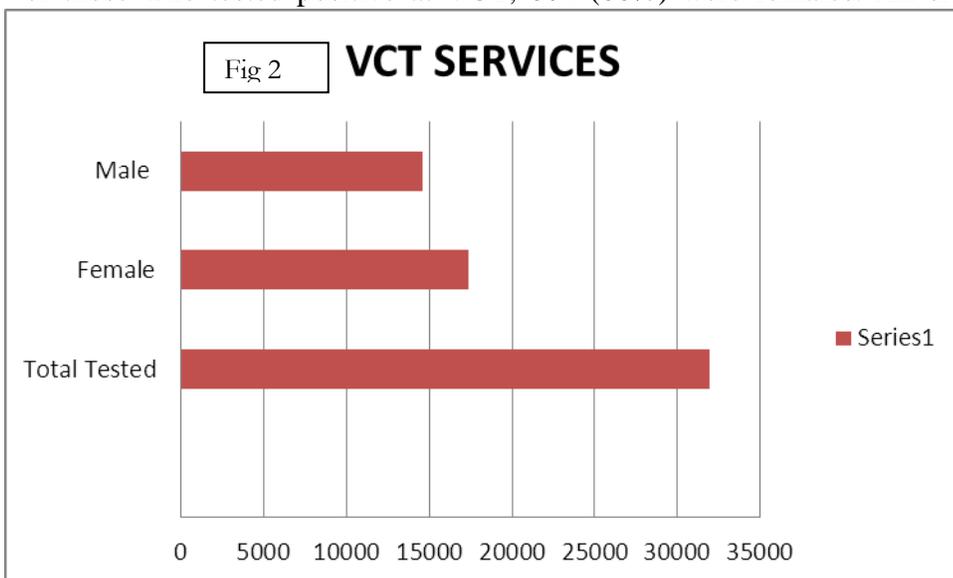
As shown in figure 1, during the quarter under review, the number of clients who tested for HIV and received results was 91,666. Female clients represented 57% of all clientele. A significant proportion (64%) of testing effort was through PITC.



Among all clients, 4% tested positive for HIV. Among children, 2% turned positive. The number of children tested was considerably low (9718), as most providers expressed reservations at testing children. To improve pediatric testing and care, the project has embarked on a mentorship to improve testing competency among health workers. The number of HIV+ clients in outpatient setting was 1,952, while that of inpatients at 354. Overall, HIV positivity rate among outpatients stood at 4% while that of inpatients was at 10%.

Low numbers of testing have been attributed to an erratic supply of test. During the quarter testing algorithm changed with the withdrawal of Bioline test kit. With no replacement, many facilities stopped offering testing services. Later, health care workers were updated on the new algorithm. To ensure quality in HTC, the NPHL distributed HIV panel tests to counselors.

Among the youth, and those seeking HIV testing as a service, the VCT approach has remained popular. Through VCT, 31,914 individuals (17,343-19 females) were tested and received results. This was low compared to the previous quarter due to lack of test kits in many sites. Out of 1,216 of those who tested positive at VCT, 804 (66%) were females. All sites including standalone



VCT sites have integrated a dual protection FP service through condom demonstration and supplies. Of the 2,822 couples tested at VCT, with 53 (2%) turned positive and 78 (2.8%) were discordant.

ii. Community

During the quarter, the project facilitated 39 mobile outreaches, 12 integrated outreaches, 5 HBTC services and 12 orientations. HBTC services were conducted in several community units. In Nakuru, Bondeni Community unit, 30 OVC household were identified. In Kwanza and Kajiado County, 76 OVC households (KCIU) were identified. HIV counseling and testing was conducted to 16,442 clients. This constituted 16.3% of the the annual year 2 target. Clients who were newly tested



Pic 1: A couple is tested at the household level in Bondeni Nakuru during the HBTC service in Feb 2012.

comprised 40%. Under 1% tested positive for HIV. These clients were later referred for care and treatment to the nearest facilities. 640 couples were tested and 16 had discordant results. 432 MARPs were tested and 11 (2.5%) tested positive. The frequent RTKs stock outs have contributed to the drop in VCT coverage.

The project facilitated 6 discordant couple support group meetings. In Nakuru Central 26 members discussed issues related to nutrition, adherence and consistent and correct use of condoms. A new discordant couple group will be formed in Bondeni community unit. In Narok North District hospital 13 active members out of the 21 registered members attended the meetings.

3.1.7.2 Sexual Gender Based Violence / Post Rape Care

In the January – March 2012 quarter, APHIAplus Nuru ya Bonde supported 6 facilities with mentorship sessions to 34 health care workers (Laikipia East, Molo, Kajiado Central, Kajiado North, Narok North and Narok South). The project conducted 3 orientations sessions in Kwanza, Loitokitok, and Trans-Nzoia, as well as 1 CME in Gilgil. The number of survivors recorded in facilities was 44. The highest case numbers emanated from. Nanyuki, Molo and Gilgil where between 7 to 10.cases were reported.

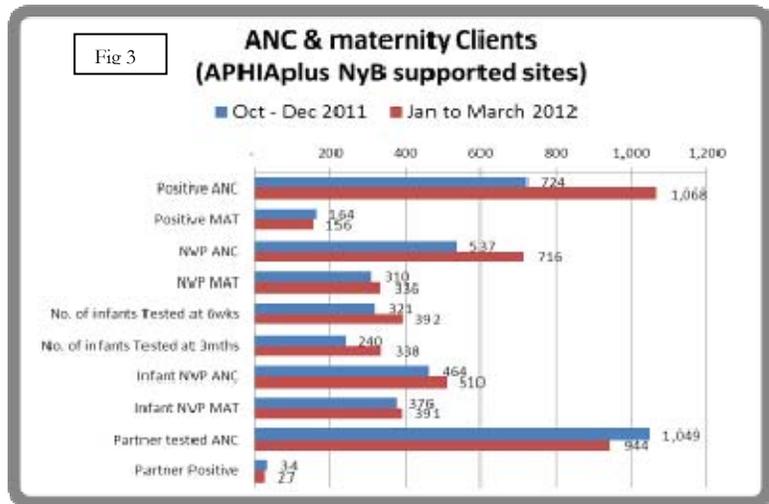
The project sensitized 145 health care workers and 139 community leaders on SGBV /PRC in 4 districts of Loitokitok, Narok North, Kwanza and Trans Nzoia. Additionally, the project sensitized 6 implementing partners in Kajiado and Narok Counties on SGBV integration. In Kajiado North, the project facilitated an SGBV orientation to 20 female sex worker peer educators. In Gilgil and Molo, the project supported 2 SGBV support groups through trauma counseling and psychosocial support. The project supported SGBV /PRC site assessment in Kwanza and Trans-Nzoia districts. Major gaps noted were: untrained trauma counselors; absence of documentation tools; inadequate follow up systems and improper management of sexual survivors. The assessment informed the sensitization of the two districts on SGBV/PRC. APHIAplus also participated in International's Women's Day at Nakuru Stadium through its SGBV sub cluster.

3.1.7.3 Prevention of Mother to Child Transmission (PMTCT)

APHIAplus Nuru ya Bonde supports 644 PMTCT sites Basing on the 2009 national census, the project revised its annual target of HIV positive pregnant women to 120 000. By reaching 36,893 women in the January- March 2012 quarter, the project had achieved 31% of its annual target. However, late first visits for ANC mothers are common. The project has embarked on an early mobilization strategy through community units and integrated mobile unit outreaches.

Though partner testing uptake has been low (2.5%), the HIV testing rate of expectant women at ANC and maternity for the period under review was at an all-time high of 95%. Sero-prevalence at ANC and maternity were 3% and 3.9% respectively. This rivals the national sero-prevalence which has been on a decline in recent years.

Maternal prophylaxis at ANC has witnessed a drop of 7% from the previous quarter and now stands at 67%. Infant prophylaxis at maternity was 73.6%, a 21% drop from the previous quarter. A valid estimate of maternal prophylaxis at maternity was untenable owing to incorrect completion of reports brought about by varied interpretations of the denominator. The commonest error in the calculation of both the numerator and denominator emanates from excluding known HIV positive women who present with a new pregnancy at maternity. Figure 3 summarizes the project's PMTCT data.



Moving forward, a strategy to disseminate the correct interpretation, as is presented in the indicator manual, and a follow-up is planned to address this dearth. Mentorship of health workers to the new guidelines and HCW package is underway.

The project continues to support several facilities in integration of PMTCT services into the MNCH. At Nakuru Provincial General Hospital (NVPGH) it has included follow-up of mothers and children for 18 months after which a referral back to CCC is made. With the project's mentorship, OJT and diaries provision, Gilgil and Naivasha have made great strides in integrating PMTCT services. Additionally, to improve integration of PMTCT services, the project continues to support renovation of infrastructure and provision of essential basic equipment in selected facilities.

3.1.7.4 Early Infant Diagnosis (EID)

In the January- March 2012 quarter, APHIAplus Nuru ya Bonde provided support to 81 EID sites. Facility staff delivered DBS samples to central sites and were supported through monetary reimbursements to cater for their transport costs. The project worked with 3 reference laboratories: KEMRI, WRP, and AMPATH.

The total number of DBS samples sent by facilities, as reflected in the NASCOP website, was 351. This was in sharp contrast what appeared in the monthly facility reports (730), representing only 48% of all samples. A root cause analysis to the weakest link in the EID process identifies AMPATH as a bottleneck from its long turnaround time. Discussions are ongoing on how this can be improved. Overall, three challenges beleaguer the EID system: (a) an extended turnaround time (6 months), resulting in time inconsistent results; (b) inconsistency in the frequency of disseminating results, and (c) poor linkage of DBS results to their source facilities

In an effort to strengthen accurate documentation, the project has introduced diaries to track exposed infants. In the interim, facilities are encouraged to follow up for results as a more sustainable strategy is crafted.

3.1.7.5 HIV Care and Treatment: Facility and Community

The region has 119 ART sites. In the previous quarter's assessment, a number of gaps were identified in the facilities. These gaps included: unscheduled clinical and laboratory monitoring; nonexistent adolescent support groups; and absent defaulter tracing systems. A significant number of sites suffered from a shortage of rooms and space to offer services. Others required renovations, furniture, and basic equipment for the CCC.

To address performance gaps, the project engaged multi-disciplinary mentorship teams at health facilities in selected counties (Kajiado County, Nakuru County, Laikipia County, West Pokot County, Trans Nzoia and Baringo County) The mentorship covered different aspects of care & treatment. Keys issues identified included: 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, DBS sample collection for EID and guidelines on ART initiation and monitoring of infected and exposed children.

The project is also advocating for establishment of pediatric clinics in all high volume sites and Gilgil has already succeeded in that. Naivasha and Gilgil DH are also in the process of establishing an adolescent clinic and support group. Mentorship and dissemination of new guidelines is ongoing, with the roll out being complete at 2 facilities.

The project distributed diaries to 30 high volume facilities for appointment scheduling purposes. In additional, health workers were taught on use of the diaries and DAR in appointment scheduling.

ART sites were supported with the following job aids on: fixed doses charts for children, WHO staging, new testing algorithm guidelines and HTC repeat test. Some facilities also received furniture as part of improving infrastructure in CCCs. The process of renovations, sourcing for more furniture and basic equipment for the CCC is ongoing.



Pic 2: Mile 46 before renovation



Pic 3: Mile 46 after renovation

In this quarter, the project initiated a data reconstruction exercise in response to inconsistent data reports. Over previous quarters issues concerning data have been highlighted. Key was inconsistency between MOH 711 forms and source documents. Several factors were attributed as contributing to the poor quality of reports, chief being incompetency among record officers on completing source documents and interpreting indicators. Consequently, the project initiated a massive data cleanup, reconstruction and mentorship on the HMIS tools. As a sustainability measure, champions have been identified at facilities to ensure accurate reporting.

During this period, 976 patients were initiated on ART mainly through WHO staging. The target for year 2 is 5900, and that shows that the project is at 82% towards achieving this.

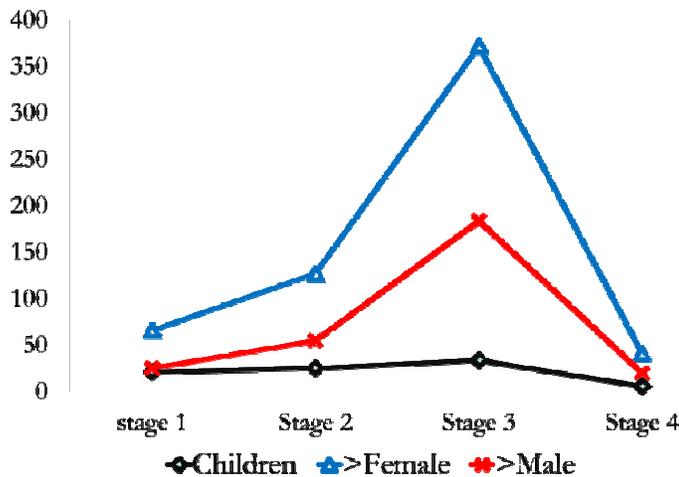


Figure 4: ART Initiation by WHO stage

The project has reached 34,327 clients cumulatively. The number of clients on treatment for the reporting period was 20,750. The project has facilitated a defaulter tracing by distributing defaulter tracking registers and providing airtime to make follow-up calls to defaulters.

Children constituted 9.8% (2036) of ART clients. In order to improve the uptake of ART in children, the project has embarked on mentorship, engaging FUNZO to train health workers on pediatric HIV care and treatment. 133 service providers from 124 facilities were mentored on ART care and treatment for both adults and pediatrics.

3.1.7.6 Laboratory Strengthening

APHIAplus Nuru ya Bonde funded shipment of CD4 samples from health facilities to CD4 equipped laboratories at KEMRI, AMPATH, PGH Nakuru, Kitale DH, Naivasha DH and Kajiado DH. Despite concerted efforts at ensuring an efficient logistic process, the constant external factors of initially a broken down CD4 machine and later absent CD4 reagents at PGH Nakuru, significantly frustrated the process. Consequently, in this quarter, monitoring baseline CD4 levels in PMTCT and CCC clients has been erratic.

3.1.8 Increased availability of screening and treatment for TB

The project supported distribution of TB screening tools for pediatric and adults to 18 sites in the North Rift and the provincial launch of world TB day in Keiyo District. Unfortunately, the absence of test kits during this quarter, contributed to a high number of TB patients missing HIV test screen. That notwithstanding, the project remains committed to achieving 100% ART initiation to HIV co-infected clients. The target for YR 2 is 100% and during the first quarter, there was a 21% achievement. To this end, the project has embarked on mentorship that focused on ensuring that all co-infected patients get the minimum care of package.

In this quarter, the project participated in TB/HIV collaborative activities that focused on reducing the high burden of TB/HIV co-infection. Nakuru County was selected as a pilot in the community, where efforts were directed at infection control. CHWs traced 32 patients in Nakuru central and Molo districts, and returned them to care and treatment.

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

In the January – March 2012 quarter, the project reached 90,491 Reproductive Health clients. This translated to a total of 39,383 CYPs. The bulk of clients consisted of revisits, with only a third being new. Among females, the most popular contraceptive methods remain hormonal. Injectables (DMPA and Jadelle implant), and pills combined, constitute 80% of the total CYPs.

Additionally, among the youth, contraceptive uptake has risen by 200% both among the new and revisits. The rise was attributed to 2 factors: a sustained advocacy among out-of school youth; and restart of documentation of services. This followed the project's mentorship efforts on summary tools for ASRH services.

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

The project is committed to achieving the dream of every birth being conducted by a skilled birth attendant. In this regard, for year 2, the project has set an annual target of 50000 In the January – March 2012 quarter, out of the expected 17857 women, skilled birth attendant assisted deliveries were 14489 (81%).

Contrastingly, focused Antenatal care (FANC), where expectant mothers attend all 4 ANC visits is at 39% 2057 women received their second dose of IPT against malaria in pregnancy. To improve ANC attendance, the project has worked out a strategy for the next quarter. Key actions will include the following: emphasize early initiation of 1st ANC visits at community level; increase integrated mentorship activities at facility level; improve MCH clinics and maternity settings through facility renovations; and work closely with CHEWs to strengthen community facility linkages for ANC services and SBA.

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

During the January – March 2012 quarter, APHIAplus Nuru ya Bonde participated in activities that focused on the management of childhood illnesses. For the different immunization elements, the project achieved the following: DPT3 was given to 36,085 under 1s; Vitamin A was given to 72469 under 5s; and PCV10 was given to 132600 under 1s.

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

This being the first quarter of year 2 of project implementation, the technical team engaged the partners in Scopes of Work interpretation and assisted the partners interpret the different technical component of their scopes.

The project rolled out peer education trainings in order to increase the number of peer educators. The active peer educators were also oriented to the new Health Communication (HC) tools to enable the shift in reporting. Additionally, the project supported MOYAS to strengthen coordination of youth activities.

In order to ensure sex workers are provided a comprehensive package of services, two drop in centers in Nakuru were closed and the resources used to established one central DIC that will provide comprehensive services.

i. Youth Friendly Services

The youth program health interventions during the quarter targeted LIPs, service providers and managers to initiate and strengthen provision of youth friendly services. Participation of health managers at DHMT and HMT level is critical for successful integration of youth friendly services. The service has faced challenges ranging from infrastructure, human resource availability and capacity, availability of equipment and support from respective management teams.

During the quarter the program continued to support implementation of youth friendly services in the region. The current number increased from 9 to 15 sites providing YFS in a clinic model, they include PGH Nakuru, Loitokitok, Gilgil, Narok, Naivasha, Chanuka VCT, Makutano, Mois Bridge and Nanyuki offering various integrated services with HCT being the most offered service. Additional sites from Loitokitok included Itilal Dispensary, Kimana Dispensary, Olgulului, Olorika Isinet and Namelok. The other sites provide services in an integrated manner and not necessarily as a distinct service designated for the youth.

During the quarter the project in collaboration with the Ministry of Public Health and Sanitation organized an update meeting for HMTs and DHMTs on guidelines and policies for the implementation of youth friendly services (YFS). The meetings drew participants from Kajiado and Loitokitok districts and were from GOK, government and FBOs. A total of 50 participants were sensitized on current YFS guidelines and implementation strategies. It emerged from the meeting that youth constitute a large percentage of young people 10-24 years constitute 36% of

the total population. High teenage pregnancies Rift Valley leading with 31% compared to national average of 23 %. 12 % of facilities provide YFS in Kenya with a majority sites offering HTC and recreational activities only. Supported GOK facilities were able to reach the youth with various services that included HCT, STI screening and treatment, FP, ANC and PNC services, life skills and career guidance among others.

ii. *Provision of RH/FP counseling and HTC services:*

During the quarter the project continued to provide RH and HTC services to youth through organized HTC and RH campaigns and through youth friendly centers. ICL organized several testing campaigns during 1st year's orientation and during events around Valentine's Day. A total of 701 individual were tested during such campaigns while a further 487 were provided with other wrap around services including breast cancer screening (262), BMI (115), Blood sugar testing (110). In Kitale, 115 (69 males and 56 females) young people in reproductive age were reached with RH information provided by the nurse attached to the HI supported YFC sites. As a result of the talks, 4 young women accessed breast cancer examination, while 18 male were referred to the district hospital STI clinic for treatment. A total of 566 (343M) clients were counseled and tested at the Chanuka, Moi's Bridge and You and I resource centers. 15 clients (8 male and 7 female) received positive results and were referred to the CCC and support group appropriately.

iii. *Training of youth peer educators*

During the quarter, the project trained youth peer educators to expand peer education activities and to replace peer educators who have left the program. A selection criterion which detailed the recruitment process and eligibility informed the selection process. To link with CS, the partners selected peer educators from areas where community units exist and involved CHEWS and CHWs in nomination of peer educators. The program also used MOYAS officers and Matatu/Boda boda Sacco officials (to mobilize transport sector) to identify groups of youth from where PEs could be selected. Training was conducted by ToTs earlier trained in APHIA II who were refreshed on APHIAplus project and oriented to the reporting framework and the youth curriculum currently in use.

iv. *Peer education sessions for youth in tertiary institutions:*

Peer education activities in tertiary institutions continued reaching a total of 1575 students (855 male and 720 female) who completed the 5 minimum sessions based on prioritization of health issues among students. The number of peer educators reporting in the tertiary institutions increased after ICL created an incentive scheme to motivate the peer educators and worked with PEs to develop a semester PE work-plan. A mentoring program has also been introduced to mentor PEs on non-health matters such as career planning, economic strengthening, personal branding etc. Shuga I was used to trigger discussions on HTC and other health issues.

v. *Peer education sessions for out of school youth in informal and low income settlements*

Youth peer educators continued carrying out the PE sessions guided by the youth activity guide and informed by peers needs. The program technical team provided guidance to the partners and peer educators on how to prioritize topics for PE sessions using a modular approach. The

modular approaches appreciate that different youth may require different sessions e.g. male youth may not need to delve into the intricacies of FP but concentrate more on male involvement. Similarly, youth in church groups may require sessions that promote AB through life-skills as opposed to youth in other high risk settings. In all, youth peers are expected to conduct 8 sessions before they can consider a peer to have been reached. During the period under review 1589 youth (795 male and 794 female) were reached in group sessions. This number has considerably gone down as the program was introducing new reporting tools and new peer educators were being trained.

The resource centers established in Naivasha continue providing a meeting space for youth to meet and carry out sessions. A total of 1291 youth visited the resource centers to watch educational videos, participate in group discussions and access printed IEC material.

vi. *Peer education session for married couples.*

Interventions in churches targeting couples continued this quarter with 149 couples being reached through sessions. The sessions were conducted either with pairs of couples or among males and females separately. Adult peer educators worked closely with clergy in their respective churches to educate their peers on importance of communication among married couples, how to overcome communication barriers between youth and their parents, to enhance faithfulness and understanding and minimize risks associated with multiple sex partners in addition to addressing issues of parenting and child labor. The sessions have also been useful in increasing uptake of MNCH services, particularly male involvement. In Chepkopegh Health Centre (which is within CCS PE area of operation) for instance, the officer in charge reported an increase of clients seeking FP services by 25% (from 40 to 50 new clients) since the beginning of the year. The health center also saw a significant response by men in accompanying their wives with 6 men going to MCH/FP clinic with their wives. Peers who failed to attend sessions were reached through one-on-one sessions.

vii. *Workplace intervention*

Four partnership agreements were signed this quarter. These were between APHIA plus and Fontana flowers, Rongai Workshop and Transport, Van Den Berg limited and Shalimar flowers limited. Following the signing of these agreements the following activities were undertaken.

- **Management sensitization:** Two management sensitization meetings were conducted for Stockman Rozen Kenya Limited and Mugotio Sisal Plantation Limited with a total of 21 participants.
- **Steering Committee Training:** Two steering committee trainings were undertaken this quarter. The companies involved were Schreurs Naivasha Limited and Finlays Horticultural Kenya limited Naivasha. A total of 26 health committee members were trained.
- **Peer Educators Refresher training:** One peer educators refresher training was undertaken for Panda flowers limited bringing together 29 participants being 10 males and 19 females.

- **Peer education sessions:** During the peer education sessions were conducted reaching a total of 557 peers in three months. The other workplaces are being taken through the new tools and next quarter they are expected to report on the numbers recruited for group sessions.

viii. *Male Circumcision*

During the reporting quarter, the trained VMMC personnel supported HIV related activities at Nakuru PGH while awaiting the completion of the ongoing renovations in OPD that included the minor theatres. At Naivasha DH the team continued with provision of the VMMC services despite inadequate supply of surgical packs and other pharmaceuticals. A total of 15 circumcisions were carried out mainly in Naivasha using the limited available resources at the hospital. In addition, APHIAplus Nuru ya Bonde participated in the two regional taskforce meeting in Kisumu and two national VMMC task force meetings in Nairobi. The project was also allocated 43 packs each containing 20 disposable surgical packs.

ix. *Sex work interventions*

During this reporting period, the interventions were implemented in eight (8) priority sites namely: Nakuru municipality, Salgaa truck stop, Makutano truck stop, Gilgil, Naivasha Nanyuki, Narok and Ngong Township. Through peer education and outreach, the 335 active peer educators conducted group sessions through which a total of 1541 completed the eight (8) modules identified for sex workers.



Pic 4: Sex workers group session with Equity Bank

A total of 1892 sex workers had been enrolled in the group session. Of those enrolled, a total of 880 sex workers visited the drop-in centers and underwent the risk assessment, risk reduction counseling and skills building sessions.

224 FSW were provided an HIV test after the counseling sessions in the two DICs that are currently providing full time CT services out of who 50 tested positive (22%). The FSW were also screened for STIs, TB and FP needs and as a result 53 were treated for STIs and 25 provided a modern contraceptive in addition to condoms.

Integrated outreaches to hotspots continued this quarter in various sex work hotspots with three (3) outreaches conducted in Nanyuki, Naivasha and Salgaa. A total of 391 clients were tested for HIV out of whom 131 were sex workers and the others drawn from SW clients and other members of the public in the hotspots. 22 people tested positive for HIV and were linked to the link facilities in each site for care and treatment.

Condom promotion and distribution continued in all sites with a total of 245,835 pieces of male condoms distributed out of which 37,642 were distributed directly to sex workers during service

delivery at the DICs while 208,193 were distributed to the 36 identified condom outlets which include bars, sex dens and other areas where sex workers and their clients interact. A total of 4000 female condoms were received from NASCOP at the end of the quarter and will be distributed in the next quarter.

Economic empowerment in partnership with the Equity Group Foundation continued this quarter with a total of seventy seven (77) sex workers trained on financial literacy. A further four (4) were trained a SILC agents and will be supported to facilitate formation of SILC groups among sex workers in Salgaa and Makutano truck stops. In partnership with the Digital Opportunity Trust, a Canadian NGO, 14 sex workers are being trained on entrepreneurship. Four (4) self-help groups with a membership of 76 sex workers were registered this quarter (2 Narok and 2 Nanyuki). The groups draw their members from among those who benefited from the financial literacy training. Two (2) groups are currently undergoing further orientations on entrepreneurship with support from the Women Enterprise Fund in preparation to accessing funds.

From among the sex workers who tested positive, 45 have enrolled in two support groups formed at the DICs. The groups have been linked to the APHIAplus Home and Community Based Program to ensure that they access psychosocial support and the PWP interventions.

x. MSM/MSW interventions:

The MSM intervention this quarter was implemented in Nakuru town with the 18 active peer educators enrolling new peers for the peer education sessions. A total of 68 peers were enrolled and are currently participating in the peer education sessions. By the end of the quarter, no group had completed the six modules identified for MSM/MSW. The peer education data will be reported in the next quarter.

In order to increase the reach among the MSM/MSW populations in the region, identification of MSM/MSW hotspots was conducted in Nanyuki and Narok towns. By the end of the quarter, ten (10) key informants had been identified in Nanyuki town and four in Narok town. The identified MSM/MSW in the two towns will be trained in peer education and outreach to MSM/MSW and supported to mobilize their peers to access services at the established DICs in the towns in addition to participating

xi. Interventions targeting prisoners:

30 senior prison officers and health officers from correctional facilities within Trans-Nzoia and West Pokot counties underwent a one day sensitization meeting in anticipation of interventions with prisoners to be facilitated by wardens. HI and prison dispensary in-charges organized 2 integrated outreach sessions at Kitale Main and Medium prisons reaching 178 (163 males, 15 females) inmates with HIV counseling and testing services, 10 inmates with TB screening and 39 inmates with STI screening. 2 inmates were referred to Kitale District Hospital CCC while 10 male inmates were referred for TB treatment and 14 others for STI treatment.

RESULT 3.2: Increased Demand for an Integrated Package of Quality High Impact Interventions at Community and Health Facility Level

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

i. *Popular mobilization using Community Radio:*

One planning meeting was held this quarter to plan for the radio program. The meeting brought together DASCO: Kwanza District, District Health Information Officer: West Pokot District, District Health Information Officer: Trans Nzoia West, HI: HIV&AIDS Project Officer and Radio-in-charge. Subsequently, four radio programs have been aired in radio Imani during March.

ii. *Mobilization for health services uptake through community drama:*

The MT troupes continued to engage the community in mobilization for health services by promoting seeking early treatment. The MT troupes have also played key role in addressing social norms such as gender and promoting girl child education. In Chepareria, the MT troupe engaged the community in addressing issues of food storage after receiving relief food. In Moi's Bridge, West Pokot and Trans Nzoia, the MT troupes have partnered with MOH to create demand for uptake of HCT, immunization, Trachoma vaccination and reproductive health services during MOH integrated outreaches.



Pic 5: Community Mobilization for services

reproductive health services during MOH integrated outreaches.

iii. *Linkages with national health campaigns*

During the quarter under review, the project supported 3 G-pange road shows in Naivasha, Eldoret and Rongai by mobilizing youth to participate and take up services. During the event, 946 adults while 700 young people 15-24 accessed HTC services. 3785 condoms were distributed.

iv. *Y-PEER networking activities*

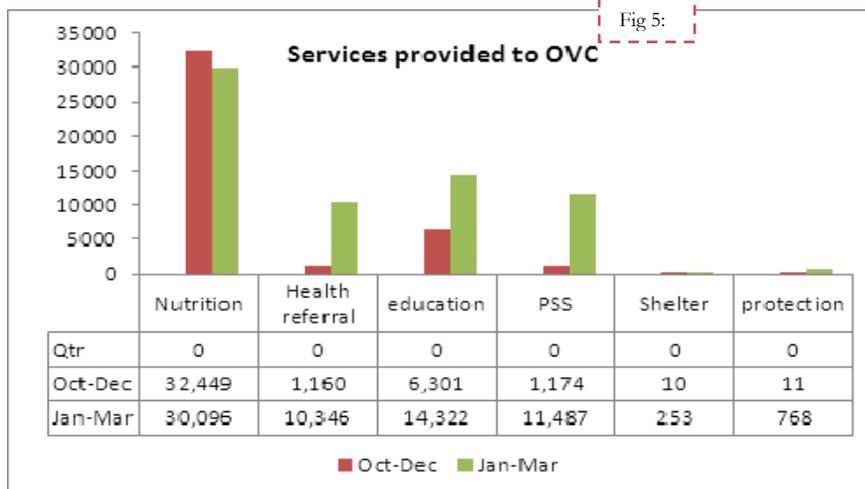
During the quarter, the Y-PEER focal points met to plan for networking activities anticipated to begin in the coming quarter. The Y-PEER FPs have played a key role in mobilizing youth to submit abstracts to the NOPE conference coming up later in the year.

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

The Social Determinants of Health interventions target MARPS and other vulnerable groups including OVC and HCBC households across the 12 counties of Rift Valley Province. The interventions address a cross section of issues which include services to OVC/HCBC HHs, economic strengthening, education and life skill, food and nutrition, WASH and protection; all targeted to improve the health and well- being of the HHs served by the project.

The project served 67,272 OVC out of 74,975 OVC as per the table below. The yearly target is 95,000 OVC. As of the last quarter, the total number of OVC who had been enrolled into the program was 84, 489. However, out of this number about 10,000 were over 18 year of age. They have since been expunged from the data base and the program is working with partners on a transition strategy for these children.



The enrollment to replace OVC who were dropped after the vulnerability assessment will start in the following quarter

The key activities of the quarter included finalization of HH vulnerability data entry, provision of 6+1 services to OVC,

recruitment and training of SILC field agents, training of CHVs on HCBC, support supervision by TOTs and household visits to HCBC clients and orientation of the CHVs on new reporting tools.

The program also worked with several stakeholders to leverage resources and services to vulnerable HHs especially in the area of food and nutrition, school fees and protection.

The total number of HCBC registered clients is 20,191 the total number of new clients recruited during the quarter was 422. The number of current active clients is 6,213. The total number of referrals for RH/FP was 1,533 and 41 for para legal services.

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

SILC activities: One of the most practiced methodologies to boost resources for economic activities across the project is Saving Internal Lending Communities (SILC). Currently 3,399 HHs participated in SILC during the quarter under review with an accumulated saving of about Kshs. 5,145,967 up from Kshs. 3,489,214 in last in quarter. SILC activities increased within the program after training TOTs among Project's implementing partners the previous quarter. Partners recruited and trained seven SILC agents who in turn have trained support groups on SILC methodology. They have trained 30 SILC groups from Molo, Nakuru, Kwana, Trans Nzoia and Laikipia areas. The SILC agents also provide support supervision and link the groups with District Social Development Office, Youth Affairs Office and Microfinance institutions.

In Laikipia 544 participants are servicing their SILC loans up from 522 in the previous quarter. The loans have been utilized in a wide range of activities including in businesses start-ups and support of other household HH needs.

Other economic activities

Support groups within the project are engaged in various small scale businesses in the region. According to the vulnerability assessment conducted recently 2,468 HHs are doing small scale businesses and 5,863 HHs are doing small scale agricultural activities. Members of support groups are engaged in activities such as: Rabbit farming, bee keeping, soap making bead making.

The project also linked one of the IPs, ENOCOW from Narok to Kenya Women Finance Trust (KWFT). Twenty three caregivers accessed credit of between Kshs. 9000 to 20,000 each to start small businesses. In addition, KWFT provided business training to Tilol support group in Keiyo.

During the quarter, KCIU one of the APHIA plus IP, was supported during this quarter by the NACC with TOWA funds. KCIU is using the funds to train 6 support groups of people living with HIV on small scale businesses and food security improvement. 86 OVC/HCBC households are benefiting from this program.

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

Kenamakegh together with Alakara Self Help Group expressed their interest of starting up bee keeping. Through APHIAPlus project, they have been linked to CABESI an organization which deals with honey processing and camel promotion, training the locals on bee keeping and marketing the honey products for the local farmers. CABESI also deals with silk production through training local farmers on how to keep silk worms and how to get the thread from the worms. CABESI is affiliated to the International Centre for Insect Physiology and Ecology (ICIPE).

Access to markets has been a great challenge to most support groups supported under APHIAplus Nuru Ya Bonde. During the quarter under review, the Project linked two support groups in West Pokot to CABESI, a local NGO who trained the support groups on beekeeping. CABESI will provide a ready

market for them once they harvest the honey. The MoA provided the training and land for bee keeping to the two groups. The Ministry has promised to establish a demonstration plot where they will be training on agriculture and issuing seeds and fertilizer to the support groups.

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

APHIAPlus Nuru Ya Bonde has put in place various strategies to address food security and improve the food nutrition among the marginalized and vulnerable groups. The strategies include training food insecure groups to start kitchen gardens and livestock farming, leveraging for direct food support for the most vulnerable families and screening for malnutrition and linking to Food by Prescription through collaboration with the Nutrition HIV program. (NHP)

Food security activities:

Jipe Moyo support group in Nandi Central started 8 month ago, and is involved in a number of food security initiatives. They have:

- *Poultry keeping*
- *Kitchen garden in each of the members' home as well as a group*
- *They have planted vegetables like sukuma wiki and green grams in one of the members' garden for food and sale especially during dry season.*

On a monthly basis the group members contribute fifty shillings which they use to purchase more poultry.

During the quarter, the Nakuru PGH farm harvested 3,045 Kgs. of vegetables, which were distributed to various sites across the region. 285 Kgs. of vegetables went to feed in-patients at the Provincial General Hospital and 1200 packets of dried vegetables were produced and distributed to HHs outside

Nakuru region. Vegetables packages were also distributed to 646 households with children and adults with malnutrition. Among those provided with vegetables were those identified with malnutrition through the NHP community distribution program being piloted in Nakuru County?

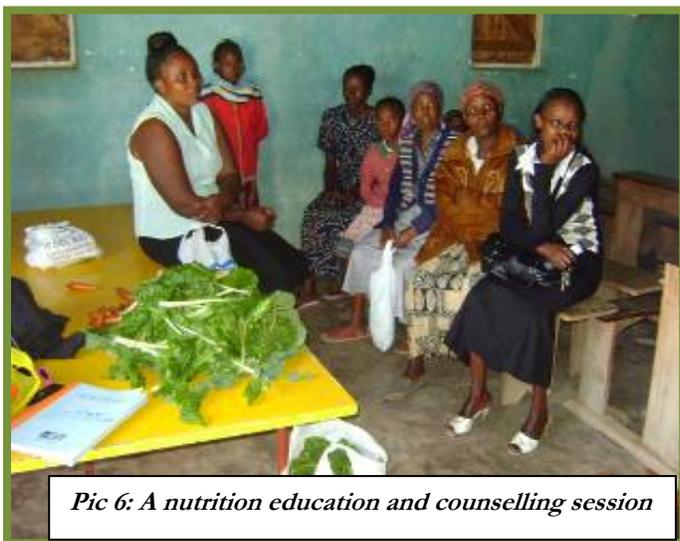
In Keiyo South, Kocholwa and Setana CHVs trained caregivers on kitchen gardening and how to plant short term crops like sorghum, cow peas and indigenous vegetables. In order to increase access to adequate food to OVCs in the agricultural practicing communities, the project is liaising with the Ministry of Agriculture to supply seeds and fertilizer to the needy households. The District Agricultural Officer in West Pokot has received the list of needy OVC households from the lower part of Pokot where there are frequent droughts. Currently the project is mobilizing churches in those areas to donate food for these families. In Narok South, seven7 caregivers benefited from a community sensitization meeting organized by the MOA to promote awareness on the Piga Njaa Marufuku Project. The community also learnt appropriate techniques in drying maize.

Food leveraged from linkages with other partners

During a recent vulnerability assessment carried out within the APHIAP *plus* supported HHs, 79.9% of the HHs admitted facing food challenges within the last one year. One of the strategies applied by the project is leveraging food from Provincial Administration, well-wishers and food supporting organizations. In line with this, the project linked households to different partners, who provided food to most vulnerable OVC and HCBC HHs. During the quarter, 274 HHs benefitted from food donated through the provincial administration. These HHs received food in terms of rice, maize, beans and cooking oil. Another 2,743 HHs received food from various partners such as AMREF in North Rift, Neighbors Initiative Alliance (NIA) in Kajiado and Regenesis limited who are proprietors of lentile ranch in Laikipia North.

224 guardians from Naivasha also received seeds in order to initiate organic farming and 20 of them also received dairy sheep from MoA through the area chief.

Nutrition Education and Counseling



Pic 6: A nutrition education and counselling session

Access to food and nutrition education and counseling remain key areas of focus as the program seeks to improve the health of the families within the project. Nutrition counseling and education are done through community health workers visiting the HHs and also through health talks in various forums of the program. Through the trainings on nutrition education and counseling supported by APHIA *plus* partner FHI360 NHP program, the communities' health volunteers have been educating the households on nutrition and also offering

counseling to those at risk at the grassroots level. The project through the NHP program screened 4,245 OVCs (M- 2173 F- 2069) from the community for malnutrition. Children with moderate and acute malnutrition were referred to the health facilities for management.

During the quarter under review the project reached 2,253 HHs with nutrition education and counseling. The Project in collaboration with NHP is currently piloting distribution of food by prescription through the community DICs in Nakuru County. In total 128 clients were referred and given FBP for treatment of malnutrition. The pilot sites dispense commodities to 90 (M-43 F – 47) clients as CHW continued following up and monitoring the use of FBP.

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

Education Support

All children have the right of education, but this right is sometimes compromised, because of the economic burden caused by HIV/AIDS within the OVC HHs. To ensure that OVC get an equal opportunity to education, the program supports OVC for education through direct payment of school fees, provision of school uniforms, and scholastic materials and offers vocational training for older OVC. The project also provides sanitary towels for all girls of age in the program to ensure that their education is not interrupted during their menses. Given the high proportion of children who need education support, the project works with other stakeholders, well-wishers to lobby for education support and Government to advocate for children retention in schools.

Apart from education support, APHIAplus Nuru ya Bonde is also partnering with the Ministry of Education , Local Implementing partners during and schools through junior Farmer Field and Life skills schools, to equip all children with life negotiation skills.

Life Skills: To start up interventions for in-school youth, the program held one planning meeting with provincial committee from the Ministry of Education to plan for rolling out of the LSE in schools. The meeting agreed on key start-up activities including sensitization of DQASOs, initiating contact with KIE and annual work-plan development meeting and scheduled dates for

Pic 7: A Life skills session



the activities. Life skills are also being imparted to OVC during the health action days and through the Junior Farmer Fields and Life Skill schools initiated in some schools by the project. During the quarter children's clubs and youth club managed to reach 3,198 OVCs (1700m, 1498f) with life skills support through the sessions held at the community level in trying to educate them to be responsible people.

Junior Farmer Field Life Skill Schools (JFFLS) clubs aim at educating OVC on agricultural skills, HIV prevention and life skills. The project is currently supporting 33 JFFLSs within the project coverage area.

JFFLS clubs in the program are reaching 430OVCs with prevention life skill and agricultural skills. Activities that clubs were involved in during the quarter included: rearing chicken, vegetable gardening, debating on various topical issues such HIV/AIDS, life skill training and discussion on child rights and environmental issues.

In addition to providing life skills to marginalize children, the resource centers in Naivasha continued to provide a safe space for street youth. A total of 178 (168M) street youth participated

in project activities during the quarter. This involved health education sessions. 3 street youth were re-united with their families.

4.4.1 Enhancing access to improved water supply and sanitation.



Pic 8: Children learn the importance of hand washing from a CHW in Lanet area

Through the Community Health Units the project is reaching households with the WASH messages emphasizing the importance of hand washing to all household members and reaching children during the health action days. The CHWs within the community units are also distributing water treatment agent such as aqua tabs acquired from the health facilities. 54 OVCs in Lanet area were taught how to wash their hands using soap and water or ash. 40 HH s were reached with water and sanitation messages

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

The project is using multiple strategies to ensure the protection of OVCs and survivors of sexual assault in the program in the project areas. The strategies included advocacy for social protection, engagement with community child protection structures and partnership. The project is also working with the community structures such as AACs, the police and the Health facilities to sensitize them on the importance of child protection and protection of victims of sexual violence.

Birth certificates

The project assists OVC without birth registration to acquire birth certificates. The project has been working with the district registrar and schools to help the OVC get birth certificates. During the period under review the project processed 482 birth certificates for the OVC in the program.

Child protection

The project partners with other stakeholders and the government to handle child protection issues, and sensitize the community on children rights and protection. Working in collaboration with the local GoK administrators and Caritas Nyeri's Justice and Peace Building Program, 2 OVCs were rescued from early marriage. One of the girls is a student at Ilpolei Secondary school who had benefited from education support. Working with the school principal and the mother (who was not aware of the planned marriage by the father), the girl was hosted by another family near the school. The other girl had just finished her class eight and was due to join form one. The girl was rescued and placed in Nanyuki Children's home.

8 cases of child abuse in Molo, Elburgon and Nakuru where we linked them up with the help desks at the police station and the chiefs office where they are being supported. Additionally, 197 OVCs received information on children's rights. 9 paralegals comprising of chiefs, church leaders, local leaders and support group representatives attended a progress deliberation forum. One person was arrested and jailed for 7 years after raping an orphan in Nandi East. The CHV reported the matter to District Children Officer who reported the same to police and followed up to ensure that justice is administered.

One OVC in Keiyo south who was sexually abused accessed medical care and the culprit is now in police custody awaiting charges. This was through the intervention of the community members, earlier sensitized by the program on children rights.

The Project Coordinator for Catholic Diocese of Eldoret attended a four days' workshop on child protection organized by World Vision and facilitated by Children's Department. The workshop was geared towards equipping child protectors with knowledge on how, when and where to intervene on child protection issues with a Right Based Approach.

Shelter and care

Home visits were conducted by project staff to household whose houses were renovated by the program to assess whether the renovations are making any difference on the children's wellbeing. 19 OVC were also provided with blankets

Through support supervision and home visits by CHVs in Trans Nzoia and West Pokot counties a total of 581 were found to require shelter related support; home visits were conducted to some households by the volunteers with support from field officers to re-assess and confirm the actual situation of the houses. Community members within the neighborhood of 3 households in the three districts have been mobilized; they have collected and delivered construction materials to the sites. This activity will be accomplished next month. *These children also continue to receive support from the project with 2 OVC households repaired. 12 children also received beddings in form of blankets during the quarter. FAIR sourced and distributed home clothes to 24 needy OVC*

Students from Sameoi High School Christian Union in Nandi East, have donated 16 gunny bags of clothes for OVC in the projects which were collected in February 2012. Pastors Network Nandi East purchased toiletries for 30 OVC from their churches. One household with leaking roof in Riwo location of West Pokot was identified and the community was mobilized and it was renovated. Iron sheets were provided by the Catholic Church.

Psycho -social support

During this quarter, the project conducted mobilization and sensitization activities to OVC clients and their caregivers in order to create awareness on the PSS needs of the OVC. Different PSS services were provided to the OVC which included: spiritual counseling, emotional counseling, family counseling, and bereavement counseling.

During the period under review, a total of 40,658 OVCs received psychosocial support largely through CHVs visits to HHs and through children clubs and children support groups.

Quarterly Children Assembly / Committee Meeting to enhance child participation

On strengthening and improving the child involvement and participation, FAIR held quarterly children's assembly/ committee meeting led by the Nakuru Children's Officer that brought together children (10 female and 10 males) from all the 10 drop in centres held in Nakuru and having them share feedback from the committee meetings they have been having at the community level. 4 OVC were selected attend the Nakuru county assembly committee.

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

During the quarter, 15 project accountants from 15 local implementing partner organizations were trained on financial management and on use of Quick Books accounting software. The organizations were also provided with Quick books accounting system. The aim of the training and provision of the software was to improve financial recording, management and reporting at partner level which had been identified as a great challenge the partners were facing while using paper based/manual accounting systems.



Pic 9: LIP accountants attending QuickBooks training

The implementing partner accountants trained were ENOCOW, KCIU, NADINEF, ICL, LIFA, FAIR, and Catholic Diocese of Kitale, Catholic diocese of Eldoret, MFMM, WOFAK, ESM, Deliverance Church, MAAAP, K-NOTE and BOH. These partners are now generating monthly financial reports using QuickBooks.

Orientation of IP on Human Resource and Administrative Procedures

Implementing partner organizations within the Nakuru County underwent a one-day orientation in human resource management and administration procedures to ensure compliance with organizational and donor policies. Among the key areas covered were inventory procedures, human resource files for staff, performance review and timesheets. This was a participatory orientation and was facilitated by APHIAplus staff. Participants were encouraged to share their organizational practices and experiences. Tools used by FHI 360 were shared with participants for adaption and/or improvement of those they had in use.

Local implementing Partners Support Supervision

During the quarter, program officers together with the M&E officers and the technical officers provided scheduled technical assistance to implementing partners aimed at monitoring the project implementation process and improving quality of service delivery. The support supervision was done at different levels as follows; IP level through review meetings,

community health volunteer levels through monthly meetings and assessment of field activities, and at the beneficiary levels through household visits. For LIPs implementing OVC/HCBC activities, the focus was on addressing irregularities in OVC selection and eligibility criteria, alignment of OVC program structures with the community strategy, equity in provision of benefits to beneficiaries, project documentation (filing systems), OVC service provision data management and data entry into the longitudinal database management information system (LDMIS), reporting, increased engagement with OVC and their caregivers, and leveraging resources among other areas. For IPs implementing health communication activities, the focus was realignment of peer education activities within community structures, guidance for conducting quality peer education trainings, guidance on how to provide quality youth friendly services, reporting, and overall delivery of quality health communication interventions. During these support supervision visits, the IPs were given detailed feedback on their quarterly and monthly progress reports, while highlighting areas that required improvement. Key findings were documented with clear timelines and strategies defined for addressing gaps thereof and agreed-upon action points.

During this quarter, a number of capacity building activities took place, among them was HCBC and PWP trainings, technical staffs were also given an oriented on the new LDBMS in Nakuru.

HCBC trainings

154 CHVs from the region underwent a ten days training on Home Based Care facilitated by TOTs from the MOH. The training was facilitated by the Ministries of Medical Services and Public Health and Sanitation. The CHVs noted the HCBC program is a noble intervention since it embedded in the Islamic religion which strongly advocates for visiting the sick. The field visit also helped reduce the stigma that had been evident with the HCBC client. Some of the neighbors to the HIV clients who were promised to support the clients in any way they could.

Community PWP trainings

The project supported 5 days training on community PWP service providers training in Kitale for 31 PLWHIV from 31 support groups among them, CHWs and PLHIV support group leaders. The participants are expected to start training their support groups members. The project also received support from Uzima Access in form of 150 flip charts to support service provider trainings on community PWP.

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

During the reporting period, District Health Stakeholder Forums were held in four districts namely Laikipia Central, Laikipia East, Naivasha, Loitokitok and Njoro districts. APHIAplus participated in the forums and provided financial and technical support to the districts.

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

To strengthen and improve child involvement and participation, the program held quarterly children's assembly/committee meeting, aimed at bringing children from all the 10 OVC drop-in-centers in Nakuru County to one venue in Nakuru, to share feedback from the committee meetings they have been having at the community level. The children raised various issues which included the need to provide timely services, having exchange visits among themselves; and the importance of giving children issues the attention they deserve. Present was a representative from the Nakuru district children's office.

The issue raised on timely provision of services has been taken up by management and action taken. Apart from this, the program also secured four slots for children to attend the county assembly committee planned for April in Nakuru.



Pic 10: Members of the Children Assembly committee

Other activities

OVC QI activities' update: In the period under review, APHIAplus completed the household vulnerability assessment which will form the baseline for QI roll out after a QI refresher training. The initial QI rollout in the region was hindered by the OGAC audit which resulted in a total review of the APHIAplus Nuru ya Bonde OVC data collection and reporting system.

The household vulnerability assessment was completed for all OVC households in the period under review and CSI applied. The data entry is almost complete and 59,501 OVC CSI, bio data and household vulnerability assessment data has been entered in the system. The CSI data will be used as the baseline for the QI rollout after the training scheduled in April 2012. All the DCOs and two APHIAplus staff were trained on QI in the period under review with support from URC. The project also participated in joint USAID meeting in which plans to roll out QI activities after the HH vulnerability assessment were discussed.

5.0 CONTRIBUTION TO HEALTH SYSTEMS STRENGTHENING (RESULT AREA 1 & 2)

Community Health System: The project continued participating in the technical working on HCBC and community PWP initiated by the South Rift HCBC coordinator. The group provides a forum to discuss issues affecting HCBC and community PWP activities in the region and provide the necessary feedback after trainings. In various regions the DASCO and DCO provided support supervision to project sites.

6.0 MONITORING AND EVALUATION ACTIVITIES

In year two the project is working to strengthen the capacity of both MOH health providers and implementing partner's staff to record, report and use data for decision making through four main strategies. The achievements for the quarter are reported under each of these strategies

6.1 Capacity Building of project M&E Officers on key interventions and reporting requirements

During the quarter interviews were conducted to fill the positions of M&E Officers and Data Manager. The positions will be filled in the next quarter. Orientation meetings were also held to improve their understanding of technical areas and their related M&E expectations. The following technical sessions were held in the quarter

- A three day APHIAplus Nuru ya Bonde Clinical Mentorship Team orientation
- AOVC/HCBC tools orientation and review meeting with OVC LIP
- Health communications tool orientation meeting for staff. The meeting covered health communication year II targets, strategies, indicators, on-going processes, challenges and populations in focus; Health communication indicators, minimum package for PWP, MARPS and reviewed data collection tools for individual, , group outreaches and drop in centres.
- A one day orientation meeting on LDBMS features; modules; reports; key findings objectives of LDBMS; OVC targets and exiting. This was to build the capacity of staff to use and support the IPs in using the system.

6.2 Capacity Building of MoH/NACC/IP systems, structures and personnel on data collection and reporting:

Several activities were conducted to improve on recording at facility level. A three day orientation of the clinical team including newly hired mentors was conducted on HIV/AIDS integrated tools. This was aimed at equipping them to support health workers to use the standard tools. This was followed by retraining service providers by the DHRIOs and M&E Officers at county level to address gaps identified. Priority for training was given to PMTCT and ART sites. A total of 587 HCWs from different counties were retrained on care and treatment tools including PMTCT tools using the national curriculum. The training also focused on definitions

and interpretation of key ART indicators and completion of tools. A further 25 health care workers from Kajiado Central were newly trained on PMCT and HTC tools.

At the community level, peer educators across different implementing partners were trained on the new health communication data collection and reporting tools. A total of 354 peer educators from Nakuru and Narok counties were trained. They were drawn from NADINEF, KNOTE, ICL, FHOK and FAIR. Two IPs from Laikipia East were also mentored on monthly, quarterly and DQA report writing. Additionally 15 IP staff from CCS, CDE, CDK, MFMM and HI were oriented on reporting requirements and PEPFAR indicators for reporting

To ensure that IP staffs understand reporting requirements, an orientation was conducted for 11 NADINEF field coordinators and one M&E Officer from KCIU. The aim was to strengthen data collection and reporting. In addition, 424 CHVs were oriented on new reporting tools (OVC/HCBC) and post scholarship application forms from ENOCOW [65] and NADINEF [359] (OPF, KIPOK Olepolos, Ewang'an, SEMADEP, Kikuyian, and Olmarei Lang)

In addition to orientation of users to the tools, the project also supported reproduction and dissemination of standard tools such as the ART Daily Activity Register and the HEI registers from a few copies received. The project also supported the collection of standard tools from the Division of HMIS and NASCOP from the national level and distribution of the same to district and facility levels.

Site visits were also done to provide mentorship in recording and reporting. A total of 11 health facilities were visited in Nakuru to provide mentorship on HEI cards and registers. Onsite mentorship was also done for 30 service providers at nine sites with the aim of transitioning to new tools; - MOH 257, MOH 361A&B, MOH 728 MOH 366 & MOH 731. These sites were Sigor DH [2], Kapsara DH [3], Kacheliba DH [3], Narok DH [10], Ololulunga DH [3], Sogoo HC [2], Enabelbel HC [2], Ntulele Dispensary [2], Nairegi Enkare HC [3]).

Support to strengthen the CHIS

During this quarter, a total of 60 CHEWs and 29 CHWs drawn from Nakuru Central, Rongai, Nakuru North and Subukia were oriented on community strategy and CBHIS. In Narok, the M&E Officer participated in a training to increase capacity of 48 CHWs on community strategy at Olorurto Community Unit and preparation for collection of HH data.

Support implementation of DHIS

Support visits were carried out to 3 new districts to support DHRIOs to use DHIS. During the visits, DHIS was reviewed to assess the challenges that are experienced by DHRIOs in entering data. Rongai and Subukia had no major challenges in that they had a functional computer for data entry, access to airtime and staff entering data were trained and updated data promptly

Improving Data Quality

Following the introduction of new ART program reporting tools, follow up visits were made to support staff in transitioning the data from the old to the new tools as required. In some cases the ART data had to be reconstructed to improve the quality e.g. Ndindika HC. Technical assistance was also provided to 8 ART sites in the quarter in North Rift (*Kacheliba DH, Sigor DH, Kapenguria DH, Kapsara DH, Kapcherop HC, Chebiemit DH, Endebess DH and Chepareria SDH*). This was related to improving the quality of data being generated by the ART sites and service provision. Support to partners and districts to conduct routine data quality assessments continued in the quarter. Two DHMTs (Koibatek and Mogotio) and 1 HMT (Eldama Ravine DH) were oriented on the DQA strategy which saw two DQA teams formed the teams have since met and planned to undertake DQA in the next quarter.

Another 12 DHMT members in Njoro were oriented on data quality improvement processes aimed at strengthening their capacity to institutionalize and conduct data quality improvement through an established DQMT. The orientation covered the multi-indicator tool and involved discussions, brainstorming sessions as well as PowerPoint presentations. At the end of the training, a 9 member DQMT headed by the DHRIO was formed. The DQMT planned for DQAs the following quarter.

In North Rift, seven (7) DHRIOs were engaged in reviewing data reported by sharing with them noted errors from the MOH 711A reports on a monthly basis. Six (6) DHRIOs actively participated in the ART data cleaning process in North Pokot, West Pokot, Central Pokot, Trans Nzoia East, Kwana and Marakwet districts.

ICL, a prevention implementing partner, carried out an RDQA this quarter focusing on Egerton University in Njoro and Rift Valley Institute in Nakuru Central District. The assessment indicated an improvement in data quality.

6.3 Strengthening the demand for data and information use by project staff and health care workers

The project continued to support facility review meetings in order to promote use of data to review performance and inform planning. 22 districts received support to hold such meetings.

Further developments on LDBMS/ART EMR

Further development continued on the LDMIS to enhance its capabilities to improve on reporting and use of data beyond deployment in the last quarter. Site visits were also conducted to all OVC IP to support them in using the system. In addition, one day orientation of staff both TO and M&E was done to enhance their capacity to use the system.

Support data entry OVC/HBC household baseline assessment

During the quarter, the project continued to support IPs to complete the baseline assessment by providing financial support to hire temporary staff and computers for partners with the highest need. Site visits were also conducted by the M&E team to provide support in this process.

6.4 Challenges

During the quarter, shortage of the revised standard HIV/AIDS integrated tools namely ANC,, MAT, PEP, and PNC registers continued to be inadequate which means some facilities continue to use old tools.

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)

Gender

In response to unique need for adolescent mothers, the program deliberately trained adolescent mothers as peer educators who will initiate support groups for the adolescent mothers and provide health education to their peers in Naivasha.

Sustainability

The program continued to strengthen and work closely with institutional and community structures for sustainability. ICL negotiated and were offered space to carry out project activities in Narok University College and Mount Kenya Universities in Eldoret. This step by the administration reflects partnership and ownership of HIV program which will ensure sustainability of project actives even beyond project life.

In Naivasha, K-NOTE continued strengthening Church health Committees as project oversight structures and internal mechanisms of sustaining project activities.

ANNEX 1: QUARTERLY PERFORMANCE AND WORK PLAN STATUS MATRICES

ANNEX 2: SUCCESS STORY

Beekeeping skills to improve livelihoods

Support groups play a big role in improving the lives of families affected by HIV. Although they provide valuable psychosocial support, many of these groups lack sustainable sources of income to economically empower their members. APHIAplus Nuru ya Bonde assists these groups by linking them to support organizations in the community that provide skills and other resources for them to develop sustainable income-generating activities. With support from the project, two such groups, Kenamakegh and Alakara have joined hands to start a successful beekeeping enterprise. The groups came up with the idea of beekeeping during routine meetings with staff and volunteers implementing the APHIAplus home- and community based care/OVC program.

The project took up their request and linked them to Cabesi, an organization that trains local farmers on beekeeping, honey processing and marketing. Cabesi, which also promotes camel-keeping and silk worm farming, is linked to the International Centre for Insect Physiology and Ecology (ICIPE). The groups were also linked the group to the Ministry of Agriculture. District Agriculture Officer Everline Koskei allocated the groups a demonstration plot near a water source and with many trees, ideal for beekeeping.

A demonstration was set up and all groups members given hands-on training by Cabesi and the MOA on beekeeping, harvesting and processing. Some have already started aviaries on their own farms and more are planning to. In the long-run, when they are able to produce large quantities, the groups will be encouraged collectively collect, process and market their honey.



Mr. Paul Losute of Cabesi training Alakara and Kenamakegh self-help groups on beekeeping. The yellow boxes are samples of the different types of bee

ANNEX 3: ACTION PLAN FOR STRENGTHENING COMMUNITY UNITS

A. CHU GRADUATION PLAN

Quarter	# of CHUs to be supported to become functional	Target cumulative # of functional CHUs
May 15 th to 30 th June 2012	43	47
July 1 st to September 30 th 2012	49	96
1 st October to 31 st December 2012	18	114

B. PLAN OF ACTION

Levels of functionality	Identified gaps	Planned Actions	When
Functional Community Units	Low reporting rates	Convene meetings with DHMTs to inform them about the new position on stipend – that Kshs. 2,000 will be issued to CHWs on monthly basis BUT on ‘performance rewarding’ basis.	By May 31, 2012
	No monthly stipend for CHWs	Develop a CHWs monthly performance evaluation checklist.	By May 18, 2012
		Provide performance based stipend of kshs.2000 per month to CHWs	From May 31, 2012
	No CHWs kits	Provide selected content of CHW kit based on need.	Starting July 2012.
	Training gaps in technical modules	Identify the technical training needs based on the information from chalkboard & deliver the trainings as required.	By August 31, 2012
		Mentorship of the CHEWs through the multi-disciplinary team support supervision approach. (Community Strategy Project Officers to be part of this team always).	From June 2012
Semi - Functional Community Units	No monthly stipend for CHWs	Provide performance based stipend of kshs.2000 per month to CHWs	Starting May 31, 2012
	No referral booklets	Procure and distribute referral books (the ones specifically for level 1)	By August 31, 2012

	No CHWs kits	Provide selected content of CHW kit based on need.	Starting July 2012.
	No trained CHCs	Support basic training to CHCs using the new GoK curriculum.	By end of September 2012
	No chalkboards	Procure & distribute MOH 516 (chalkboards)	By August 31, 2012
	No bicycles for CHWs	Provide CHWs with bicycles. Each Unit have 10 Bicycles	By June 30, 2012
	CHCs have no action plans	Mentor CHC to o develop action plans	June 1, 2012.
	CHCs have not been holding quarterly meetings	Provide monetary support to CHCs to hold quarterly meetings	Beginning July 2012
	Monthly dialogue days have not been taking place	Provide monetary support to Community Units to hold monthly dialogue days	From June 2012
	Inadequate supportive supervision to the CHEWs by DHMTs.	Support DHMTs to conduct supportive supervision to CHUs	Quarterly
Non - Functional Community Units	No trained CHCs	Provide basic training to CHCs using the new GoK curriculum.	By Oct 31, 2012
	No trained CHEWs	Train CHEWs using the GoK curriculum.	By September 30, 2012
	CHWs not trained	Train CHWs using the GoK curriculum	By Oct 31, 2012
	Inadequate level 1 reporting tools (MOH 513/514/)	Procure & distribute MOH 513 & 514 to CHUs	By July 2012
	No chalkboard	Procure & distribute MOH 516 (chalkboards) to CHUs.	By August 31,2012
	Low reporting rates	Retool CHWs on data collection & reporting	Continuous
	CHCs have no action plans	Mentor CHCs to develop action plans	On-going

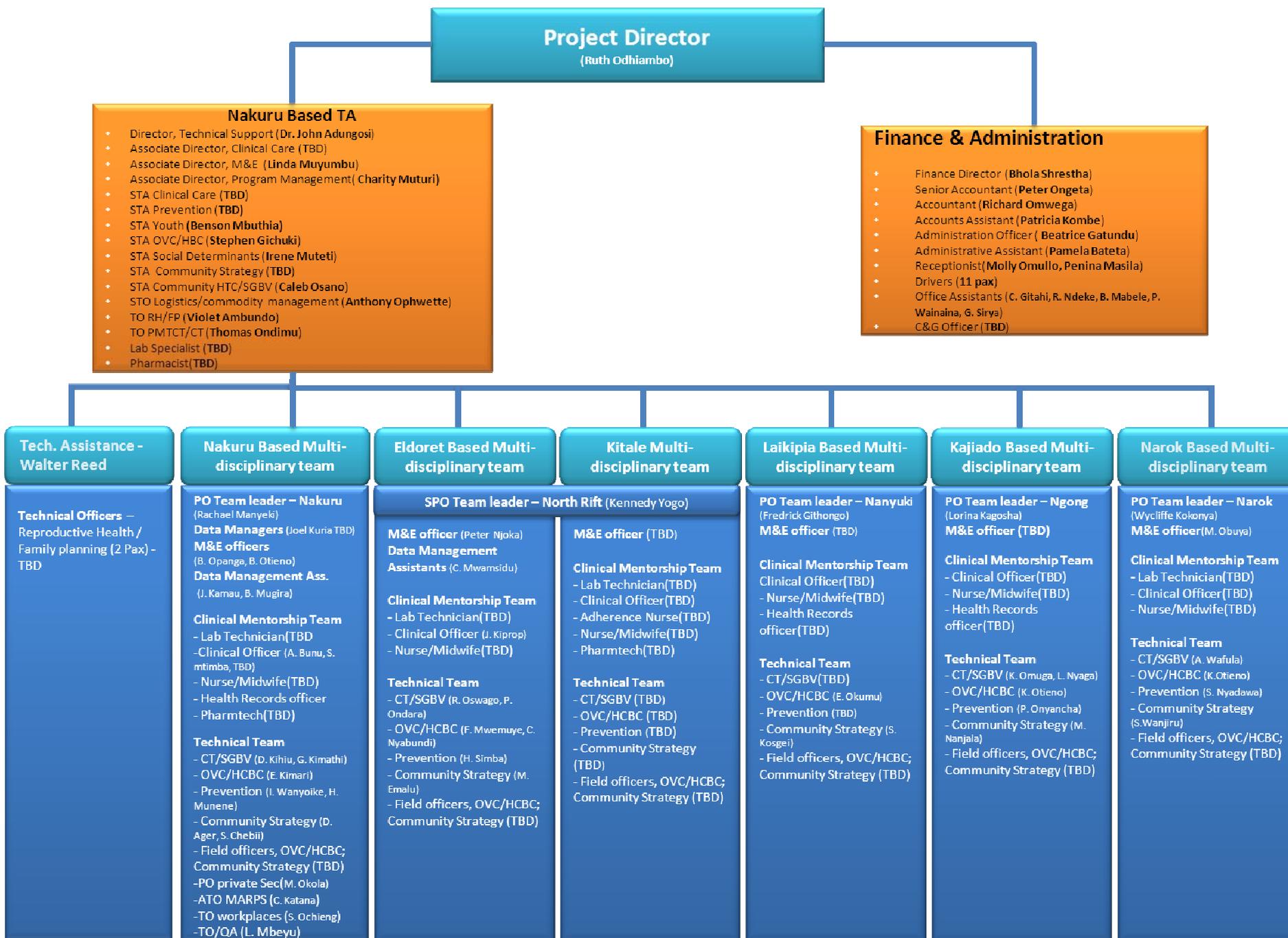
ANNEX 4: REPORTING RATES

Table 1: DISTRICT REPORTING RATES JAN- MAR 2012

District	PMTCT	DTC	VCT	ART	TB	RH-FP
East Pokot	90	94	100	100	100	86
Kajiado Central	85	85	96	100	94	85
Kajiado North	90	91	90	97	90	89
Koibatek	100	100	100	100	100	100
Laikipia East	89	87	85	100	89	88
Laikipia North	96	96	93	100	100	96
Laikipia West	94	94	88	100	83	94
Loitokitok	89	92	89	92	87	93
North Baringo	99	96	100	100	100	92
Molo	89	86	82	100	86	87
Nakuru North	91	89	83	100	95	86
Nakuru central	85	86	78	94	90	85
Naivasha	94	86	96	100	100	87
Narok South	97	86	94	100	86	94
Narok North	99	100	100	100	90	98
Central Pokot	100	89	100	100	100	93
Keiyo South	65	74	63	100	80	72
Kwanza	100	100	100	100	100	100
Marakwet	92	85	73	100	89	93
North Pokot	90	80	71	95	86	70
Trans East	84	79	83	100	89	80
West Pokot	92	80	100	100	80	88
Average Rates	91	89	89	99	92	89

ANNEX 5: IMPLEMENTING PARTNER ORGANOGRAM

APHIplus Nyab Organogram



ANNEX 6: TRAVEL REPORT JAN- MAR 2012

Travel Date	Destination	Reason for Travel	Person
4th – 6th January 2012	Nakuru	To attend technical team meeting	Kennedy Yogo, John Kiprop, Simeon Koech,
10th January 2012	Nairobi	Drive project Director to Nairobi for a meeting & back to Nakuru	Josphat Buluku
11th – 13th January 2012	Nakuru	Attend meeting of the in-charges from the argot facilities (PHMT/Med Sups)	John Kiprop, Maurice Obuya, Peter Njoka
12th – 13th January 2012	Nairobi	To review sub-agreements and attend a USAID meeting	Ruth Odhiambo, Charity Muturi, Josphat Buluku
12th – 13th January 2012	Nairobi	Attend USAID meeting	Linda Muyumbu, Dr. Maurice Aluda, George Mulewa
13th January 2012	Nakuru/Narok	To Nakuru to pick Peter Njoka after OVC partners LDBMS training and proceed to Narok to pick Hesbon Simba then to Eldoret	Simeon Koech
11th January 2012	Eldoret	To discuss issues surrounding the decision of MFMMHC to terminate the implementation of APHIAplus project	Stephen Gichuki, Sadat Nyinge
14th January 2012	Ongata Rongai	To attend and support GPANGE media Campaign Road show in the region and mobilize young people for health services uptake	Humphrey Munene, Samuel Ngumah
16th – 21st January 2012	Kitale	To carry out compliance review of Handicap International and Catholic Diocese of Kitale	Sarah Were
16th – 20th January 2012	Baringo	Set up new community units	Stephen Chebii, Sadat Nyinge
17th – 18th January	Kajiado/O. Rongai	To meet with Catholic Diocese of Ngong and discuss SAG amendment, Beacon of Hope and other CBOs implementing OVC work in Kajiado	Charity Muturi, Peter Ongeta, Samson Kaba

18th – 19th January 2012	Nakuru	Drive staff Benson Mbutia from Nanyuki to Nakuru after various program activities in Laikipia	Nicodemus Mwangui
19th – 20th January 2012	Ngong	Carry out pre-award at Girl Child Network	Richard Omwega
19th January 2012	Naivasha- Nanyuki	To Naivasha to drop staff Simon Ochieng for workplace training at Schreurs and pick Ndiritu from Nanyuki after PE training for MARPS	John Ndiritu
20th – 21st January 2012	Eldoret	Drive staff – Hesbon Simba to Eldoret after attending Health communication team curriculum development meeting & pick Sarah were from Eldoret after carrying out compliance visits for HI & CDK	Josphat Buluku
23rd January 2012	Nairobi	Participate in the training of the study team for the FSW and FP study	John Ndiritu, Samuel Ngumah
23rd January 2012	Rumuruti	Meet DMOH and DHMT on QP activities and plan for Ngarua HC CCC visit	Thomas Ondimu, Dr. Maurice Aluda
23rd – 24th January 2012	Nakuru/Eldoret	Drive staff (Stephen Gichuki) to Eldoret after attending a meeting with Mother Francisca Mission representatives in Mbale Kakamega	Simeon Koech
24th – 27th January 2012	Pokot	Visit Kapenguria DH, Kacheliba & Endebes DH and mentor staff on how to use the new ART tools	John Kipro, Christine Mwamsidu
24th – 27th January 2012	Kwanza/Pokot	Distribute community tools	Tom Dado
25th January 2012	Ngong	To attend a pre-training orientation for volunteer FSW who will be trained as peer educators	John Ndiritu, Tobias Otieno
25th – 26th January 2012	Nairobi	To Nairobi with <ul style="list-style-type: none"> - Linda Muyumbu to attend a meeting with the ministry of Health - Peter Ongeta – to meet ICL & FHOK to discuss budget issues 	Josphat Buluku, Linda Muyumbu, Peter Ongeta

25th – 27th January 2012	Nakuru	To discuss the multi-year sub-granting for the IPs, review the relationship of PD team with the IPs and review general role of PD team in APHIAplus program	Kennedy Yogo, Fredrick Githongo, Lorina Kagosha, Wycliffe Kokonya, David Lumbo, Nicodemus Mwangui
25th – 27th January 2012	Nairobi	Visit FHOK and ICL to map budget points and classify budget line items	Peter Ongeta
25th – 27th January 2012	Nakuru	Attend OVC/HCBC tools training	Peter Njoka, Maurice Obuya,
26th – 27th January 2012	Ngong	Kajiado North to mentor managers of Ongata Rongai Hospital to complete their facility workplan & meet private practitioners in Ngong to discuss modalities of integrating HIV/RH-FP services in their clinics	Violet Ambundo, Sarah Mutimba, Kombo Kironda
27th – 28th January 2012	Nairobi	Have a conference call with Bhola Shrestha & Rick Homan to discuss resource allocation and programming	Peter Ongeta
29th – 30th January 2012	Ngong	Facilitate FSW Peer Educators training in Ngong	John Ndiritu, Samuel Ngumah
29th – 31st January 2012	Ngong	Support the cluster group members to understand the operations of the cluster model, development of MOU & support the process of development of scope of work & budget	Fredrick Githongo, Nicodemus Mwangui
29th January – 1st March 2012	Nakuru	EMR system development & implementation for Nakuru PGH	Mulunda Kisikia (Consultant)
29th – 30th January 2012	Nairobi	Conduct interviews for Snr. Data Manager	Linda Muyumbu
29th January – 3rd February 2012	Ngong	Facilitate Peer Educators training	Naftaly Karimi (Consultant)

30th – 31st January 2012	Nairobi	Work plan consultative meeting on Nutrition, WASH and PWP	Irene Muteti, Violet Ambundo, Tobias Otieno
1st – 2nd Feb 2012	Nairobi	Attend Male circumcision task force meeting at NASCOP & a G4S review meeting at FHI360	Anthony Ophwette, Josphat Buluku
1st - 3rd February 2012	Narok	Meeting with Narok partners for the cost piloting project – NADINEF & ECONOW	Peter Ongeta
1st – 3rd February 2012	Nairobi	Carry out site review visits for FHOK	Sarah Were
1st – 15th February 2012	Naivasha	Relocation	Christine Katana
2nd – 3rd February 2012	Nanyuki	Attend SAC interpretation meeting for Laikipia OVC partners and attend Laikipia partners quarterly feedback meeting	Bernard Otieno, Eliud Okumu, Kombo Kironda
3rd – 4th Feb 2012	Nairobi	Pick Sarah Were from Nairobi after attending meetings with partners in Nairobi	Samson Kaba
5th – 10th February 2012	Nakuru	Attend a clinical & M&E meeting for orientation on integrated mentorship implementation strategy and attend an orientation meeting on health communication prevention tools and NGIs	Peter Njoka, Maurice Obuya, Christine Mwamsidu
5th - 9th February 2012	Nakuru	Attend orientation & mentorship strategy meeting	John Kiprop
6th – 8th February 2012	Ngong	SAG interpretation & workplan development meetings with MAAP & ESM	Richard Omwega
6th – 8th February 2012	Kajiado	To Kajiado for sensitization of HMTs and DHMTs on YFS	Benjamin Cheboi, George Ndungu
6th – 10th February 2012	Baringo	To Kabartonjo, Kipsaraman Hc & Barwesa district hospital to set up community units and meet with WV representative	Stephen Chebii, Tobias Otieno

6th – 8th February 2012	W. Pokot, T. Nzoia	To attend facility in-charges meetings – West Pokot and Transzoia district and do a follow-up site assessment for Kapsara DH & Cherengany (ART sites)	Christine Mwamsidu, Tom Dado
7th – 10th February 2012	Ngong – Narok	Upgrade OVC LDMIS for IPs	Joel Kuria
9th – 10th February 2012	Nairobi	Attend a meeting at USAID with Rick Homan	Peter Ongeta
13th February 2012	Nakuru	Attend OVC QI training	Fenny Wamuye, Tom Dado
13th – 14th February 2012	Eldoret Kitale	Drive DR. Maurice Aluda to North Rift for field visits & George Kimathi to attend CHEWs trainings in Kwanza & Kitale	Komob Kironda
13th – 15th February 2012	Nakuru	Attend an orientation meeting at Bontana Hotel on the MOH Care 7 treatment revised tools	Peter Njoka, Maurice Obuya
13th – 18th February 2012	Laikipia West	Provide support during DHMt support supervision	Thomas Ondimu, Samson Kaba
13th – 23rd February 2012	North Rift	Field visits to the North Rift (Chebiemit Dh, Kabartonjo, Chemolingot, Kacheliba & Endebes) and meeting with WFP	Dr. Maurice Aluda, John Kiprop, David Lumbo
15th February 2012	Nanyuki	Drive staff to Nanyuki – Joel Kuria, John Ndiritu for various program activities and pick Sarah Kosgei from Nanyuki to Nakuru	Kombo Kironda
15th February 2012	Nairobi	Attend FHI360 Scientific & Technical working group meeting	John Ndiritu
15th – 17th February 2012	Laikipia	Visit OVC partners in Laikipia	Joel Kuria

15th – 17th February 2012	Kajiado	Integrated mentorship – Kajiado Central	George Ndungu, Violet Ambundo, Margaret Mami, Hellen Wangui, Julius Bultut, Paul Adipo
15th February 2012	Nairobi	Drive Project Director to Nairobi for a meeting	Josphat Buluku
15th – 17th February 2012	Nanyuki	Integrated mentorship – Laikipia District	Irene Jelagat, Sarah Njoki, Beatrice Situma, Bernard Otieno
15th – 29th February 2012	North Rift	Integrated mentorship	Debora Jerop, Juliana Wangu
16th February 2012	Laikipia East	To attend a meeting with Finlays Nanyuki	Simon Ochieng, Tobias Otieno
17th February 2012	Eldoret/Kitale	Drive Moses Emalu to Eldoret after AMREF meeting in Nakuru & pick George Kimathi from Kitale after CHEWs trainings	Samuel Ngumah
17th February – 12th March 2012	Abuja, Nigeria	Assist the Headquarters internal audit team to carry out an interim audit of Nigeria’s projects	Sarah Were
17th – 18th February 2012	Nakuru	Drive staff to Nakuru after various program activities in Laikipia (Bernard Otieno, Thomas Ondimu & Joel Kuria)	Nicodemus Mwangui
18th – 19th February 2012	Nanyuki	Attend monthly meeting with PE, Quarterly meeting with community advisory committees and meeting with DASCO to plan for CT at the DIC	John Ndiritu
19th – 20th February 2012	Ngong/Nakuru	Drive Kenneth Otieno to Ngong enroute to Loitokitok for HMT/DHMT meeting and pick clinical mentors from Nakuru to Narok	George Mulewa
19th – 24th February 2012	Kajiado	Integrated Mentorship	George Ndungu
20th February 2012	Nairobi	Attend HTC technical working group meeting and feedback meeting	Thomas Ondimu, Tobias Otieno

20th – 23rd February 2012	Eldoret	Visit North Rift Partners	Joel Kuria
20th – 24th February	Nakuru	Participate in ART data cleaning and reconstruction for Kapenguria DH so as to address discrepancies in reporting	Peter Njoka, Simeon Koech
20th – 24th February 2012	Mombasa	Attend the annual MCH/nutrition partners field visit - Kwale	Violet Ambundo, Linda Muyumbu
20th – 25th February 2012	Loitokitok	Conduct field visits	Lorina Kagosha, Keke Mwarabu
20th – 25th February 2012	Baringo/ Endebes	Field visits – Chebiemit, Kabartonjo, Endebes & Kapsara	David Lumbo, Dr. Ma Aluda, John Kiprop
20th February – 3rd March 2012	Narok	Integrated mentorship	Ahmed Bunu, Ruth Kamau
21st February 2012	Nanyuki	Drive Bernard Otieno to Nanyuki for integrated mentorship	Samson Kaba
21st – 24th February 2012	Kajiado	Drive Maureen Okola & Julius Ekeya for site assessment for private sector	Samuel Ngumah
21st – 24th February 2012	Nairobi	Accompany the Project Director to a meeting with NASCOP & attend the PASCOP/Partners meeting convened by NASCOP	Dr. John Adungosi, Josphat Buluku
21st – 24th February 2012	Nanyuki	Conduct mentorship to Laikipia East/Central Health Facilities	Bernard Otieno
22nd February 2012	Nairobi	Drive Benson Mbutia, Peter Ongeta & Ian Wanyoike to Nairobi for various program activities and pick MOH tools from NASCOP	Tobias Otieno
22nd – 25th February 2012	North Rift	USAID preparatory visit	Irene Muteti, Sadat Nyinge, Stephen Gichuki

22nd – 25th February 2012	Nairobi	Attend a financial management training at Safari Park	Peter Ongeta
24th February 2012	Eldoret	Pick Dr. Aluda from Eldoret after field visits	Tobias Otieno
24th – 25th February 2012	Nakuru	Drive staff (A. Bunu) to Nakuru after integrated mentorship in Narok and service vehicle KAT 906E	Davies Chibindo
26th Feb – 2nd March 2012	Laikipia	Train MOH staff on MOH tools and mentorship	Bernard Otieno, Nicodemus Mwangui
26th Feb – 2nd March 2012	Kajiado	Support integrated mentorship in Kajiado	Kombo Kironda
27th February 2012	Eldoret	Provide IT support to Eldoret office	Martin Owaga, Tobias Otieno
27th Feb – 1st March 2012	Eldoret/Nairobi	Conduct field visits in North Rift Region & attend Kenya Strategic Planning Committee meeting in Nairobi	Ruth Odhiambo, Josphat Buluku
27th Feb – 2nd March 2012	Kapsara/W. Pokot	To Kapsara DH and Cherengany DH to assist in the reconstruction of data	Simeon Koech, John Kiprop,
27th Feb – 2nd March 2012	Laikipia West	Integrated mentorship for Laikipia West	Thomas Ondimu
27th – 28th February	Narok	Conduct interviews for Temporary Drivers	Beatrice Gatundu
27th – 29th February	North Rift	Conduct field visits in North Rift	Charity Muturi
27th – 29th February 2012	Kapenguria	Facilitated MOH care & treatment training for Health workers	Peter Njoka

27th – 29th February 2012	Kapenguria	Updating current clients on ARVs at Kepanguria DH in the ART registers and mapping the clients into the Pre- ART registers, and mentor the CCC staff on the use of the revised MOH care and treatment tools	Christine Mwamsidu
28th – 29th February 2012	Narok/Eldoret	28th – driver Ahmed Bunu to Narok for integrated mentorship & pick Beatrice Gatundu & P. Kihara after conducting drivers interviews in Narok 29th – Drive Dr. Aluda & S. Gichuki to Eldoret for various program activities in the North Rift	Samuel Ngumah
28th February – 1st March 2012	Pokot	Participate in 2nd training for CHEWs, visit CUs in Kapenguria, Kacheliba, Sigor & Endebes	Moses Emalu, Tom Dado
29th February 2012	Kisumu	Attend Nyanza provincial MC Taskforce meeting	Anthony Ophwette, Tobias Otieno
1st – 2nd March 2012	Nakuru	Drive Suki Nyadawa to Nakuru to attend Shuga II Launch	George Mulewa
1st – 2nd March 2012	Kajiado	Integrated mentorship – Kajiado Central	Violet Ambundo, Samuel Ngumah
1st – 15th March 2012	Kajiado	Integrated mentorship	Margaret Mami, Hellen Wangui, Julius Bultut, Paul Adipo
1st – 15th March 2012	Eldoret	Integrated mentorship	Deborah Jerop, Juliana Wangui
3rd March 2012	Nakuru	Take vehicle for service and change	Simeon Koech
3rd – 15th March 2012	Nanyuki	Integrated mentorship	Irene Chelagat, Sarah Njoki, Beatrice Situma
3rd – 15th March 2012	Narok	Integrated mentorship	Ruth Kamau

4th – 9th March 2012	Kajiado	Provide support during integrated mentorship in Kajiado North	Sadat Nyinge
4th – 10th March 2012	Nakuru/N. Rift	Support M&E and clinical team at Kacheliba, Kapsara & Chepareria HCs in preparation for the USAID visit	
5th – 6th March 2012	North Rift	Visit Kapenguria DH & Kapsara to review data reconstruction support	Linda Muyumbu
5th – 8th March 2012	North Rift	Conduct data support supervision to the North Rift districts	Patrick Angala
5th – 8th March 2012	Nairobi/O. Rongai	Conduct interviews for Beacon of Hope Finance Manager, meeting with WOFAK, and a meeting with Bhola and quickbooks consultant	Peter Ongeta
5th – 9th March 2012	Eldoret	Upgrade OVC LDMS for CDK, CDE and provide TA to Health Communication partners	Joel Kuria, Samuel Ngumah
5th – 9th March 2012	West Pokot	USAID preparatory visit	Kennedy Yogo, Irene Muteti, George Karisa
5th – 9th March 2012	W. Pokot/Kapsara	To support ART data reconstruction, mentorship on the MOH ART indicators, ART PMTCT assessment and mentorship on appropriate use of date reporting tools and possibilities of having EMR at the units	John Kiprop, Christine Mwamsidu, Simeon Koech
6th – 7th March 2012	Nanyuki	Drive Eliud Okumu to Nanyuki for various program activities	Josphat Buluku
7th – 8th March 2012	Nairobi	Attend a coordinating Afyainfo-APHIplus meeting and USG PMTCT partners implementing meeting	Linda Muyumbu
7th – 8th March 2012	Kitale	Make follow up on issues from the major facilities (Kapenguria DH, Kapsara DH, Kacheliba DH and Sigor DH) in preparation for the field visit by USAID	Dr. Maurice Aluda, Dr. Patrick Borruet, Samson Kaba
8th – 9th March 2012	Marakwet	Participate in MOH Care and treatment training for Marakwet district	

11th – 16th March 2012	Kajiado	Support integrated mentorship	George Ndungu
11th – 15th March 2012	Kajiado	Train health care workers in Kajidao Central on PMTCT/HTC tools and to install OVC LDBMS in ESM	Bernard Otieno
12th – 13th March 2012	Nakuru/ Ngong	Drive – Kenneth Otieno to Nakuru for a meeting with Stephen Gichuki and proceed to Ngong to facilitate CHWs training	Davies Chibindo
12th – 15th March 2012	Eldoret	Participate in MOH care & treatment training for Trans-Nzoia, Kwanza & North Pokot	Peter njoka
12th – 16th March 2012	North Rift	Provide support during USAID preparatory visit	Tobias Otieno
12th – 16th March 2012	Nyahururu	Provide support supervision to Nyahururu district DHMT	Thomas Ondimu, Samson Kaba
12th – 16th March 2012	Pokot	Follow up on action plan implementation with respective departments	John Kiprop, Simeon Koech
12th – 16th March 2012	Pokot, Kaplamai	Integrated mentorship	Christine Mwamsidu, David Lumbo
13th – 16th March 2012	North Rift	USAID preparatory visit	Stephen Gichuki, Josphat Buluku, Irene Muteti
13th – 16th March 2012	North rift	Support CDK to address all the issues with the LDMIS in preparation for the USAID visit	Joel Kuria
13th – 16th March 2012	Kapenguria	Conduct follow-up visits following outcomes of the site assessment in preparation for the USAID visit	Kennedy yogo
13th – 16th March 2012	Kajiado	To support orientation on AMSTL/MDR for staff in Ngong District hospital	Violet Ambundo

14th – 15th March 2012	Nairobi	Attend pre-SAPR PEPFAR implementing partners meeting	Linda Muyumbu
16th March 2012	Nairobi	Attend EMR stakeholders forum	Patrick Angala, Josphat Buluku
18th – 23rd March 2012	Loitokitok	Integrated mentorship for health facilities	Violet Ambundo, Margaret Mami, Paul Adipo, Hellen Kayungo, Julius Bultut, Samuel Ngumah
18th – 30th March 2012	North Rift	Integrated mentorship	Deborah Jerop, Juliana Wangu
19th – 21st March 2012	Naivasha, Nanyuki, Narok	Orientation of DISC new staff to HMTs and DHMTs and the regional staff, hold meetings with respicetive MOHs to introduce them to the new staff and transport sector DISCs service delivery	Benson Mbuthia, Benjamin Cheboi & Sadat nyinge
19th – 23rd March 2012	Narok	To implement QuickBooks for the partners (NADINEF & ENOCOW)	Richard Omwega, Emmanuel Waballa
19th – 20th March 2012	Eldort	Meet with the project leadership of Mother Fransisca & CDE and the FO to discuss issues regarding staff salary increments and other project finance related issues	Peter Ongeta
21st – 22nd March 2012	Nakuru	Drive Maurice Obuya to Nakuru to attend OVC system orientation training and service vehicle KBQ 241P	George Mulewa
21st – 23rd March 2012	Nakuru	Attend an all program staff meeting – to reflect on lessons learnt and plan ahead as well as take time to at the 2012 work plan by USAID	Christine Mwamsidu, Maurice Obuya, peter Njoka, Fredrick Githongo, John Kipro, Kennedy yogo, Lorina Kagosha, Wycliffe Kokonya, Christine Katana
22nd March 2012	Nairobi	Attend National MARPS studies dissemination meeting	John Ndiritu, George Karisa

25th – 29th March 2012	North rift	Look at hotels for accommodation and trainings in Eldoret and Kitale and have interviews for Temp office assistant in Eldoret	Beatrice Gatundu, Kombo Kironda
25th – 30th March 2012	Kajiado North	Integrated mentorship	Margaret Mami, Paul Adipo, Julius Bultut, Violet Ambundo, Samuel Ngumah
25th – 30th March 2012	Nakuru/Nairobi	To implement QuickBooks to partners in Nakuru region – FAIR, DC Nakuru, K-NOTE& KCIU	Emmanuel Waballa, Davies Chibindo
26th – 28th March 2012	Nyahururu	Support ART reconstruction in Ndindika HC and support Rumuruti in transition to New tools	Bernard Otieno, George Karisa
27th March 2012	Nairobi	Drive staff to participate in interviews at WOFAK (Peter Ongeta & Stephen Gichuki)	Josphat Buluku
27th – 28th March 2012	T. East, Pokot	Attend meeting with DHMT T. East & central Pokot for community strategy activities and review workplans signed by DHMTs	Kennedy Yogo
27th – 28th March 2012	Nanyuki	Nanyuki to participate in Laikipia county workplan development	George Ndungu, Thomas Ondimu, Caleb Osano, David Kihui
29th – 30th March 2012	Narok	Prepare for the USAID visit	Ruth Odhiambo, George Ndungu, Charity Muturi, Joel Kuria

ANNEX 7: SUB AGREEMENT AMENDMENT SUMMARY JAN TO MAR 2012

No.	Type	Name of the Organization	Start Date	End Date	District	Purpose
1	New SAG	WOFAK	01.03.2012	31.10.2012	Gilgil, Nakuru North, Marigat and Koibatek districts	To implement integrated and comprehensive care and support service delivery project for OVC and PLWHA while addressing social determinants of health.
2	New SAG	SHA	16.04.2012	15.1.2013	Nakuru, Naivasha, Njoro, Koibatek, Mogotio, and Marigat districts	To increase household access to economic security initiatives and improve food security and nutrition for the marginalized, poor, and underserved populations.

ANNEX 8: FINANCIAL REPORT JAN TO MAR 2012